Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

February 2023

Content

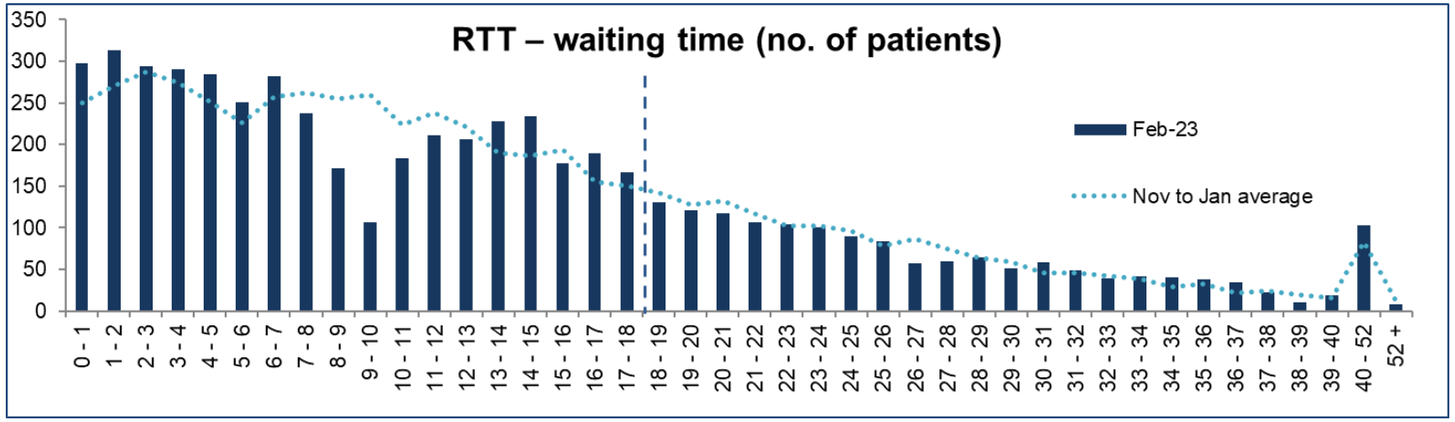
Context:

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

Admitted Episodes	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Trend
Cardiac Surgery	135	160	141	148	127	153	
Cardiology	648	673	686	595	704	638	
ECMO (days)	46	51	80	132	110	128	
PTE operations	13	7	15	8	10	14	
RSSC	489	640	584	549	609	539	
Thoracic Medicine	301	332	318	260	316	270	
Thoracic surgery (exc PTE)	47	66	50	61	68	54	
Transplant/VAD	27	58	30	40	30	36	
Total Admitted Episodes	**1,706**	**1,987**	**1,904**	**1,793**	**1,974**	**1,832**	
Total Admitted episodes exc PP	1,609	1,911	1,813	1,722	1,881	1,761	
*Total Admitted episodes exc PP **plan** (Note 4)*	*2,333*	*2,258*	*2,343*	*2,033*	*2,249*	*2,239*	

Outpatient Attendances	Sep-22	Oct-22	Nov-22	Dec-22	Dec-22	Dec-22	Trend
Cardiac Surgery	426	454	480	384	457	425	
Cardiology	3,543	3,724	3,978	3,266	3,942	3,616	
RSSC	1,673	1,718	2,113	1,382	1,949	1,988	
Thoracic Medicine	2,150	2,052	2,655	2,237	2,533	2,231	
Thoracic surgery (exc PTE)	96	110	142	86	130	100	
Transplant/VAD	266	307	345	255	310	255	
Total Outpatients	**8,154**	**8,365**	**9,713**	**7,610**	**9,321**	**8,615**	
Total Outpatients exc PP	7864	8093	9360	7350	9025	8343	
*Total Outpatients exc PP **plan** (Note 4)*	*8553*	*8497*	*9153*	*7638*	*9053*	*8435*	

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 - Admitted episodes include planned procedures not carried out.
Note 4 - Activity plan at March 23 was 104% 19/20 baseline for Inpatients EL/DC, 124% for NEL and 110% for Outpatients



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

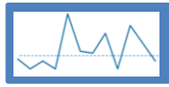
Each category within the Balanced scorecard is given an overall RAG rating based on the rating of the KPIs within the category that appear on the balance scorecard (page 4).

- **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)

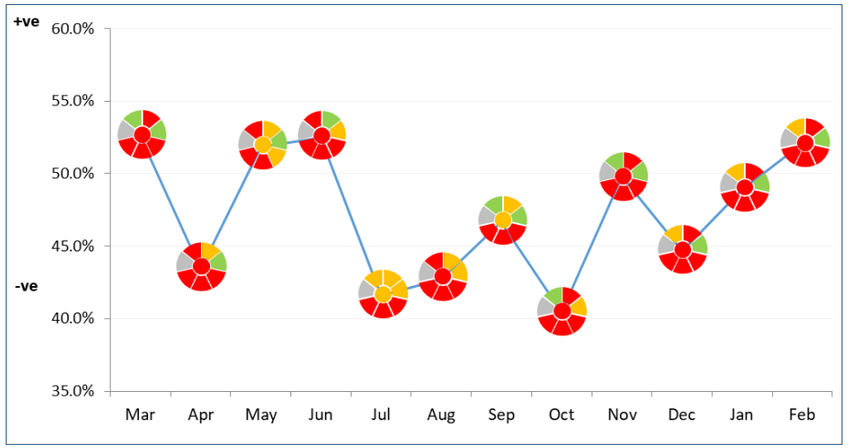
Data Quality Indicator

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

SAFE: High impact interventions (HII): Compliance with HII overall has increased to 97% for February, which is an improvement on 94% reported in January. The last time we reported above our target of 97% was in April and May 2022 when we achieved a 98% compliance in both months.

EFFECTIVE: Theatre Utilisation - Theatre utilisation improved again reflecting the continued impact of the theatre transformation plan. 211 procedures were delivered in month against a plan of 200, despite 2 days disruption due to industrial action.

RESPONSIVE: 1) Diagnostic performance improved in month and is marginally below the national standard. This relates to patient choice. 2) Cancer 31 Day Target – 100% of patients were treated within the target in month.

PEOPLE, MANAGEMENT & CULTURE: 1) Turnover decreased to 7.1%, considerably below our KPI of 14%. The year to date rate of turnover is 15.4%. 2) We saw a further improvement in the IPR compliance rate to 77.7%. 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 commenced face to face skills training in February and have been promoting this in the communications with managers.

FINANCE: Year to date (YTD) Surplus - the position is favourable to plan by c£2.1m with a reported surplus of c£2.1m.

ADVERSE PERFORMANCE

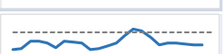
SAFE: Safer staffing fill rates - Nursing roster fill rates for February were 80% for registered staff for day (Target 90%) and it stayed the same for nights as it was for January, at 61% for February. This continues to be due to lower uptake on nights by agency staff and a high vacancy factor notably in surgery. Unregistered fill rates in February for daytime staffing has slightly increased from 82% in January to 83% in February. Night time was 71% which is 1% lower than last month. Registered and unregistered fill rates continue to be a priority focus; Surgery and Cardiology are the most affected areas. Fill rates are mitigated with redeployment of staff, empty bed capacity, specialist nurses and ward sisters filling gaps in shifts. Overall CHPPD (care hours per patient day) for February was above target at 12.0.

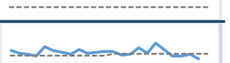
EFFECTIVE: Outpatient capacity - attendances were behind plan but this is primarily due to industrial action at the start of the month which equates to an approximate 20% reduction in capacity.

RESPONSIVE: Waiting list management - The number of patients on the waiting list is stable although continues to be significantly higher than target. RTT performance has improved again, reflecting continued reduction in +18 week backlogs in Cardiology and Respiratory. However, overall performance remains below target and lower than earlier in the year. Industrial action in month had a significant impact on capacity and this will be seen again in the March position.

PEOPLE, MANAGEMENT & CULTURE: Total sickness absence remained over the KPI at 4.1% but has reduced to the lowest level for the last six months. Workforce Business Partners are working with line managers to review sickness absence management processes.

At a glance – Balanced scorecard

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe	Never Events	Feb-23	4	0	0	0		
	Moderate harm incidents and above as % of total PSIs reported	Feb-23	4	3%	1.98%	1.01%		
	Number of Papworth acquired PU (Catergory 2 and above)	Feb-23	4	35 pa	0	11		
	High impact interventions	Feb-23	3	97%	97.00%	94.64%		
	Falls per 1000 bed days	Feb-23	4	4	3.4	3.2		
	Sepsis - % patients screened and treated (Quarterly)	Feb-23	New	90%	-	-		
	Trust CHPPD	Feb-23	5	9.6	12.0	12.6		
	Safer staffing: fill rate – Registered Nurses day	Feb-23	5	90%	80.0%	84.1%		
	Safer staffing: fill rate – Registered Nurses night	Feb-23	5	90%	61.0%	81.2%		
	Safer staffing: fill rate – HCSWs day	Feb-23	5	90%	83.0%	65.3%		
	Safer staffing: fill rate – HCSWs night	Feb-23	5	90%	71.00%	72.50%		
Caring	FFT score- Inpatients	Feb-23	4	95%	98.70%	99.07%		
	FFT score - Outpatients	Feb-23	4	95%	95.60%	97.22%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Feb-23	4	12.6	5.1			
	Mixed sex accommodation breaches	Feb-23	4	0	0	0		
	% of complaints responded to within agreed timescales	Feb-23	4	100%	100.00%	94.27%		
Effective	Bed Occupancy (excluding CCA and sleep lab)	Feb-23	4	85% (Green 80%-90%)	77.90%	73.20%		
	CCA bed occupancy	Feb-23	4	85% (Green 80%-90%)	90.90%	86.20%		
	Admitted Patient Care (elective and non-elective) exc PP	Feb-23	4	23534	1761	19770		
	Outpatient attendances exc PP	Feb-23	4	88750	8343	90725		
	Cardiac surgery mortality (Crude)	Feb-23	3	3%	2.85%	2.85%		
	Theatre Utilisation	Feb-23	3	85%	83.7%	80.1%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	Feb-23	3	85%	86.0%	80.8%		

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Responsive	% diagnostics waiting less than 6 weeks	Feb-23	3	99%	98.66%	97.39%		
	18 weeks RTT (combined)	Feb-23	5	92%	72.72%	72.72%		
	Number of patients on waiting list	Feb-23	5	3279	5674	5674		
	52 week RTT breaches	Feb-23	5	0	8	72		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Feb-23	4	85%	57.00%	49.59%		
	31 days cancer waits*	Feb-23	4	96%	100.00%	91.99%		
	104 days cancer wait breaches*	Feb-23	4	0%	3	110		
	Theatre cancellations in month	Feb-23	3	30	28	29		
	% of IHU surgery performed < 7 days of medically fit for surgery	Feb-23	4	95%	88.00%	70.18%		
	Acute Coronary Syndrome 3 day transfer %	Feb-23	4	90%	100.00%	100.00%		
People Management & Culture	Voluntary Turnover %	Feb-23	3	14.0%	7.1%	15.4%		
	Vacancy rate as % of budget	Feb-23	4	5.0%	12.7%			
	% of staff with a current IPR	Feb-23	3	90%	77.67%			
	% Medical Appraisals	Feb-23	3	90%	72.41%			
	Mandatory training %	Feb-23	3	90%	84.32%	85.60%		
	% sickness absence	Feb-23	3	3.50%	4.05%	4.86%		
Finance	Year to date surplus/(deficit) exc land sale £000s	Feb-23	5	£(458)k	£1,643k			
	Cash Position at month end £000s	Feb-23	5	£61,247k	£74,620k			
	Capital Expenditure YTD £000s	Feb-23	5	£3,752k	£2,627k			
	In month Clinical Income £000s	Feb-23	5	£0k	£19,193k	£236,805k		
	CIP – actual achievement YTD - £000s	Feb-23	4	£5317k	£6,900k	£6,900k		
	CIP – Target identified YTD £000s	Feb-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 18w ks - Incomplete Pathw ays	5	92%	72.72%		72.93%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	4	96%	100.0%	92.0%	84.53%		Current month provisional as going through verification process.
	31 Day Wait for 2nd or Subsequent Treatment - surgery	4	94%	100.0%	90.9%	84.83%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	4	85%	57.0%	49.6%	52.8%		Current month provisional as going through verification process. Data is after reallocations
	104 days cancer w ait breaches	4	0	3	110	33		
VTE	Number of patients assessed for VTE on admission	5	95%	91.70%		86.2%		
Finance	Use of resources rating	5	3	n/a	n/a	n/a	n/a	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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-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	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	9	↓
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	16	16	20	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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-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%	0.70%	0.80%	0.83%	0.00%	0.88%	1.98%
	Number of Papworth acquired PU (Catergory 2 and above)	4	<4	2	1	3	0	0	0
	High impact interventions	3	97.0%	94.0%	91.0%	94.0%	94.0%	94.0%	97.0%
	Falls per 1000 bed days	4	<4	3.0	1.8	3.2	2.4	1.8	3.4
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	100.0%	-	-	81.0%	-	-
	Trust CHPPD	5	>9.6	12.65	11.90	11.80	12.20	12.20	12.00
	Safer staffing: fill rate – Registered Nurses day	5	90.0%	81.0%	80.0%	79.0%	79.0%	78.0%	80.0%
	Safer staffing: fill rate – Registered Nurses night	5	90.0%	84.0%	83.0%	80.0%	79.0%	61.0%	61.0%
	Safer staffing: fill rate – HCSWs day	5	90.0%	62.0%	64.0%	66.0%	64.0%	82.0%	83.0%
	Safer staffing: fill rate – HCSWs night	5	90.0%	76.0%	74.0%	76.0%	71.0%	72.0%	71.0%
Additional KPIs	MRSA bacteremia	3	0.0%	0	1	0	0	0	0
	Number of serious incidents reported to commissioners in month	4	0.0%	1	0	0	0	0	0
	E coli bacteraemia	5	Monitor only	0	1	0	0	1	2
	Klebsiella bacteraemia	5	Monitor only	1	1	2	2	3	2
	Pseudomonas bacteraemia	5	Monitor only	0	0	2	0	0	0
	Other bacteraemia	4	Monitor only	1	0	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	2	4	2	0	2	5
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 10	2	0	2	2	0	0
	Number of patients assessed for VTE on admission	5	95.0%	82.90%	85.10%	88.60%	84.80%	91.00%	91.70%
	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 February.

Falls: There was a increase in falls in February 3.4% per 1000 bed days, this is within our tolerance target and slips/trips/falls were all graded as no harm/low harm.

Safe staffing fill rates: Nursing roster fill rates for February were 80% for registered staff for day and it stayed the same for nights as it was for January, at 61% for February. This continues to be due to lower uptake on nights by agency staff and a high vacancy factor notably in surgery. Unregistered fill rates in February for daytime staffing has slightly increased from 82% in January to 83% in February. Night time was 71% which is 1% lower than last month. Registered and unregistered fill rates continue to be a priority focus; Surgery and Cardiology are the most affected areas. Fill rates are mitigated with redeployment of staff, empty bed capacity, specialist nurses and ward sisters filling gaps in shifts. Overall CHPPD (care hours per patient day) for February was 12.00.

High impact interventions (HII): Compliance with HII overall has increased to 97% for February, which is an improvement on 94% reported in January. The last time we reported above our target of 97% was in April and May 2022 when we achieved a 98% compliance in both months. Areas of poor compliance show only HII5 VAP (ventilator associated pneumonia) 71% (multiple issues which were addressed at the time of audit). This is an improvement from last month at 55%. HII8 Cleaning and decontamination continues to improve to 96% from 95% in Jan. Each department 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 2 identified cases and 2 cases of E Coli in February.

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 February 2023.
Moderate harm incidents and above: There were five moderate harm incidents (WEB46460, WEB46681, WEB46480, WEB46485, WEB46548) graded through the Serious Incident Executive Response Panel (SIERP) in February. There were no themes of the 5 incidents graded in month and they were a spread across different areas. All incidents are monitored via the Quality Risk Management Group (QRMG) governance process.

VTE: Compliance with performing VTE risk assessments was 91.70% in February. There was a slight improvement in compliance again in February. This continues to be an area of particular focus and VTE continues to be monitored through QRMG and divisional performance meetings.

Safe: Key performance challenges

Escalated performance challenges

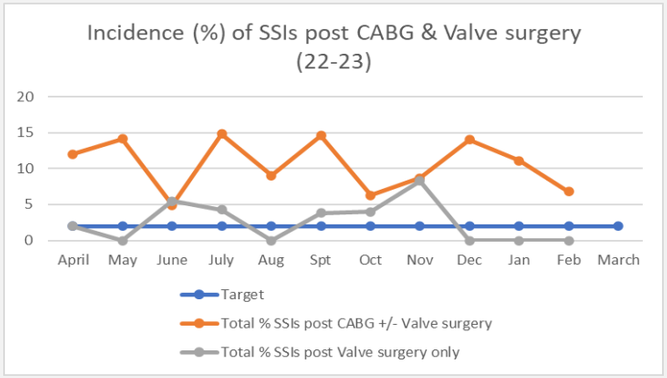
Surgical Site Infections (SSIs) refer to breakdown of a wound (either sternal or leg wound) following a surgical procedure.

- The classification of affected wounds is based on criteria from UKHSA.
- Wounds are categorised as either incisional (superficial or deep) or organ/space infections
- At RPH, incidence of SSIs are monitored following all coronary artery bypass (CABG) and valve surgery but reportable externally only following CABG surgery.

Incidence of SSIs are closely monitored and there has been increased incidence since May 2019 when the hospital relocated to the Cambridge Biomedical campus.

- A Serious Incident was reported in May 2022 when, post pandemic, the data was reviewed and reconciled.
- SSI response group was set up for prompt review of surgical pathway and to identify gaps in the care pathway.
- Informing the SI report, a scrutiny panel was established with MDT and governance attendance.
- All patients who had developed deep or organ/space SSIs between April 2021 and May 2022 were reviewed to identify learning
- SSI Stakeholder group met with increased frequency to monitor actions

Current incidence of SSI's – Feb current 6.8% (this is likely to increase as patient reviews continue), CABG and Value 0%. See table below for 22/23.



Key Risks and Priorities

- All SSIs will impact on a patients recovery – either through pain and discomfort, impact on mobility, prolonged hospital stay, ongoing care in the community or additional operations.
- SSI rates remain higher than expected at RPH (UKHSA target 2%) and greater than those reported at other cardiac centres through UKHSA reporting
- Through stakeholder meetings and review of individual patient Root Cause Analysis (now presented at monthly Surgical M & M meetings), key areas of concerns have been identified. These have been prioritised for action.

Priority 1

- **Theatre Ventilation System** – compliance with national regulations has been confirmed but concern remains on design of air flow. Practical changes have been made to practices within theatre to reduce perceived risk (change to area for gowning/gloving)
- **Surgical instrument decontamination** – there was a lack of oversight on issues with instrument decontamination and sterilisation. All non-conformance reports are now reviewed; a programme of instrument replacement in place; decontamination lead appointed.

Priority 2

- **Patient pathway –** Number of areas highlighted and have been actioned – e.g. staph aureus decolonisation treatment. Significance of risk factors recognised, specifically diabetes, and this work is ongoing. Surgical practice is also being reviewed to identify possible improvements.
- **Environment –** lack of robust deep clean schedule for theatres has now been actioned; clutter in clinical areas has been identified and changes made (including to changing room allocation). Need for continued IPC rounds remains.
- **IPC audits –** compliance with hand hygiene, ANTT and cleaning and decontamination of equipment remains an area of focus in all parts of the patient pathway. ANTT refresher training was carried out for all clinical staff. Records demonstrate that 95% of staff have received this training. ANTT training is now included in clinical induction.

Key Actions that are underway:

SSI Stakeholders meetings are held fortnightly and led by the Chief Nurse or Medical Director.

Priority 1- continued actions:

Continued Theatre Ventilation Assurance work:

1. Establish regular Ventilation safety meetings
2. Microbiology testing to be repeated
3. Consider independent specialist review of ventilation

Priority 2- continued actions:

Review of patients is ongoing, with RCAs presented by SSI specialist nurse at monthly surgical M & M – this allows review by the multidisciplinary team.

Patient pathway:

1. Task and Finish group to review pre-operative and post-operative management of patients with diabetes
   - testing of HbA1C through pre-assessment, with subsequent treatment by GP and a risk assessment by surgeon prior to accepting for surgery
   - review of barriers to compliance with blood glucose management guidelines
2. Increased focus on use of sternal support as wound protection
   - trial of incisional vacuum assisted closure (VAC) dressings to support wound is complete – results to be presented at surgical M & M
   - review of evidence on use of sternal support bands
3. Surgical technique – review of proposals to
   - reduce possible cross contamination between leg and sternal wounds

Environmental:

1. Decrease footfall in theatres
2. Focus on cleaning and decontamination

IPC audits:

Robust IPC audit plan with oversight at infection control committee

SSI assurance dashboard: Updated monthly for ward to Board assurance.

Safe: Spotlight on Supervisory Sister/ Charge Nurse Role

Background to the ward supervisory sister/ charge nurse role

The role of the ward sister/ charge nurse (CN) in the UK is ideally suited to the hospital system to supervise clinical care, oversee quality and safety standards, co-ordinate patient care activities at ward level, and promote nursing leadership and mentoring (Royal College of Nursing, 2016).

To support in attaining 'ward to board' assurance, supervisory sister/ charge nurse protected time has been built into RPH establishment settings. The key driver for supervisory practice was time to lead created by the current fast paced, high pressured, safety driven health care environment (NHS England, 2016).

Where are we now?

Table – RPH supervisory sister/ charge nurse time from Aug. 2022 – Jan. 2023

	Roster period					
roster area	15-Aug	12-Sep	10-Oct	07-Nov	04-Dec	01-Jan
Cardiology Unit (3 South, 4 NW & CCU)	43%	45%	27%	37%	17%	32%
Catheter Lab & Bronchoscopy Nurses	84%	84%	65%	54%	55%	24%
3 North	56%	16%	24%	48%	28%	22%
4 South	46%	32%	33%	45%	24%	21%
5 North	69%	23%	22%	16%	20%	55%
5 South	66%	25%	45%	43%	16%	32%
Day ward	39%	10%	22%	44%	46%	31%
total WS utilisation	55%	37%	37%	41%	27%	29%

Ward establishments have 2 WTE supervisory band 7 posts funded Mon.-Fri., with exception of Cath Labs & Ward 3 North who have 1 WTE band 7 sister. Theatres have 2 Theatre Co-ordinators, 1 for anaesthetics and 1 for surgery. As shown in **above Table** the data shows lowest supervisory time of 21% on 4S (Thoracic) and highest of 55% on 5N (surgery). The average supervisory time allocated for January 2023 was 41%, below the Trust target of > than 90%. There has been a downward decline in supervisory sister time since August 2022 to January 2023 across all wards; mainly attributable to high vacancy and turnover rates.

Where are we going? KPIs, expectations

A Matron Workshop was held on 10 March 2023 to support supervisory ward sister/ charge nurse role. Supervisory role profile was discussed at workshop for ward sister/ charge nurse to develop:

- Leader of safe and person centred care
- Leader of a flourishing team and learning culture
- Effective manager of resources and care environment
- Leader of clinically effective care

The Ward Manager's Handbook (NHS Improvement, 2018) will be the key resource to support profile. Consensus to work with ward sisters/ CNs to identify 'how the supervisory sister role profile will be demonstrated', 'how we will know it is happening' and agreeing KPIs to achieve > than 90%.

What does 'good' look like?

An effective ward leader is a clinical expert, a manager of the team and an educator of many.
The sister/ CN role is at the centre of patient care. The strength of clinical leadership has an impact on care patients receive and experience of staff. The role is complex and challenging with many priorities at individual, team and organisational level.

How are we going to get there?

- A phased approach with agreed mitigations towards >90% ward sister supervisory time
- Models of care, consider new ways of working e.g., team nursing as a model.
- Explore 'art of the possible' to release time to deliver care e.g., making effective use of full range of our people skills and resources
- Administrative support identified as time consuming e.g., no receptionists at weekends
- Having sister/ charge nurse crossover time with a support system in place for more learning from each other
- Ward sister/ CN CPD Programme due to commence end April 2023, for all ward sisters/ CNs following successful funding bid; follows on to build upon matron CPD programme held in 2022; will support delivery of KPIs for sister/ CN

What are the constraints/ barriers?

- Staffing fill rates for registered and unregistered nurses below target 90% as reported in PIPR Safe
- Agency staff harder to resource, rates of pay, competitive, Cambridge expensive to live to mitigate gaps
- 'Time to hire' can be protracted at times and we can lose staff waiting *Oleo-Recruit system will reduce hire times (anticipate go live summer/ autumn 2023)
- Ward sister is 'the first port of call' to mitigate rosters and fill shift gaps

How can we collaborate to support achieving supervisory sister/ charge nurse status?

3 steps identified at Matron Workshop:

Step 1

- Agree role profile, expectations/ KPIs for supervisory sisters/CNs
- Roster ward sister/ CN supernumerary time (NOT first mitigation to fill gaps in shifts)
- Propose with effect next roster commencing 24 April - 50% supervisory time for all ward sisters/ CNs
- Report supervisory time as a metric on PIPR monthly

Step 2

- Support sisters/CNs in utilisation of time e.g., band 7 & 6 experienced sisters supporting less experienced

Step 3

- Follow on from Matron workshop to arrange further matron workshops with sisters/ CNs e.g., looking at 'models of care' to release sister/CN to supervisory role

Reporting governance arrangements

Supervisory sister/CN will be monitored through weekly Forward Look Ahead meetings, monthly Roster Check and challenge meetings with senior nursing teams, reporting monthly to Clinical Practice Advisory Committee.

Caring: Performance summary

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

		Data Quality	Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Dashboard KPIs	FFT score- Inpatients	4	95%	100.0%	98.7%	99.4%	98.3%	99.4%	98.7%
	FFT score - Outpatients	4	95%	98.2%	99.0%	96.7%	96.7%	97.6%	95.6%
	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	5.1	6.1	6.2	5.7	5.2	5.1
	% of complaints responded to within agreed timescales	4	100%	100%	67%	100%	100%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3pm (60% of complaints received)	2	3	1	1	4	1
	Number of complaints (12 month rolling average)	4	5 and below	4.9	4.5	4.7	5.0	5.0	5.2
	Number of complaints	4	5	4	5	3	3	4	3
	Number of informal complaints received per month	New	Monitor only	7	6	8	6	4	5
	Number of recorded compliments	4	500	1462	1638	1717	1251	1705	1508
	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 Dec 2021 (accessed 07.02.2022).

FFT (Friends and Family Test): In summary; **Inpatients**: Positive Experience rate was 98.7% in February 2023 for our recommendation score. Participation Rate has increased from 28.5% (January) to 37.5% in February 2023. **Outpatients**: Positive Experience rate was 95.6% for our recommendation score. Participation rate has increased from 12.2% (January) to 14.0% in February 2023.

For information: NHS England (latest published data accessed 17.03.2023) is January 2023: Positive Experience rate: 94% (inpatients); and 94% (outpatients). Since September 2021 NHS England does not calculate a response rate for services.

Number of written complaints per 1000 staff WTE is a benchmark figure based on the NHS Model Health System to enable national benchmarking. **We remain in green at 5.1.**
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 07.02.2022): Royal Papworth = 5.72; peer group median = 11.39; national median = 16.65.

% of complaints responded to: is 100% for February 2023.

The number of complaints (12 month rolling average): is red at 5.2 for February 2023 which reflects a slight increase in the overall number of complaints received this year. We will continue to monitor this in line with the other benchmarking. There is one final reporting month for the year.

Complaints: We have received three new formal complaints during February 2023. The investigations are ongoing and this is within our expected variation of complaints received within the month. We have closed six formal complaints in February 2023. Further information is available on the next slide.

Compliments: the number of formally logged compliments received during February 2023 was 1508, broken down as: compliments from FFT- 1440; and compliments via cards/letters/PALS- 68.

Caring: Key performance challenges

Informal Complaints closed in the month: During February 2023, we were able to close **eight informal complaints** through local resolution and verbal feedback. Of those closed;
Cardiology – 3 were closed (15680; 15764 and 15790). The three issues were in relation to a delay in referral to DGH, poor communication during inpatient stay and concerns regarding manual handling and nursing care provided during inpatient stay.
Thoracic and Ambulatory Care – 3 were closed (15625, 15684 and 15735), two were in relation to concerns regarding the clinical care provided during inpatient stay and one was in relation to poor communication and the lack of information provided to the patient.
Surgical, Transplant and Anaesthetics – 2 were closed (15722 and 15716). One was related to the nursing care and poor communication the complainant experienced during their inpatient stay and one was related to the clinical care and treatment provided during the inpatient admission.

Learning and Actions Agreed from Formal; Complaints Closed: During February 2023, we have closed **five formal complaints**. All complaints were responded to on time. Of those closed, one complaint was partially upheld and four were not upheld:

Complaint Datix Reference: 15531 Date Closed: 02/02/2023. Outcome: Partially Upheld – The family of a Cardiology patient raised concerns regarding the clinical care, communication and nursing care the patient received following transfer from their DGH. The outcome of the investigation revealed that the clinical care the patient received was appropriate and provided in a timely manner. However, the wrong information had been given to the family and the nursing care provided overnight in 2022 fell below our expected standards. As a result of the complaint learning and actions were identified, provide further support to patients regarding mental wellbeing by ensuring specific information is widely available and sharing the patient experience with the ward staff for their learning and reflection.

Complaint Datix Reference: 15666 Date Closed: 03/02/2023. Outcome: Not Upheld – A surgical patient raised concerns regarding the eye problems they developed post In-house urgent coronary artery bypass. The outcome of the investigation found that the patient did not experience any excessive bleeding following surgery and no serious anaemia was identified during admission which required any treatment. A full explanation was given to the patient with apologies for their experience and the communication they received.

Complaint Datix Reference: 15677 Date Closed: 07/02/2023. Outcome: Not Upheld – Joint complaint, local DGH leading. A Thoracic patient had raised concerns regarding the heart murmur that was detected on admission to local DGH. Patient is concerned whether the murmur could have been detected during their sleep study appointment. The outcome of the investigation revealed that the assessment and management plan was appropriate, and there is no evidence to suggest that a heart murmur would have been identified had the patient been reviewed by a medical doctor instead of an Advanced Nurse Practioner. A full explanation was given to the patient with apologies for their experience.

Complaint Datix Reference: 15685 Date Closed: 08/02/2023. Outcome: Not Upheld – A surgical patient raised formal complaint in relation to their procedure being cancelled on two occasions when they had been ready for theatre. The outcome of the investigation revealed that it was unfortunately necessary to cancel the patient's procedure first due to an unexpected increase in emergency activity and secondly due to unexpected significant staff shortages within the critical care team. The investigation found that the circumstances surrounding these cancellations were regrettably unavoidable. A full explanation was given to the patient with apologies for their experience. Whilst the complaint was not upheld the patient's feedback was shared with the Surgery, Transplant and Anaesthetic Directorate for their learning and reflection. The patient has since had their surgery.

Complaint Datix Reference: 15712 Date Closed: 14/02/2023. Outcome: Not Upheld – Joint complaint, local DGH leading. Family of a surgical patient raised concerns regarding the patient's transfer from RPH to their local DGH. The outcome of the investigation revealed the patient was clinically fit for transfer and it was considered safe to proceed with the planned transfer following discussions with the DGH. The family's feedback and experience will be shared anonymously with the ward staff and clinical team for their learning and reflection.

Caring: Spotlight On – Patient Feedback; *"You said…., We did….."*

Using patient feedback to make a difference

We strive to ensure that every patient has a positive experience when they come to Royal Papworth Hospital. Patient, family, carer and visitor feedback tells us what we are doing well and where we could improve. We welcome all feedback including compliments, concerns, suggestions or complaints. This month we are focusing on suggestions and comments patients have provided when they completed their *Friends and Family Test (FFT) Survey in January 2023 and responded to the following question;*

"Please tell us about anything that we could have done better"

You said ….

"The treatment of diabetes was appalling, there was no carbohydrate content foods on menu"

Feedback from Ward 3 South

We did ….

A share of your feedback into a larger project that has been reviewing food menu access. We have purchased new iPads, from which patients can order their meals from, these tablets contain all the available food along with allergen and nutritional information including carb content, fat, sodium etc. These are available on every ward.

You said ….

"A bit more information on what you can and can't bring with you in the original appointment letter"

Feedback from Outpatients

We did ….

A share of your feedback with the current working group who are reviewing all our appointment letters and how we can include additional information regarding any clinic and/or procedure requirements. This will help to ensure all letters are clear and concise, contain all relevant information.

You said ….

'I would have appreciated speaking to the doctor following operation prior to discharge"

Feedback from CCA

We did ….

A reminder to our doctors/nurses to ensure a Doctor or Specialist Nurse speaks to all patients, to answer queries and reassure them before transfer to the ward/discharge.

You said ….

" On a couple of occasions my dignity was compromised during my admission"

Feedback from Ward 3 South

We did ….

A reminder to the team to reiterate and maintain a patient's dignity at all times. Dignity is also a current focus of our inhouse education board and will be discussing Dignity at our ward team meeting.

You said ….

"Listen to me, let me sleep between 11pm and 6am, and close the door to my room when you leave (hospitals are noisy)"

Feedback from Ward 5 south

We did ….

A reminder to all staff regarding the importance of sleep and sleep quality for our patients. We have also installed visual noise aids to alert nurses when noise is getting high overnight. We will continue to monitor this through our matron reviews

Effective: Performance summary

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

		Data Quality	Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	71.7%	75.5%	70.3%	74.2%	76.4%	77.9%
	CCA bed occupancy	4	85% (Green 80%90%)	85.2%	88.5%	91.4%	85.8%	84.9%	90.9%
	Admitted Patient Care (elective and non-elective) exc PP**	4	104% of 19/20 baseline	1609	1911	1813	1722	1881	1761
	Outpatient attendances exc PP**	4	104% of 19/20 baseline	7864	8093	9360	7350	9025	8343
	Cardiac surgery mortality (Crude)*	3	<3%	1.75%	1.97%	2.15%	2.17%	2.48%	2.85%
	Theatre Utilisation	3	85%	82.2%	75.6%	82.2%	82.6%	82.1%	83.7%
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	85%	81%	79%	87%	76%	81%	86%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	4	8.20	8.77	8.71	10.73	7.44	9.45	9.27
	Length of stay – Cardiac Elective – valves (days)	4	9.70	10.43	9.71	8.46	8.30	10.78	11.45
	CCA length of stay (LOS) (hours) - mean	4	Monitor only	136	170	161	155	135	240
	CCA LOS (hours) - median	4	Monitor only	41	43	54	47	48	40
	Length of Stay – combined (excl. Day cases) days	4	Monitor only	6.47	6.39	6.41	7.06	6.03	6.68
	% Day cases	4	Monitor only	65.95%	67.14%	68.66%	64.47%	71.34%	69.18%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	37.9%	42.9%	46.8%	43.8%	46.6%	38.4%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	25.8%	39.5%	39.5%	43.9%	40.4%	35.0%

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

Summary of Performance and Key Messages:

Bed occupancy and capacity utilisation
Critical care bed occupancy increased in month as a result of high demand for emergency surgery. Ward occupancy has also increased driven by demand and increased length of stay, which reflects increase in acuity.

Theatre utilisation improved again reflecting the continued impact of the theatre transformation plan. 211 procedures were delivered in month against a plan of 200, despite 2 days disruption due to industrial action.

Cath lab utilisation improved again, in comparison with the previous month, in relation to increases in non-elective demand.

Outpatient capacity
Outpatient attendances were behind plan but this is primarily due to industrial action at the start of the month which equates to an approximate 20% reduction in capacity.

Industrial action
Month 11 performance was heavily impacted by industrial action called by the RCN on 6th and 7th of the month. Disruption was also seen towards the end of the month following the late cancellation of additional 2 day action.
Further impact of industrial action will be seen in Month 11 which includes the period of 3 day BMA strike action which significantly reduced planned activity.

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 M11 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.

M11 activity performance in line with target

- **Non-Admitted Activity** – First activity exceeded the M11 target.
- **Radiology –** CTs and Ultrasound activity met the agreed target.

M11 activity performance behind target

- **Non-Admitted Activity** – Follow-up activity fell slightly short of the agreed M11 target.
- **Radiology –** MRIs did not meet the M11 target.
- **Admitted activity** – Elective inpatients and daycases did not meet the agreed M11 target.

Summary Performance

Table 1: Trust Level

Category		M11 vs 2019/20 M11
Non-Admitted Activity	First	117%
	Follow up	109%
Radiology Activity	MRI	76%
	CT	111%
	US	170%
Elective Admitted Activity	Inpatients	61%
	Daycases	86%

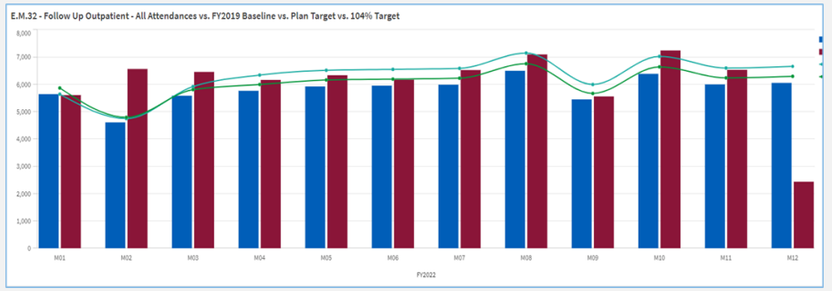
Table 2: M11 activity compared to 2019/20 (Specialty Level)

Category		Cardiac Surgery	Cardiology	PTE	RSSC	Thoracic Medicine	Thoracic Surgery (exc PTE)	Transplant /VAD
Non-Admitted Activity	First	80%	74%	-	227%	103%	135%	119%
	Follow up	93%	122%	-	101%	103%	98%	88%
Elective Admitted Activity	Inpatients	70%	94%	67%	45%	63%	98%	40%
	Daycases	0%	78%	-	129%	61%	60%	0%

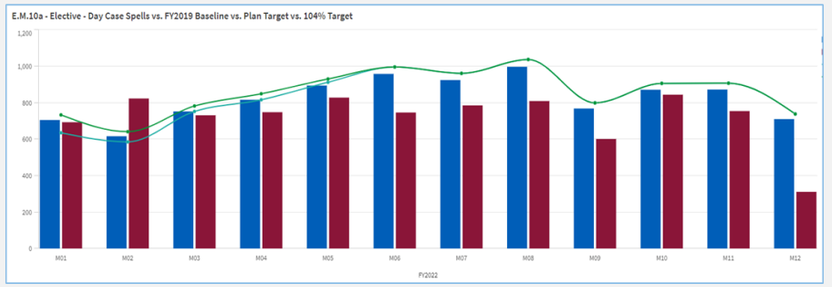
Key:

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

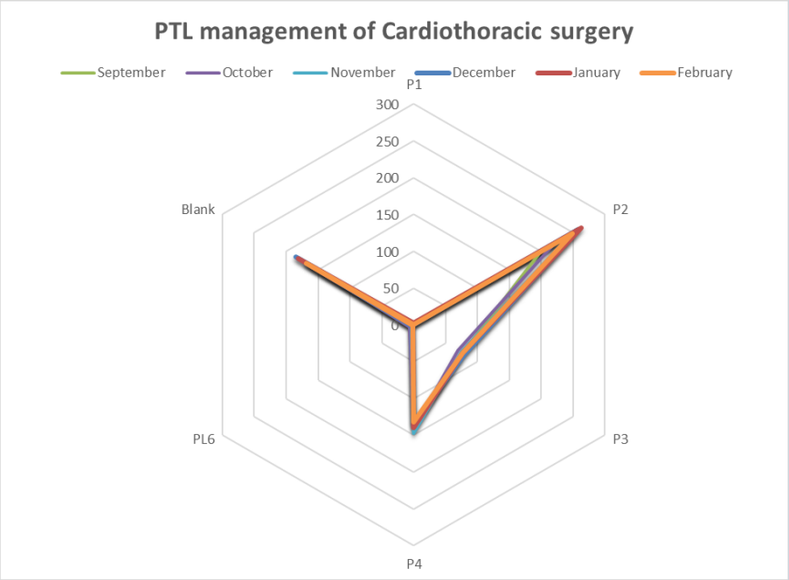
Non-Admitted Activity

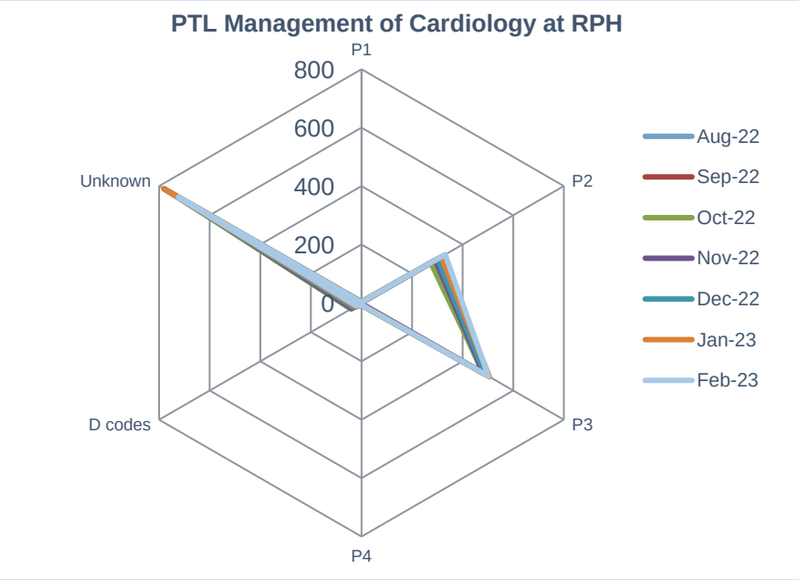


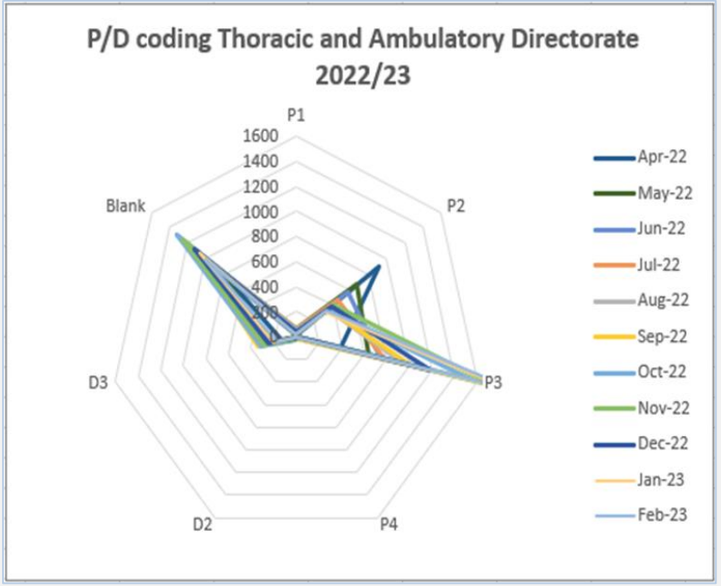
Admitted Activity



Effective: Spotlight on: Priority Status Management







Cardiothoracic Surgery Waiting List Profile

↓ 627 patients on the waiting list (from 665)
↓ 212 patients over 18 weeks (from 228)
↓ 7 patients over 52 weeks (from 12)
↑ RTT performance 65.89% (from 64.69%)

Over 18 weeks
77 - patients with Planned or booked dates
22 – patients with planned outpatient/ MDT/ Diagnostics appointment
57 – patients awaiting surgery date (40xP2, 19xP3, 8xP4)
43 – patients awaiting Administrative update
3 – need further outpatient appointment.

Cardiology Waiting List Profile

↓ 1586 patients on the waiting list (from 1637)
↓ 327 patients over 18 weeks (from 363)
1 patients over 52 weeks (from 1)
↓ RTT performance 79.43% (from 80.71%)

Over 18 weeks
78 patients with booked date for admission
65 patients with planned outpatient/ MDT/ Diagnostics appointment
122 patients awaiting date for admission
15 patients awaiting date for outpatient review
11 patients awaiting Administrative update
25 patients with clock stops or data quality issues now resolved.

Respiratory Waiting List Profile Feb

↓ 3461 patients on the waiting list
↓ 823 patients waiting over 18 weeks
↓ 0 over 52 weeks
↑ 69.08% RTT performance

Over 30 weeks:
45 Continuous Positive Airway Pressure Starters
56 Polysomnography
96 Outpatient appointments
5 Respiratory Polygraphy
53 Awaiting Clinical Decision
22 Day case
70 Community Sleep service device

Responsive: Performance summary

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

		Data Quality	Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	98.31%	98.79%	99.22%	99.28%	98.22%	98.66%
	18 weeks RTT (combined)	5	92%	74.30%	74.10%	74.10%	70.60%	72.07%	72.72%
	Number of patients on waiting list	5	3,279	5300	5691	5876	5657	5690	5674
	52 week RTT breaches	5	0	5	2	8	13	14	8
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	4	85%	35.3%	40.0%	57.0%	50.0%	40.0%	57.0%
	31 days cancer waits*	4	96%	82.6%	78.0%	90.0%	89.0%	95.0%	100.0%
	104 days cancer wait breaches*	4	0	20	14	9	10	3	3
	Theatre cancellations in month	3	30	27	34	21	37	25	28
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	35.00%	53.00%	36.00%	60.00%	83.00%	88.00%
	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%	81.53%	80.09%	81.68%	81.16%	80.71%	79.43%
	18 weeks RTT (Cardiac surgery)	5	92%	69.51%	71.69%	70.53%	64.98%	66.62%	66.26%
	18 weeks RTT (Respiratory)	5	92%	71.84%	72.05%	71.50%	67.04%	69.30%	70.95%
	Non RTT open pathway total	2	Monitor only	40,473	40,854	41,421	41,803	42,248	42,785
	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%	71.43%	80.00%	84.21%	81.82%	80.00%	66.67%
	Outpatient DNA rate	4	9%	8.17%	6.23%	6.32%	8.01%	7.64%	7.25%
	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%	47.00%	63.00%	44.00%	80.00%	89.00%	94.00%
	% of patients treated within the time frame of priority status	4	Monitor only	40.5%	41.5%	45.7%	51.0%	47.2%	45.9%
	% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	4	Monitor only	48.5%	49.1%	51.4%	45.9%	50.9%	50.3%

* 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 improved in month and is marginally below the national standard. This relates to patient choice.

Waiting list management

The number of patients on the waiting list is stable although continues to be significantly higher than target. RTT performance has improved again, reflecting continued reduction in +18 week backlogs in Cardiology and Respiratory. However, overall performance remains below target and lower than earlier in the year. Industrial action in month had a significant impact on capacity and this will be seen again in the March position.

The number of 52 week breaches has reduced to 8 with 1 in Cardiology and 7 in Surgery. Ongoing capacity constraints are the biggest contributory factor to this position. Harm reviews continue to be completed for patients waiting at 35 and 52 weeks.

Theatre cancellations increased slightly to 28 but remain below target. The biggest factors being emergency activity and planned case overruns.

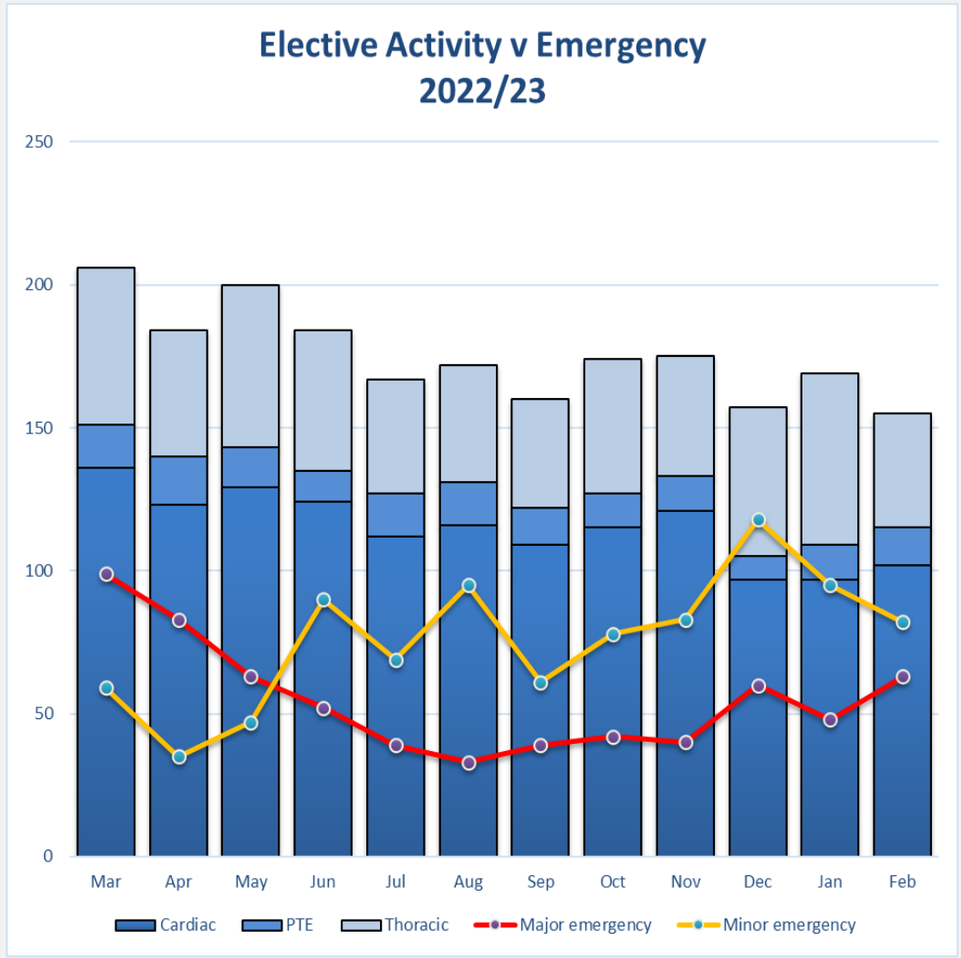
Cancer

62 Day – There have been 7 patients treated on the 62 pathway of which 4 breached. 1 breached due to late referral, 2 breached due to delays in the diagnostic pathway, and 1 breached due to patient choice.

31 Day – 100% of patients were treated within the target in month.

Cancer upgrades – There were 7 patients treated in month of which 1 breached as a late referral to RPH.

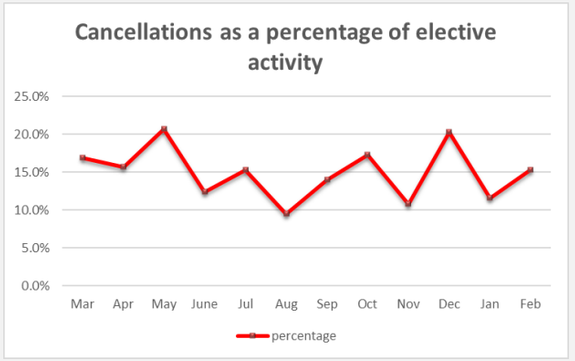
Responsive: Elective v Emergency, Theatre Cancellations and Harm Reviews



102 Cardiac (32 IHU) 40 Thoracic /13 PTE / 7 TX activity
63 emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.
82 additional emergency minor procedures also went through theatre and critical care, utilising the theatre team.

Cancellation reason	Feb-23	Total
1a Patient DNA	1	1
1c Patient unfit	3	100
1d Sub optimal work up	1	24
4a Emergency took time	7	86
4b Transplant took time	3	34
4d Additional urgent case added and took slot	3	63
5a Planned case overran	8	104
6a Scheduling issue	2	10
Total	28	719

Planned cardiac activity increased in February, with 102 cases going through Theatres, which is inclusive of 32 In-house Urgent patients. There were also 63 major emergencies that utilised a Theatre, which is the highest since April of last year. Out of 28 cancellations, the highest polling reason was for planned case overruns, followed by Emergency took time. This totals 65 and 61 cancellations respectively in the past 12 months.



Cancellation Process Spotlight

Of the 28 patients that were cancelled, 18 were elective patients.

- Of the 18 patients, 11 (61%) were informed of their rescheduled date within 2 working days.
- Of the 18 patients, 15 (83%) had their operation within 28 days.

The impact of February's industrial action should be considered when looking at these figures, as this reduced operating capacity and placed a significant burden of work on the Clinical Admin Team who amended both inpatient and outpatient bookings as a consequence of the Industrial Action.

There is a focussed piece of work ongoing to reduce the number of potentially preventable on the day cancellations.

Responsive: Spotlight on: Patients waiting over 52 weeks

Deep Dive – Current position (February 2023)

The Trust has seen both a growth in the waiting list size and deterioration in it's RTT performance over the course of the pandemic. Of particular concern is the number of patients waiting an extended period for treatment. This deep dive focuses on patients waiting more than 52 weeks and explores the reasons for these waits. The breakdown of patients waiting in excess of 52 weeks at the end of February can be broken down by speciality:

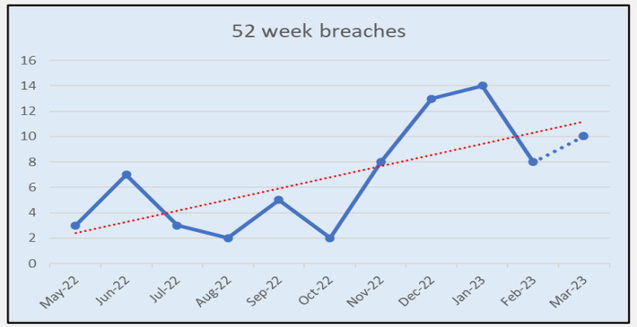
Over 52 weeks- Month of breach	Cardiac / Thoracic Surgery	Respiratory Medicine	Cardiology
Nov-22	0	0	0
Dec-22	1	0	0
Jan-23	2	0	0
Feb-23	4	0	1
Total	**7**	**0**	**1**

Although there are occasional breaches in other specialities, Cardiac Surgery is the most challenged and has consistently the largest number of breached patients. The detail of the breached patients is as follows:

Patient	Speciality	Weeks wait at end of Feb	Priority code	Reason	Plan
A	Cardiac Surgery	61	P2	Surgeon Specific lack of capacity	Consented to be transferred to a different surgeon - Treated March 2023
B	Cardiac Surgery	58	P2	Patient delayed decision to treat.	Treated March 2023
C	Cardiac Surgery	56	P2	Surgeon Specific lack of capacity	Booked for 29/3/2023
D	Thoracic Surgery	55	P4	Patient unfit for surgery at present	Will be booked as soon as fit
E	Cardiac Surgery	54	P2	Surgeon Specific lack of capacity	Consented to be transferred to a different surgeon - To be dated
F	Cardiac Surgery	53	P2	Deranged bllod results flagged another condition which needed to be treted first.	Treated March 2023
G	Cardiac Surgery	53	P2	Surgeon Specific lack of capacity	Booked for 5/4/2023
H	Cardiology	54	P2	Inheritted clock from other provider. Patient a prisoner an needs prison guard supervision when admitted.	Booked for 31/3/2023

Deep Dive – Future forecast and Actions

The overlying trend for 52 week breaches has increased over the six months, predominantly driven by constrained surgical capacity.



Intensive waiting list monitoring is enacted for all patients waiting over 40 weeks at present and interventions to expedite their care undertaken.

Long waits 28th Feburary 2023	Waiting over 40 weeks	Waiting over 52 weeks
Cardiac / Thoracic Surgery	32	7
Cardiology	14	1
Respiratory Medicine	62	0
Total	**106**	**8**

Although the number of patients over 40 weeks is much higher in Respiratory, treatment can be enacted more quickly and there is only a small risk that any of these patients will exceed 52 weeks, usually because of patient choice. However because of constrained theatre capacity and the fact that many of the long waiting surgical patients are sitting on a single consultants list, Cardiac Surgery remains a significant risk.

Key Actions being taken to mitigate (over and above the Theatre Recovery Plan)

- Re-distribution of IHU urgent activity to allow the small group of surgeons with long waiting patients to focus on elective activity.
- Review of patients on surgeon specific lists with a view to re-allocating patients to surgeons with shorter waiting times.

People, Management & Culture: Performance summary

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

		Data Quality	Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Dashboard KPIs	Voluntary Turnover %	3	14.0%	28.16%	19.70%	11.35%	10.45%	13.90%	7.07%
	Vacancy rate as % of budget	4	5.00%	14.10%	14.29%	14.08%	14.33%	13.85%	12.72%
	% of staff with a current IPR	3	90%	74.31%	73.06%	73.12%	74.38%	75.63%	77.67%
	% Medical Appraisals	3	90%	68.47%	75.22%	72.81%	78.07%	75.65%	72.41%
	Mandatory training %	3	90.00%	86.60%	86.35%	85.37%	84.92%	84.65%	84.32%
	% sickness absence	3	3.5%	4.34%	5.35%	4.86%	5.43%	5.32%	4.05%
Additional KPIs	FFT – recommend as place to work	3	70.0%	n/a	n/a	n/a	n/a	n/a	58.90%
	FFT – recommend as place for treatment	3	90%	n/a	n/a	n/a	n/a	n/a	85.00%
	Registered nursing vacancy rate (including pre-registered nurses)	3	5.00%	12.91%	13.62%	13.79%	13.38%	12.04%	11.91%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	3	10.00%	22.90%	21.06%	18.84%	19.77%	16.11%	13.02%
	Long term sickness absence %	3	0.80%	1.81%	1.77%	2.07%	1.91%	2.23%	1.54%
	Short term sickness absence	3	2.70%	2.53%	3.58%	2.78%	3.52%	3.08%	2.51%
	Agency Usage (wte) Monitor only	3	Monitor only	31.6	28.9	28.6	24.0	24.8	25.5
	Bank Usage (wte) monitor only	3	Monitor only	57.5	57.4	59.4	62.1	70.2	63.2
	Overtime usage (wte) monitor only	3	Monitor only	38.6	48.6	47.8	41.0	55.4	65.6
	Agency spend as % of salary bill	5	1.41%	1.66%	1.57%	1.98%	1.77%	1.81%	2.57%
	Bank spend as % of salary bill	5	1.94%	2.06%	2.32%	1.88%	2.10%	2.07%	2.06%
	% of rosters published 6 weeks in advance	3	Monitor only	24.20%	51.50%	23.50%	41.20%	35.30%	30.30%
	Compliance with headroom for rosters	3	Monitor only	35.30%	31.80%	30.70%	34.50%	31.20%	35.00%
	Band 5 % White background: % BAME background	3	Monitor only	55.83% : 42.99%	n/a	n/a	53.62% : 45.06%	n/a	n/a
	Band 6 % White background: % BAME background	3	Monitor only	71.40% : 27.71%	n/a	n/a	70.72% : 28.57%	n/a	n/a
	Band 7 % White background % BAME background	3	Monitor only	84.01% : 14.11%	n/a	n/a	82.13% : 15.36%	n/a	n/a
	Band 8a % White background % BAME background	3	Monitor only	86.14% : 11.88%	n/a	n/a	84.91% : 13.21%	n/a	n/a
	Band 8b % White background % BAME background	3	Monitor only	93.75% : 3.13%	n/a	n/a	92.31% : 3.85%	n/a	n/a
	Band 8c % White background % BAME background	3	Monitor only	92.86% : 7.14%	n/a	n/a	100% : 0%	n/a	n/a
	Band 8d % White background % BAME background	3	Monitor only	100% : 0.00%	n/a	n/a	100% : 0%	n/a	n/a

Summary of Performance and Key Messages:

- Turnover decreased to 7.1%, considerably below our KPI of 14%. The year to date rate of turnover is 15.4%. There were 10.5 wte non-medical leavers in month. The most common reasons recorded for leaving was lack of career opportunities; 5 staff 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 12.7% and registered nurse vacancy rate reduced marginally to 11.9%. Level 5, Surgical Wards, continues to have the highest % vacancy rates with no improvement over the last 6 months. They have 9 recruits in the pipeline with anticipated start dates between March – May although 6 of these are overseas recruits so their start dates may change and they will need to go through the OSCE process before going on the roster as registered nurses.
- The Unregistered Nurse vacancy rate continued to improve to 13% but remains above the KPI of 10%. There has been a steady reduction in Unregistered Nurse vacancy rates over the last 12 months 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 4.1% but has reduced to the lowest level for the last six months. Workforce Business Partners are working with line managers to review sickness absence management processes.
- We saw a further improvement in the IPR compliance rate to 77.7%. 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 commenced 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. The large increase in agency spend in February is an accounting issue which will be rectified.
- Compliance with the roster approval reduced to 30.3%. 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.

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:

Time to Hire

The graph to the right shows the time to hire over the last seven months. The increase in January was due to OH stopping services over the Christmas period. OH pre-employment clearance times are improving although they are not fully resolved and we still utilising an internal risk assessment process. Internal time to hire has significantly reduced as a result of the new process which has been embedded and is working very well. We are more proactive in removing candidates who are not fully engaged in the appointment process which means they are not sitting in the pipeline for months and this will reduce the overall time to hire metric. We are limited to what we improvements we can achieve whilst we wait for the implementation of the new electronic system, Oleeo, that has been procured. Our current pipeline is 135 compared to 210 at its peak in December. The team have started 107 people since January with another 31 due on the March induction.

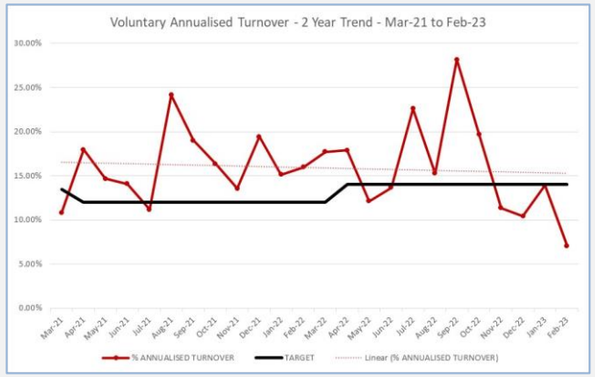
LGBT+ Network

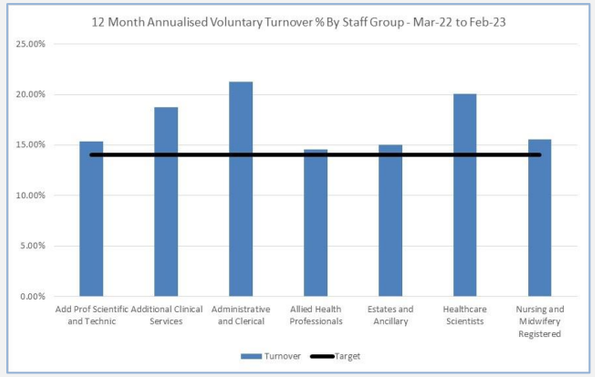
February was LGBT+ History Month. The LGBT+ Network celebrated by running a photography competition with the theme “Beyond the Lens”, a stall in the Atrium and two very stimulating and informative webinars. The webinars featured internal and external speakers talking about their lived experience and what it meant for them being able to bring their whole self to work.

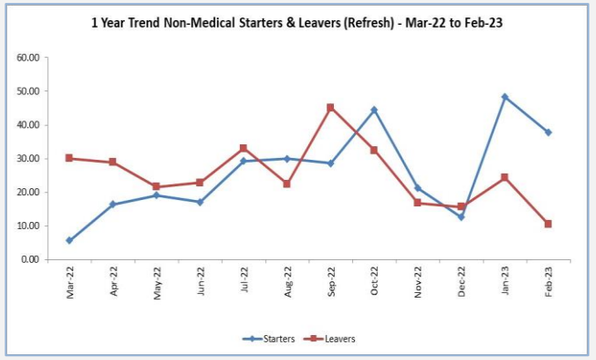
Industrial Action

The RCN held two consecutive days of strike action on the 6 and 7 February. On each of these days 73 staff were recorded as having been on strike. There was a picket outside the main entrance and Pat Cullen, RCN General Secretary, visited this on the 7 February to speak with those striking. Elective services were significantly reduced over these dates.

People, Management & Culture : Spotlight on turnover





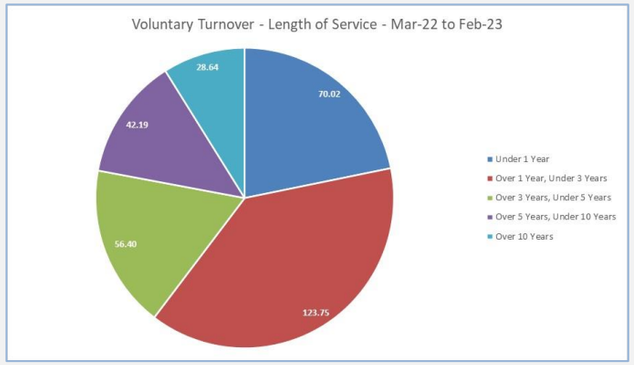


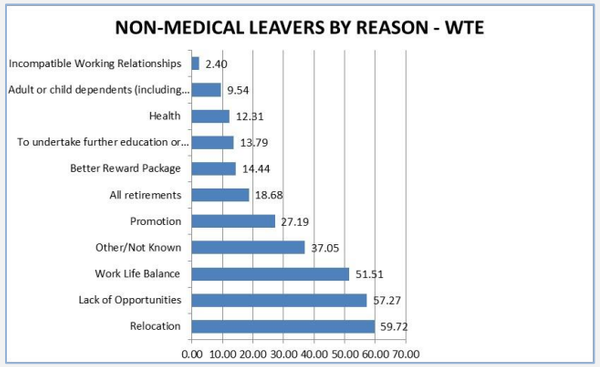
Our staff turnover has been reducing over the last 4 months and the annual turnover as at February was 15.4%. Anecdotally this is a trend being experienced by other NHS organisations so it could be an indication of the labour market returning to a more normal pattern following the disruption caused by the Covid-19 pandemic.

The highest rate of turnover is in the Administrative and Clerical staff group. This is the staff group which has the most choice in terms of other work opportunities across all sectors and approximately 25% of leavers from this staff group go to jobs in the private sector. The Healthcare Scientist staff group have the next highest rate of turnover at 20%. This is the smallest staff group in the Trust with most roles being in national shortage groups. Approximately a third of leavers in this group move to posts in the private sector.

The turnover for Registered Nurse turnover over the last 12 months, was 15.7% which is close to the Trust year to date annual rate of 15.4%. There is wide variation in turnover rates across clinical areas with the Theatres Surgical department having the highest rate of turnover over the last 12 months at 30%. The surgical wards have the next highest rates of turnover; 5 South at 18% and 5 North at 22%. Critical Care turnover has been close to the average at 16%.

The number of starters has exceeded the number of leavers in 4 of the last 5 months. This is an improved position and is due to a combination of the reduction in turnover and an increase in the number of new starters over the same period.





VOLUNTARY LEAVERS BY ETHNICITY - MAR-22 TO FEB-23

Ethnic Group	Total No of Leavers	Average Headcount	As a % of the workforce	As a % of the leavers
BME	76.44	574.64	29%	24%
Not Stated	1.43	30.04	0%	0%
White	243.14	1365.81	69%	76%
Grand Total	**321.00**	**1970.49**		

DESTINATION ON LEAVING - MAR-22 TO FEB-23

Destination On Leaving	Grand Total	As a % of total leavers
Abroad - EU Country	10.44	3%
Abroad - Non EU Country	8.71	3%
Education /Training	10.79	3%
Education Sector	5.60	2%
General Practice	8.80	3%
NHS Organisation	127.52	40%
No Employment	30.73	10%
Other Private Sector	48.85	15%
Other Public Sector	5.60	2%
Private Health/Social Care	3.97	1%
Return to Practice	2.80	1%
Self Employed	1.00	0%
Unknown	56.21	18%
Grand Total	**321.00**	

The above charts provide an analysis of various aspects of turnover over the last 12 months:

- 22% of voluntary leavers in the last year have had less than 1 years service when they left, 60% have had under 3 years service when they left and 78% have had under 5 years service when they left. This does vary between staff groups with very different profiles between registered roles and unregistered.
- The data suggests that we are not losing proportionately more colleagues from a BAME background than white colleagues.
- The most common reason given for leaving is relocation but it is not possible to tell whether they are relocating because of reasons connected to dissatisfaction with the Trust or their job or whether it is a life choice. The next most common reasons, which resonate with our staff survey feedback, is lack of opportunities and work life balance. The different aspects of addressing these issues are being addressed in the CCL Programme and the Resourcing and Retention Improvement Programme.
- The largest proportion of leavers move to other posts in the NHS, particularly those in registered roles. The low number of leavers moving abroad suggests that we are not experiencing high turnover in our overseas staff.

Finance: Performance summary

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

		Data Quality	Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Dashboard KPIs	Year to date surplus/(deficit) exc land sale £000s	5	£(458)k	£2,551k	£2,821k	£2,876k	£3,269k	£2,660k	£1,643k
	Cash Position at month end £000s	5	£61,247k	£64,395k	£67,645k	£67,720k	£66,873k	£67,756k	£74,620k
	Capital Expenditure YTD £000s	5	£3752 YTD	£967k	£1,083k	£1,220k	£1,431k	£2,254k	£2,627k
	In month Clinical Income £000s*	5	£21911k (current month)	£22,700k	£21,808k	£21,814k	£21,626k	£20,564k	£19,193k
	CIP – actual achievement YTD - £000s	4	£5,317k	£3,090k	£3,710k	£4,760k	£5,650k	£6,200k	£6,900k
	CIP – Target identified YTD £000s	4	£5800k	£5,800k	£5,800k	£5,800k	£5,800k	£5,800k	£5,800k
Additional KPIs	NHS Debtors > 90 days overdue	5	15%	92.8%	55.9%	4.4%	3.9%	4.1%	29.2%
	Non NHS Debtors > 90 days overdue	5	15%	21.8%	23.9%	35.5%	34.6%	36.3%	31.0%
	Capital Service Rating	5	4	3	3	3	3	2	4
	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	£11,189k	£12,838k	£14,242k	£15,915k	£16,611k	£16,890k
	Use of Resources rating	5	Monitor only	n/a	n/a	n/a	n/a	n/a	n/a
	Total debt £000s	5	Monitor only	£3,740k	£4,768k	£7,091k	£7,395k	£7,053k	£3,151k
	Better payment practice code compliance - NHS (YTD)	5	Monitor only	86%	87%	89%	89%	90%	91%
	Better payment practice code compliance - Non NHS (YTD)	5	Monitor only	94%	94%	94%	94%	95%	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£2.1m with a reported surplus of c£2.1m. The key contributing factors 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 and surgical capacity remains a constraining factor for elective inpatient activity.
  - **ERF:** the approach to ERF agreed for the first half of 2022/23 has continued 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£4.6m 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 YTD income position includes a provision for the re-allocation £3.8m of system support funding, to support the achievement of a breakeven position by organisation. An additional £2.3m has been provided for in month to support Health Inequalities work programmes in the system.
  - **Pay spend:** the YTD underspend against budget is £1.9m 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 in month, mainly due to underspend on drugs £0.5m, interest on cash being higher than plan and a release of provisions no longer required. The YTD includes favourable variances linked to activity related costs offset by overspend on non activity costs which includes provisions 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 £74.6m.** This represents an increase of £6.9m from the previous month due to receipt of LDA income.
- **The Trust has a business as usual (BAU) capital allocation of £2.7m.** In addition, the Trust has been allocated £0.2m PDC for the purchase of IT equipment. YTD spend is £0.2m above plan including IFRS 16 impacts and £1.0m below plan excluding IFRS 16 impacts. This is expected to be mitigated in part by the purchase of the surgical robot in March.

Finance: Key Performance – Year to date SOCI position

The YTD position is c£2.1m 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 payment and provisions (£3.8m), provision for Health Inequalities (£2.3m) 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	£146,802	£128,129	£0	£1,833	£129,962	(£16,839)	
Balance to block payment -activity only	£0	£19,822	£0	£0	£19,822	£19,822	
Homecare Pharmacy Income	£45,684	£42,802	£0	£0	£42,802	(£2,883)	
Drugs and Devices - cost and volume	£13,765	£16,206	£0	£0	£16,206	£2,441	
Balance to block payment - drugs and devices	£0	(£951)	£0	£0	(£951)	(£951)	
Sub-total	**£206,250**	**£206,007**	**£0**	**£1,833**	**£207,841**	**£1,590**	
Clinical income - Outside of national block framework							
Drugs & Devices	£1,103	£1,971	£0	£0	£1,971	£868	
Other clinical income	£2,635	£2,299	£0	£0	£2,299	(£336)	
Private patients	£8,382	£7,677	£0	£0	£7,677	(£705)	
Sub-total	**£12,119**	**£11,947**	**£0**	**£0**	**£11,947**	**(£172)**	
Total clinical income	**£218,370**	**£217,955**	**£0**	**£1,833**	**£219,788**	**£1,418** ❶	
Other operating income							
Covid-19 funding and ERF	£5,925	£0	£1,209	£4,622	£5,831	(£94)	
Top-up funding	£16,739	£16,995	£0	(£5,808)	£11,187	(£5,552)	
Other operating income	£12,318	£15,137	£0	£444	£15,581	£3,264	
ERF provision *	£0	£0	£0	£0	£0	£0	
Total operating income	**£34,982**	**£32,132**	**£1,209**	**(£742)**	**£32,599**	**(£2,382)** ❷	
Total income	**£253,352**	**£250,087**	**£1,209**	**£1,091**	**£252,387**	**(£964)**	
Pay expenditure							
Substantive *	(£108,840)	(£104,082)	£15	(£2,389)	(£106,456)	£2,384	
Bank	(£2,213)	(£2,160)	(£28)	£0	(£2,188)	£26	
Agency	(£1,601)	(£2,149)	£0	£0	(£2,149)	(£547)	
Sub-total	**(£112,655)**	**(£108,391)**	**(£12)**	**(£2,389)**	**(£110,793)**	**£1,862** ❸	
Non-pay expenditure							
Clinical supplies *	(£40,831)	(£40,256)	(£35)	(£61)	(£40,352)	£478 ❹	
Drugs	(£6,649)	(£4,989)	(£0)	£0	(£4,989)	£1,660 ❺	
Homecare Pharmacy Drugs	(£45,833)	(£41,430)	£0	£0	(£41,430)	£4,403	
Non-clinical supplies *	(£31,461)	(£32,077)	(£557)	(£5,271)	(£37,905)	(£6,444) ❻	
Depreciation (excluding Donated Assets)	(£9,439)	(£9,436)	£0	£0	(£9,436)	£4	
Depreciation (Donated Assets)	(£488)	(£501)	£0	£0	(£501)	(£13)	
Sub-total	**(£134,701)**	**(£128,688)**	**(£592)**	**(£5,332)**	**(£134,613)**	**£88**	
Total operating expenditure	**(£247,356)**	**(£237,080)**	**(£605)**	**(£7,721)**	**(£245,405)**	**£1,951**	
Finance costs							
Finance income	£1	£1,317	£0	£0	£1,317	£1,316	
Finance costs	(£4,790)	(£5,004)	£0	£0	(£5,004)	(£214)	
PDC dividend	(£1,665)	(£1,665)	£0	£0	(£1,665)	(£0)	
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	
Gains/(losses) on disposals	£0	£12	£0	£0	£12	£12	
Sub-total	**(£6,454)**	**(£5,339)**	**£0**	**£0**	**(£5,339)**	**£1,114**	
Surplus/(Deficit) including central funding	**(£458)**	**£7,668**	**£604**	**(£6,630)**	**£1,642**	**£2,100**	
Surplus/(Deficit) Control Total basis	**£30**	**£8,126**	**£604**	**(£6,630)**	**£2,113**	**£2,083**	

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

* Adjusted for CIP plan alignment

YTD month headlines:

❶ **Clinical income is c£1.4m favourable to plan**

- Income from contract activity on a PbR basis is below block funding levels by c£16.8m; 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 c£1.5m due to income received on block offset by reduced expenditure linked to activity.

❷ **Other operating income is adverse to plan by £2.4m.** This is driven by an in month Health Inequalities provision of (£2.3m) offset by accommodation income due to occupancy, charitable recharges, training income due to invoice based on up to date schedule from HEE 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£1.9m**. 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) and a small write off in month.

❺ **Total drugs spend is favourable to plan by c£6m.** c£1.6m 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 £6.4m** driven by the recognition for grant to UoC (£2.5m); 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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-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	75.8%	85.7%	70.6%	83.9%	77.8%	24.9%	
	Non Elective activity as % 19/20 (ICB)	3	Monitor only	**93.1%**	**99.6%**	**104.1%**	**94.4%**	**100.2%**	**96.3%**	Latest data to w/e 12/03/23
	Papworth - Non NHS Elective activity as % 19/20 baseline plan*	4	Monitor only	55.0%	86.0%	91.8%	98.8%	84.8%	133.0%	
	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	81.3%	92.8%	86.1%	85.6%	99.3%	92.8%	
	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	93.2%	102.5%	115.9%	109.7%	108.3%	110.5%	
	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	103.1%	105.3%	111.7%	105.0%	110.0%	108.4%	
	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	13.5%	15.2%	16.2%	15.7%	17.0%	15.6%	
	Diagnostics < 6 weeks % (ICB)	3	Monitor only	**57.6%**	**58.3%**	**59.3%**	**52.4%**	**56.7%**	**57.6%**	Latest data to Jan 23
	Papworth - % diagnostics waiting less than 6 weeks	3	99%	98.3%	98.8%	99.2%	99.3%	98.2%	98.7%	
	18 week wait % (ICB)	3	Monitor only	**58.6%**	**57.9%**	**58.1%**	**56.2%**	**56.2%**	**56.6%**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 05/03/23
	Papworth - 18 weeks RTT (combined)	5	92%	74.3%	74.1%	74.1%	70.6%	72.1%	72.7%	
	No of waiters > 52 weeks (ICB)	3	Monitor only	**8,760**	**8,935**	**8,597**	**8,310**	**8,003**	**7,786**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 05/03/23
	Papworth - 52 week RTT breaches	5	0%	5	2	8	13	14	8	
	Cancer - 2 weeks % (ICB)	3	Monitor only	**63.8%**	**58.3%**	**64.9%**	**59.1%**	**62.2%**	**68.8%**	Latest Cancer Performance Metrics available are Jan 2023
	Cancer - 62 days wait % (ICB)	3	Monitor only	**59.4%**	**52.3%**	**48.4%**	**61.2%**	**61.2%**	**48.9%**	Latest Cancer Performance Metrics available are Jan 2023
	Papworth - 62 Day Wait for 1st Treatment including re-allocations	4	85%	35.3%	33.3%	75.0%	50.0%	40.0%	57.0%	
	Finance – bottom line position (ICB)	3	Monitor only	**n/a**	**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	£(458)k	£2,551k	£2,821k	£2,876k	£3,269k	£2,660k	£1,643k	
	Staff absences % C&P (ICB)	3	Monitor only	**4.1%**	**3.9%**	**4.3%**	**4.4%**	**3.1%**	**n/a**	Latest data to w/e 12/02/23. Due to discrepancy issue ICS caanot cannot supply this data for Feb-23
	Papworth - % sickness absence	3	3.5%	4.3%	5.4%	4.9%	5.4%	5.3%	4.1%	

* - figures above are from SUS and represent all activity

Summary of Performance and Key Messages:

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

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

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