



**Royal Papworth Hospital**  
NHS Foundation Trust

# **Papworth Integrated Performance Report (PIPR)**

## **October 2022**



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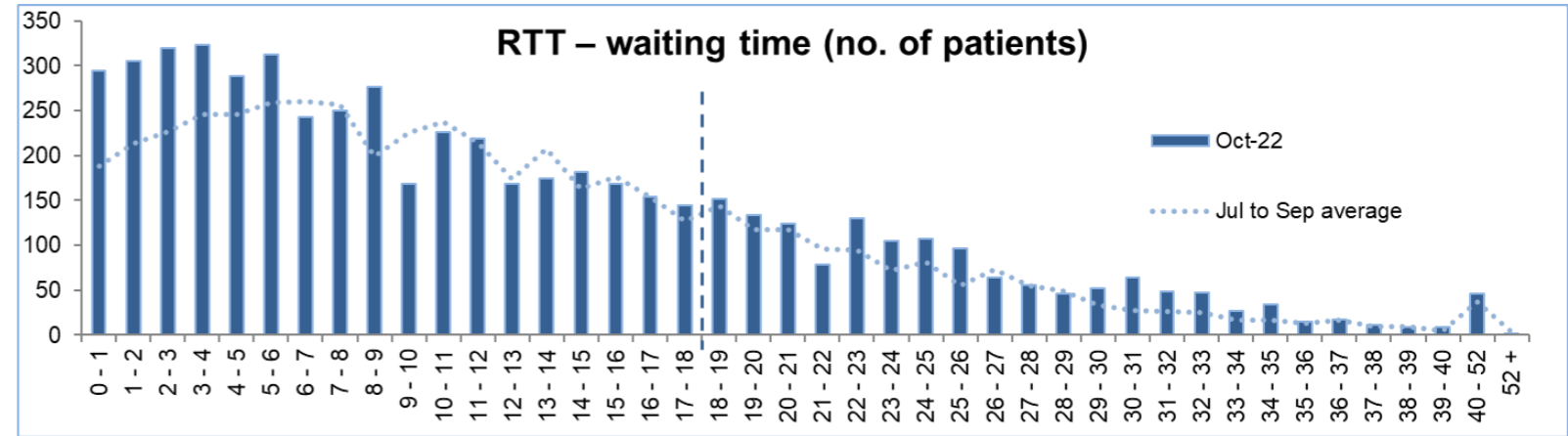
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# Context:

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	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Trend
Cardiac Surgery	183	153	145	144	135	160	
Cardiology	634	592	555	617	563	574	
ECMO (days)	54	16	2	34	46	54	
PTE operations	16	13	18	15	13	7	
RSSC	571	559	609	643	459	609	
Thoracic Medicine	345	299	323	317	301	334	
Thoracic surgery (exc PTE)	59	64	48	56	47	66	
Transplant/VAD	42	39	55	30	26	59	
<b>Total Inpatients</b>	<b>1,904</b>	<b>1,735</b>	<b>1,755</b>	<b>1,856</b>	<b>1,590</b>	<b>1,863</b>	
Total Inpatients exc PP	1,815	1,650	1,686	1,779	1,494	1,795	
Total Inpatients exc PP plan (104% 19/20 b)	1,673	1,932	2,088	2,166	2,267	2,150	
Outpatient Attendances	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Trend
Cardiac Surgery	400	498	450	501	426	454	
Cardiology	3,692	3,685	3,940	3,613	3,537	3,732	
RSSC	1,773	1,698	1,495	1,401	1,673	1,718	
Thoracic Medicine	2,539	2,270	2,490	2,485	2,145	2,105	
Thoracic surgery (exc PTE)	94	117	62	93	96	110	
Transplant/VAD	291	302	265	315	266	309	
<b>Total Outpatients</b>	<b>8,789</b>	<b>8,570</b>	<b>8,702</b>	<b>8,408</b>	<b>8,143</b>	<b>8,428</b>	
Total Outpatients exc PP	8,499	8,260	8,476	8,100	7,853	8,155	
Total Outpatients exc PP plan (104% 19/20)	6,282	7,555	8,229	8,358	8,553	8,497	

**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;



# 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)

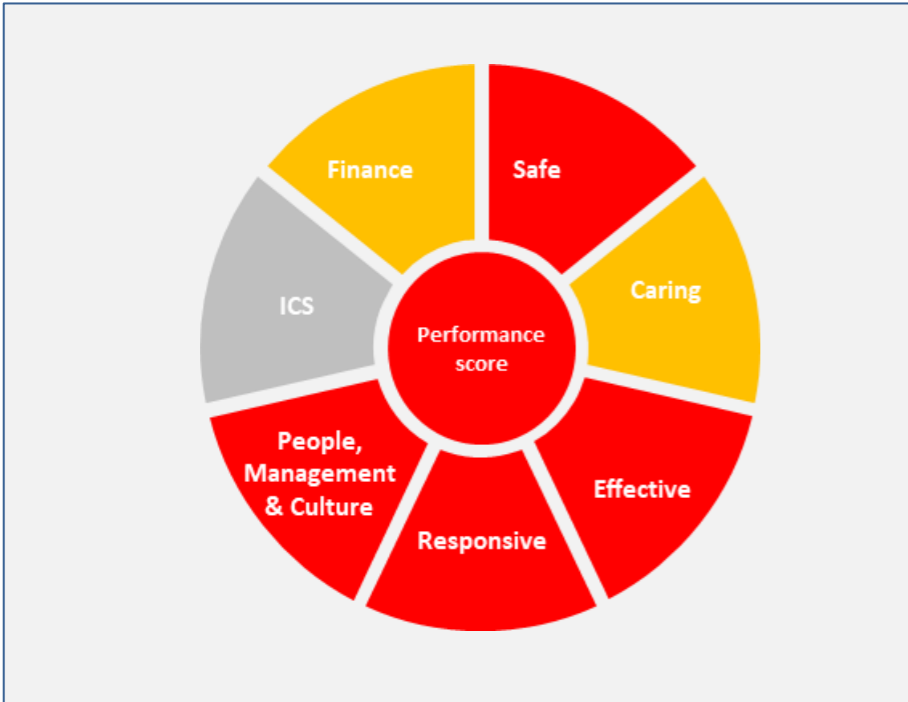
### Data Quality Indicator

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 - **RED**



## FAVOURABLE PERFORMANCE

**CARING:** FFT (Friends and Family Test): Inpatients: The Positive Experience remains high (98.7%) and well above our 95% target. Participation Rate had a slight decrease from 42.8% in September 2022 to 41.9% in October 2022. Outpatients: Positive Experience rate was 99.0% (October 2022) and above our 95% target. Participation rate had an increase from 12.4% in September 2022 to 13.3% in October 2022.

**RESPONSIVE:** Diagnostic Performance: Imaging performance has improved again and is extremely close to compliance. This is despite disruption caused by issues with the PACS system and is a reflection of the teams hard work.

**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£3.0m with a reported surplus of £3.1m against a planned surplus of £0.1m.

## ADVERSE PERFORMANCE

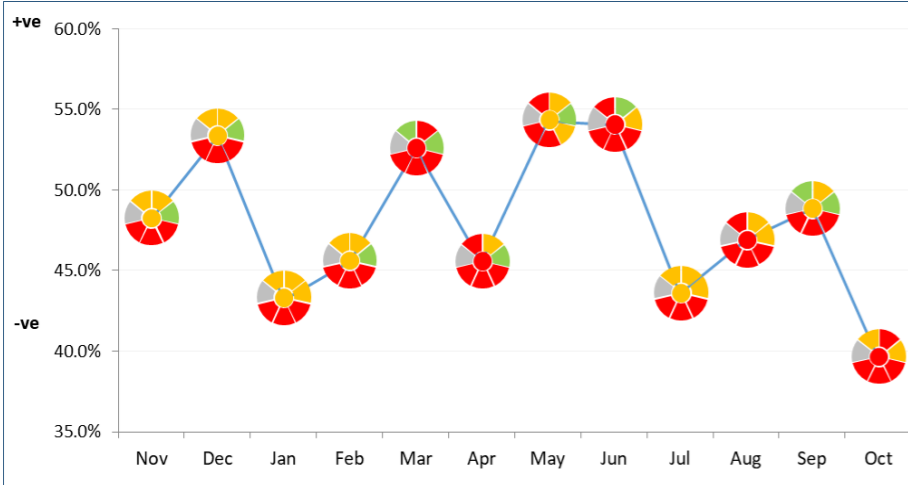
**SAFE:** 1) High impact interventions (HII): Compliance with HII audits decreased slightly in October. Cleaning and decontamination is a key area of focus. See page 8 for a focus on high impact interventions. 2) Safer staffing: The reported RN average fill rate for October was 80% for daytime and 83% for night time. The reported HCSW average fill rate for October was 64% for daytime and 74% for night time. Fill rates were in part mitigated by reduced bed occupancy especially on surgical wards due to reduced theatre activity. Nurse to patient ratios did not exceed 1:6. See page 9 for more details.

**CARING:** % of complaints responded to within agreed timescales - we have closed 3 formal complaints in October 2022 and all 3 were partially upheld. Further information is available on page 11. One complaint was responded to 2 days outside of the agreed timeframe due to additional scrutiny, this meant that 2 out of the 3 were responded to on time which is a response rate of 67% for October 2022.

**EFFECTIVE:** 1) Capacity Utilisation: Critical care bed occupancy remains within target range despite the ongoing constraints on elective operating. This reflects a number of long stay patients and ongoing high levels of demand for emergency surgery. Critical care length of stay is also a contributory factor. Ward bed utilisation is constrained by the reduction in operating capacity and the amendment of some Respiratory patients to day case activity. Staffing challenges on the surgical floor remain due to sickness and vacancies. Theatre utilisation remains constrained by sickness and vacancies and this continues to be managed through the Theatres Transformation programme. 2) Activity Recovery: Admitted patient care improved in M7 but remains behind plan. This reflects the ongoing theatres challenges and sickness absence. Outpatient attendance has improved from M6 but remains behind plan. This is driven by a number of contributory factors including vacancies and sickness and continues to be a particular issue in the respiratory service.

**RESPONSIVE:** 1) Waiting List Management: The number of patients on open pathways continues to increase for all specialties. This is reflected in the growth in numbers of patients on both RTT and non-RTT pathways and the continued decline in RTT performance. The deterioration in Cardiology RTT is largely as a result of data quality issues and there is a clear plan for resolution in place. ERS referral backlog (previously reported in Respiratory) has been cleared and there is a sustainable plan in place to prevent recurrence. 2) 31 day – there were 30 patients treated on the 31 day pathway of which 6 patients breached. See page 16 for more detail. 3) IHU & ACS Performance: The ACS service has experienced its first breach against the 3 day transfer target in over fifteen months. A total of 16 patients were unable to be admitted as planned in October due to significant flow challenges through the cardiology bed base caused by a high number of IHU patients waiting for surgical dates.

**PEOPLE, MANAGEMENT & CULTURE:** 1) Total Trust vacancy rate increased to 14.3%. Registered Nurse vacancy rates increased to 13.6% and the Spotlight section in PM&C (page 20) focuses on Nurse vacancy rates. 2) Sickness absence increased due to an increased prevalence of Covid in the community. Sickness absence due to reasons other than covid returned to more normal levels for the time of year.



# At a glance – Balanced scorecard

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend	
Safe	Never Events	Oct-22	4	0	0	0			
	Moderate harm incidents and above as % of total PSIs reported	Oct-22	4	3%	0.80%	1.06%			
	Number of Papworth acquired PU (grade 2 and above)	Oct-22	4	35 pa	1	8			
	High impact interventions	Oct-22	3	97%	91.00%	94.57%			
	Falls per 1000 bed days	Oct-22	4	4	1.8	3.2			
	Sepsis - % patients screened and treated (Quarterly)	Oct-22	New	90%	-	-			
	Trust CHPPD	Oct-22	5	9.6	12.9	12.9			
	Safer staffing: fill rate – Registered Nurses day	Oct-22	5	90%	80.0%	86.9%			
	Safer staffing: fill rate – Registered Nurses night	Oct-22	5	90%	83.0%	87.5%			
	Safer staffing: fill rate – HCSWs day	Oct-22	5	90%	64.0%	64.0%			
	Safer staffing: fill rate – HCSWs night	Oct-22	5	90%	74.00%	74.00%			
Caring	FFT score- Inpatients	Oct-22	4	95%	98.70%	99.14%			
	FFT score - Outpatients	Oct-22	4	95%	99.00%	97.54%			
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Oct-22	4	12.6	6.1				
	Mixed sex accommodation breaches	Oct-22	4	0	0	0			
	% of complaints responded to within agreed timescales	Oct-22	4	100%	67.00%	91.00%			
Effective	Bed Occupancy (excluding CCA and sleep lab)	Oct-22	4	85% (Green 80%-90%)	75.50%	72.34%			
	CCA bed occupancy	Oct-22	4	85% (Green 80%-90%)	88.50%	85.03%			
	Admitted Patient Care (elective and non-elective)	Oct-22	4	0	1795	11903			
	Outpatient attendances	Oct-22	4	0	8155	56583			
	Cardiac surgery mortality (Crude)	Oct-22	3	3%	1.97%	1.97%			
	Theatre Utilisation	Oct-22	3	85%	75.6%	78.7%			
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	Oct-22	3	85%	79.0%	79.9%			
Responsive	% diagnostics waiting less than 6 weeks	Oct-22	3	99%	98.79%	96.56%			
	18 weeks RTT (combined)	Oct-22	5	92%	74.10%	74.10%			
	Number of patients on waiting list	Oct-22	5	3279	5691	5691			
	52 week RTT breaches	Oct-22	5	0	2	29			
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Oct-22	4	85%	33.33%	50.00%			
	31 days cancer waits*	Oct-22	4	96%	73.70%	73.70%			
	104 days cancer wait breaches*	Oct-22	4	0%	14	89			
	Theatre cancellations in month	Oct-22	3	30	34	30			
	% of IHU surgery performed < 7 days of medically fit for surgery	Oct-22	4	95%	53.00%	72.14%			
	Acute Coronary Syndrome 3 day transfer %	Oct-22	4	90%	100.00%	100.00%			
	People Management & Culture	Voluntary Turnover %	Oct-22	3	14.0%	19.7%	18.4%		
		Vacancy rate as % of budget	Oct-22	4	5.0%	14.3%			
% of staff with a current IPR		Oct-22	3	90%	73.06%				
% Medical Appraisals		Oct-22	3	90%	75.22%				
Mandatory training %		Oct-22	3	90%	86.35%	86.05%			
% sickness absence		Oct-22	3	3.50%	5.35%	4.81%			
Finance	Year to date surplus/(deficit) exc land sale £000s	Oct-22	5	£(172)k	£2,831k				
	Cash Position at month end £000s	Oct-22	5	£63,740k	£67,645k				
	Capital Expenditure YTD £000s	Oct-22	5	£1,393k	£1,083k				
	In month Clinical Income £000s	Oct-22	5	£21913k	£21,808k	£153,608k			
	CIP – actual achievement YTD - £000s	Oct-22	4	£3383k	£3,710k	£3,710k			
	CIP – Target identified YTD £000s	Oct-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

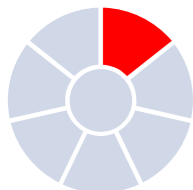
## 1. NHS Improvement Compliance Framework

NHSI Targets	Measure	Data Quality	NHSI Target	Month	YTD	Previous full quarter	Forecast	Comments
C. Difficile	Monitoring C.Diff (toxin positive)	5	10	0	3	3		
RTT Waiting Times	% Within 18w ks - Incomplete Pathways	5	92%	74.10%		75.96%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	4	96%	73.7%	73.7%	84.53%		Current month provisional as going through verification process.
	31 Day Wait for 2nd or Subsequent Treatment - surgery	4	94%	0.0%	84.3%	96.67%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	4	85%	33.3%	66.7%	36.1%		Current month provisional as going through verification process. Data is after reallocations
	104 days cancer wait breaches	4	0	14	85	54		
VTE	Number of patients assessed for VTE on admission	5	95%	85.10%		83.1%		
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	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Status since last month
Safe	Failure to protect patient from harm from hospital acquired 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	12	↓
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	12	12	12	12	12	12	↔
Safe + Effective + Finance + Responsive	Activity recovery and productivity	3223	AB	4	-	-	16	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 + PM&C + 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	6	-	-	-	15	15	16	↑
Effective + Responsive	Key Supplier Risk	2985	TG	8	10	10	10	10	10	10	↔
Responsive	Waiting list management	678	AB	8	16	16	20	20	20	20	↔
PM&C	Staff turnover in excess of our target level	1853	OM	6	15	15	15	20	20	20	↔
PM&C	Low levels of Staff Engagement	1929	OM	6	16	20	20	20	20	20	↔
Transformation	Lorenzo Optimisation Electronic Patient Record System - benefits	858	AR	6	16	16	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	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
Dashboard KPIs	Never Events	4	0	0	0	0	0	0	
	Moderate harm incidents and above as % of total PSIs reported	4	<3%	1.39%	1.32%	1.55%	1.65%	0.70%	0.80%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	1	0	3	1	2	1
	High impact interventions	3	97.0%	98.0%	93.0%	95.0%	93.0%	94.0%	91.0%
	Falls per 1000 bed days	4	<4	1.8	2.7	2.6	1.7	3.0	1.8
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	-	Await data	-	-	100.00%	-
	Trust CHPPD	5	>9.6	12.69	13.41	12.16	12.69	12.65	11.90
	Safer staffing: fill rate – Registered Nurses day	5	90.0%	92.0%	91.6%	88.0%	85.0%	81.0%	80.0%
	Safer staffing: fill rate – Registered Nurses night	5	90.0%	94.2%	93.2%	83.0%	87.0%	84.0%	83.0%
	Safer staffing: fill rate – HCSWs day	5	90.0%	n/a	n/a	n/a	n/a	n/a	64.0%
Safer staffing: fill rate – HCSWs night	5	90.0%	n/a	n/a	n/a	n/a	n/a	74.0%	
Additional KPIs	MRSA bacteremia	3	0.0%	0	0	0	0	0	1
	Number of serious incidents reported to commissioners in month	4	0.0%	1	1	0	1	1	0
	E coli bacteraemia	5	Monitor only	1	0	0	1	0	1
	Klebsiella bacteraemia	5	Monitor only	1	0	1	0	1	1
	Pseudomonas bacteraemia	5	Monitor only	0	1	0	0	0	0
	Other bacteraemia	4	Monitor only	0	0	0	1	1	0
	Other nosocomial infections	4	Monitor only	0	0	0	0	0	0
	POU filters and bottled water in place	4	Monitor only	100%	100%	100%	100%	100%	100%
	Moderate harm and above incidents in month (including SIs)	4	Monitor only	4	3	4	4	2	4
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 10	0	0	0	1	2	0
	Number of patients assessed for VTE on admission	5	95.0%	82.40%	83.20%	87.00%	79.30%	82.90%	85.10%
	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	-

## Summary of Performance and Key Messages:

**Pressure ulcers (Category 2 and above):** There was 1 acquired PU reported in October (WEB45208) this has been graded as a Grade 2 and RCA is being undertaken.

**Safer staffing:** The reported RN av. fill rate for October was 80% for daytime and 83% for night time. The reported HCSW av. fill rate for October was 64% for daytime and 74% for night time. Fill rates were in part mitigated by reduced bed occupancy especially on surgical wards due to reduced theatre activity. Nurse to patient ratios did not exceed 1:6. See Spotlight slide on Safe Staffing for fill rates; Care Hours Per patient Day (CHPPD); redeployment trends; red flag events and NSIs (Nursing Sensitive Indicators) for falls, PUs and medication incidents.

**CHPPD:** Cumulative Trust position for CHPPD is being benchmarked to national and specialist trusts with median CHPPD being recorded at midnight (see Spotlight – Safer staffing slide); planned reporting on Safe performance summary from October onwards.

**High impact interventions (HII):** Compliance with HII audits decreased slightly in October. HII 8 - cleaning and decontamination is a key area of focus. See KPI slide on focus on high impact interventions.

**Alert organisms:** There was 1 case of MRSA bacteraemia in CCA. Root cause analysis underway being completed and scrutiny panel planned for 2 weeks time. This is the first MRSA bacteraemia reported since 2017. Outcome of scrutiny panel will be reviewed at SIERP. There was 1 case of Klebsiella reported in October.

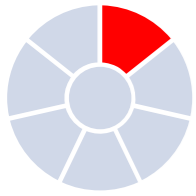
**Serious incidents:** There were no serious incidents reported in October.

**Moderate harm incidents and above:** There were four moderate harm incidents reported and graded at SIERP during October 2022 (WEB45232, WEB44069, WEB44956, & WEB45036). To note WEB45036 - was incorrectly reported in the September PIPR. These incidents remain under investigation and will be reported via the Quality Risk Management Group (QRMG) governance process.

**Point of use filters:** All safety mitigations are in place. This month we achieved **100% compliance**. All patients were reported to have Point of Use (POU) filters and bottled water.

**VTE:** Compliance with performing VTE risk assessments was 85.1% in October, an improvement noted from the previous month (September 82.90%).





# Safe: High Impact Interventions (HII)

## High Impact Interventions (HII)

High impact interventions (HII) were introduced in 2008 with the aim of reducing harm and providing more effective care in respect to healthcare associated infections. HII's comprise bundles of interventions that through regular auditing identify actions that support cycles of review and continuous improvement in care settings. The relevant HIIs for RPH are:

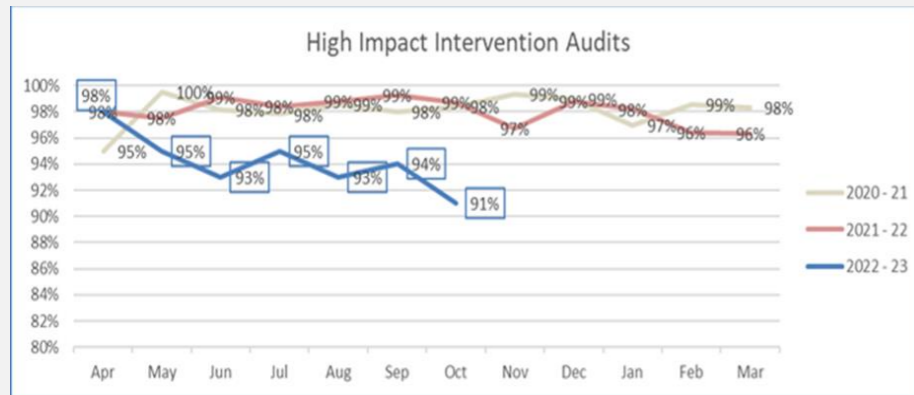
- HII 1 - Central venous catheter insertion & ongoing management (CVC)
- HII 2 - Peripheral intravenous catheter insertion & ongoing management (PIVC)
- HII 4 – Surgical site infections (SSIs) pre-operatively
- HII 5 - Ventilator associated pneumonia (VAP)
- HII 6 – Urinary catheter insertion & ongoing management
- HII 8 – Cleaning & decontamination (C & D)

\* HII 3, 7 not relevant to RPH

IPC developed own monthly monitoring of Aseptic Non Touch Technique (ANTT) due to increased incidence of SSIs.

Graph 1 shows RPH performance in respect to HII. Performance over last few months has deteriorated with a dip to 91% overall compliance in October 2022.

Graph 1



## Escalated performance challenges for HII

Table 1 describes areas of reduced performance in relation to HII.

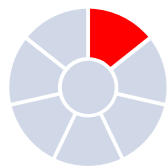
Audit	Area	%
HII 1 CVC ongoing	CCA	68
HII 2 PIVC ongoing	CCA 3N	75 67
HII 5 VAP	CCA	73
HII 8 C&D	CCA 4S Cath Labs Perfusion Radiology	60 88 80 42 69

- Figures for individual areas are presented at Infection Control Patient Prevention Committee (ICPPC) with engagement from clinical teams; if below 95% compliance in any area, action plans are requested with sign off and ownership by Matrons for the areas concerned. Actions are monitored through business units and ICPPC.
- IPC Team review monthly highlight key themes and areas for improvement; key themes are included in IPC master classes & directing key focuses i.e., this month: i) equipment not cleaned, and ii) no documentation of evidence
- Importance of documentation of ongoing evidence i.e., nursing management of when CVC lines are changed
- Escalations taken to Business Unit Meetings for cascade to multi-professional teams
- We have seen increase in audit compliance and sign off of audit action plans from the matron team; enhanced engagement and attendance of IPC master classes

## Key Actions

The annual IPC audit plan is completed with a real focus on clinical engagement.

- Audit process and peer review which will be implemented in Q3 & Q4 by the IPC Team.
- IPC staff are supporting areas where there is lower compliance with local action plans
- IPC audits are reviewed and taken to the ICPPC monthly meeting for sign off and any specific escalation of concern is taken to QRMG.
- Raising profile of the role of the IPC link practitioner in all areas.
- IPC master classes are ongoing for this year and 2023; they have been scheduled for link nurses, sisters/ charge nurses, matrons, heads of nursing (mandatory); plan to add to master classes - Cleaning and Decontamination (HII8) as this has been an area of non-compliance for October.
- Master classes are mandatory for key staff however are also advertised via Newsbites for any staff who wish to attend.
- IPC team have highlighted cleaning and decontamination in Medical Newsletter.
- Lead IPC Clinical Nurse Specialist has increased environmental rounds to 'see and test' HIIs and facilitate learning at the bedside.
- IPC team join Quality Control Rounds with cleaning supervisors, estates and facilities and the matron team.



# Safe: Spotlight on Safe Staffing

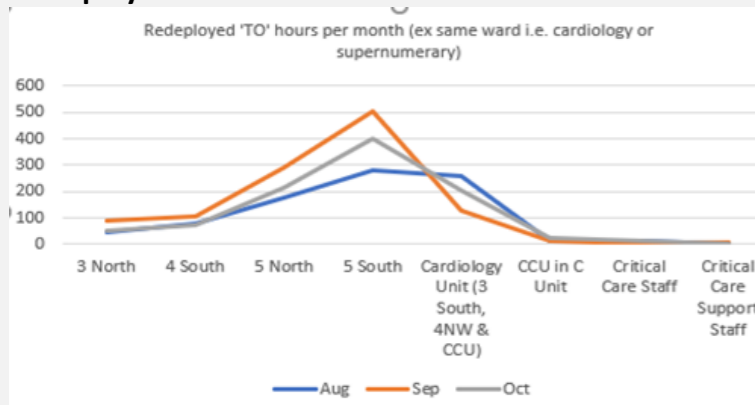
## 1. Fill rate by ward (Registered Nurse)

Ward name	Day		Night		Care Hours Per Patient Day (CHPPD)	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Overall
3 NORTH	70%	43%	86%	60%	449	9.2
3 SOUTH & 4 NORTH WEST	89%	74%	93%	84%	1539	7.2
4 N&S	82%	69%	85%	89%	1286	4.5
5 NORTH	68%	75%	79%	94%	879	10.5
5 SOUTH	71%	73%	76%	89%	470	16.7
CCA	84%	51%	83%	51%	909	30.6

## 2. Trust CHPPD benchmarked against Model Hospitals

CHPPD (Nurses, HCWs and AHPs)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
National Median	8.56	8.80	8.61	8.49	8.62		
Specialist Trusts Median inc RPH	11.96	11.97	12.43	11.52	11.71		
Royal Papworth Hospital	13.63	12.69	13.41	12.16	12.69	12.65	11.90

## 3. Redeployment trends



## 1. Fill rate: Mitigation

- Bed occupancy reduced to circa 84% on surgical wards due to reduced theatre activity
- RN to patient ratio highest is 1: 6
- Effective rostering e.g., specialist nurses & ANPs covering shifts on cardiology and thoracic wards.
- Cohorting empty beds on wards
- Exception reports - DN869 Safer Staffing and Escalation Policy

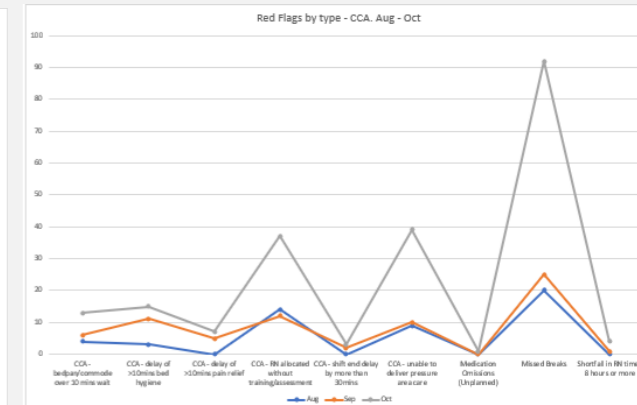
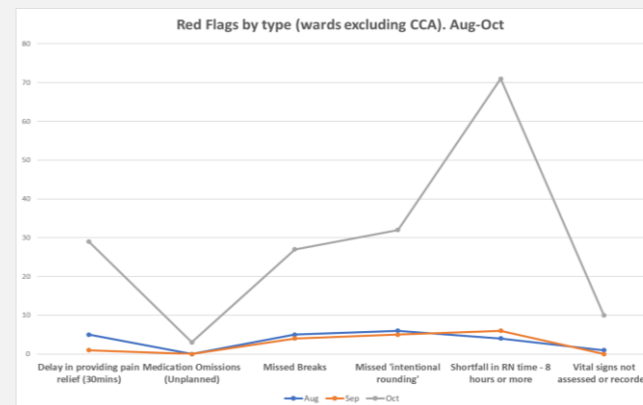
## 2. CHPPD

- Recording CHPPD is a single consistent way of recording and reporting deployment of staff working on wards
- Cumulative Trust CHPPD position benchmarked to National & Specialist Trusts; median recorded at midnight.
- RPH displays a CHPPD output that is higher than benchmarked specialist trusts and national median.
- RPH has a higher than average proportion of high acuity beds requiring a higher nurse to patient ratio

## 3. Redeployment

- Planned structured secondments to Level 5 N & S in lieu of highest nursing staff redeployment due to nursing vacancies
- Planned recruitment and new starters across all areas
- Weekly Forward View meetings
- Monitor/ share data/ trends with senior nursing teams
- Orientation and training packages in place to support redeployed staff

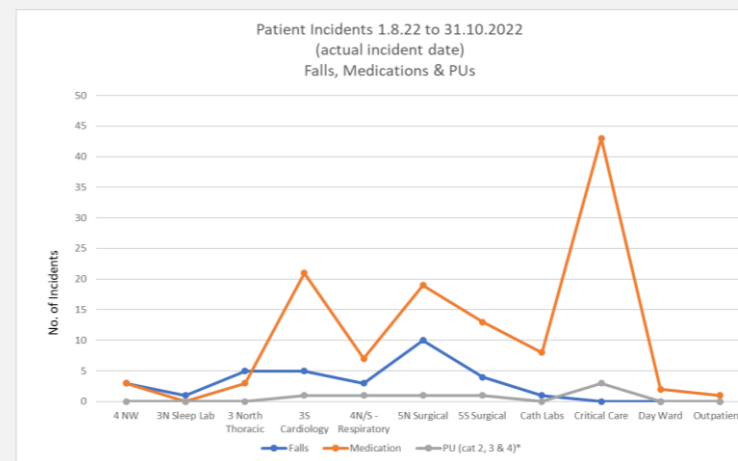
## 4. Red flag events \*A Red Flag is a signal that an immediate response is needed



## Mitigation:

- In line with NICE Guidance & bespoke guidelines to Theatres and CCA, red flags should be escalated; at RPH in line with safer staffing escalation policy.
- Nurse in charge of an area should consider red flags as indicators of ward/ unit compromise to patient safety
- Consideration to supervisory shifts included in numbers; study leave cancelled; meetings not attended
- Review and close red flags promptly (further education required to close red flag status)

## 5. Nursing Sensitive Indicators (NSIs)



## Key messages:

- 5N & S have had consistent no. of falls - near misses & 1 moderate harm (5N)
- 1 moderate harm fall reported on 4S
- A patient safety, quality improvement Trust Falls Task & Finish Group has been set up
- Medication incidents reported for CCA, 5N/ S, Cardiology; associated with near misses & no /low harm except 1 SI reported in Sept. (SUI WEB45103, oxygen review on CCA)
- Critical Care Area (CCA) - PU incidents assoc. with management of medical devices. Noted improvement over last two months due to intensive education & engagement with Tissue Viability Team
- Overall good reporting culture for NSIs - learning shared at BUMs & QRMG



# Caring: Performance summary

Accountable Executive: Chief Nurse

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

	Data Quality	Target	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
Dashboard KPIs	FFT score- Inpatients	4	95%	99.3%	98.7%	99.2%	99.0%	100.0%	98.7%
	FFT score - Outpatients	4	95%	97.0%	97.2%	97.5%	96.9%	98.2%	99.0%
	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	10.7	14.3	13.4	9.2	5.1	6.1
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	70%	100%	67%
Additional KPIs	Number of complaints upheld / part upheld	4	3pm (60% of complaints received)	0	1	7	4	2	3
	Number of complaints (12 month rolling average)	4	5 and below	4.8	5.4	4.8	4.9	4.9	4.5
	Number of complaints	4	5	11	12	3	3	4	5
	Number of informal complaints received per month	New	Monitor only	6	6	5	4	7	6
	Number of recorded compliments	4	500	1278	1460	1689	1605	1462	1638
	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 June 2022 (accessed 15.11.2022).

**FFT (Friends and Family Test):** In summary; **Inpatients:** The Positive Experience remains high (98.7%) and well above our 95% target. Participation Rate had a slight decrease from 42.8% in September 2022 to 41.9% in October 2022. **Outpatients:** Positive Experience rate was 99.0% (October 2022) and above our 95% target. Participation rate had an increase from 12.4% in September 2022 to 13.3% in October 2022.

For information: NHS England (latest published data accessed 11.11.2022) is September 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 (6.1)**, 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.** We have closed 3 formal complaints in October 2022 and all 3 were partially upheld. Further information is available on the next slide. One complaint was responded to 2 days outside of the agreed timeframe due to additional scrutiny, this meant that 2 out of the 3 were responded to on time which is a response rate of 67% for October 2022.

**The number of complaints (12 month rolling average):** this has remained green at 4.5 for October 2022. We will continue to monitor this in line with the other benchmarking.

**Complaints:** We have received 5 new formal complaints during October 2022 and investigations are ongoing. This number is within our expected variation of complaints received.

**Informal Complaints:** There were 6 new informal complaints received and we were able to close 7 informal complaints during October 2022

**Compliments:** the number of formally logged compliments received during September 2022 was 1638.



# Caring: Key performance challenges

## Complaints closed in the month:

**Formal Complaints:** We have closed **three** formal complaints in October 2022. One was responded to outside of the agreed timeframe (15408, 2 days late). All three complaints were partially upheld.

**Informal Complaints:** During October 2022, we were able to close **seven** informal complaints through local resolution. Of those closed;

**Cardiology** - 3 were closed, two of these were through email correspondence to the complainant and one by a member of staff speaking directly to the complainant to discuss their concerns.

**Thoracic and Ambulatory Care** - 1 was closed, through the Service Manager speaking directly to the complainant to discuss their concerns and offer an apology for their experience.

**Surgical, Transplant and Anaesthetics** - 3 were closed, two of these were closed through a member of staff speaking directly to the complainant to discuss their concerns and one was resolved by providing a written response and apology as requested by the complainant.

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

**Complaint Datix Reference: 15375 Date Closed: 21/10/2022. Outcome: Partially Upheld** – A transplant patient raised a formal complaint regarding their outpatient appointment and the discussion and interaction they had with the Consultant. The outcome of the complaint investigation revealed that whilst it was not the Consultant's intention the patient was left feeling distressed and upset after the consultation. As a result of the complaint learning and actions were identified, to highlight and reiterate to the Transplant Team the importance of clear supportive communication when discussing sensitive or upsetting issues such as potential complications and life-threatening concerns during consultations. Highlight and anonymously share the patient's experience and feedback with the Surgery, Transplant and Anaesthetic Directorate for their learning and reflection.

**Complaint Datix Reference: 15392 Date Closed: 25/10/2022. Outcome: Partially Upheld** – A cardiology patient raised concerns regarding their diagnosis, the communication and information they received regarding their clinical condition. The outcome of the investigation revealed there had been no change in the patient's clinical diagnosis and the patient had been receiving the correct treatment for their condition. However, the patient had experienced a delay in obtaining a follow up appointment and there were administration error in the clinic letter. As a result of the complaint learning and actions were identified, the patient's feedback and experience would be shared anonymously with the Cardiology Team for their learning and reflection, with reminders to check clinic letter details and medications. To ensure that the requirement for all booking teams to complete a booking as the patient accepts an appointment is implemented within the Clinical Administration Team.

**Complaint Datix Reference: 15408 Date Closed: 28/10/2022. Outcome: Partially Upheld** - A thoracic patient raised a formal complaint regarding the behaviour and attitude of a member of staff when they came into the hospital to collect a replacement device. The patient was concerned that the device was not suitable to their needs. The outcome of the complaint investigation revealed that the team were unable to provide the patient with the preferred device as smaller travel CPAP devices are not currently available from the NHS, however communication with the patient regarding the size of the device could have been improved. As a result of the complaint learning and actions were identified, the patient's feedback and experience will be shared anonymously with the Respiratory Support and Sleep Centre (RSSC) and CPAP team for their learning and reflection. Staff will be reminded of the importance of clear communication regarding the availability of devices.

Learning and actions identified through complaints are shared at Business Units, Clinical Division meetings and Trust wide through the Quality and Risk Management Group (QRMG reports).



# Caring: Spotlight On – Volunteers Recovery Plan - 2 months on.

## Volunteers at Royal Papworth Hospital

An estimated three million people volunteer in health and care. The time volunteers give every day, in a very wide range of roles, makes a valuable contribution to the quality of care that patients experience within the NHS.

By giving their time, volunteers can make a unique contribution and bring their own credibility to the roles they perform. Involving volunteers provides opportunities to learn from different perspectives, insight and experience. All of which a volunteer can bring to the organisation they are supporting.

At Royal Papworth Hospital, many of the volunteering roles paused during the COVID pandemic and since December 2021 we have been working to re-establish volunteers within the organisation. In August 2022, we held a volunteers meet and greet session. This session was attended by 13 volunteers, the aim was to provide both our new and existing volunteers an opportunity to meet with the Patient Advice and Liaison Service Team and have a small tour of the hospital site. Those in attendance also had the opportunity to discuss potential roles within the organisation and met with Maura Screamon, Chief Nurse and Louise Palmer, Assistant Director for Quality and Risk.

We were delighted that from 5 September 2022 the Trust was able to welcome volunteers back to the hospital. A total of 14 volunteers returned, 8 existing and 6 new. The initial roles our volunteers have undertaken is Ward Visitor, Meet and Greet in the main atrium, Pharmacy volunteers and the Chaplaincy volunteers. Our volunteers project coordinator is continuing to support the return of the volunteers to these existing roles, whilst working on development of the Better Impact Database which will support us with the ongoing recruitment of new volunteers, daily management and scheduling of volunteers going forward.



Photo of one of our new volunteers, Judith Nial who you will find meeting and greeting visitors and patients in the main atrium.

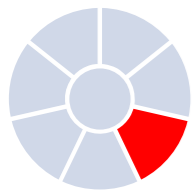
Our volunteers come from all walks of life and represent the diversity of the communities we serve and having volunteers enables us to do more, whether that is time spent with patients, or helping give our teams extra capacity.

Some of the main reasons individuals chose to volunteer at Royal Papworth Hospital including wanting to make a real difference to our patients, their families, friends and relatives. To give something back to the local community or to learn new skills.

Since, 5 September 2022 our **volunteers have contributed a total of 534** hours in supporting our staff make a real difference to our patients, their families, friends and relatives. A breakdown of the volunteering hours is shown in the table below:

Volunteer Hours - Total of 534 hours			
Month	Volunteer Hours	Chaplaincy Volunteer	Monthly Total
September 2022	239	23	262
October 2022	251	21	272

For more information, please contact the PALS Team on [papworth.pals@nhs.net](mailto:papworth.pals@nhs.net)



# Effective: Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

	Data Quality	Target	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%-90%)	77.5%	70.8%	70.0%	70.9%	71.7%	75.5%
	CCA bed occupancy	4	85% (Green 80%-90%)	87.5%	88.1%	78.2%	87.4%	85.2%	88.5%
	Admitted Patient Care (elective and non-elective)**	4	104% of 19/20 baseline	1815	1650	1686	1779	1495	1795
	Outpatient attendances**	4	104% of 19/20 baseline	8499	8260	8476	8100	7853	8155
	Cardiac surgery mortality (Crude)*	3	<3%	2.06%	2.30%	1.98%	2.03%	1.75%	1.97%
	Theatre Utilisation	3	85%	75.3%	84.8%	80.4%	79.6%	82.2%	75.6%
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	85%	83%	83%	77%	80%	81%	79%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	4	8.20	9.79	11.41	8.23	7.43	8.77	9.03
	Length of stay – Cardiac Elective – valves (days)	4	9.70	10.97	9.49	9.02	9.93	10.43	9.71
	CCA length of stay (LOS) (hours) - mean	4	Monitor only	83	78	122	122	136	170
	CCA LOS (hours) - median	4	Monitor only	29	27	43	28	41	43
	Length of Stay – combined (excl. Day cases) days	4	Monitor only	6.15	5.58	5.63	5.51	6.09	6.36
	% Day cases	4	Monitor only	66.3%	63.3%	64.6%	66.1%	66.0%	67.3%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	27.4%	28.2%	36.1%	31.7%	37.9%	42.9%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	24.4%	22.7%	32.4%	28.6%	25.8%	39.5%

## Summary of Performance and Key Messages:

### Capacity Utilisation

Critical care bed occupancy remains within target range despite the ongoing constraints on elective operating. This reflects a number of long stay patients and ongoing high levels of demand for emergency surgery. Critical care length of stay is also a contributory factor.

Ward bed utilisation is constrained by the reduction in operating capacity and the amendment of some Respiratory patients to day case activity. Staffing challenges on the surgical floor remain due to sickness and vacancies.

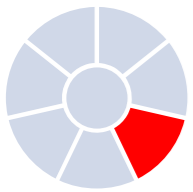
Theatre utilisation remains constrained by sickness and vacancies and this continues to be managed through the Theatres Transformation programme.

### Activity Recovery

Admitted patient care improved in M7 but remains behind plan. This reflects the ongoing theatres challenges and sickness absence.

Outpatient attendance has improved from M6 but remains behind plan. This is driven by a number of contributory factors including vacancies and sickness and continues to be a particular issue in the respiratory service.

\* 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 1 for activity inc PP)



# Effective: Key performance challenges

## Background and purpose

The information on this page is to provide oversight of activity numbers against the following three benchmarks;

- 2019/20 activity
- The Trust's planned activity targets 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).
- The activity target for 2022/23 as set by NHSE&I (104% for all PODs).

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 to Mar-23
Elective Inpatients	80%	83%	85%	90%	95%	100%	100%	102%	104%
Elective Daycases	90%	95%	100%	100%	102%	104%	104%	104%	104%
Outpatient	100%	103%	106%	110%	110%	110%	110%	110%	110%
Diagnostics	100%	103%	106%	110%	110%	110%	110%	110%	110%

- The activity target for 2022/23 as set by NHSE&I (104% for all PODs).

## Dashboard headlines

The tables show how the activity for M07 compares to 2019/20 numbers at Trust level and at specialty level.

### M7 activity performance in line with target

- Non-admitted activity:** First outpatients hit the planned target for M7
- Diagnostics:** CTs and Ultrasounds met the planned target

### M7 activity performance behind target

- Non-admitted activity:** Follow-up outpatient activity did not meet the M7 planned target
- Admitted activity:** Elective inpatients and daycases fell short of the planned activity targets
- Diagnostics:** MRIs fell short of the planned target for M7

## Summary Performance

Table 1: Trust Level

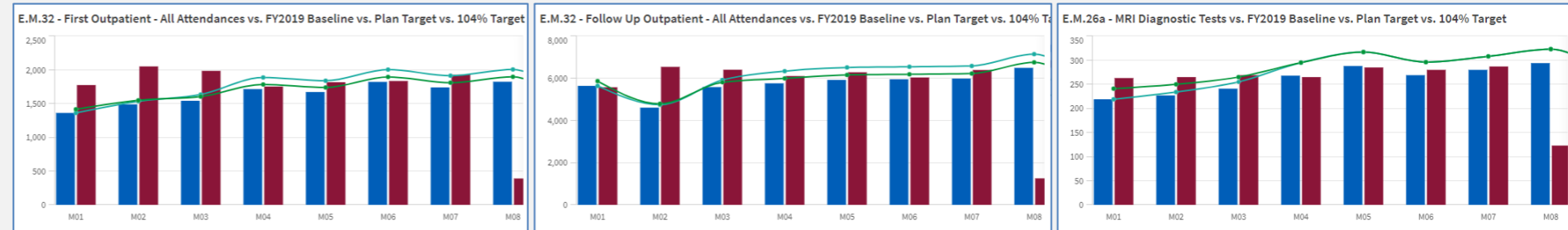
Category		M7 vs 2019/20 M7
Non-Admitted Activity	First	111%
	Follow up	107%
Radiology Activity	MRI	102%
	CT	114%
	US	132%
Elective Admitted Activity	Inpatients	73%
	Daycases	84%

Table 2: M7 activity compared to 2019/20 (Specialty Level)

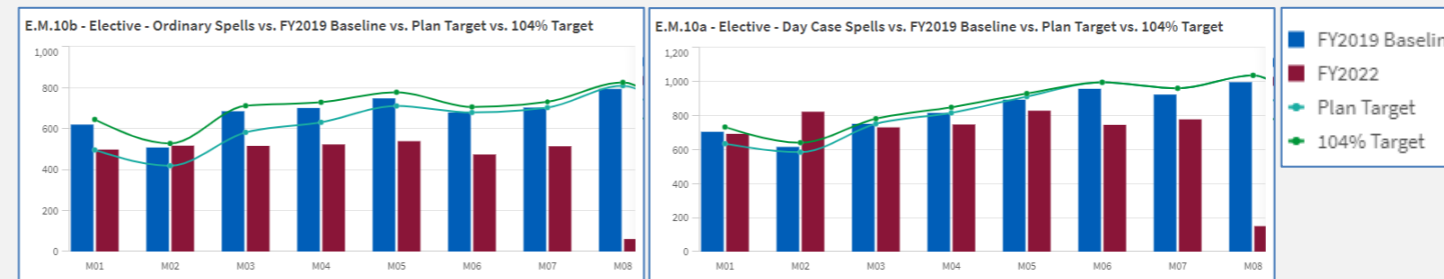
Category		Cardiac Surgery	Cardiology	PTE	RSSC	Thoracic Medicine	Thoracic Surgery (exc PTE)	Transplant /VAD
Non-Admitted Activity	First	103%	79%	-	205%	98%	151%	126%
	Follow up	79%	117%	-	74%	136%	121%	96%
Elective Admitted Activity	Inpatients	72%	94%	70%	56%	79%	100%	100%
	Daycases	0%	81%	-	104%	71%	43%	-

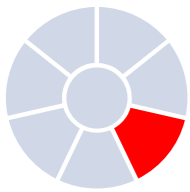
Above Planned Target  
 Within 5% of Planned Target  
 Greater than 5% below Planned Target

## Non-Admitted Activity



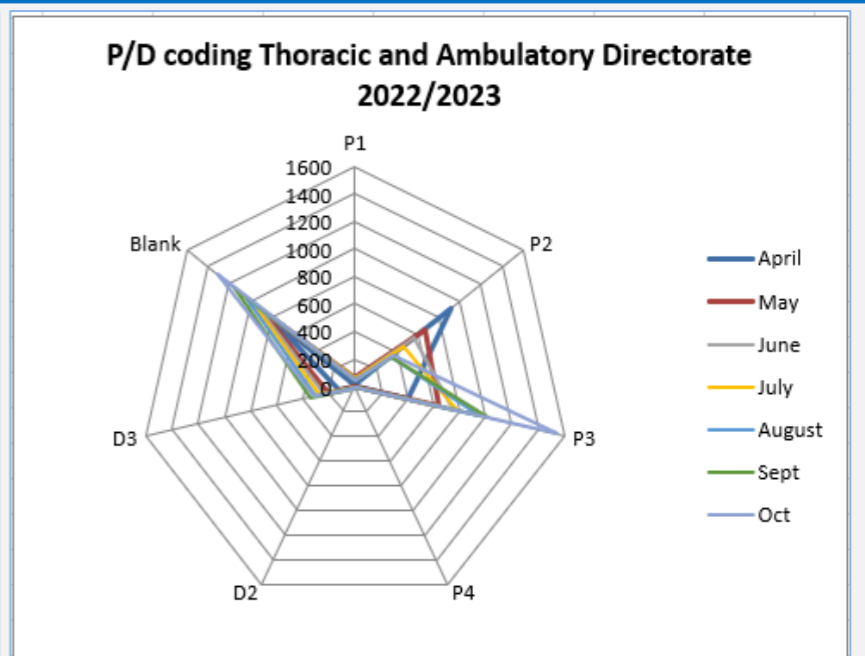
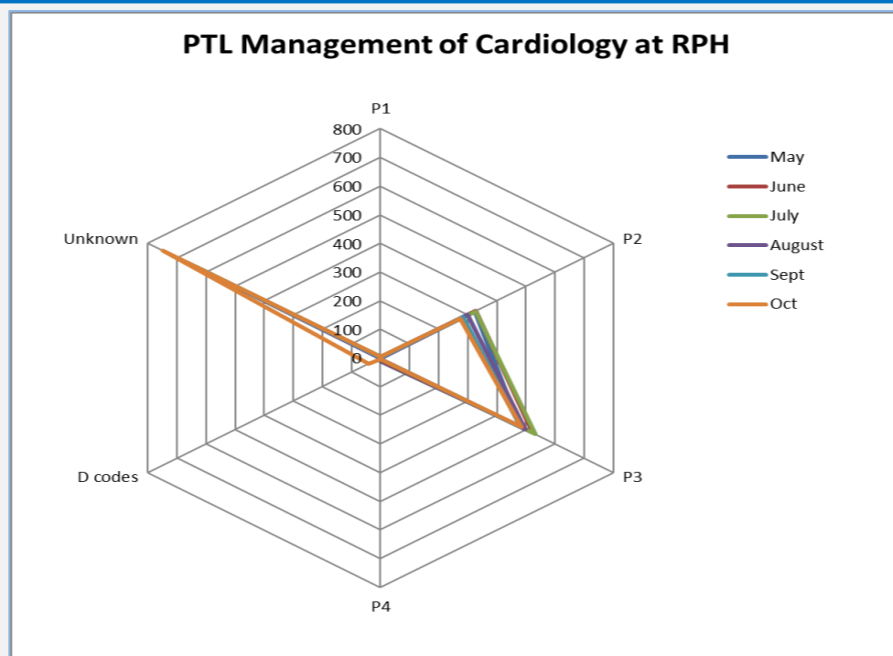
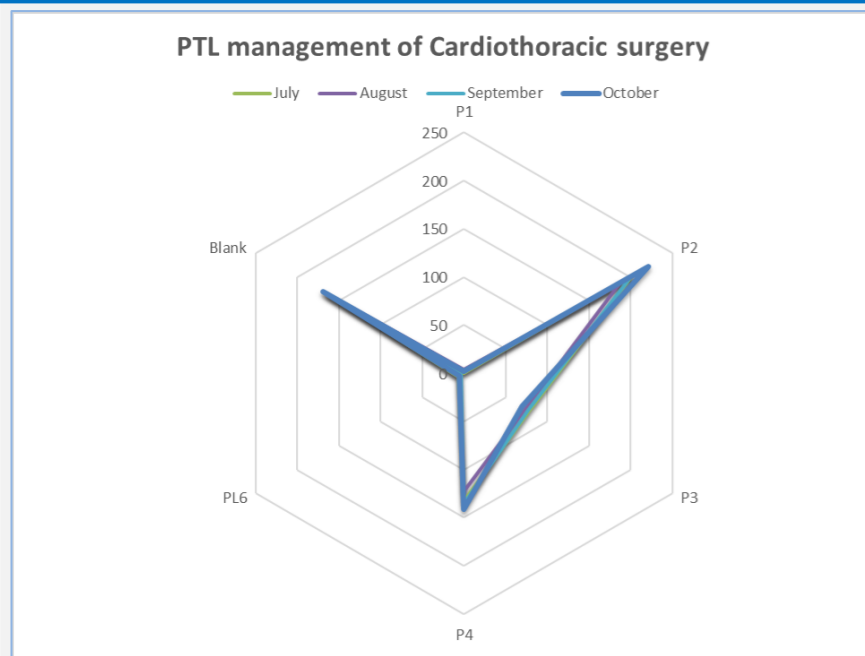
## Admitted Activity





# 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**

- ↑ 608 patients on the waiting list (from 582)
- ↑ 180 patients over 18 weeks (from 176)
- ↓ 2 patients over 52 weeks (from 5)
- ↑ RTT performance 71.26% (from 69.17%)

**Over 18 weeks**

- 39 - patients with Planned or booked dates
- 27 - patients with planned OPA/ MDT/ Diagnostics appointment
- 66 - patients awaiting surgery date (38xP2, 14xP3, 14xP4)
- 45 - patients awaiting Administrative update
- 3 - need further OPA

**Cardiology Waiting List Profile**

- ↑ 1557 patients on the waiting list (increase of 76 patients)
- ↓ 370 patients over 18 weeks (increase of 69 patients)
- ↓ 0 patient over 52 weeks
- ↓ RTT performance 79.65% (from 80.68%)

**Over 18 weeks**

- 106 patients with dates to come in
- 79 patients awaiting dates to come in
- 38 patients with an outpatient appointment
- 2 patients awaiting outpatient review
- 6 patients awaiting diagnostic investigation
- 2 patients undergoing MDT review

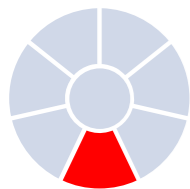
**Respiratory Waiting List Profile**

- ↑ 3603 patients on the waiting list
- ↓ 862 patients waiting over 18 weeks
- ↔ 0 over 52 weeks
- ↑ 72.11% RTT performance

**Over 30 weeks:**

- 22 CPAP Starters
- 10 PSG
- 75 OPD
- 4 RPG
- 22 ACD
- 9 Day case





# Responsive: Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

	Data Quality	Target	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	95.02%	92.70%	97.21%	96.90%	98.31%	98.79%
	18 weeks RTT (combined)	5	92%	79.26%	78.64%	77.81%	75.77%	74.30%	74.10%
	Number of patients on waiting list	5	3,279	4672	4640	4799	4816	5300	5691
	52 week RTT breaches	5	0	3	7	3	2	5	2
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	4	85%	35.5%	77.8%	20.0%	53.1%	35.3%	33.3%
	31 days cancer waits*	4	96%	100.0%	100.0%	90.0%	100.0%	63.6%	73.7%
	104 days cancer wait breaches*	4	0	5	8	13	22	23	14
	Theatre cancellations in month	3	30	41	28	29	20	27	34
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	89.00%	100.00%	65.00%	66.00%	35.00%	53.00%
	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%	80.32%	83.05%	82.17%	84.13%	81.53%	80.09%
	18 weeks RTT (Cardiac surgery)	5	92%	67.51%	70.04%	71.94%	69.81%	69.51%	71.69%
	18 weeks RTT (Respiratory)	5	92%	81.12%	78.02%	76.65%	72.64%	71.84%	72.05%
	Non RTT open pathway total	2	Monitor only	39,155	39,391	39,855	40,244	40,473	40,854
	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%	94.74%	89.74%	80.00%	94.12%	71.43%	80.00%
	Outpatient DNA rate	4	9%	7.00%	6.81%	6.70%	6.70%	8.17%	6.23%
	Urgent operations cancelled for a second time	4	0	1	0	0	0	0	0
	% of IHU surgery performed < 10 days of medically fit for surgery	4	95%	97.00%	100.00%	82.00%	86.00%	47.00%	63.00%
	% of patients treated within the time frame of priority status	4	Monitor only	36.6%	44.1%	41.8%	42.0%	40.5%	41.5%
% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	4	Monitor only	64.3%	50.9%	51.4%	51.4%	48.5%	49.1%	

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

## Summary of Performance and Key Messages:

### Diagnostic Performance

Imaging performance has improved again and is extremely close to compliance. This is despite disruption caused by issues with the PACS system and is a reflection of the teams hard work.

### Waiting List Management

The number of patients on open pathways continues to increase for all specialties. This is reflected in the growth in numbers of patients on both RTT and non-RTT pathways and the continued decline in RTT performance. The deterioration in Cardiology RTT is largely as a result of data quality issues and there is a clear plan for resolution in place. ERS referral backlog (previously reported in Respiratory) has been cleared and there is a sustainable plan in place to prevent recurrence.

We had 2 52w breaches in month, both cardiac surgery and both have dates for surgery.

### Cancer Performance

62 day - There have been 6 patients treated on a 62-day pathway, of which 4 breached - 1 breached due to needing additional scans at DGH and became in inpatient there, 1 breached due to needing cardiology opinion prior to surgery, 1 breached due to patient being COVID positive during diagnostic part of pathway his clinic appointment and surgical date being cancelled, this patient is also a 31-day breach 1 breached due to 9 day wait for clinic appointment and a further 25 day wait for surgery.

31 day – there were 30 patients treated on the 31 day pathway of which 6 patients breached – 1 had their surgery cancelled due to Lorenzo downtime on the day of surgery and they could not be rescheduled for a further 19 days after being cancelled, 1 was listed on audit day but cancelled on the day of surgery and could not be rescheduled for 21 days after cancellation, 1 was cancelled due to an urgent admission. 3 patients were listed for surgery outside of their 31-day window.

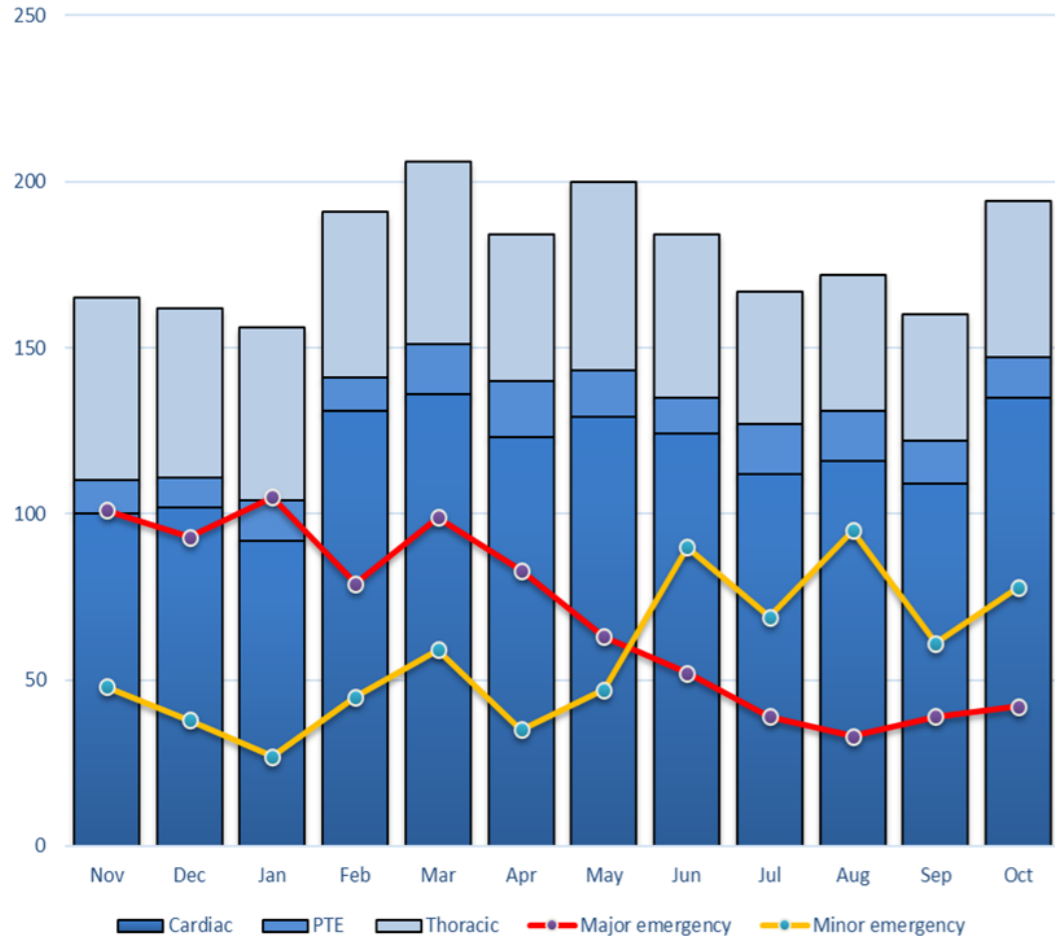
### IHU & ACS Performance

The ACS service has experienced its first breach against the 3 day transfer target in over fifteen months. A total of 16 patients were unable to be admitted as planned in October due to significant flow challenges through the cardiology bed base caused by a high number of IHU patients waiting for surgical dates.



# Responsive: Theatre Performance

**Elective Activity v Emergency 2022/23**



**Key risks:**

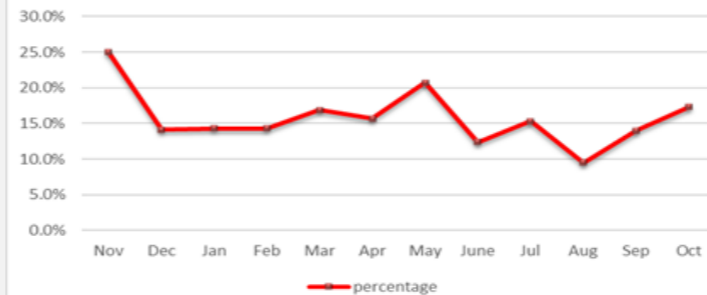
Cancellation reason	Oct-22	Total
1c Patient unfit	8	94
1d Sub optimal work up	1	21
3a Critical Care	2	147
3b Theatre Staff	2	18
3c Consultant Surgeon	1	15
4a Emergency took time	7	67
4b Transplant took time	5	28
4c ECMO/VAD took time	1	3
4d Additional urgent case added and took slot	4	53
4e Equipment/estate unavailable	2	29
5a Planned case overran	1	85
<b>Total</b>	<b>34</b>	<b>645</b>

**135 Cardiac / 47 Thoracic / 12 PTE / 34 IHU / 5 TX activity**

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

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

**Cancellations as a percentage of elective activity**



**Key Actions:**

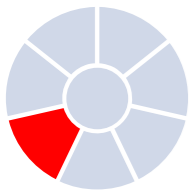
Though Cardiac activity overall increased in October, a lot of this was made up of unplanned work – 42 major emergency procedures going through Theatres.

Thoracic activity also increased marginally, whilst PTEs remained consistent.

IHU procedures were once again challenging, with a reduction in slots due to the realigning of Theatres to a 4 area model, and a number of operations cancelled due to patient unfit - 8 in October brings the total since April to 94.

Emergency and Transplant took time also were high this month, responsible for 12 cancellations combined. This is a trend going into the winter pressure months, with a high acuity of patient.

In terms of cancellations as a percentage of elective activity, this went up to just over 17% - the highest since May this year.



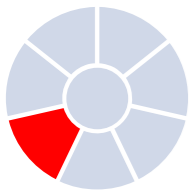
# People, Management & Culture: Performance summary

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

	Data Quality	Target	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
Dashboard KPIs	Voluntary Turnover %	3	14.0%	12.13%	13.67%	22.60%	15.28%	28.16%	19.70%
	Vacancy rate as % of budget	4	5.00%	13.05%	13.53%	13.81%	14.08%	14.10%	14.29%
	% of staff with a current IPR	3	90%	75.41%	75.08%	75.88%	75.28%	74.31%	73.06%
	% Medical Appraisals	3	90%	67.83%	60.18%	72.57%	68.47%	68.47%	75.22%
	Mandatory training %	3	90.00%	85.61%	86.22%	86.21%	86.92%	86.60%	86.35%
	% sickness absence	3	3.5%	4.06%	4.98%	5.34%	4.48%	4.34%	5.35%
Additional KPIs	FFT – recommend as place to work	3	70.0%	n/a	70.00%	n/a	n/a	n/a	n/a
	FFT – recommend as place for treatment	3	90%	n/a	86.00%	n/a	n/a	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	3	5.00%	9.26%	11.47%	11.11%	11.76%	12.91%	13.62%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	3	10.00%	26.31%	26.62%	26.82%	26.28%	22.90%	21.06%
	Long term sickness absence %	3	0.80%	1.54%	1.48%	1.86%	1.81%	1.81%	1.77%
	Short term sickness absence	3	2.70%	2.52%	3.49%	3.48%	2.67%	2.53%	3.58%
	Agency Usage (wte) Monitor only	3	Monitor only	30.1	31.5	28.6	28.9	31.6	28.9
	Bank Usage (wte) monitor only	3	Monitor only	55.3	54.4	62.2	67.1	57.5	57.4
	Overtime usage (wte) monitor only	3	Monitor only	44.0	43.6	41.9	44.3	38.6	48.6
	Agency spend as % of salary bill	5	1.42%	2.01%	2.07%	1.66%	2.34%	1.66%	1.57%
	Bank spend as % of salary bill	5	1.95%	1.75%	1.90%	1.99%	1.90%	2.06%	2.32%
	% of rosters published 6 weeks in advance	3	Monitor only	23.50%	47.10%	26.50%	24.20%	24.20%	51.50%
	Compliance with headroom for rosters	3	Monitor only	28.20%	30.50%	31.10%	31.70%	35.30%	31.80%
	Band 5 % White background: % BAME background	3	Monitor only	n/a	55.53% : 42.21%	n/a	n/a	55.83% : 42.99%	n/a
	Band 6 % White background: % BAME background	3	Monitor only	n/a	70.93% : 27.79%	n/a	n/a	71.40% : 27.71%	n/a
	Band 7 % White background % BAME background	3	Monitor only	n/a	84.54% : 13.56%	n/a	n/a	84.01% : 14.11%	n/a
	Band 8a % White background % BAME background	3	Monitor only	n/a	83.97% : 14.29%	n/a	n/a	86.14% : 11.88%	n/a
	Band 8b % White background % BAME background	3	Monitor only	n/a	92.86% : 3.57%	n/a	n/a	93.75% : 3.13%	n/a
	Band 8c % White background % BAME background	3	Monitor only	n/a	92.86% : 7.14%	n/a	n/a	92.86% : 7.14%	n/a
	Band 8d % White background % BAME background	3	Monitor only	n/a	100% : 0.00%	n/a	n/a	100% : 0.00%	n/a

## Summary of Performance and Key Messages:

- Turnover dropped back to 19.7% in October. The year to date rate of turnover is 18.4% which is over our KPI of 14%. There were 37 leavers (32 WTE) in month. The most common reasons for leaving were lack of opportunities and work-life balance which this cited as the main reason for leaving by 8 leavers respectively. These leavers were from across different staff groups and different roles. For those who had given work life balance as the reason, 5 of the 8 had less than one years service. This suggests that recruiting managers need to have better conversations with candidates about the working arrangements so that expectations from both parties are clear.
- Total Trust vacancy rate increased to 14.3%. Registered Nurse vacancy rates increased to 13.6% with Level 5, Surgical Wards, having the highest % vacancy rates. The Unregistered Nurse vacancy rate continued to improve although it remains significantly above the KPI. The Spotlight section focuses on Nurse vacancy rates.
- Sickness absence increased due to an increased prevalence of Covid in the community. 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 Appraisal Procedure has been 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 at the start of December and Divisions have been asked to provide trajectories for improving compliance rates.
- Temporary staffing usage and spend increased as departments sought to mitigate the impact of increasing vacancy and sickness absence rates.
- Compliance with the roster approval improved in October to 51.5% but remains lower than the KPI. 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 the 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 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:

### Vaccination Programme Update

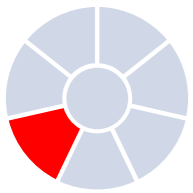
By mid-November 58% of staff had been vaccinated against Flu and 56% against Covid. Although this is lower than at the same point in previous years we have one of the highest rates of update in the Region. We are no longer able to offer the Covid Booster Vaccination and staff are directed to public vaccination services. We continue to offer the Flu Vaccine in the Hospital and strongly encourage staff to get vaccinated to protect themselves and their patients. The lower update rate mirrors the national picture.

### Staff Survey Update

By mid-November 53% of staff had completed the annual Staff Survey. The survey closes on 25 November 2022 and the final reminder will go out 21 November. We have continued to focus on the importance of staff participating in all staff communications forums.

### Civility Saves Lives

In October we hosted two sessions by Dr Chris Turner, the founder of the Civility Saves Lives campaign. Dr Turner is an emergency care consultant and the campaign is led by healthcare professionals to raise awareness of the power of civility in medicine. Incivility can be anything ranging from rude or unsociable speech or behaviour and there is clear evidence of the significant negative impact it has on psychological safety, team dynamics, patient safety and staff engagement. One of the sessions was specifically for Critical Care and Theatres clinical leaders as part of their Improvement Programmes workstreams on culture. The second session was a more general invite to clinical, nursing, corporate and operational leaders. The sessions were recorded so that those that could not attend are able to listen to it. There are pieces of work being taken forward following these workshops to spread use of something of the approaches shared eg the second messenger approach to informally addressing incidents of poor behaviour.



# People, Management & Culture : Nurse Vacancies

## Overview

- Registered nurse vacancy rates have been over the KPI of 5% since February 2022 and has been rising steadily. There were increases in budgeted establishment in May 22 and July 22 linked to the increase in Critical Care and Cardiology. However the main driver for the increase is the increase in turnover and our inability to keep pace with this through recruitment.



- Unregistered nurse vacancy rate has been reducing following a focused campaign and additional capacity being brought into the Nurse Recruitment Team. However it remains significantly over the KPI. The impact of the cost of living increase and increasing salaries in retail and hospitality means that we are extremely unlikely to achieve our KPI in the current environment. A review of the banding of Healthcare Support Workers is commencing as it has become evident that over time the responsibilities and competencies required for the Healthcare Support Worker Band 2 role in many areas has been increasing and may now met the profile of the Band 3 role. This could improve our ability to recruit and retain staff in these roles.



## Departmental Vacancy Rates

- The table below provides details of the clinical areas where vacancy rates for registered nurses are in excess of 20% as at 31 October 2022. The area with the highest number of vacancies is Level 5 Surgical wards. Level 5 has had a rapid increase in vacancy rates over the last 6 months. Their recruitment pipeline has not been able to keep pace with the number of leavers over that period.

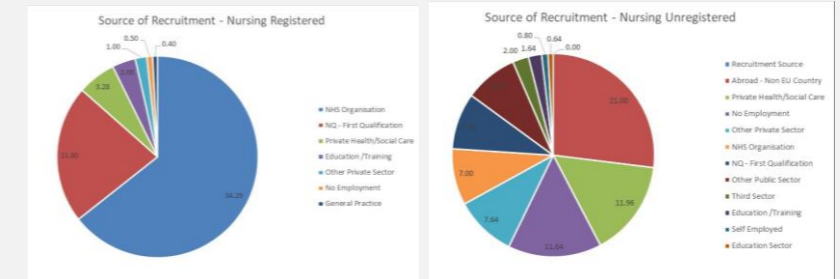
NURSING REGISTERED				
Department	FTE Budgeted	FTE Actual	Vacancy WTE	Vacancy %
175 Day Ward (145002)	21.31	13.87	-7.44	-34.93%
175 Surgical Transplant-5th Floor North (145750)	48.46	33.65	-14.81	-30.55%
175 Surgical Ward-5th Floor South (145751)	43.00	30.80	-12.20	-28.37%
175 4 NW (Cardiac) Ward (145551)	27.21	19.72	-7.49	-27.53%
175 Cystic Fibrosis-4th Floor South (145854)	38.53	28.04	-10.49	-27.23%
175 Out Patients G Floor (145151)	8.24	6.20	-2.04	-24.76%
175 SCPs (145313)	15.75	12.00	-3.75	-23.81%
175 Theatres Anaesthetics (145312)	17.23	13.33	-3.90	-22.62%
175 Sleep Studies-3rd Floor North (145252)	35.07	27.36	-7.71	-21.98%

- The table below provides details of the clinical areas where vacancy rates for unregistered nurses are in excess of 20% as at 31 October 2022. The area with the highest number of vacancies is Cardiology Level 4 North West which is the additional cardiology beds commissioned in 22/23. All areas have seen improvements in the vacancy rates over the last six months

Unregistered Nurses as at 31 October 2022				
Department	FTE Budgeted	FTE Actual	Vacancy WTE	Vacancy %
175 4 NW (Cardiac) Ward (145551)	19.41	5.96	-13.45	-69.29%
175 Catheter Lab and Bronchoscopy Nurses (145465)	6.24	3.00	-3.24	-51.92%
175 Theatres Surgical (145314)	18.96	12.32	-6.64	-35.02%
175 Out Patients G Floor (145151)	7.88	5.48	-2.40	-30.46%
175 Surgical Transplant-5th Floor North (145750)	35.52	27.00	-8.52	-23.99%
175 Sleep Studies-3rd Floor North (145252)	19.57	15.24	-4.33	-22.13%

## Recruitment Activity

- The charts below provide an analysis of the source of recruitment for registered and unregistered nurses. Overseas registered nurses are included in the chart for unregistered nurses as at the point of recruitment they are not registered with the NMC. We have noted that over the last two years we have attracted fewer newly qualified (NQ) UK nurses than previously. Prior to the pandemic we had a very proactive and successful approach to attracting NQ nurses. This is an area where we need to review our approach.



- There are 34 Registered Nurses in the pipeline going through pre-employment checks. There are 44 Unregistered nurses in the pipeline following a number of successful recruitment events. We are planning a further recruitment event in the hospital on the 3<sup>rd</sup> December. We are looking to recruit for Nurses, ODPs, Healthcare support workers, housekeepers and admin roles.
- We continue to have a 100% pass rate for overseas nurses in completing their OSCE exams. We have had a further 2 passes in October with the nurses awaiting their PINs.
- We have increased the number of nurses we are recruiting from overseas in 2022/23:  
 Critical Care - 20 recruited, the final nurse arrives November  
 Thoracic - 6 RNs being recruited, 3 appointed to date  
 Theatres - 6 RNs recruited, start dates not yet confirmed  
 Surgery - 10 RNs being recruited, 3 appointed to date  
 Cardiology - 10 RNs being recruited, 1 appointed to date
- The Nurse Recruitment Team continue to advertise and recruit on a rolling basis for Registered and Unregistered Nurses.



# Finance: Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

	Data Quality	Target	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
Dashboard KPIs	Year to date surplus/(deficit) exc land sale £000s	5	£(172)k	£(274)k	£(130)k	£1,404k	£1,415k	£2,551k	£2,831k
	Cash Position at month end £000s	5	£63,740k	£62,241k	£62,529k	£63,594k	£63,232k	£64,395k	£67,645k
	Capital Expenditure YTD £000s	5	£1393 YTD	£333k	£352k	£920k	£933k	£967k	£1,083k
	In month Clinical Income £000s*	5	£21913k (current month)	£21,729k	£21,371k	£22,126k	£22,145k	£22,700k	£21,808k
	CIP – actual achievement YTD - £000s	4	£3,383k	£1,020k	£1,480k	£2,010k	£2,470k	£3,090k	£3,710k
	CIP – Target identified YTD £000s	4	£5800k	£5,360k	£5,810k	£5,810k	£5,440k	£5,800k	£5,800k
Additional KPIs	NHS Debtors > 90 days overdue	5	15%	79.0%	78.5%	91.1%	88.8%	92.8%	55.9%
	Non NHS Debtors > 90 days overdue	5	15%	20.6%	20.1%	27.0%	23.2%	21.8%	23.9%
	Capital Service Rating	5	4	4	4	3	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	£2,655k	£4,242k	£7,225k	£8,660k	£11,189k	£12,838k
	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	£3,692k	£3,528k	£3,572k	£4,253k	£3,740k	£4,768k
	Better payment practice code compliance - NHS (YTD)	5	Monitor only	80%	70%	87%	83%	86%	87%
	Better payment practice code compliance - Non NHS (YTD)	5	Monitor only	95%	96%	93%	94%	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£3.0m with a reported surplus of £3.1m 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 is 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 been agreed for the first half of 2022/23 and is expected to continue for the second 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£2.9m YTD. 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, including updates 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 challenges across the sector.
  - **System support:** the income position includes a provision of £0.8m YTD for expected future funding changes to support the achievement of a breakeven position across the ICS, by organisation. There is a risk that this rises 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 £0.7m. The national economic context is creating an uncertain staffing position. Given the increased concerns around pay (e.g. industrial action, the growing pressure on cost of living etc), YTD cost 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.
  - **Non Pay spend** increased in month by c£1.5m. £1m of this is mainly due to the provision staff support scheme and other provision adjustment.
- **The cash position closed at c£67.6m.** This represents an increase of c£3.3m from last month and is mainly driven by ERF payments received in October.
- **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£1.1m was £0.1m below 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£3m favourable to plan, driven by the net effect of: surplus income funding for the pay award of c£1.2m YTD; the continued underlying underspend on pay due to vacancies of c£2.6m and the continued underlying underspends on variable activity costs (mitigated by income blocks). These items are partly offset by the recognition of a provision c£1.5m for the band 2 to band 3 risk and a provision for the staff benefit scheme of £1.0m.

	YTD £000's	YTD £000's	YTD £000's	YTD £000's	YTD £000's	YTD £000's	YTD £000's	YTD £000's	RAG
	Plan	Underlying Actual	COVID: spend	Other Non Recurrent Actual	Actual Total	22/23 plan	Variance		
<b>Clinical income - in national block framework</b>									
Clinical income on PbR basis - activity only	£93,419	£81,214	£0	£1,167	£82,381	£93,419	(£11,039)	●	1
Balance to block payment -activity only	£0	£13,083	£0	£0	£13,083	£0	£13,083	●	
Homecare Pharmacy Income	£29,072	£27,045	£0	£0	£27,045	£29,072	(£2,027)	●	
Drugs and Devices - cost and volume	£8,759	£10,195	£0	£0	£10,195	£8,759	£1,436	●	
Balance to block payment - drugs and devices	£0	(£529)	£0	£0	(£529)	£0	(£529)	●	
<b>Sub-total</b>	<b>£131,250</b>	<b>£131,009</b>	<b>£0</b>	<b>£1,167</b>	<b>£132,175</b>	<b>£131,250</b>	<b>£925</b>	<b>●</b>	<b>1</b>
<b>Clinical income - Outside of national block framework</b>									
Drugs & Devices	£702	£1,362	£0	£0	£1,362	£702	£660	●	
Other clinical income	£1,677	£1,498	£0	£0	£1,498	£1,677	(£178)	●	
Private patients	£5,334	£4,813	£0	£0	£4,813	£5,334	(£521)	●	
<b>Sub-total</b>	<b>£7,712</b>	<b>£7,673</b>	<b>£0</b>	<b>£0</b>	<b>£7,673</b>	<b>£7,712</b>	<b>(£40)</b>	<b>●</b>	
<b>Total clinical income</b>	<b>£138,963</b>	<b>£138,681</b>	<b>£0</b>	<b>£1,167</b>	<b>£139,848</b>	<b>£138,963</b>	<b>£885</b>	<b>●</b>	
<b>Other operating income</b>									
Covid-19 funding and ERF	£3,770	£0	£770	£2,945	£3,716	£3,770	(£55)	●	
Top-up funding	£10,652	£10,829	£0	(£786)	£10,043	£10,652	(£609)	●	
Other operating income	£7,841	£9,721	£0	£0	£9,721	£7,841	£1,880	●	
ERF provision *	£0	£0	£0	£0	£0	£0	£0	●	
<b>Total operating income</b>	<b>£22,264</b>	<b>£20,550</b>	<b>£770</b>	<b>£2,159</b>	<b>£23,480</b>	<b>£22,264</b>	<b>£1,216</b>	<b>●</b>	<b>2</b>
<b>Total income</b>	<b>£161,226</b>	<b>£159,232</b>	<b>£770</b>	<b>£3,326</b>	<b>£163,328</b>	<b>£161,226</b>	<b>£2,101</b>	<b>●</b>	
<b>Pay expenditure</b>									
Substantive *	(£68,725)	(£65,859)	£0	(£1,930)	(£67,789)	(£68,725)	£936	●	
Bank	(£1,408)	(£1,360)	(£13)	£0	(£1,373)	(£1,408)	£35	●	
Agency	(£1,019)	(£1,332)	£0	£0	(£1,332)	(£1,019)	(£313)	●	
<b>Sub-total</b>	<b>(£71,152)</b>	<b>(£68,551)</b>	<b>(£13)</b>	<b>(£1,930)</b>	<b>(£70,494)</b>	<b>(£71,152)</b>	<b>£658</b>	<b>●</b>	<b>3</b>
<b>Non-pay expenditure</b>									
Clinical supplies *	(£25,983)	(£26,308)	(£29)	£0	(£26,336)	(£25,983)	(£353)	●	4
Drugs	(£4,231)	(£3,101)	(£0)	£0	(£3,101)	(£4,231)	£1,130	●	5
Homecare Pharmacy Drugs	(£29,167)	(£26,220)	£0	£0	(£26,220)	(£29,167)	£2,946	●	
Non-clinical supplies *	(£20,432)	(£22,574)	(£573)	(£1,184)	(£24,330)	(£20,432)	(£3,898)	●	6
Depreciation (excluding Donated Assets)	(£6,015)	(£6,002)	£0	£0	(£6,002)	(£6,015)	£13	●	
Depreciation (Donated Assets)	(£311)	(£318)	£0	£0	(£318)	(£311)	(£7)	●	
<b>Sub-total</b>	<b>(£86,139)</b>	<b>(£84,522)</b>	<b>(£601)</b>	<b>(£1,184)</b>	<b>(£86,308)</b>	<b>(£86,139)</b>	<b>(£169)</b>	<b>●</b>	
<b>Total operating expenditure</b>	<b>(£157,291)</b>	<b>(£153,073)</b>	<b>(£614)</b>	<b>(£3,114)</b>	<b>(£156,802)</b>	<b>(£157,291)</b>	<b>£489</b>	<b>●</b>	
<b>Finance costs</b>									
Finance income	£1	£525	£0	£0	£525	£1	£525	●	
Finance costs	(£3,049)	(£3,184)	£0	£0	(£3,184)	(£3,049)	(£135)	●	
PDC dividend	(£1,059)	(£1,059)	£0	£0	(£1,059)	(£1,059)	(£0)	●	
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	£0	●	
Gains/(losses) on disposals	£0	£12	£0	£0	£12	£0	£12	●	
<b>Sub-total</b>	<b>(£4,108)</b>	<b>(£3,706)</b>	<b>£0</b>	<b>£0</b>	<b>(£3,706)</b>	<b>(£4,108)</b>	<b>£402</b>	<b>●</b>	
<b>Surplus/(Deficit) including central funding</b>	<b>(£172)</b>	<b>£2,453</b>	<b>£156</b>	<b>£212</b>	<b>£2,820</b>	<b>(£172)</b>	<b>£2,992</b>	<b>●</b>	
<b>Surplus/(Deficit) Control Total basis</b>	<b>£139</b>	<b>£2,758</b>	<b>£156</b>	<b>£212</b>	<b>£3,126</b>	<b>£139</b>	<b>£2,989</b>	<b>●</b>	

## 1 Clinical income is c£1.0m favourable to plan

- Income from contract activity on a PbR basis is lower than planned levels by c£11.0m; 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. The block was uplifted to provide funding for pay inflation and this has resulted in additional income being received against plan. The Trust had provided for the costs of the pay award from April to August and therefore £1.2m of the funding is contributing to the variance at bottom line. This benefit will reduce in future months as the expected costs of the pay award fall below funding for the year to go.
- Private Patient income is c£0.5m below plan YTD.

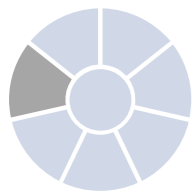
2 Other operating income is favourable to plan by c£1.2m due to LDA income, accommodation income, R&D income, training income and HLRI income (which is offset in expenditure). ERF includes 100% achievement for NHSE and C&P only. The adverse variance driven by the inability to achieve ERF on associate 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£0.7m. This is driven by the underlying vacancies across the Trust, partly offset by agency usage above plan and partly offset by a provision for the potential band 2 to band 3 risk of c£1.5m and CCL provision of £0.3m;

4 Clinical Supplies is adverse to plan by c£0.4m. 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£4.1m. c£1.1m 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£2.5m, compared to c£2.0m 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£3.9m. This is driven by the staff benefit provision (£1.0m), costs in relation to House lease (£0.2m), COVID costs in relation to ongoing spend on estates and facilities schemes (£0.6m), additional non-recurrent costs incurred in response to M Abscessus and adjustments to provisions.



# 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	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Comments
<b>Elective activity as % 19/20 (ICB)</b>	3	Monitor only	86.4%	74.1%	n/a	n/a	n/a	n/a	Latest data to w/e 03/07/22. Awaiting data from ICB for Jul to Oct 22
Papworth - Elective NHS activity as % 19/20 baseline plan*	4	Monitor only	119.9%	78.9%	84.8%	71.6%	70.3%	83.4%	
<b>Non Elective activity as % 19/20 (ICB)</b>	3	Monitor only	96.5%	94.2%	89.7%	96.9%	93.1%	99.6%	Latest data to w/e 06/11/22
Papworth - Non NHS Elective activity as % 19/20 baseline plan*	4	Monitor only	81.6%	89.2%	68.2%	85.6%	52.3%	85.5%	
<b>Day Case activity as % 19/20 (ICB)</b>	3	Monitor only	103.4%	100.3%	n/a	n/a	n/a	n/a	Latest data to w/e 03/07/22. Awaiting data from ICB for Jul to Oct 22
Papworth - Day NHS Case activity as % 19/20 baseline plan*	4	Monitor only	136.4%	98.8%	96.8%	100.0%	79.8%	92.0%	
<b>Outpatient - First activity as % 19/20 (ICB)</b>	3	Monitor only	117.1%	106.1%	n/a	n/a	n/a	n/a	Latest data to w/e 03/07/22. Awaiting data from ICB for Jul to Oct 22
Papworth - Outpatient - First activity NHS as % 19/20 baseline plan*	4	Monitor only	121.3%	114.1%	113.3%	90.8%	88.1%	96.9%	
<b>Outpatient - Follow Up activity as % 19/20 (ICB)</b>	3	Monitor only	109.9%	102.8%	n/a	n/a	n/a	n/a	Latest data to w/e 03/07/22. Awaiting data from ICB for Jul to Oct 22
Papworth - Outpatient - Follow Up & Non face to face NHS activity as % 19/20 baseline plan*	4	Monitor only	145.8%	113.6%	105.6%	103.1%	97.3%	100.5%	
<b>Virtual clinics – % of all outpatient attendances that are virtual (ICB)</b>	3	Monitor only	22.9%	23.6%	n/a	n/a	n/a	n/a	Latest data to w/e 03/07/22. Awaiting data from ICB for Jul to Oct 22
Papworth - Virtual clinics – % of all outpatient attendances that are virtual	4	Monitor only	15.5%	15.3%	15.6%	12.2%	13.6%	15.2%	
<b>Diagnostics &lt; 6 weeks % (ICB)</b>	3	Monitor only	61.5%	60.0%	n/a	57.2%	57.6%	58.3%	Latest data to w/e 06/11/22
Papworth - % diagnostics waiting less than 6 weeks	3	99%	95.0%	92.7%	97.2%	96.9%	98.3%	98.8%	
<b>18 week wait % (ICB)</b>	3	Monitor only	60.9%	60.7%	59.5%	59.1%	58.6%	57.9%	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 30/10/22
Papworth - 18 weeks RTT (combined)	5	92%	79.3%	78.6%	77.8%	75.8%	74.3%	74.1%	
<b>No of waiters &gt; 52 weeks (ICB)</b>	3	Monitor only	7,267	7,597	8,215	8,575	8,760	8,935	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 30/10/22
Papworth - 52 week RTT breaches	5	0%	3	7	3	2	5	2	
<b>Cancer - 2 weeks % (ICB)</b>	3	Monitor only	67.8%	75.9%	71.1%	67.7%	63.8%	58.3%	Latest Cancer Performance Metrics available are September 2022
<b>Cancer - 62 days wait % (ICB)</b>	3	Monitor only	67.5%	61.2%	56.9%	59.2%	59.4%	52.3%	Latest Cancer Performance Metrics available are September 2022
Papworth - 62 Day Wait for 1st Treatment including re-allocations	4	85%	37.5%	77.8%	20.0%	53.1%	35.3%	33.3%	
<b>Finance – bottom line position (ICB)</b>	3	Monitor only	n/a	£2.1m	n/a	£1.2m	n/a	n/a	Latest ICB financial position to August 22 YTD (M05)
Papworth - Year to date surplus/(deficit) exc land sale £000s	5	£(172)k	£(274)k	£(130)k	£1,404k	£1,415k	£2,551k	£2,831k	
<b>Staff absences % C&amp;P (ICB)</b>	3	Monitor only	3.4%	5.1%	3.6%	3.3%	4.1%	3.9%	Latest data to w/e 06/11/22
Papworth - % sickness absence	3	3.5%	4.1%	5.0%	5.3%	4.5%	4.3%	5.4%	

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.

\* - figures above are from SUS and represent all activity