Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

January 2023

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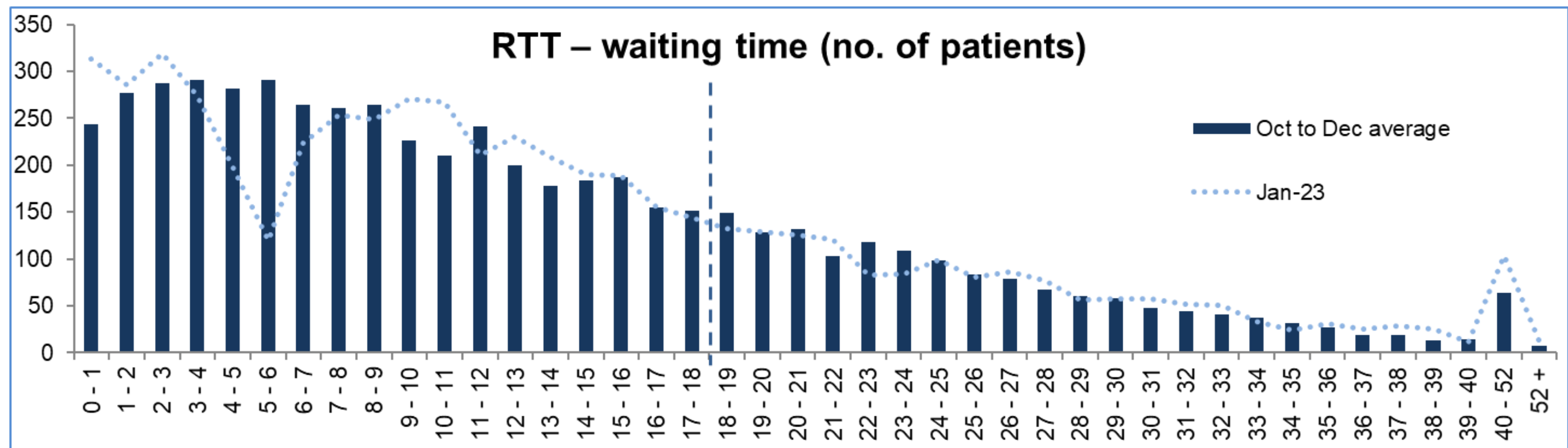
Context:

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	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Trend
Cardiac Surgery	144	135	160	141	148	127	
Cardiology	691	648	673	686	595	704	
ECMO (days)	65	46	51	80	132	110	
PTE operations	15	13	7	15	8	10	
RSSC	674	489	640	584	549	609	
Thoracic Medicine	317	301	332	318	260	316	
Thoracic surgery (exc PTE)	56	47	66	50	61	68	
Transplant/VAD	30	27	58	30	40	30	
Total Inpatients	**1,992**	**1,706**	**1,987**	**1,904**	**1,793**	**1,974**	
Total Inpatients exc PP	1,913	1,609	1,911	1,813	1,722	1,881	
Total Inpatients exc PP ***plan*** *(104% 19/20 baseline)*	*2,253*	*2,333*	*2,258*	*2,343*	*2,033*	*2,249*	

Outpatient Attendances	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Dec-22	Trend
Cardiac Surgery	501	426	454	480	384	457	
Cardiology	3,620	3,543	3,724	3,978	3,266	3,942	
RSSC	1,401	1,673	1,718	2,113	1,382	1,949	
Thoracic Medicine	2,490	2,150	2,052	2,655	2,237	2,533	
Thoracic surgery (exc PTE)	93	96	110	142	86	130	
Transplant/VAD	315	266	307	345	255	310	
Total Outpatients	**8,420**	**8,154**	**8,365**	**9,713**	**7,610**	**9,321**	
Total Outpatients exc PP	8110	7864	8093	9360	7350	9025	
Total Outpatients exc PP ***plan*** *(104% 19/20 baseline)*	*8358*	*8553*	*8497*	*9153*	*7638*	*9053*	

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);
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)

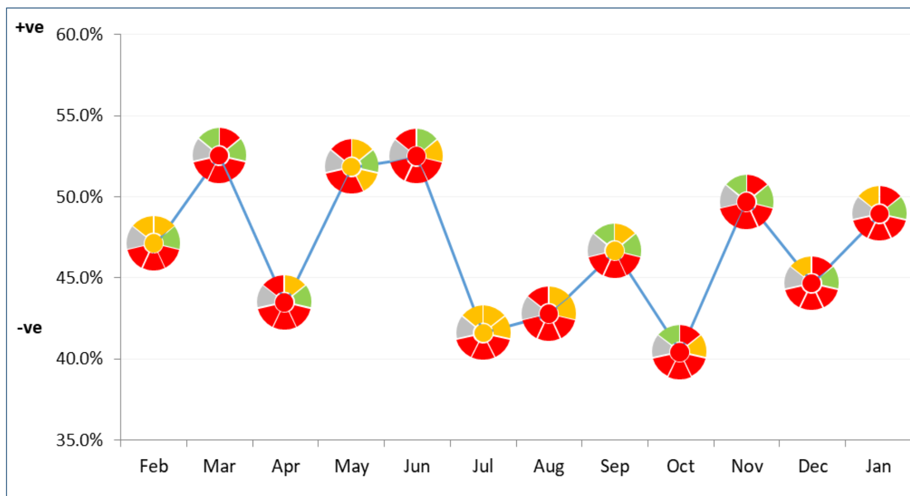
Data Quality Indicator

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 - RED



FAVOURABLE PERFORMANCE

CARING: FFT (Friends and Family Test): For inpatients the positive experience remains high (99.4%) and well above our 95% target. The participation rate had a slight increase to 40.7% from December which was 37.3%. For outpatients the positive experience rate was 97.6% in January 2023 and above our 95% target. Participation rate was steady at 13.1% (13.3% in November 2022 and 12.5% in December 2022).

EFFECTIVE: Critical care bed occupancy continues to be in the target range despite constraints in operating and high levels of demand for emergency surgery. Ward occupancy is also within target range, increases in acuity and cardiac and respiratory demand offset by improved length of stay. Theatre utilisation continues to be below target despite the ongoing transformation plan. Capacity was increased to 4.5 lists per day leading to delivery of 226 procedures against a target of 209. Increased downtime was seen due to higher than usual planned case overruns (6) and impact of emergency and additional urgent cases (10). Productivity initiatives continue to be developed with 12 hour thoracic lists and 3 pump lists scheduled in February. Cath lab utilisation improved in comparison with the previous month in relation to increases in non-elective demand. There were 43 rescheduled procedures and 22 cancelled procedures in January with 55% of cancellations relating to medical reasons.

PEOPLE, MANAGEMENT & CULTURE: Total Trust vacancy rate reduced to 13.9% and registered nurse vacancy rate reduced to 12%. The Unregistered Nurse vacancy rate reduced to 16.1% but remains significantly above the KPI. There has been a steady reduction in Unregistered Nurse vacancy rates which is as a result of proactive attraction and recruitment with the support of the Nurse Recruitment team who have had additional temporary resources to focus on this.

FINANCE: Year to date (YTD), the position is favourable to plan by c£3.0m with a reported surplus of c£3.1m against a planned surplus of £0.1m.

ADVERSE PERFORMANCE

SAFE: Safer staffing: Nursing roster fill rates for January were 78% for registered staff for day. Registered staff fill rates have decreased on nights compared to previous month from 79% in December to 61% in January due to lower uptake on nights by agency staff and higher levels of sickness absenteeism. Unregistered fill rates in January for day time staffing has significantly increased from 64% in December to 82% in January due to onboarding of new HCSWs from successful recruitment. Night time was 72% which is similar to previous months. A more detailed breakdown of nurse staffing fill rates including mitigations can be seen on the Spotlight on Safe Staffing slide. Overall CHPPD (care hours per patient day) for January was 12.20 which remains the same as December 2022.

EFFECTIVE: Outpatient capacity: Outpatient attendances were behind plan but increased on M9. First outpatient activity achieving 112% of 19/20 baseline and follow up achieving 107%.

RESPONSIVE: 1) Waiting list management: The number of patients on the waiting list has increased slightly in month and continues to be greater than the target. However RTT performance has improved largely due to the reduction in +18 week backlogs in Cardiology and Respiratory. Focused work continues on pathways over 40 weeks with the total number reviewed on a weekly basis via the Trust Access meeting. Ongoing industrial action, particularly through February and March is likely to impact this position further. 2) The number of 52 week breaches as increased by 1 to 14 with 1 in Respiratory Medicine and 13 in Surgery. This has been caused by ongoing capacity constraints and patient cancellation/unavailability. Harm reviews are completed for all patients waiting over 35 weeks and dates for treatment have been confirmed for all cases.

PEOPLE, MANAGEMENT & CULTURE: 1) Total sickness absence remained over the KPI at 5.3%. The rates of absence are following a similar pattern to 2021. During January there was continued high levels of winter illnesses. 2) IPR rates remain below target but we saw a small improvement in IPR rates from December. The clinical divisions have developed improvement plans that set out their trajectories for ensuring that at least 90% of staff have had an appraisal in the last 12 months. The Appraisal Procedure has being revised to incorporate the Trusts values and behaviours and to streamline the process and paperwork. Training in the revised process is being delivered and we are encouraging all appraisers to undertake this training.

FINANCE: Clinical Income/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 than inpatient activity. Surgical capacity remains a constraining factor for elective inpatient activity.

At a glance – Balanced scorecard

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe	Never Events	Jan-23	4	0	0	0		
	Moderate harm incidents and above as % of total PSIs reported	Jan-23	4	3%	0.88%	0.91%		
	Number of Papworth acquired PU (Catergory 2 and above)	Jan-23	4	35 pa	0	11		
	High impact interventions	Jan-23	3	97%	94.00%	94.40%		
	Falls per 1000 bed days	Jan-23	4	4	1.8	3.2		
	Sepsis - % patients screened and treated (Quarterly)	Jan-23	New	90%	-	-		
	Trust CHPPD	Jan-23	5	9.6	12.2	12.6		
	Safer staffing: fill rate – Registered Nurses day	Jan-23	5	90%	78.0%	84.5%		
	Safer staffing: fill rate – Registered Nurses night	Jan-23	5	90%	61.0%	83.3%		
	Safer staffing: fill rate – HCSWs day	Jan-23	5	90%	82.0%	63.5%		
	Safer staffing: fill rate – HCSWs night	Jan-23	5	90%	72.00%	72.65%		
Caring	FFT score- Inpatients	Jan-23	4	95%	99.40%	99.11%		
	FFT score - Outpatients	Jan-23	4	95%	97.60%	97.38%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Jan-23	4	12.6	5.2			
	Mixed sex accommodation breaches	Jan-23	4	0	0	0		
	% of complaints responded to within agreed timescales	Jan-23	4	100%	100.00%	93.70%		
Effective	Bed Occupancy (excluding CCA and sleep lab)	Jan-23	4	85% (Green 80%-90%)	76.40%	72.73%		
	CCA bed occupancy	Jan-23	4	85% (Green 80%-90%)	84.90%	85.73%		
	Admitted Patient Care (elective and non-elective)	Jan-23	4	21295	1881	18009		
	Outpatient attendances	Jan-23	4	80315	9025	82382		
	Cardiac surgery mortality (Crude)	Jan-23	3	3%	2.48%	2.48%		
	Theatre Utilisation	Jan-23	3	85%	82.1%	79.8%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	Jan-23	3	85%	81.0%	80.3%		

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Responsive	% diagnostics waiting less than 6 weeks	Jan-23	3	99%	98.22%	97.26%		
	18 weeks RTT (combined)	Jan-23	5	92%	72.07%	72.07%		
	Number of patients on waiting list	Jan-23	5	3279	5690	5690		
	52 week RTT breaches	Jan-23	5	0	14	64		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Jan-23	4	85%	40.00%	48.85%		
	31 days cancer waits*	Jan-23	4	96%	95.00%	91.19%		
	104 days cancer wait breaches*	Jan-23	4	0%	3	107		
	Theatre cancellations in month	Jan-23	3	30	25	30		
	% of IHU surgery performed < 7 days of medically fit for surgery	Jan-23	4	95%	83.00%	68.40%		
	Acute Coronary Syndrome 3 day transfer %	Jan-23	4	90%	100.00%	100.00%		
People Management & Culture	Voluntary Turnover %	Jan-23	3	14.0%	13.9%	16.4%		
	Vacancy rate as % of budget	Jan-23	4	5.0%	13.9%			
	% of staff with a current IPR	Jan-23	3	90%	75.63%			
	% Medical Appraisals	Jan-23	3	90%	75.65%			
	Mandatory training %	Jan-23	3	90%	84.65%	85.73%		
	% sickness absence	Jan-23	3	3.50%	5.32%	4.93%		
Finance	Year to date surplus/(deficit) exc land sale £000s	Jan-23	5	£(381)k	£2,660k			
	Cash Position at month end £000s	Jan-23	5	£61,383k	£67,756k			
	Capital Expenditure YTD £000s	Jan-23	5	£2,185k	£2,254k			
	In month Clinical Income £000s	Jan-23	5	£21912k	£20,566k	£217,614k		
	CIP – actual achievement YTD - £000s	Jan-23	4	£4833k	£6,200k	£6,200k		
	CIP – Target identified YTD £000s	Jan-23	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

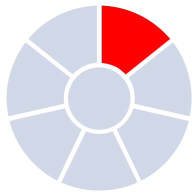
1. NHS Improvement Compliance Framework

NHSI Targets	Measure	Data Quality	NHSI Target	Month	YTD	Previous full quarter	Forecast	Comments
C. Difficile	Monitoring C.Diff (toxin positive)	5	10	0	7	4		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	5	92%	72.07%		72.93%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	4	96%	95.0%	91.2%	84.53%		Current month provisional as going through verification process.
	31 Day Wait for 2nd or Subsequent Treatment - surgery	4	94%	0.0%	80.0%	84.83%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	4	85%	40.0%	48.9%	52.8%		Current month provisional as going through verification process. Data is after reallocations
	104 days cancer wait breaches	4	0	3	107	33		
VTE	Number of patients assessed for VTE on admission	5	95%	91.00%		86.2%		
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	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Status since last month
Safe	Failure to protect patient from harm from hospital aquired infections	675	MS	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	Maintaining safe and secure environment across the organisation	2833	TG	6	16	16	12	12	12	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	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	16	16	20	20	20	↔
Effective + Responsive	Key Supplier Risk	2985	TG	8	10	10	10	10	10	10	↔
Responsive	Waiting list management	678	AB	8	20	20	20	20	20	20	↔
PM&C	Staff turnover in excess of our target level	1853	OM	6	20	20	20	20	20	20	↔
PM&C	Low levels of Staff Engagement	1929	OM	6	20	20	20	20	20	20	↔
Transformation	Electronic Patient Record System	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	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Dashboard KPIs	Never Events	4	0	0	0	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	4	<3%	1.65%	0.70%	0.80%	0.83%	0.00%	0.88%
	Number of Papworth acquired PU (Catergory 2 and above)	4	<4	1	2	1	3	0	0
	High impact interventions	3	97.0%	93.0%	94.0%	91.0%	94.0%	94.0%	94.0%
	Falls per 1000 bed days	4	<4	1.7	3.0	1.8	3.2	2.4	1.8
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	-	100.0%	-	-	81.0%	-
	Trust CHPPD	5	>9.6	12.69	12.65	11.90	11.80	12.20	12.20
	Safer staffing: fill rate – Registered Nurses day	5	90.0%	85.0%	81.0%	80.0%	79.0%	79.0%	78.0%
	Safer staffing: fill rate – Registered Nurses night	5	90.0%	87.0%	84.0%	83.0%	80.0%	79.0%	61.0%
	Safer staffing: fill rate – HCSWs day	5	90.0%	56.0%	62.0%	64.0%	66.0%	64.0%	82.0%
	Safer staffing: fill rate – HCSWs night	5	90.0%	71.0%	76.0%	74.0%	76.0%	71.0%	72.0%
Additional KPIs	MRSA bacteremia	3	0.0%	0	0	1	0	0	0
	Number of serious incidents reported to commissioners in month	4	0.0%	1	1	0	0	0	0
	E coli bacteraemia	5	Monitor only	1	0	1	0	0	1
	Klebsiella bacteraemia	5	Monitor only	0	1	1	2	2	3
	Pseudomonas bacteraemia	5	Monitor only	0	0	0	2	0	0
	Other bacteraemia	4	Monitor only	1	1	0	0	0	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	2	4	2	0	2
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 10	1	2	0	2	2	0
	Number of patients assessed for VTE on admission	5	95.0%	79.30%	82.90%	85.10%	88.60%	84.80%	91.00%
	SSI CABG infections (inpatient/readmissions %)	New	<2.7%	-	4.80%	-	-	7.10%	-
	SSI CABG infections patient numbers (inpatient/readmisisons)	New	n/a	-	9	-	-	14	-
	SSI Valve infections (inc. inpatients/outpatients; %)	New	<2.7%	-	2.60%	-	-	4.90%	-
	SSI Valve infections patient numbers (inpatient/outpatient)	New	n/a	-	4	-	-	6	-

Summary of Performance and Key Messages:

Pressure ulcers (Category 2 and above): There were 0 acquired PU of category 2 or above reported in January.

Falls: There has been a decrease in falls in January to 1.8 per 1000 bed days, all graded as no harm/low harm.

Safe staffing fill rates: Nursing roster fill rates for January were 78% for registered staff for day. Registered staff fill rates have decreased on nights compared to previous month from 79% in December to 61% in January due to lower uptake on nights by agency staff and higher levels of sickness absenteeism. Unregistered fill rates in January for day time staffing has significantly increased from 64% in December to 82% in January due to onboarding of new HCSWs from successful recruitment. Night time was 72% which is similar to previous months. A more detailed breakdown of nurse staffing fill rates including mitigations can be seen on Spotlight on Safe Staffing slide. Overall CHPPD (care hours per patient day) for January was 12.20 which remains the same as December 2022.

High impact interventions (HII): Compliance with HII overall was 94% for January. Areas of poor compliance included were HII5 VAP (ventilator associated pneumonia) 64% (patients having the bed elevated less than 45 degrees). HII6 Urinary catheter insertion & ongoing management was 87% with the main concern being lack of documentation. HII4 SSI Pre-op had improved to 91% from 79% in December. HII8 Cleaning and decontamination improved to 95% from 93% in Dec. Each area of reduced compliance has an improvement plan created by the Infection Control Team to be reviewed by ward managers and signed off by matrons. This is monitored by the Infection Control Team and an overview is taken to the monthly Infection Control Committee.

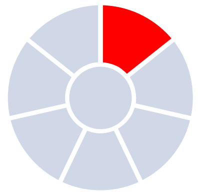
Alert Organisms: Klebsiella bacteraemia: There were 3 identified cases in January. E Coli: there was 1 case.

Point of use filters: Full compliance with use of POU filters and bottled water for patients.

Serious Incidents: There were no serious incidents reported in January.

Moderate harm incidents and above: There were two moderate harm incidents (WEB46215 and WEB46361) graded through the Serious Incident Executive Response Panel (SIERP) in January. All incidents are monitored via the Quality Risk Management Group (QRMG) governance process.

VTE: Compliance with performing VTE risk assessments was 91% in January. This is an improvement from the reported 84.8% in December. This continues to be an area of particular focus, the key performance challenge slide for this month explains further the work that is underway to continue to improve performance. VTE continues to be monitored through QRMG and divisional performance meetings.



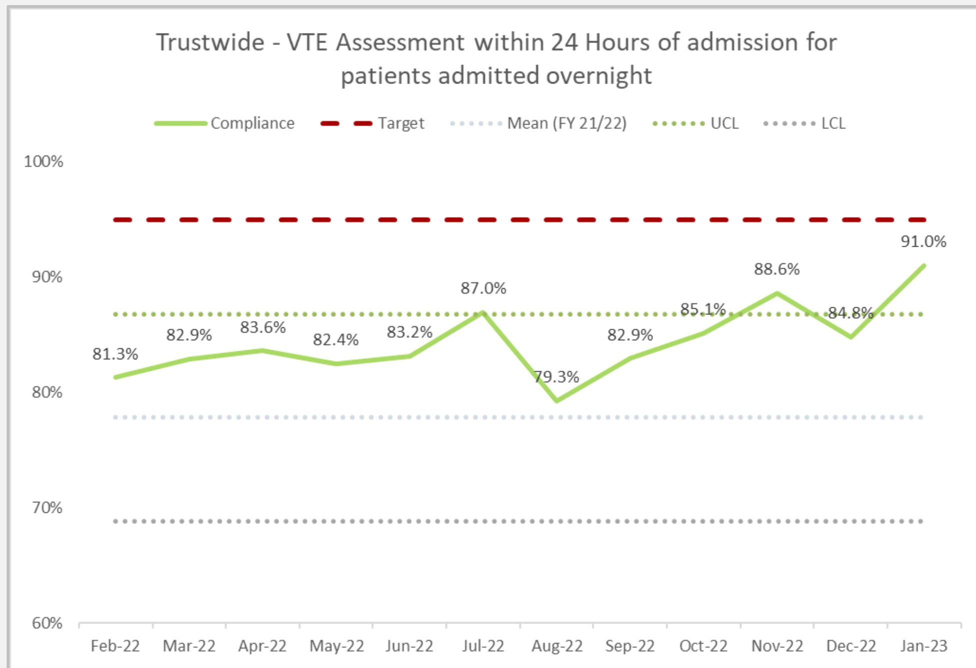
Safe: Key performance challenges- Venous Thromboembolism (VTE)

Escalated performance challenges:

Venous Thromboembolism (VTE) Assessment on Admission is mandated by Trust procedure for all overnight admissions at RPH. VTE Trust procedure utilises national guidance from NICE and the DoH as its foundation. The criteria for the VTE Assessment on Admission Monthly audit are:

- This audit measures the % of patients, who stayed overnight, who had a VTE risk assessment completed within the first 24 hours of their admission, for patients who had a length of stay of greater than 24 hours.
- Data is reported against the patients first admission location within the hospital.

This continues to be an area of particular focus to continue to improve performance with compliance. **For the month of January, we achieved a 91% compliance.** VTE continues to be monitored through QRMG and divisional performance meetings. The trend over the last rolling 12 months of compliance can be seen below in the graph, the Trusts target is 95%.



VTE assessment on admission for overnight stays, by ward

Below is the compliance data by ward/area over the last 3 months. Overall there has been an improvement across areas, which supported the improvement in compliance to 91% in January 2023.

Ward	Nov-22	Overnight Admissions	Dec-22	Overnight Admissions	Jan-23	Overnight Admissions
3 North	95.5%	67	90.2%	51	92.1%	38
3 South	87.2%	117	77.7%	139	91.8%	146
4 North West	82.5%	40	75.0%	44	87.7%	65
4 South	81.3%	75	87.1%	70	87.5%	80
5 North	76.0%	25	93.8%	32	75.9%	29
5 South	85.0%	20	83.3%	24	82.8%	29
Cath Labs	92.8%	69	80.9%	68	96.4%	83
CCA	87.5%	8	86.7%	15	100.0%	7
Day Ward	95.1%	103	93.5%	108	95.1%	122
Theatres	N/A	0	100.0%	2	N/A	0
Echo Lab	0.0%	1	N/A	0	N/A	0
Total	88.6%	525	84.8%	553	91.0%	599

VTE Incidents/ Events Oct 2022 – December 2022 (Q3)

VTE events that have occurred for Q3 are in the table below. The last VTE event where there were omissions in practice was in February 2022 (WEB42395), where imaging suggested acute/subacute PE on chronic PE.

The number of VTE recorded incidents on DATIX from Q3 is 3. There was 1 incident from Q2 (*WEB45604) that was not reported until after the quarter end and is included below for completeness.

WEB number	Date	Impact severity
45606	03.10.2022	Low Harm
45370	17.10.2022	Low Harm
45573	27.10.2022	Low Harm
45604 *	05.09.2022	Low Harm

Key Actions that are underway:

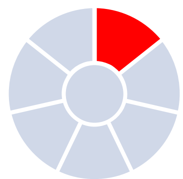
The current Trust VTE leads are:
Dr Stephen Webb, Deputy Medical Director (covering vacancy)
Sandra Mulrennan, Head of Nursing for Cardiology

The VTE oversight Group current progress/actions are:

- We are currently in the process of recruiting a new VTE Consultant lead for the Trust.
- VTE oversight group updated DN500. It is now inline with NICE VTE prevention (NG89) guidance, and provides granularity around cohort exemptions, roles, and responsibilities.
- The VTE clinical indicator view (dashboard for patients) within Lorenzo has been optimised to better highlight patients in need of VTE risk assessment before 24h target is breached.
- We continue to redesign the VTE Datix dashboard and fields, and requested VTE champions, matrons to review VTE events that occur and share learning.
- We continue to work with the clinical teams to support improvement with VTE assessment compliance through support from various forums. Leadership support from CDC to provide focus on VTE. Consultant VTE champion roles have been created for each area and the named leads so far for each area are:

➢ **Cardiology** - Dr Pierluigi Costanzo, Consultant in Cardiology
➢ **Anaesthetics** – Dr Lenka Cagova, Consultant Anaesthetics
➢ **Thoracic** – Dr David Meek, Consultant Physician in Oncology
➢ **Surgery** - awaiting to be allocated.

- VTE and bleeding risk assessment – digital solutions continued to be investigated to optimise the use of Lorenzo to support timely assessments.
- Developed a communication plan and, with the Communication and Digital teams are delivering new initiatives to raise awareness of VTE risk amongst clinical staff and patients.



Safe: Spotlight on Safe Staffing

1. Fill rate by ward (Registered Nurse)

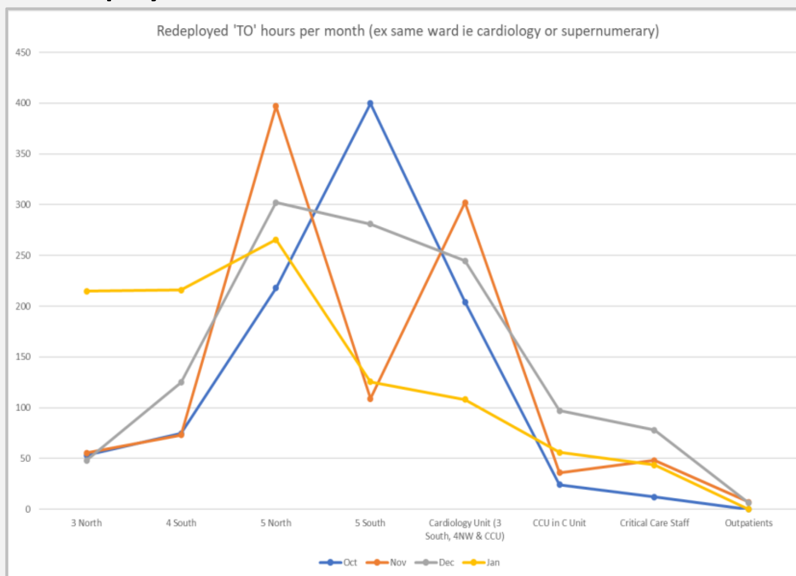
DATA

	Day		Night		Care Hours Per Patient Day (CHPPD)	
Ward name	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	72%	49%	92%	69%	524	8.6
3 SOUTH & 4 NORTH WEST	82%	71%	86%	86%	1341	8.5
4 N&S	83%	67%	89%	92%	807	8.1
5 NORTH	86%	73%	86%	90%	1154	8.3
5 SOUTH	60%	61%	64%	84%	703	9.3
CCA	80%	48%	81%	48%	872	31.3

Fill rate: mitigation

- Fill rates are based on funded staffing establishments with 22% headroom
- Higher vacancy rate has had a negative impact on fill rates
- Fill rates on wards mitigated by reduced bed occupancy, cohorting empty beds e.g., surgical wards due to reduced theatre activity & cross-cover working across surgery on level 5
- Nurse to patient ratios have not exceeded 1 RN to 5 patients
- Effective rostering e.g., specialist nurses & ANPs covering shifts
- Exception reports are in line with - DN869 Safer Staffing and Escalation Policy

2. Redeployment trends

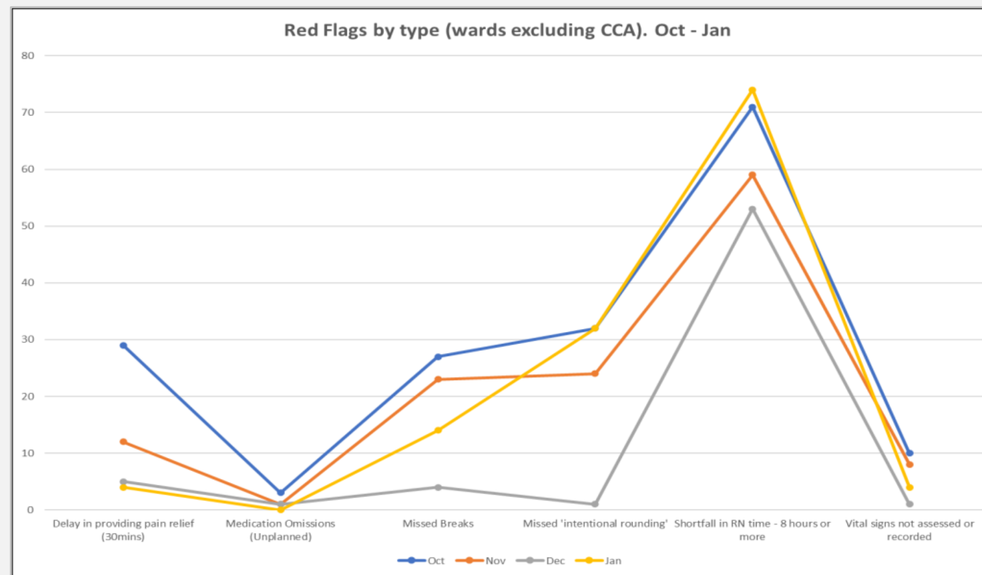


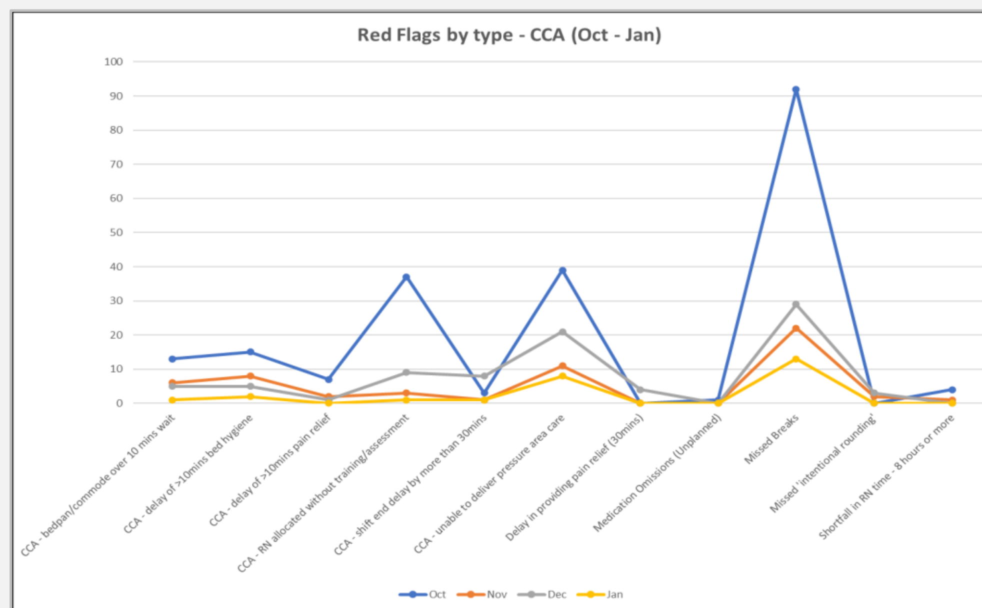
Redeployment: mitigation

- January had an overall downward redeployment trend across all areas
- Planned structured secondments esp to Level 5 continues in response to nursing vacancies which has supported a reduction of ad hoc staff redeployment
- Planned recruitment and new starters across all areas continues – recent successful RPH recruitment event held on 21st January and further event is planned for 25th February 2023
- Weekly Forward View meetings held with eRostering Systems Manager & senior nurses
- Monitor/ share data/ trends with senior nursing teams

3. Red flag events

*A Red Flag is a signal that an immediate response is needed





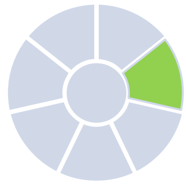
Red flag: mitigation

Wards:

- Red flags are indicators of ward compromise to patient safety and managed in line with Safer Staffing Escalation Policy
- Noted increase from Dec in number of red flags for Jan across RPH wards due to high vacancies impacting on capacity to increase fill rates
- Highest number for shortfall in RN time, 8 hours or more; RN fill rates reduced on day to 78% and on nights to 61% due to reduced agency uptake
- Mitigations to support include sisters on supervisory shifts supporting break cover and taking own cohort of patients; ANPs and education staff covering shifts; staff redeployment; overtime and meetings not attended

Critical Care (CCA):

- CCA has had a decline in number of red flags reported in Jan
- Lowest number reported since Oct 22 supported by overseas nurses having completed supernumerary supervision, now on CCA roster
- Highest number were for missed breaks; mitigations to support include education and retrieval nursing staff supporting break cover and bedside care
- No breaches in compliance with GPICs (Guidelines for the Provision of Intensive Care Services)



Caring: Performance summary

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

		Data Quality	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Dashboard KPIs	FFT score- Inpatients	4	95%	99.0%	100.0%	98.7%	99.4%	98.3%	99.4%
	FFT score - Outpatients	4	95%	96.9%	98.2%	99.0%	96.7%	96.7%	97.6%
	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	9.2	5.1	6.1	6.2	5.7	5.2
	% of complaints responded to within agreed timescales	4	100%	70%	100%	67%	100%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3pm (60% of complaints received)	4	2	3	1	1	4
	Number of complaints (12 month rolling average)	4	5 and below	4.9	4.9	4.5	4.7	5.0	5.0
	Number of complaints	4	5	3	4	5	3	3	4
	Number of informal complaints received per month	New	Monitor only	4	7	6	8	6	4
	Number of recorded compliments	4	500	1605	1462	1638	1717	1251	1705
	Supportive and Palliative Care Team – number of referrals (quarterly)	4	Monitor only	-	127	-	-	146	-
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	4	Monitor only	-	3	-	-	3	-
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	4	Monitor only	-	693	-	-	625	-
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	3	Monitor only	-	39	-	-	25	-
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	3	Monitor only	-	5	-	-	2	-

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 (**99.4%**) and well above our 95% target. Participation Rate had a slight increase to 40.7% from December which was 37.3%. **Outpatients**: Positive Experience rate was **97.6%** (January 2023) and above our 95% target. Participation rate was steady at 13.1% (13.3% in November 2022 and 12.5% in December 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 **remained green (5.2).**

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 4 formal complaints in January 2023. All complaints were responded to within the agreed timeframes (3 required extensions these were agreed by complainants and met). Further information is available on the next slide.

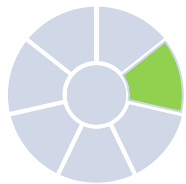
Number upheld/partial upheld: we closed 4 complaints, one was upheld and three partially upheld. Further information on next slide.

The number of complaints (12 month rolling average): this has remained green at 5.0 for January 2023. We will continue to monitor this in line with the other benchmarking.

Formal Complaints: We have received 4 new formal complaints during January 2023 and investigations are ongoing. This number is within our expected variation of complaints received.

Informal Complaints: There were 5 new informal complaints received and we were able to close 7 informal complaints during January 2023. Further information on next slide.

Compliments: the number of formally logged compliments received in month has increased to **1705.**



Caring: Key performance challenges - Complaints

Informal Complaints closed in the month: During January 2023, we were able to close **seven informal complaints** through local resolution and verbal feedback. Of those closed:

Cardiology **–** 4 were closed (15713, 15675, 15504, 15428). The 4 issues were in relation hospital transport service, lack of communication during an inpatient stay, awaited outpatient tests and the incorrect closure of a referral causing delay in patient's care (this patient has since been seen).

Thoracic and Ambulatory Care – 2 were closed (15715, 15676), one in relation to the Trust's translation service and the other related to a patient receiving a letter for another patient.

Surgical, Transplant and Anaesthetics **–** 1 was closed (14722) by arranging a meeting with the clinical teams and with family members, capturing learning points.

Learning and Actions Agreed from Formal Complaints Closed - This is a summary of the **four formal complaints** closed in January 2023

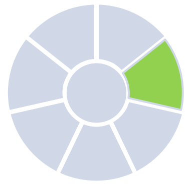
Complaint Datix Reference: 15580 Date Closed: 12/01/2023. Outcome: Partially Upheld – A cardiology patient raised a formal complaint in relation to their same day discharge following their procedure and subsequent effects the following day. The outcome of the investigation revealed all procedures were undertaken in accordance with clinical guidelines and the patient was fit for same day discharge; the effects that the patients suffered were known complications of the procedure. It was agreed the patient's admission letter had been misleading as this had stated an overnight stay. A full explanation was given to the patient with apologies for their experience and a meeting for further clarification was offered. The admission letter template has been updated as a result of the patient's feedback.

Complaint Datix Reference: 15644 Date Closed: 13/01/2023. Outcome: Partially Upheld – A private cardiology patient raised a formal complaint regarding an invoice received following treatment. The outcome of the complaint investigation revealed the devices used during the patient's procedure were of a higher cost than originally estimated and the difference was invoiced to the patient as per our policies, however two of the invoiced items were unable to be definitively proven as being used in the procedure. These two items were removed from the invoice and a revised invoice was sent to the patient with an explanation and apologies. The patient's feedback was shared with the Finance/Cardiology Team for their learning and reflection. (Extension requested and agreed by Complaint as additional medical opinion and scrutiny was required). This complaint has subsequently been re-opened for an internal appeal as per private patients complaints process.

Complaint Datix Reference: 15652 Date Closed: 19/01/2023. Outcome: Upheld – A parent of an RSSC patient raised a formal complaint regarding their outpatient experience including incorrect advice on collecting an oximeter, unprofessional staff behaviour and inappropriate seating. The outcome of the complaint investigation revealed the patient was incorrectly advised on attending an earlier appointment, and this error was managed poorly by the member of staff on arrival. A full explanation was given to the patient with apologies for their experience. As a result of the complaint, learning and actions were identified including a request for additional sleep monitors to aid a flexible service, review of available seating in outpatients and refresher communication training for the staff member, with support by their line manager. (Extension was required and agreed as Finance team needed time for additional scrutiny due to invoice issues, agreed by complainant)

Complaint Datix Reference: 15487 Date Closed: 27/01/2023. Outcome: Partially Upheld – The husband of a deceased surgical patient raised a formal joint complaint regarding the inpatient care and treatment provided to the patient prior to passing away at RPH and care provided by two additional NHS Trusts. The outcome of the complaint investigation for RPH revealed all care provided to the patient during their inpatient stay was suitable, however agreed there was a delay in a dietician referral and there was room for improvement in communication with the family. The complainant's experience was shared with the surgical, CCA and dietetics teams for their learning and reflection, with reminders on the importance of providing families with updates and that dietician referrals should be made in a timely manner. (This complaint required an agreed extension due to one NHS Trust delayed response as part of this joint compliant, agreed by complainant). This complainant was offered a joint Trust meeting as part of this feedback and this has been accepted and is currently being arranged between the two of the NHS Trusts/clinicians involved.

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



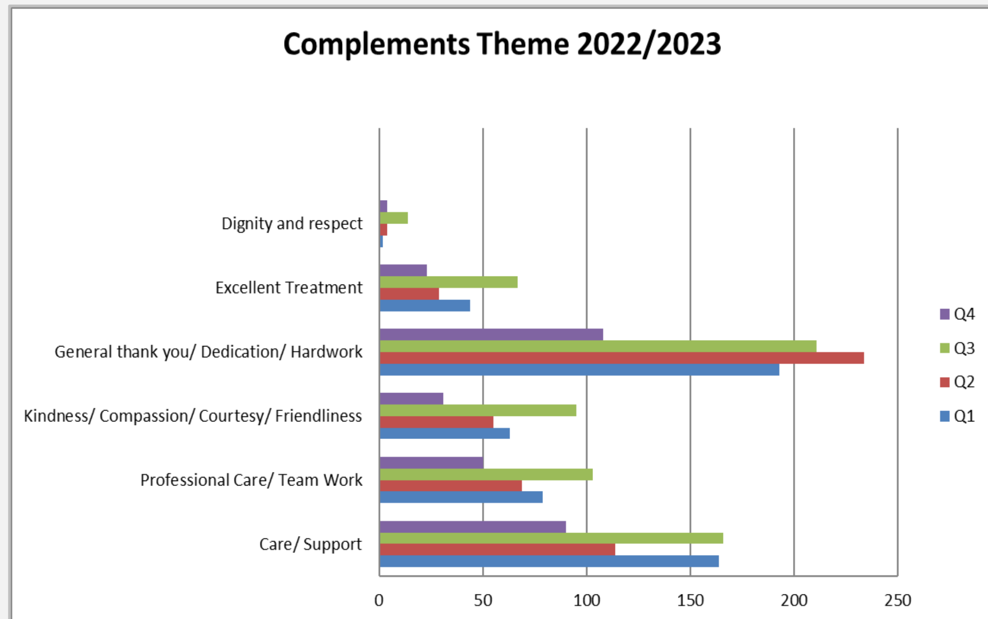
Caring: Spotlight On – Compliments from patients/carers

Compliments from written/verbal correspondence

Compliments are received in two ways, through our Friends and Family Test (FFT) surveys (this has been a previous Spotlight On slide) and through hand/typed written or spoken correspondence to Trust staff. This Spotlight On is focusing on the compliments left through the written/verbal correspondence send as part or after the care has been provided from thank you cards, emails, letters and verbal feedback captured by staff in our Patient and Advice Liaison Service (PALS) about our teams (excluding FFT feedback).

Each quarter we review the Compliments that have been captured from all feedback from our patients and from their families/carers through our FFT surveys and hand/typed or verbal feedback . We are currently unable to theme our FFT surveys as this is captured through an electronic form and there is no ability to filter or theme the feedback left, due to the high numbers of surveys. All feedback is shared with our teams for ongoing service feedback and improvement.

At the end of January 2023, we had received an amazing **2,012 compliments** to our teams, through written/verbal correspondence since 1st April 2022. The total of all compliments over the last 10 months from FFT and written/verbal methods is an **amazing 14,499 Compliments**.



The table to the left has the themes from the 2,012 compliments left through written/verbal feedback over the last 10 months (April-Jan 2023)

The top themes were:

- General Thank you/Dedication/hard work (746)
- Care and Support (534)
- Professional care/ team Work (301)
- Kindness/Compassion/Courtesy/Friendliness (244)
- Excellent Treatment (163)
- Dignity and respect (24)

Compliments Received so far in 2022/2023

A few examples of 2,2012 compliments received through written/verbal feedback:

'We really appreciate your amazing care and professionalism given to our dad after his PTE surgery. All care has been exceptional, from the doctors, nurses, housekeeping, catering staff and everyone has been so good in this journey that seemed challenging. We are really grateful that we have met such amazing individuals' (CCA).

'The son of patient stopped by the PALS office to praise the work of the hospital and said he could not praise Papworth enough and the surgeon for saving the life of his father. The father is currently a patient on Ward 5 SE and his son also wanted to praise the nurse who was looking after him. He also wanted to thank helpful admin staff' (Ward 5SE).

'To all nurses. With thanks to every one of the nurses who cared for me during my stay. The care I received was outstanding and so grateful' (Ward3SE).

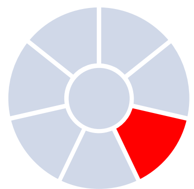
'Thank you to each and every one of you for your support, generosity, and for making me feel part of the RSSC family' (RSSC/Ward 3N).

'I just wanted to pass on our thanks, he was a lovely person, warm and friendly and provided a kind and dignified experience for something I found physically difficult. As always, it reflects the consistent lovely care that I have received over many years, from so many staff' (Radiology).

'Working nurses, physiotherapy specialist, dietitian, social worker, specialist CF nurse, reception staff are all so friendly and courteous that I would like to thank them all one by one. Specialist doctors touched my life and thanks to them, I lead a much better quality of life. I am grateful to all of them and I love them all. All of the staff at the hospital are special people and I am grateful to all of them' (Various).

'The ladies in the cafeteria were really friendly and always had a chat with me' (OCS services).

This feedback demonstrates that we are providing services that demonstrate our Trust values of Compassion, Excellence and Collaboration.



Effective: Performance summary

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

		Data Quality	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%-90%)	70.9%	71.7%	75.5%	70.3%	74.2%	76.4%
	CCA bed occupancy	4	85% (Green 80%-90%)	87.4%	85.2%	88.5%	91.4%	85.8%	84.9%
	Admitted Patient Care (elective and non-elective)**	4	104% of 19/20 baseline	1913	1609	1911	1813	1722	1881
	Outpatient attendances**	4	104% of 19/20 baseline	8110	7864	8093	9360	7350	9025
	Cardiac surgery mortality (Crude)*	3	<3%	2.03%	1.75%	1.97%	2.15%	2.17%	2.48%
	Theatre Utilisation	3	85%	79.6%	82.2%	75.6%	82.2%	82.6%	82.1%
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	85%	80%	81%	79%	87%	76%	81%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	4	8.20	7.43	8.77	9.03	10.72	7.43	9.44
	Length of stay – Cardiac Elective – valves (days)	4	9.70	9.93	10.43	9.71	9.72	8.61	9.12
	CCA length of stay (LOS) (hours) - mean	4	Monitor only	122	136	170	161	155	135
	CCA LOS (hours) - median	4	Monitor only	28	41	43	54	47	48
	Length of Stay – combined (excl. Day cases) days	4	Monitor only	5.51	6.45	6.39	6.27	6.99	5.95
	% Day cases	4	Monitor only	66.1%	66.0%	67.1%	68.8%	64.5%	71.2%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	31.7%	37.9%	42.9%	46.8%	43.8%	46.6%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	28.6%	25.8%	39.5%	39.5%	43.9%	40.4%

* 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)

Summary of Performance and Key Messages:

Bed occupancy and capacity utilisation

Critical care bed occupancy continues to be in target range despite constraints in operating and high levels of demand for emergency surgery. Ward occupancy is also within target range, increases in acuity and cardiac and respiratory demand offset by improved length of stay.

Theatre utilisation continues to be below target despite the ongoing transformation plan. Capacity was increased to 4.5 lists per day leading to delivery of 226 procedures against a target of 209. Increased downtime was seen due to higher than usual planned case overruns (6) and impact of emergency and additional urgent cases (10). Productivity initiatives continue to be developed with 12 hour thoracic lists and 3 pump lists scheduled in February.

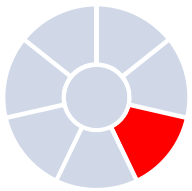
Cath lab utilisation improved in comparison with the previous month in relation to increases in non-elective demand. There were 43 rescheduled procedures and 22 cancelled procedures in January with 55% of cancellations relating to medical reasons.

Outpatient capacity

Outpatient attendances were behind plan but increased on M9. First outpatient activity achieving 112% of 19/20 baseline and follow up achieving 107%.

Industrial action

Additional industrial action took place in February and will be seen in M11 performance data. Further RCN action has been called for early March and is likely to have greater impact than before. Additional union action can be expected through the remainder of 22/23 with the result of the BMA ballot of junior doctors expected after 20th February.



Effective: Key performance challenges

Background and purpose

The information in this report has been pulled together to give the executive team oversight of referral and activity numbers against the following two benchmarks;

1. **2019/20 activity**
2. **The Trust's planned targets and the NHSE&I 104% target.** 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	Jan-23	Feb-23	Mar-23
Outpatient First	100%	103%	106%	110%	110%	110%	110%	110%	110%	110%	110%	110%
Outpatient Follow up	100%	103%	106%	110%	110%	110%	110%	110%	110%	110%	110%	110%
MRI	100%	103%	106%	110%	110%	110%	110%	110%	110%	110%	110%	110%
CT	100%	103%	106%	110%	110%	110%	110%	110%	110%	110%	110%	110%
Non-Obstetric US	100%	103%	106%	110%	110%	110%	110%	110%	110%	110%	110%	110%
Elective Inpatients	80%	83%	85%	90%	95%	100%	100%	102%	104%	104%	104%	104%
Elective Daycases	90%	93%	100%	100%	102%	104%	104%	104%	104%	104%	104%	104%

Dashboard headlines

The tables to the right show how the numbers for M10 compare to working day adjusted 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.

M10 activity performance in line with target

- Non-Admitted Activity – First activity exceeded the M10 target.
- Radiology – CTs and Ultrasound activity met the agreed target.

M10 activity performance behind target

- Non-Admitted Activity – Follow-up activity fell slightly short of the agreed M10 target.
- Radiology – MRIs did not meet the M10 target.
- Admitted activity – Elective inpatients and daycases did not meet the agreed M10 target.

Summary Performance

Table 1: Trust Level

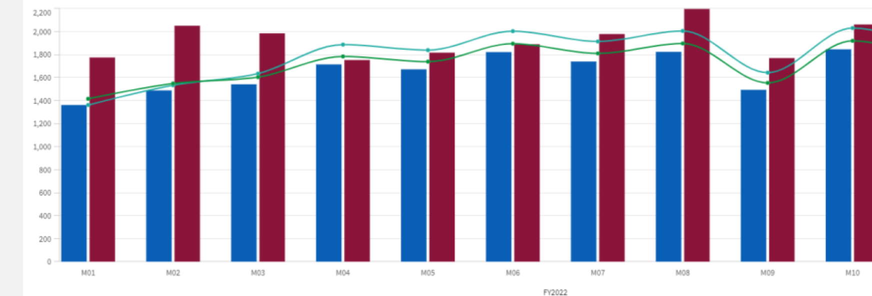
Category		M10 vs 2019/20 M10
Non-Admitted Activity	First	112%
	Follow up	107%
Radiology Activity	MRI	83%
	CT	111%
	US	132%
Elective Admitted Activity	Inpatients	71%
	Daycases	96%

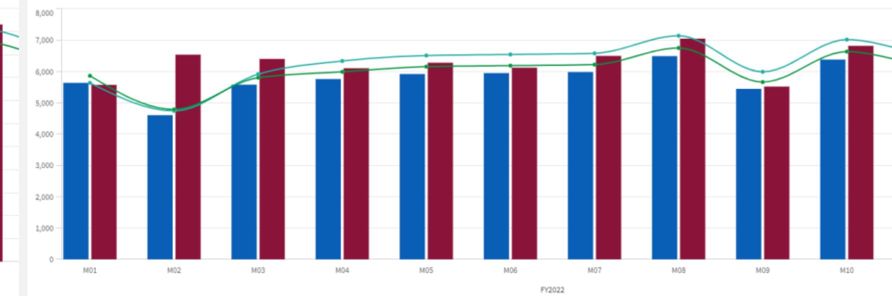
Table 2: M10 activity compared to 2019/20 (Specialty Level)

Category		Cardiac Surgery	Cardiology	PTE	RSSC	Thoracic Medicine	Thoracic Surgery (exc PTE)	Transplant /VAD
Non-Admitted Activity	First	76%	76%	-	192%	105%	159%	150%
	Follow up	97%	122%	-	77%	116%	135%	95%
Elective Admitted Activity	Inpatients	64%	107%	47%	52%	101%	94%	55%
	Daycases	25%	89%	-	149%	66%	67%	33%

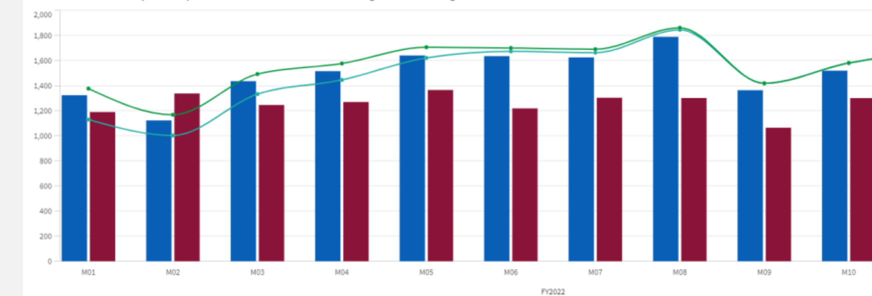
Key
Above Planned Target
Within 5% of Planned Target
Greater than 5% below Planned Target

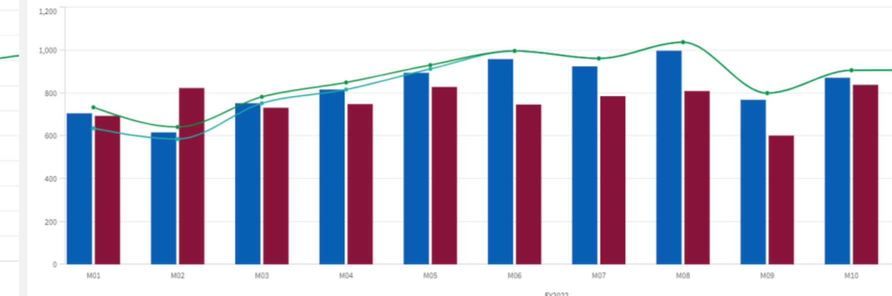
Non-Admitted Activity

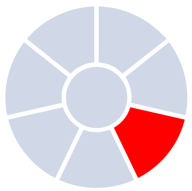




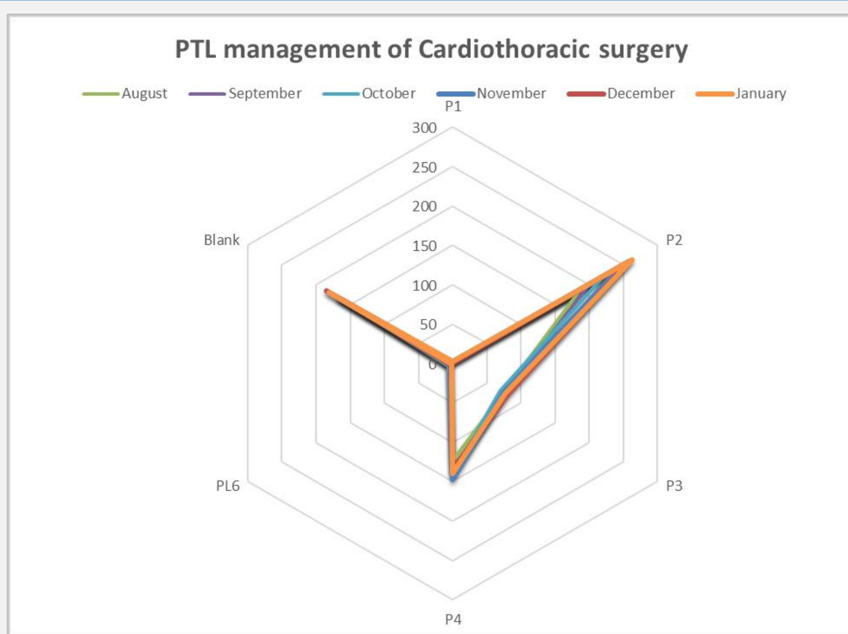
Admitted Activity

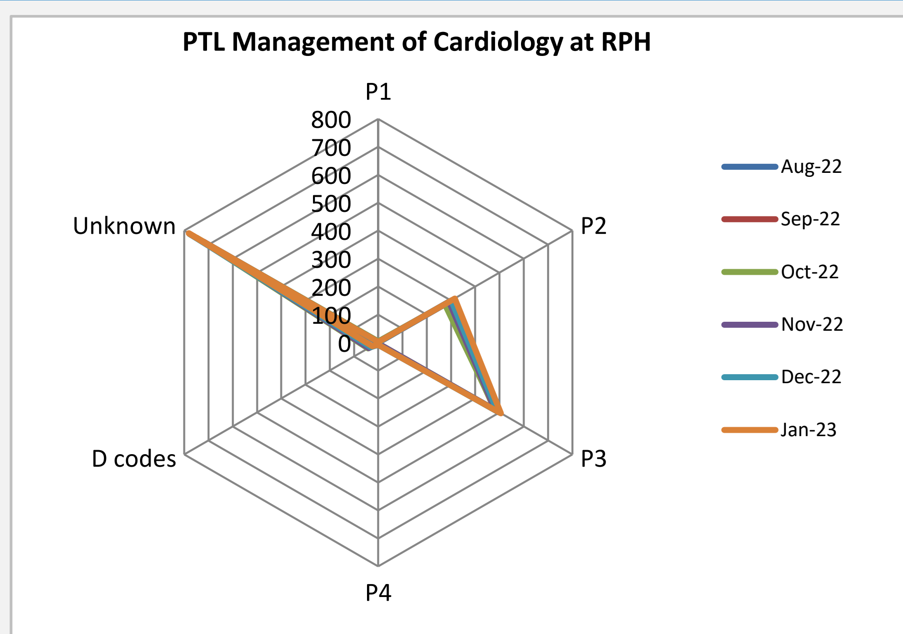


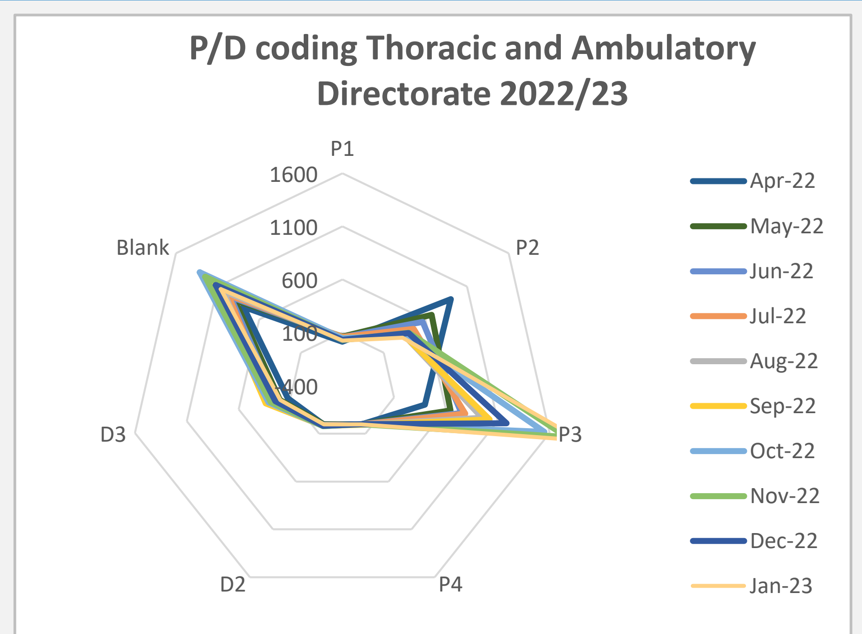




Effective: Spotlight on: Priority Status Management







Cardiothoracic Surgery Waiting List Profile

↑ 665 patients on the waiting list (from 660)
↑ 228 patients over 18 weeks (from 227)
↑ 12 patients over 52 weeks (from 10)
↓ RTT performance 64.69% (from 64.98 %)

Over 18 weeks
60 - patients with Planned or booked dates
26 – patients with planned outpatient/ MDT/ Diagnostics appointment
91 – patients awaiting surgery date (56xP2, 20xP3, 15xP4)
48 – patients awaiting Administrative update
3 – need further outpatient appointment.

Cardiology Waiting List Profile

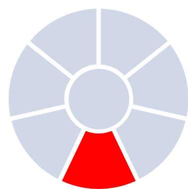
↑ 1637 patients on the waiting list (from 1607)
↑ 363 patients waiting over 18 weeks (from 339)
↑ 1 over 52 weeks (-)
↑ 81.23% RTT performance (from 79.65%)

Over 18 weeks
70 patients with booked dates to come in for admission
58 patients with booked date for outpatient review or diagnostics
130 patients awaiting dates to come in for admission
9 patients awaiting dates for outpatient review
5 patients awaiting discussion in MDT
3 patients referred onwards for surgery
89 patients with data quality issues (now resolved)

Respiratory Waiting List Profile

↑ 3482 patients on the waiting list (from 3342)
↓ 853 patients waiting over 18 weeks (from 976)
↓ 0 over 52 weeks (from 2)
↑ 68.72% RTT performance (from 67.13%)

Over 30 weeks:
31 awaiting continuous positive airway pressure start
55 awaiting polysomnography tests
114 awaiting outpatient appointments
3 awaiting respiratory polygraph tests
42 awaiting a clinical decision
27 awaiting day case appointments



Responsive: Performance summary

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

		Data Quality	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	96.90%	98.31%	98.79%	99.22%	99.28%	98.22%
	18 weeks RTT (combined)	5	92%	75.77%	74.30%	74.10%	74.10%	70.60%	72.07%
	Number of patients on waiting list	5	3,279	4816	5300	5691	5876	5657	5690
	52 week RTT breaches	5	0	2	5	2	8	13	14
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	4	85%	53.1%	35.3%	40.0%	57.0%	50.0%	40.0%
	31 days cancer waits*	4	96%	90.9%	82.6%	78.0%	90.0%	89.0%	95.0%
	104 days cancer wait breaches*	4	0	21	20	14	9	10	3
	Theatre cancellations in month	3	30	20	27	34	21	37	25
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	66.00%	35.00%	53.00%	36.00%	60.00%	83.00%
	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%	84.13%	81.53%	80.09%	81.68%	81.16%	80.71%
	18 weeks RTT (Cardiac surgery)	5	92%	69.81%	69.51%	71.69%	70.53%	64.98%	66.62%
	18 weeks RTT (Respiratory)	5	92%	72.64%	71.84%	72.05%	71.50%	67.04%	69.30%
	Non RTT open pathway total	2	Monitor only	40,244	40,473	40,854	41,421	41,803	42,248
	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%	94.12%	71.43%	80.00%	84.21%	81.82%	80.00%
	Outpatient DNA rate	4	9%	6.70%	8.17%	6.23%	6.32%	8.01%	7.64%
	Urgent operations cancelled for a second time	4	0	0	0	0	0	0	0
	% of IHU surgery performed < 10 days of medically fit for surgery	4	95%	86.00%	47.00%	63.00%	44.00%	80.00%	89.00%
	% of patients treated within the time frame of priority status	4	Monitor only	42.0%	40.5%	41.5%	45.7%	51.0%	47.2%
	% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	4	Monitor only	51.4%	48.5%	49.1%	51.4%	45.9%	50.9%

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

Summary of Performance and Key Messages:

Diagnostic performance
Diagnostic performance slipped by 1.06% in month which relates to MRI downtime at the start of January. Patients have been rescheduled appropriately and recovery to the 6 week diagnostic standard it expected.

Waiting list management
The number of patients on the waiting list has increased slightly in month and continues to be greater than the target. However RTT performance has improved largely due to the reduction in +18 week backlogs in Cardiology and Respiratory. Focused work continues on pathways over 40 weeks with the total number reviewed on a weekly basis via the Trust Access meeting. Ongoing industrial action, particularly through February and March is likely to impact this position further.

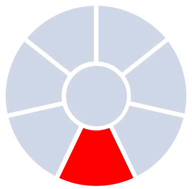
The number of 52 week breaches as increased by 1 to 14 with 1 in Respiratory Medicine and 13 in Surgery. This has been caused by ongoing capacity constraints and patient cancellation / unavailability. Harm reviews are completed for all patients waiting over 35 weeks and dates for treatment have been confirmed for all cases.

Theatre cancellations reduced in month despite increased emergency, urgent and planned case overruns.

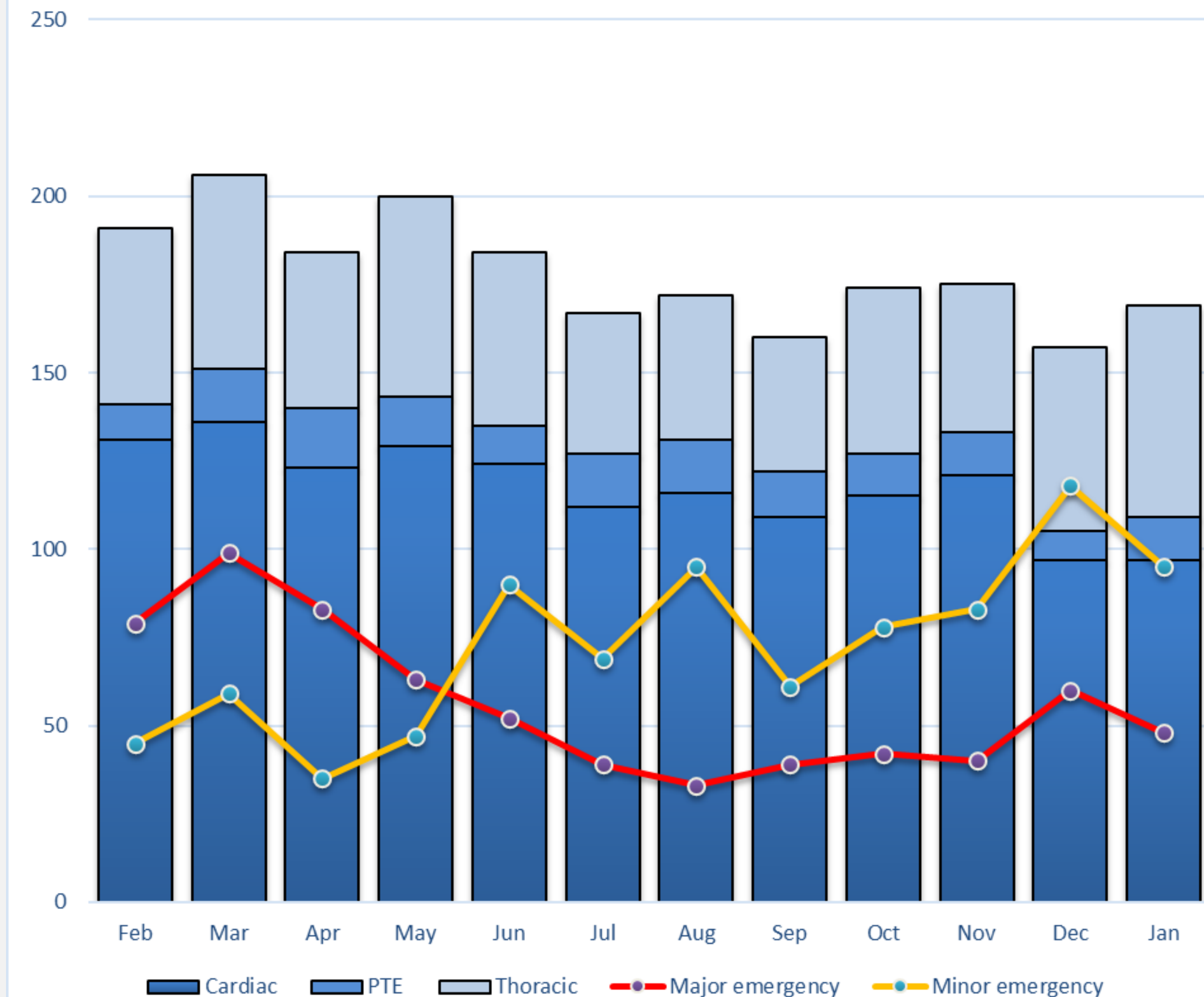
Cancer
62 Day – There have been 4 patients treated on the 62-day pathway of which 2 breached. 1 breached due to delay in the diagnostic pathway and 1 breached due to delays in scheduling clinic and surgery dates. 10 patients were treated on the upgraded pathway of which 3 breached. All 3 breached due to late referral to RPH.

31 days - There was one 31 day breach in month with expected compliance rate of 95%.

Work is underway to review cancer pathways and performance with a specific focus on scheduling theatre dates. This work will be led by the divisional director of operations, respiratory, and lead clinician for cancer.



Responsive: Key performance challenges



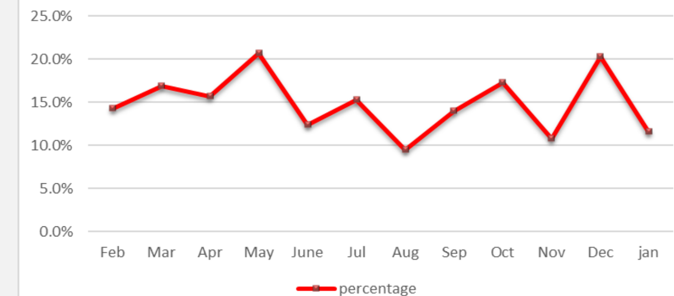
97 Cardiac (43 IHU) 60 Thoracic /12 PTE / 5 TX activity

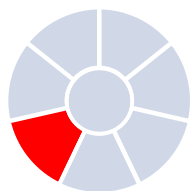
48 emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.

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

Cancellation reason	Jan-23	Total
1b Patient refused surgery	1	11
1c Patient unfit	1	97
1d Sub optimal work up	2	23
3c Consultant Surgeon	1	16
4a Emergency took time	7	79
4c ECMO/VAD took time	1	4
4d Additional urgent case added and took slot	3	60
5a Planned case overran	6	96
6a Scheduling issue	2	8
7b – Additional case – Dissection	1	2
Total	25	691

Planned Cardiac cases increased in January, which was to be expected after the reduction in Activity due to bank holidays and industrial action in December, and the introduction of the 4.5 Theatre model. Cancellations decreased, with the Emergency took time, and planned case overrun as the main reasons. Major and Minor emergency procedures remained high.





People, Management & Culture: Performance summary

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

		Data Quality	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Dashboard KPIs	Voluntary Turnover %	3	14.0%	15.28%	28.16%	19.70%	11.35%	10.45%	13.90%
	Vacancy rate as % of budget	4	5.00%	14.08%	14.10%	14.29%	14.08%	14.33%	13.85%
	% of staff with a current IPR	3	90%	75.28%	74.31%	73.06%	73.12%	74.38%	75.63%
	% Medical Appraisals	3	90%	68.47%	68.47%	75.22%	72.81%	78.07%	75.65%
	Mandatory training %	3	90.00%	86.92%	86.60%	86.35%	85.37%	84.92%	84.65%
	% sickness absence	3	3.5%	4.48%	4.34%	5.35%	4.86%	5.43%	5.32%
Additional KPIs	FFT – recommend as place to work	3	70.0%	n/a	n/a	n/a	n/a	n/a	n/a
	FFT – recommend as place for treatment	3	90%	n/a	n/a	n/a	n/a	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	3	5.00%	11.76%	12.91%	13.62%	13.79%	13.38%	12.04%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	3	10.00%	26.28%	22.90%	21.06%	18.84%	19.77%	16.11%
	Long term sickness absence %	3	0.80%	1.81%	1.81%	1.77%	2.07%	1.91%	2.23%
	Short term sickness absence	3	2.70%	2.67%	2.53%	3.58%	2.78%	3.52%	3.08%
	Agency Usage (wte) Monitor only	3	Monitor only	28.9	31.6	28.9	28.6	24.0	24.8
	Bank Usage (wte) monitor only	3	Monitor only	67.1	57.5	57.4	59.4	62.1	70.2
	Overtime usage (wte) monitor only	3	Monitor only	44.3	38.6	48.6	47.8	41.0	55.4
	Agency spend as % of salary bill	5	1.41%	2.34%	1.66%	1.57%	1.98%	1.77%	1.81%
	Bank spend as % of salary bill	5	1.95%	1.90%	2.06%	2.32%	1.88%	2.10%	2.07%
	% of rosters published 6 weeks in advance	3	Monitor only	24.20%	24.20%	51.50%	23.50%	41.20%	35.30%
	Compliance with headroom for rosters	3	Monitor only	31.70%	35.30%	31.80%	30.70%	34.50%	31.20%
	Band 5 % White background: % BAME background	3	Monitor only	n/a	55.83% : 42.99%	n/a	n/a	53.62% : 45.06%	n/a
	Band 6 % White background: % BAME background	3	Monitor only	n/a	71.40% : 27.71%	n/a	n/a	70.72% : 28.57%	n/a
	Band 7 % White background % BAME background	3	Monitor only	n/a	84.01% : 14.11%	n/a	n/a	82.13% : 15.36%	n/a
	Band 8a % White background % BAME background	3	Monitor only	n/a	86.14% : 11.88%	n/a	n/a	84.91% : 13.21%	n/a
	Band 8b % White background % BAME background	3	Monitor only	n/a	93.75% : 3.13%	n/a	n/a	92.31% : 3.85%	n/a
	Band 8c % White background % BAME background	3	Monitor only	n/a	92.86% : 7.14%	n/a	n/a	100% : 0%	n/a
	Band 8d % White background % BAME background	3	Monitor only	n/a	100% : 0.00%	n/a	n/a	100% : 0%	n/a

Summary of Performance and Key Messages:

- Turnover increased to 13.9%, just below our KPI of 14%. The year to date rate of turnover is 16.4%. There were 29 leavers (24 WTE) in month. The most common reasons recorded for leaving was lack of career opportunities and work life balance; 6 and 5 staff respectively gave this as the reason for leaving. Flexible working and career development are areas where we have the opportunity to improve our practices and the offer to staff and are being discussed in the Resourcing and Retention Improvement Programme.

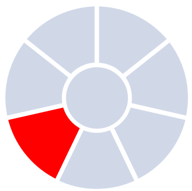
- Total Trust vacancy rate reduced to 13.9% and registered nurse vacancy rate reduced to 12%. Level 5, Surgical Wards, having the highest % vacancy rates. The Unregistered Nurse vacancy rate reduced to 16.1% but remains significantly above the KPI. There has been a steady reduction in Unregistered Nurse vacancy rates which is as a result of proactive attraction and recruitment with the support of the Nurse Recruitment team who have had additional temporary resources to focus on this.

- Total sickness absence remained over the KPI at 5.3%. The rates of absence are following a similar pattern to 2021. During January there was continued high levels of winter illnesses.

- We saw a small improvement in IPR rates from December. The clinical divisions have developed improvement plans that set out their trajectories for ensuring that at least 90% of staff have had an appraisal in the last 12 months. The Appraisal Procedure has being revised to incorporate the Trusts values and behaviours and to streamline the process and paperwork. Training in the revised process is being delivered and we are encouraging all appraisers to undertake this training. We will be commencing face to face skills training in February and have been promoting this in the communications with managers.

- 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 reduced to 35.3%. 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 within the required timetable. The spotlight provides a more detailed overview of rostering metrics.



People, Management & Culture : Key performance challenges

Escalated performance challenges:

- Staff health and wellbeing continuing to be impacted by the after effect of the 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 and the gap between private and public sector pay increases.
- Staff engagement and wellbeing negatively impacted by the high vacancy rates, 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 line manager capacity and difficulties releasing staff from clinical duties.
- 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 impacting on the provision of services and negatively impacting 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 in 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 appraisals and mandatory training.
- 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.
- Inconsistent talent management practices and poorly articulated and communicated career pathway leading to staff leaving the Trust in order to develop their careers.

Key Actions:

Recruitment Pipeline
January's time to hire was 60.6 days –a big factor was OH decision to close for 2 weeks over Christmas as we had a number of potential starters pushed from the 09/01 induction to the 30/01 induction as we were waiting for OH. Those candidates had to be seen be OH before commencing.

Band 5 Nurses: 39 Nurses remain in the pipeline – 20 of these are overseas nurses
Band 2 Healthcare support workers: 51 Healthcare support workers remain in the pipeline. We are at a point where we will reduce the rate of recruitment to a level to match turnover.
All other roles:59 candidates remain in the pipeline plus 25 internal candidates and a further 4 for temporary staffing

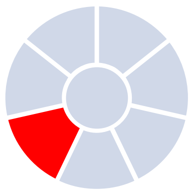
We held an STA recruitment event on Saturday 21st January where we recruited 17 new candidates – 12 HCSWs, 4 Nurses and 1 PEA. The event was covered by BBC and ITV regional news which was great. We are holding our next recruitment event on Saturday 25th February – we are focusing on SCPs, ODPs and Anaesthetic nurses as well as recruiting Trustwide RNs.

Registered Nurse Overseas Recruitment Campaigns: 44 nurses have been appointed out of the 52 we are seeking to recruit in 22/23. 25 have commenced employment. We continue to have a 100% pass rate (by second attempt) for overseas nurses in completing their OSCE exams.

Time for January increased to 60.6 days from 57 days in December. The reason for the increase was OH decision to close for 2 weeks over Christmas leading to a number of starters being pushed from the 09/01 induction to the 30/01 induction as we were waiting for OH clearance before they were able to start. We have procured a new electronic recruitment system and planning for implementation has commenced.

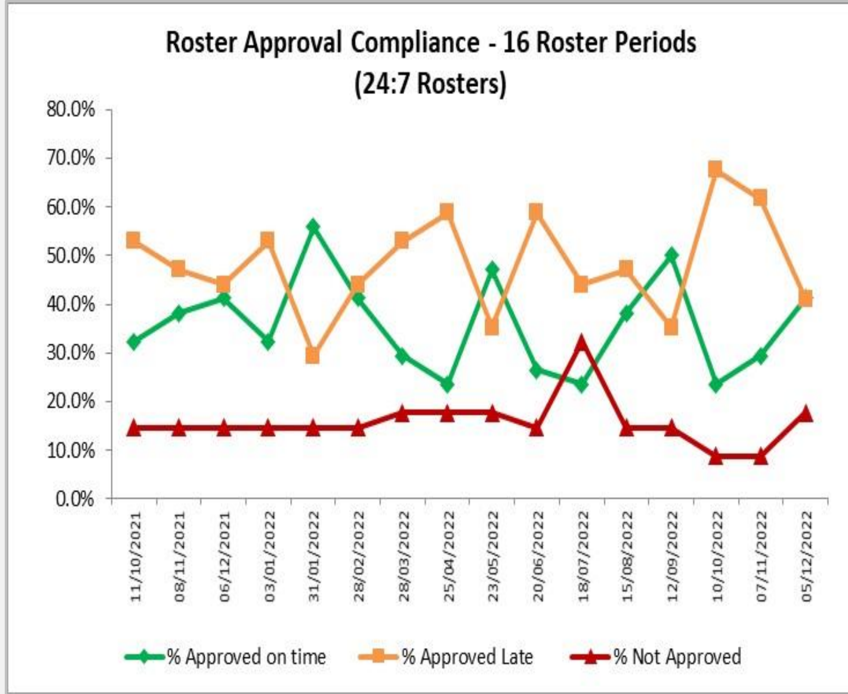
Strike Action
On 26 January the Chartered Society of Physiotherapy took strike action. 16 members of staff too part in this strike. There was further strike action by the Royal College of Nursing on the 6th and 7th February; 181 and 146 staff took strike action respectively. The Industrial Action Task Force co-ordinated the planning for this action with the Command Control structure used to manage the impact on the days.

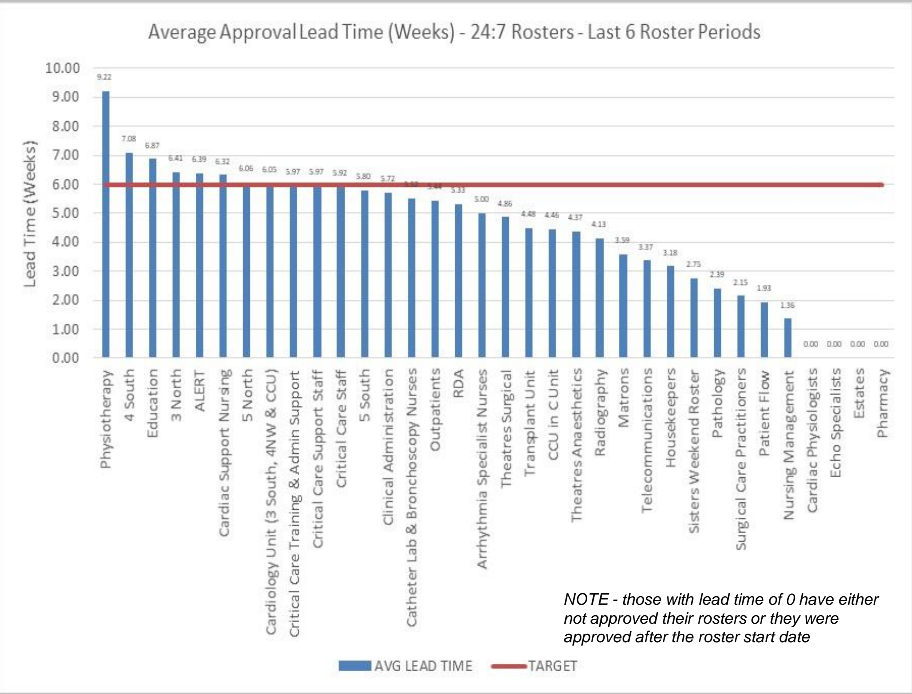
House Relocation
On the weekend of the 21st and 22nd January the teams based in Huntingdon moved approximately two miles from Justinian House to Kingfisher House. Kingfisher House is an office facility run by Cambridge and Peterborough Foundation Trust. The move went extremely well and all teams were able to commence work on the Monday morning in their new location. There are fewer desks available at Kingfisher House and in advance of the move teams reviewed their working arrangements and increased hybrid working to adjust for this reduction. There was excellent support from the Estates and Digital team for the move. The teams are adjusting well to the new facilities.



People, Management & Culture : Spotlight on Roster Sign Off Compliance

- Good rostering practice and our Trust policy is that rosters should be finalised and published to staff at least 6 weeks in advance. This provides staff with details of their shifts in a timely way and it also ensures that gaps in staffing are identified with sufficient time to seek to fill them with temporary staffing. It is an indicator of good rostering practice. The focus of this spotlight is on roster compliance in teams who provide 24/7 services as these areas will need to cover gaps in rotas to maintain safe staffing level. These are predominantly clinical areas.
- Rosters are created by the Ward Sister/Charge Nurse and then signed off by the Matron. Approximately 12 months ago the Director of Workforce and OD and the Chief Nursing Officer instigated six monthly check and support sessions with clinical areas to review rostering performance and identify opportunities for improvement. There are monthly rostering effectiveness meetings with the Heads of Nursing to improve practice.
- The tables to the right below looks at the percentage of rosters signed 6 weeks or more in advance and the percentage not. Despite the focus on roster sign off there has not been an overall improvement in the percentage of rosters being signed off six weeks in advance. A significant factor in this has been sisters/charge nurses and their deputies having reduced supervisory time as they work clinically to cover gaps in staffing levels.

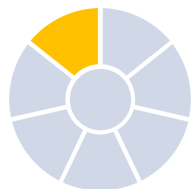




24:7 Services NURSING ONLY - Full Approval Performance Tracker by roster period

	8 Nov - 5 Dec	6 Dec - 2 Jan 2	3 Jan - 30 Jan 2	31 Jan - 27 Feb 2	31 Jan - 27 Feb 2	28 Feb - 27 Mar 2	28 Mar - 24 Apr 2	25 Apr - 22 May	23 May - 19 June	20 Jun - 17 Jul	18 Jul - 14 Aug	15 Aug - 11 Sep	12 Sep - 9 Oct	10 Oct - 6 Nov	7 Nov - 4 Dec	5 Dec - 1 Jan 2023	
ROSTER	Full Approval	Full Approval	Full Approval	Full Approval	Full Approval	Full Approval	Full Approval	Full Approval	Full Approval	Full Approval	Full Approval	Full Approval	Full Approval	Full Approval	Full Approval	Full Approval	APPROVED ON TIME
3 North	Y	N	Y	Y	Y	y	N	N	y	y	y	y	y	Y	N	Y	12
4 South	Y	Y	N	Y	N	N	y	y	y	N	y	y	y	Y	Y	Y	12
Cardiac Support Nursing	Y	Y	Y	Y	Y	y	y	N	y	Y	N	y	N	N	Y	N	11
Theatres Surgical	Y	Y	Y	Y	N	N	y	y	y	Y	N	N	y	N	N	N	9
5 North	N	N	N	Y	Y	y	y	y	y	N	N	N	N	Y	N	Y	8
Arrhythmia Specialist Nurses	N	N	Y	Y	Y	y	y	N	y	N	N	N	y	N	N	Y	8
Catheter Lab & Bronchoscopy Nurses	Y	Y	N	Y	Y	y	N	N	y	N	N	N	y	N	N	Y	8
Outpatients	Y	Y	Y	N	Y	y	N	N	y	N	y	y	N	N	N	N	8
Theatres Anaesthetics	N	Y	Y	Y	Y	y	y	N	y	N	y	N	N	N	N	N	8
ALERT	N	Y	N	N	N	N	N	N	y	Y	N	y	y	N	Y	Y	7
Cardiology Unit (3 South, 4NW & CCU)	N	N	N	N	Y	y	N	N	N	Y	N	N	y	Y	N	Y	6
5 South	N	N	N	Y	N	N	y	y	N	N	N	N	y	N	Y	Y	6
Critical Care Support Staff	N	N	N	N	N	N	N	N	N	N	N	y	y	N	Y	Y	4
Critical Care Training & Admin Support	N	N	N	N	N	N	N	N	N	N	N	y	y	N	Y	Y	4
Transplant Unit	Y	Y	N	N	N	N	N	N	N	N	y	y	N	N	N	N	4
Critical Care Staff	N	N	N	N	N	N	N	N	N	N	N	y	N	N	Y	Y	3
CCU in Cardiology											N	N	N	Y	N	Y	2

The table above demonstrates that the large nursing rosters are being signed off at or close to the six week KPI. The rosters in Theatres are not meeting this KPI. Improving rostering practice is one of the workstreams in the Theatres Improvement Programme. Factors that make timely rostering more difficult is smaller teams with high levels of vacancy and/or absence. We have focused on the main nursing rosters and have a good understanding of the issues impacting on effective rostering and the work being done to improve. We are encouraging roster managers to aim for a longer sign off period ie aim to have it signed off 7 or 8 weeks in advance. We have less line of sight on the smaller rosters and what if any is the impact of them not meeting the KPI for sign off. No issues are flagging but we will look at these to better understand the impact.



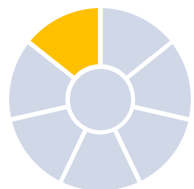
Finance: Performance summary

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

		Data Quality	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Dashboard KPIs	Year to date surplus/(deficit) exc land sale £000s	5	£(381)k	£1,415k	£2,551k	£2,821k	£2,876k	£3,269k	£2,660k
	Cash Position at month end £000s	5	£61,383k	£63,232k	£64,395k	£67,645k	£67,720k	£66,873k	£67,756k
	Capital Expenditure YTD £000s	5	£2185 YTD	£933k	£967k	£1,083k	£1,220k	£1,431k	£2,254k
	In month Clinical Income £000s*	5	£21912k (current month)	£22,145k	£22,700k	£21,808k	£21,814k	£21,626k	£20,566k
	CIP – actual achievement YTD - £000s	4	£4,833k	£2,470k	£3,090k	£3,710k	£4,760k	£5,650k	£6,200k
	CIP – Target identified YTD £000s	4	£5800k	£5,440k	£5,800k	£5,800k	£5,800k	£5,800k	£5,800k
Additional KPIs	NHS Debtors > 90 days overdue	5	15%	88.8%	92.8%	55.9%	4.4%	3.9%	4.1%
	Non NHS Debtors > 90 days overdue	5	15%	23.2%	21.8%	23.9%	35.5%	34.6%	36.3%
	Capital Service Rating	5	4	3	3	3	3	3	2
	Liquidity rating	5	2	1	1	1	1	1	1
	I&E Margin rating	5	1	1	1	1	1	1	1
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£8,660k	£11,189k	£12,838k	£14,242k	£15,915k	£16,611k
	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	£4,253k	£3,740k	£4,768k	£7,091k	£7,395k	£7,053k
	Better payment practice code compliance - NHS (YTD)	5	Monitor only	83%	86%	87%	89%	89%	90%
	Better payment practice code compliance - Non NHS (YTD)	5	Monitor only	94%	94%	94%	94%	94%	95%

Summary of Performance and Key Messages:

- **The plan was agreed as part of the ICS planning submission in June 2022 and set a breakeven plan for 2022/23. Year to date (YTD), the position is favourable to plan by c£3.0m with a reported surplus of c£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 than inpatient activity. Surgical capacity remains a constraining factor for elective inpatient activity.
  - **ERF**: the approach to ERF 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£4.2m 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.
  - **System support:** the income position includes a provision of c£3.2m YTD for expected future funding changes to support the achievement of a breakeven position by organisation across the ICS. This is an increase of £2.0m from the initial system support provided and is driving the deficit position in month.
  - **Pay spend:** the YTD underspend against budget is £1.3m as the Trust continues to carry a number of vacancies. Included in the YTD position is the top-up to the band 2 to band 3 provision for back pay of 6 years (c£1.5m); thank you payments to staff employed by the Trust (£0.4m) and the costs of the Compassionate and Collective Leadership programme (c£0.2m). Excluding non-recurrent items, the underlying pay run rate remains broadly stable.
  - **Non-pay spend** is underspent against plan in month, driven partly by the release of provisions no longer required for PACS £0.5m and Waterbeach £0.2m; this is offset by an increase in the DCD provision (£0.6m) and other small movements. The YTD adverse variance to plan is mainly driven by non activity related costs including the recognition of provisions/accruals for the expected research and development grant to University of Cambridge (UoC) (£2.5m); the staff support scheme (c£1.0m); VAD stock obsoletion write offs (£0.4m); dilapidation provisions (£0.2m); DCD (£0.6m) and HLRI Expenditure (£0.4m) offset by same value of income recharged to UoC.
- **The cash position closed at c£67.8m.** This represents an increase of £0.9m from the previous month due to a reduction in supplier payments.
- **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 PDC for the purchase of IT equipment. YTD spend is £0.3m above plan including IFRS 16 impacts and £1.0m below plan excluding IFRS 16 impacts.



Finance: Key Performance – Year to date SOCI position

The YTD position is c£3.0m favourable to plan, driven by the net effect of: surplus income funding for the pay award YTD (c£1.2m), 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 for the band 2 to band 3 risk (£1.5m); a provision for the staff benefit scheme (£1.0m); a provision for an expected grant payment to the University of Cambridge (£2.5m); system support income provisions (£3.3m) and other provisions / adjustments.

	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 Variance	RAG
Clinical income - in national block framework							
Clinical income on PbR basis - activity only	£133,456	£116,243	£0	£1,667	£117,910	(£15,546)	
Balance to block payment -activity only	£0	£18,293	£0	£0	£18,293	£18,293	
Homecare Pharmacy Income	£41,531	£38,895	£0	£0	£38,895	(£2,636)	
Drugs and Devices - cost and volume	£12,513	£14,863	£0	£0	£14,863	£2,350	
Balance to block payment - drugs and devices	£0	(£824)	£0	£0	(£824)	(£824)	
Sub-total	**£187,500**	**£187,470**	**£0**	**£1,667**	**£189,137**	**£1,636**	
Clinical income - Outside of national block framework							
Drugs & Devices	£1,002	£1,765	£0	£0	£1,765	£762	
Other clinical income	£2,395	£2,080	£0	£0	£2,080	(£315)	
Private patients	£7,620	£7,107	£0	£0	£7,107	(£513)	
Sub-total	**£11,018**	**£10,952**	**£0**	**£0**	**£10,952**	**(£66)**	
Total clinical income	**£198,518**	**£198,422**	**£0**	**£1,667**	**£200,089**	**£1,571**	❶
Other operating income							
Covid-19 funding and ERF	£4,847	£0	£1,099	£4,249	£5,348	£500	
Top-up funding	£13,696	£15,453	£0	(£3,365)	£12,088	(£1,607)	
Other operating income	£13,259	£13,251	£0	£444	£13,695	£436	
ERF provision *	£0	£0	£0	£0	£0	£0	
Total operating income	**£31,802**	**£28,705**	**£1,099**	**£1,328**	**£31,132**	**(£671)**	❷
Total income	**£230,320**	**£227,127**	**£1,099**	**£2,994**	**£231,220**	**£900**	
Pay expenditure							
Substantive *	(£98,805)	(£94,697)	£15	(£2,389)	(£97,071)	£1,734	
Bank	(£2,012)	(£1,959)	(£27)	£0	(£1,986)	£27	
Agency	(£1,456)	(£1,896)	£0	£0	(£1,896)	(£440)	
Sub-total	**(£102,273)**	**(£98,552)**	**(£12)**	**(£2,389)**	**(£100,952)**	**£1,320**	❸
Non-pay expenditure							
Clinical supplies *	(£37,119)	(£36,582)	(£34)	£0	(£36,615)	£503	❹
Drugs	(£6,044)	(£4,528)	(£0)	£0	(£4,529)	£1,516	❺
Homecare Pharmacy Drugs	(£41,667)	(£37,662)	£0	£0	(£37,662)	£4,004	
Non-clinical supplies *	(£28,704)	(£29,096)	(£516)	(£5,213)	(£34,825)	(£6,121)	❻
Depreciation (excluding Donated Assets)	(£8,584)	(£8,574)	£0	£0	(£8,574)	£10	
Depreciation (Donated Assets)	(£444)	(£455)	£0	£0	(£455)	(£11)	
Sub-total	**(£122,561)**	**(£116,897)**	**(£550)**	**(£5,213)**	**(£122,660)**	**(£99)**	
Total operating expenditure	**(£224,834)**	**(£215,449)**	**(£562)**	**(£7,602)**	**(£223,612)**	**£1,222**	
Finance costs							
Finance income	£1	£1,099	£0	£0	£1,099	£1,098	
Finance costs	(£4,355)	(£4,549)	£0	£0	(£4,549)	(£194)	
PDC dividend	(£1,513)	(£1,513)	£0	£0	(£1,513)	(£0)	
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	
Gains/(losses) on disposals	£0	£12	£0	£0	£12	£12	
Sub-total	**(£5,867)**	**(£4,952)**	**£0**	**£0**	**(£4,952)**	**£916**	
Surplus/(Deficit) including central funding	**(£381)**	**£6,727**	**£538**	**(£4,608)**	**£2,657**	**£3,038**	
Surplus/(Deficit) Control Total basis	**£63**	**£7,139**	**£538**	**(£4,608)**	**£3,069**	**£3,019**	

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

* Adjusted for CIP plan alignment

YTD month headlines:

❶ **Clinical income is c£1.6m favourable to plan.** Income from contract activity on a PbR basis is below block funding levels by c£15.5m; this is mainly due to surgical activity underperformance. This activity risk is being mitigated by the block arrangements, which are providing security to the income position. The block was uplifted to provide funding for pay inflation and this has resulted in additional income being received vs 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. YTD Homecare includes a net benefit of £1.4m due to income received on block offset by reduced expenditure linked to activity.

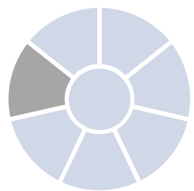
❷ **Other operating income is adverse to plan by £0.7m.** This is driven by a further increase in system support provision of (£2m) offset by increased accommodation income due to occupancy, R&D additional funding from NIHR, training income, charitable recharges and HLRI income £0.4m (offset in expenditure). ERF includes 100% achievement for NHSE and C&P only. The adverse variance on ERF is driven by the inability to achieve ERF on associate contracts but is mitigated by additional ERF funding from NHSE and C&P, linked to the pay award and inflation.

❸ **Pay expenditure is favourable to plan by c£1.3m**. This is driven by the underlying vacancies. Cost includes provision for the potential band 2 to band 3 risk (c£1.5m); thank you payments to staff (£0.4m) and the Trust funding a year of the compassionate and collective leadership programme (£0.2m), backdated pay costs of (£0.4m) for overseas nurses and junior doctors.

❹ **Clinical Supplies is favourable to plan by £0.5m**. This is due to underspend linked to activity levels being below plan. These variances are partly offset by higher than planned DCD activity and other high value device usage (offset in income).

❺ **Total drugs spend is favourable to plan by c£5.5m.** c£1.5m of this is non-Homecare drugs and reflects the activity levels being behind baseline levels. The remaining element relates to Homecare drugs spend and is partly offset by the income variance.

❻ **Non-clinical supplies is adverse to plan by £6.1m**. This is driven by the recognition for grant to University of Cambridge (£2.5m); the staff benefit provision (£1.0m); aged stock write off due to COVID-19 (£0.4m); dilapidation provisions for the House (£0.2m); HLRI cost (£0.4m); DCD provisions (£0.6m); COVID costs in relation to ongoing spend on estates and facilities schemes (£0.4m), additional non-recurrent costs incurred in response to M Abscessus and other 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*

		Data Quality	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Comments
Additional KPIs	**Elective activity as % 19/20 (ICB)**	3	Monitor only	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	Latest data to w/e 03/07/22. Awaiting data from ICB for Jul to Nov 22
	Papworth - Elective NHS activity as % 19/20 baseline plan*	4	Monitor only	75.9%	75.8%	85.7%	70.6%	83.9%	77.8%	
	Non Elective activity as % 19/20 (ICB)	3	Monitor only	**96.9%**	**93.1%**	**99.6%**	**104.1%**	**94.4%**	**100.2%**	Latest data to w/e 12/02/23
	Papworth - Non NHS Elective activity as % 19/20 baseline plan*	4	Monitor only	94.4%	55.0%	86.0%	91.8%	98.8%	84.8%	
	Day Case activity as % 19/20 (ICB)	3	Monitor only	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	Latest data to w/e 03/07/22. Awaiting data from ICB for Jul to Dec 22
	Papworth - Day NHS Case activity as % 19/20 baseline plan*	4	Monitor only	99.5%	81.3%	92.8%	86.1%	85.6%	99.3%	
	Outpatient - First activity as % 19/20 (ICB)	3	Monitor only	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	Latest data to w/e 03/07/22. Awaiting data from ICB for Jul to Dec 22
	Papworth - Outpatient - First activity NHS as % 19/20 baseline plan*	4	Monitor only	90.8%	88.1%	96.9%	109.6%	103.7%	102.4%	
	Outpatient - Follow Up activity as % 19/20 (ICB)	3	Monitor only	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	Latest data to w/e 03/07/22. Awaiting data from ICB for Jul to Dec 22
	Papworth - Outpatient - Follow Up & Non face to face NHS activity as % 19/20 baseline plan*	4	Monitor only	103.3%	97.5%	99.6%	105.6%	99.3%	104.0%	
	Virtual clinics – % of all outpatient attendances that are virtual (ICB)	3	Monitor only	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	Latest data to w/e 03/07/22. Awaiting data from ICB for Jul to Dec 22
	Papworth - Virtual clinics – % of all outpatient attendances that are virtual	4	Monitor only	12.2%	13.5%	15.2%	16.2%	15.7%	17.1%	
	Diagnostics < 6 weeks % (ICB)	3	Monitor only	**57.2%**	**57.6%**	**58.3%**	**59.3%**	**52.4%**	**56.7%**	Latest data to w/e 08/01/23
	Papworth - % diagnostics waiting less than 6 weeks	3	99%	96.9%	98.3%	98.8%	99.2%	99.3%	98.2%	
	18 week wait % (ICB)	3	Monitor only	**59.1%**	**58.6%**	**57.9%**	**58.1%**	**56.2%**	**56.2%**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 29/01/23
	Papworth - 18 weeks RTT (combined)	5	92%	75.8%	74.3%	74.1%	74.1%	70.6%	72.1%	
	No of waiters > 52 weeks (ICB)	3	Monitor only	**8,575**	**8,760**	**8,935**	**8,597**	**8,310**	**8,003**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 29/01/23
	Papworth - 52 week RTT breaches	5	0%	2	5	2	8	13	14	
	Cancer - 2 weeks % (ICB)	3	Monitor only	**67.7%**	**63.8%**	**58.3%**	**64.9%**	**59.1%**	**62.2%**	Latest Cancer Performance Metrics available are December 2022
	Cancer - 62 days wait % (ICB)	3	Monitor only	**59.2%**	**59.4%**	**52.3%**	**48.4%**	**61.2%**	**61.2%**	Latest Cancer Performance Metrics available are December 2022
	Papworth - 62 Day Wait for 1st Treatment including re-allocations	4	85%	53.1%	35.3%	33.3%	75.0%	50.0%	40.0%	
	Finance – bottom line position (ICB)	3	Monitor only	**£1.2m**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	Latest ICB financial position to August 22 YTD (M05)
	Papworth - Year to date surplus/(deficit) exc land sale £000s	5	£(381)k	£1,415k	£2,551k	£2,821k	£2,876k	£3,269k	£2,660k	
	Staff absences % C&P (ICB)	3	Monitor only	**3.3%**	**4.1%**	**3.9%**	**4.3%**	**4.4%**	**3.1%**	Latest data to w/e 12/02/23
	Papworth - % sickness absence	3	3.5%	4.5%	4.3%	5.4%	4.9%	5.4%	5.3%	

Summary of Performance and Key Messages:

The sector is entering a new national landscape post COVID-19 and the Trust's role as a partner in the Cambridgeshire and Peterborough ICB is becoming more important. Increasingly organisations will be regulated as part of a wider ICB context, with regulatory performance assessments actively linking to ICB performance.

There is a national expectation that individual organisations are leaning in to support recovery post COVID-19 across the ICB and or local region and the Trust is not exempt from this. The ICB is developing system wide reporting to support this and the Trust is actively supportive this piece of work. In the meantime, this new section to PIPR is intended to provide an element of ICB performance context for the Trust's performance. This section is not currently RAG rated however this will be re-assessed in future months as the information develops and evolves, and as the System Oversight Framework gets finalised nationally.

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