![NHS Royal Papworth Hospital NHS Foundation Trust]

Papworth Integrated Performance Report (PIPR)
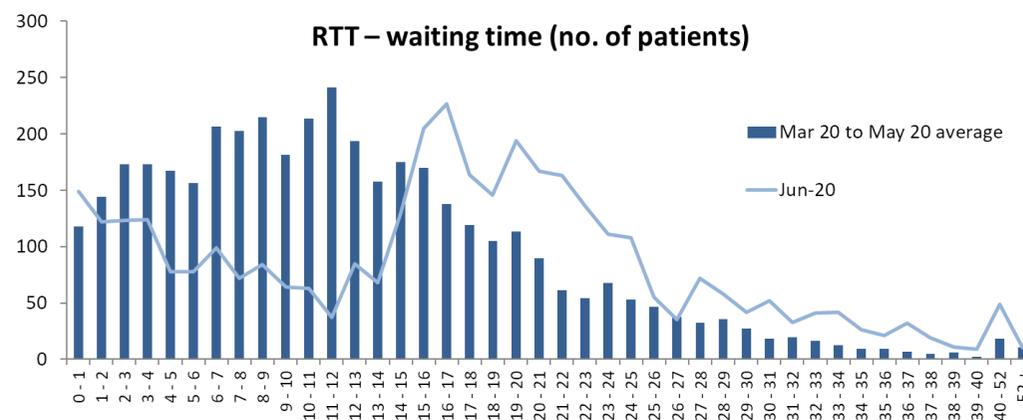## Full version
June 2020

July 2020

Content

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	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Trend
Cardiac Surgery	199	182	148	24	41	109	
Cardiology	695	695	561	216	355	492	
ECMO (days)	78	72	155	459	566	273	
ITU (COVID)	0	0	0	50	3	1	
PTE operations	16	17	12	0	1	9	
RSSC	656	607	400	40	294	202	
Thoracic Medicine	441	562	447	80	69	168	
Thoracic surgery (exc PTE)	80	66	80	73	65	77	
Transplant/VAD	22	45	178	19	13	30	
Total Inpatients	**2,187**	**2,246**	**1,981**	**961**	**1,407**	**1,361**	

Outpatient Attendances	Jan-20	Feb-20	Mar-20	Apr-20	May-20	43,983	Trend
Cardiac Surgery	491	429	413	199	200	331	
Cardiology	3,657	3,170	2,981	1,991	2,138	2,337	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	2,081	1,802	1,808	278	285	1,192	
Thoracic Medicine	2,318	2,106	1,960	1,058	1,167	1,628	
Thoracic surgery (exc PTE)	92	89	70	110	84	71	
Transplant/VAD	333	284	177	224	206	269	
Total Outpatients	**8,972**	**7,880**	**7,409**	**3,860**	**4,080**	**5,828**	

Note 1 - activity figures include Private patients and exclude unbundled radiology scan activity and ALK test activity;
Note 2 - from May 2019 ECMO activity shows billed days in months (previously billed episodes);
Note 3 - Inpatient episodes include planned procedures not carried out.

RTT – waiting time (no. of patients)

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 2018 (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. The Trust will consider development of a data quality assurance framework to provide greater clarity around quality of underlying data.

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: Safe Staffing - Care Hours Per Patient Day (CHPPD) for all areas during June remains green and nursing staff to patient ratios are monitored daily and via a monthly Effectiveness Report to CPAC.

CARING: 1) FFT (Friends and Family Test): Participation rates are starting to increase as we progress with Living with COVID. In summary for June 2020 for Inpatients the Positive Experience rate (formerly called 'recommendation rate') has decreased from 97.5% (May) to 96.7% (June). The Participation Rate for June has increased from 21.8% (May) to 57.5% (June). Outpatients: Positive Experience Rate has remained at 100% in June. The Outpatient Participation has increased from 0.22% (May) to 0.72% (June). 2) Complaints - The written complaints per 1000 WTE (which is taken from a three month rolling period) is 4.1 which remains in green and is a further month on month improvement.

PEOPLE, MANAGEMENT & CULTURE: 1) Total turnover has been below the Trust KPI for the last 5 moths, with June being particularly low at 4.9%. The year to date rate is 9%. 2) Sickness absence increased to a high of 5.93% during the emergency. This has reduced to 2.94% as the number of staff absent due to COVID symptoms has reduced significantly.
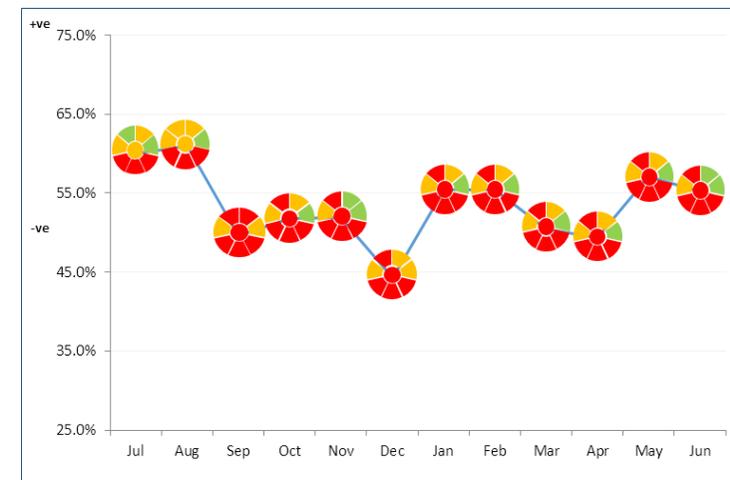
ADVERSE PERFORMANCE

EFFECTIVE: 1) Bed occupancy - Ward bed occupancy remained low as many of the ward staff remained to support critical care in month and elective activity had was only undertaken in a limited way as the building underwent modification to allow the introduction of green and purple infection control pathways. 2) Critical Care occupancy - Over the month of June, CCA underwent surge de-escalation but 33 beds was re-set as the new baseline capacity. Respiratory ECMO numbers continued to slowly decrease from 11 to 7 patients under the service. Routine Cardiac surgery recommenced in the second half of June in a phased recovery as per the CDC plan but this had minimal impact on critical care occupancy. Cardiology and transplant demand on critical care was high as the Trust experienced a rebound effect of exceptionally sick patients who had not presented in the acute phase of the pandemic.

RESPONSIVE: 1) Diagnostic waiting times - Reduced capacity has been reflected in the reduced delivery Trust wide for cardiac physiology diagnostics and imaging. Services have returned to 70% pre-COVID availability with sensitivity to the total footfall through the ground floor and the shared waiting area. The reduced timetabling has met the demand for all urgent referrals on all pathways. MRI waiting times are currently the greatest cause of concern. 2) Cancer Performance - declined at the beginning of April with a significant reduction in referrals for 62 day pathway and clinical decisions taken to defer treatment for some patients in light of safety concerns. Normal referral levels have resumed in June. 3) RTT -

Cardiac Surgery continues to report a downward trajectory in our 18 week compliance as a direct result of the 3 month hold on elective scheduling and restricted activity capacity. Surgery are currently running at 70% of our overall theatre capacity and our patients are currently prioritised on Clinical grounds. Currently the service has 300 patients over 18 weeks. Cardiology have 1,300 awaiting elective treatment. All but urgent treatments were suspended during C-19, the short term plan saw 30% elective activity strived for. The CDC mid plan shows 75% of elective booking returning. All non-elective services have remained fully open. There was a reduced referral rate through C-19 which has recovered and is significantly above average. Respiratory Medicine has seen a reduction in open pathways since April and have 926 breaches over 18 weeks, mainly in RSSC. There is a recovery plan in place although there are some limitations with alignment to diagnostics and shielding patients. Alternative modes of service delivery are being established with an increase in virtual clinics and the home monitoring program.

PEOPLE, MANAGEMENT & CULTURE: IPR completion was suspended during the emergency and compliance has reduced to 76%. We have resumed the requirement for all staff to have an annual performance review in July 2020.

LOOKING AHEAD

TRANSFORMATION: Trust Strategy 2020-2025 - The Executive have agreed that the final version of the Strategy should be reviewed ahead of a revised launch date of September 2020. This will ensure that the Strategy is cognisant of COVID-19, the Trust role in response to it, its impact on our future services and the goals and initiatives that support them. A good example of where the supporting initiatives have changed is the acceleration of the implementation of telephone clinics and virtual clinics during the pandemic.

At a glance – Balanced scorecard

Left table

	Measure	Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe*	Never Events	Jun-19	3	0	0	0		
	Moderate harm incidents and above as % of total PSIs reported	Jun-19	3	3%	0.00%	1.09%		
	Number of Papworth acquired PU (grade 2 and above)	Jun-19	4	35 pa	1	7		
	High impact interventions	Jun-19	3	97%	98.20%	97.37%		
	Falls per 1000 bed days	Jun-19	3	4	2.54	3.23		
	Sepsis - % patients screened and treated (Quarterly)	Jun-19	New	90%	Await data	Await data		
	Safer Staffing CHPPD – 5 North	Jun-19	3	7.8	8.0	10.1		
	Safer Staffing CHPPD – 5 South	Jun-19	3	7.8	12.7	15.7		
	Safer Staffing CHPPD – 4 North/South	Jun-19	3	7.8	9.5	10.3		
	Safer Staffing CHPPD – 3 North	Jun-19	3	7.8	19.4	15.5		
	Safer Staffing CHPPD – 3 South	Jun-19	3	7.8	9.4	11.5		
	Safer Staffing CHPPD – Day Ward	Jun-19	3	6	20.1	20.1		
	Safer Staffing CHPPD – Critical Care	Jun-19	3	32.9	38.2	38.6		
Effective	Bed Occupancy (excluding CCA and sleep lab)	Jun-19	4	85% (Green 80%-90%)	45.00%	34.40%		
	CCA bed occupancy	Jun-19	3	85% (Green 80%-90%)	62.60%	76.93%		
	Admitted Patient Care (elective and non-elective)	Jun-19	4	2069 (current month)	1052	2194		
	Cardiac surgery mortality (Crude)	Jun-19	3	3%	3.15%	3.19%		
	Same Day Admissions – Cardiac (eligible patients)	Jun-19	4	50%	68.89%	50.41%		
	Same Day Admissions - Thoracic (eligible patients)	Jun-19	4	40%	18.52%	25.29%		
	Theatre Utilisation	Jun-19	3	85%	54.7%	38.0%		
Responsive	% diagnostics waiting less than 6 weeks	Jun-19	3	99%	96.80%	94.64%		
	18 weeks RTT (combined)	Jun-19	3	92%	54.72%	54.72%		
	Number of patients on waiting list	Jun-19	3	3343	3604	3604		
	52 week RTT breaches	Jun-19	3	0	10	41		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Jun-19	3	85%	10.00%	66.70%		
	31 days cancer waits*	Jun-19	3	96%	100.00%	100.00%		
	Theatre cancellations in month	Jun-19	3	30	18	34		
	% of IHU surgery performed < 7 days of medically fit for surgery	Jun-19	4	95%	93.00%	85.67%		

Right table

	Measure	Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Caring	FFT score- Inpatients	Jun-19	4	95%	96.70%	97.23%		
	FFT score - Outpatients	Jun-19	2	95%	100.00%	100.00%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Jun-19	New	12.6	4.1			
	Mixed sex accommodation breaches	Jun-19	New	0	0	0		
	% of complaints responded to within agreed timescales	Jun-19	4	100%	100.00%	100.00%		
People Management & Culture	Voluntary Turnover %	Jun-19	3	15.0%	4.9%	11.0%		
	Vacancy rate as % of budget	Jun-19	4	5.5%	7.3%			
	% of staff with a current IPR	Jun-19	3	90%	76.01%			
	% Medical Appraisals	Jun-19	3	90%	76.98%			
	Mandatory training %	Jun-19	3	90%	82.90%	83.78%		
	% sickness absence	Jun-19	3	3.50%	2.94%	4.27%		
Finance	Year to date EBITDA surplus/(deficit) £000s	Jun-19	5	£1,273k	£3,800k			
	Year to date surplus/(deficit) exc land sale £000s	Jun-19	5	£(3,117)k	£(117)k			
	Cash Position at month end £000s	Jun-19	5	£23,086k	£33,347k			
	Use of Resources rating	Jun-19	5	3	n/a	n/a		
	Capital Expenditure YTD £000s	Jun-19	5	£1,034k	£1,630k			
	In month Clinical Income £000s	Jun-19	5	£13698k	£13,486k	£40,313k		
	CIP – actual achievement YTD - £000s	Jun-19	4	£0	£0k	£0k		
	CIP – Target identified YTD £000s	Jun-19	4	£604k	£0k	£0k		
Transformation	CIP – project delivery	Jun-19	4					
	Digital programme delivery on track	Jun-19	3					
	Hospital Optimisation	Jun-19	3					
	Cambridge Transition Programme	Jun-19	3					
	HLRI – Construction delivery on track	Jun-19	3					
	HLRI – Occupational planning on track	Jun-19	3					
	Research and Development Strategy – overall progress	Jun-19	3					

* Latest month of 62 day and 31 cancer wait metric is still being validated

At a glance – Externally reported / regulatory standards

1. NHS Improvement Compliance Framework

NHSI Targets	Measure	Data Quality	NHSI Target	Month	YTD	Previous quarter	Forecast	Comments
C. Difficile	Monitoring C.Diff (toxin positive)	5	11	0	1	1		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	54.72%		87.13%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	100.00%	100.00%	100.0%		Current month provisional as going through verification process.
	31 Day Wait for 2nd or Subsequent Treatment - surgery	3	94%	100.00%	100.00%	100.0%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	3	85%	10.00%	66.70%	85.7%		Current month provisional as going through verification process. Data is after reallocations
VTE	Number of patients assessed for VTE on admission	3	95%	96.60%		96.9%		Clinical Governance are reviewing data quality regards this metric with Lorenzo
Finance	Use of resources rating	5	3	n/a	n/a	3	3	Unable to evaluate the UoR rating due to temporary suspension of operational planning.

2. 2020/21 CQUIN

	Scheme	Total Available 20/21		Achievement						Comments	RAG status
				Q1	Q2*	Q3	Q4	2020/21			
		£000s	%	£000s	£000s	£000s	£000s	£000s	%		
NHSE	Scheme 1	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 2	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 3	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 4	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	NHSE	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**		
C&P CCG (& Associates)	Scheme 1	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 2	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 3	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 4	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 5	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	C&P CCG (& Associates)	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**		
Trust Total		**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**		

* Due to the temporary suspension of the operational planning process in 2020/21 due to COVID the Trust does not currently have agreed CQUIN schemes with commissioners.

Board Assurance Framework risks (above risk appetite)

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Status since last month
Safe	Safer staffing and Monitor's Agency Price cap	742	JR	6	Yes	12	12	12	12	12	12	↔
Safe	Potential for cyber breach and data loss	1021	AR	3	Yes	20	20	20	20	20	20	↔
Safe	Optimisation of the EPR systems	1787	JR	6	Yes	8	8	8	8	8	8	↔
Safe	Turnover in excess of target and will increase as a result of the move	1853	OM	8	Yes	16	16	16	16	16	16	↔
Safe	Unable to recruit number of staff with the required skills/experience	1854	OM	8	Yes	20	20	20	20	20	20	↔
Effective	Delivery of Efficiency Challenges - CIP Board approved	841	EM	12	Yes	20	20	20	20	20	20	↔
Effective	Delivery of Efficiency Challenges - CIP targets	843	EM	12	In progress	20	20	20	20	20	20	↔
Effective	Hospital Optimisation	2249	JR	10	In progress	15	15	15	15	15	15	↔
Effective	Super Surge COVID19	2572	JR	6	In progress	-	-	-	12	8	8	↔
People Manag. & Cult.	Failure to release staff to undertake educational activity due to workload	684	JR	8	Yes	9	9	9	9	12	9	↓
People Manag. & Cult.	Low levels of Staff Engagement	1929	OM	6	In progress	16	16	16	16	16	16	↔
Transformation	Electronic Patient Record System - benefits (Linked to ID1787)	858	JR	12	Yes	12	12	12	12	16	16	↔
Transformation	We will not utilise our expertise to influence local strategy for cardiology	1162	EM	To be discussed at	Yes	9	9	9	9	9	9	↔
Finance	Failure to meet cardiac and cancer waiting targets	678	EM	12	Yes	16	16	16	16	16	16	↔
Finance	Income Growth - activity transfers	865	EM	12	In progress	16	16	16	16	16	16	↔
Finance	Master Development and control plans - sale value	873	TG	10	Yes	25	20	20	20	20	20	↔
Finance	Master Development and control plans - sales dates	874	TG	10	Yes	15	15	15	15	15	15	↔
Finance	Current Trading Impacts - Consultant Job Plans	2146	TG	10	In progress	15	15	15	15	15	15	↔
Finance	Current Growth	2148	TG	12	In progress	25	25	25	10	15	15	↔
Finance	Efficiency assumptions	2163	TG	12	In progress	15	15	15	15	15	15	↔

Safe
Performance summary

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

6 month performance trends

	Data Quality	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Dashboard KPIs								
Never Events	3	0	0	0	0	0	0	0
Moderate harm incidents and above as % of total PSIs reported	3	<3%	0.97%	0.38%	0.50%	0.00%	3.27%	0.00%
Number of Papworth acquired PU (grade 2 and above)	4	<4	2	0	2	4	2	1
High impact interventions	3	97.0%	98.4%	95.6%	100.0%	94.4%	99.5%	98.2%
Falls per 1000 bed days	3	<4	1.9	2.5	2.9	2.2	5.0	2.5
Sepsis - % patients screened and treated (Quarterly)	New	90.0%	-	-	100.00%	-	-	Await data
Safer Staffing CHPPD – 5 North	3	>7.8	n/a	n/a	n/a	11.90	10.30	8.00
Safer Staffing CHPPD – 5 South	3	>7.8	n/a	n/a	n/a	18.60	15.80	12.70
Safer Staffing CHPPD – 4 North/South	3	>7.8	n/a	n/a	n/a	13.00	8.50	9.50
Safer Staffing CHPPD – 3 North	3	>7.8	n/a	n/a	n/a	10.60	16.40	19.40
Safer Staffing CHPPD – 3 South	3	>7.8	n/a	n/a	n/a	13.20	12.00	9.40
Safer Staffing CHPPD – Day Ward	3	>6	n/a	n/a	n/a	Closed - COVID	27.94	20.11
Safer Staffing CHPPD – Critical Care	3	>32.9	n/a	n/a	n/a	42.60	35.10	38.20
Additional KPIs								
Safer staffing – registered staff day	3	90-100%	84.5%	86.9%	78.1%	54.9%	71.7%	76.7%
Safer staffing – registered staff night			92.7%	92.7%	84.0%	62.6%	80.7%	84.8%
MRSA bacteremia	3	0	0	0	0	0	0	0
Number of serious incidents reported to commissioners in month	3	0	0	1	0	0	0	0
E coli bacteraemia	3	Monitor only	0	0	0	1	1	0
Klebsiella bacteraemia	3	Monitor only	0	2	0	5	0	4
Pseudomonas bacteraemia	3	Monitor only	2	1	0	0	1	1
Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	3	1	1	0	5	0
Monitoring C.Diff (toxin positive)	5	Ceiling pa of 11	0	1	0	0	1	0
COVID Additional KPIs								
PPE: Number of days stock of FFP3 Masks	New	Monitor only	n/a	n/a	n/a	15.65	17.83	40
PPE: Number of days stock of Surgical Masks	New	Monitor only	n/a	n/a	n/a	165	84	110
PPE: Number of days stock of Gloves	New	Monitor only	n/a	n/a	n/a	418	528	320
PPE: Number of days stock of Aprons	New	Monitor only	n/a	n/a	n/a	176	170	95
Nosocomial C-19 infections 8+ days	New	Monitor only	n/a	n/a	1	2	0	0
Nosocomial C-19 infections 14+ days	New	Monitor only	n/a	n/a	1	1	0	0

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Safe' is **Outstanding** dated Jun 2020 (accessed 16.07.2020).
Safe Staffing: Care Hours Per Patient Day (CHPPD) for all areas during June remains green. The safe staffing fill rate is red for both days and nights, however this data is adversely affected because of the numbers of staff re-located to other areas; and numbers of beds closed or unoccupied during COVID. This affects the HealthRoster templates. In response to Living with COVID activity (i.e. returning clinical activity; opening up more beds; ECMO surge numbers reducing) there is a notable month on month improvement in the safe staffing fill rate on the roster templates (shown in the grid to the left). CHPPD (which has remained green) and nursing staff to patient ratios are monitored daily and via a monthly Effectiveness Report to CPAC which is circulated and available if required. The next slide also discusses safe staffing.
MRSA bacteraemia: x1 case reported, however not shown in PIPR as the case is not attributed to our Trust (admission within 2 days and positive MRSA at the referring hospital).
C.Diff: The number of C.Diff (toxin positive) cases so far this reporting year, is one (against a threshold of 11). The next slide provides an update of C.Diff reporting for the 2020/21 reporting year.
New COVID-19 KPI's: Information on PPE: the reduction in the number of FFP3 masks available, is a reflection of the national mandatory requirements of masks being worn in the hospital (as of the 15th June 2020) and this is monitored on a daily basis by the Estates and Procurement teams.
Nosocomial COVID-19: the COVID measures are new to PIPR this month. There have been no hospital acquired COVID-19 infections in May or June. The Safe 'Spotlight On' slide looks at this in more detail for information.
The Infection Control Team with the Director of Infection Prevention of Control have assessed the Trust compliance against the **national *Infection prevention and control board assurance framework*** document. Overall assessment is green, with some ambers that are currently in progress. Version 1 was published 04.05.2020 and this has been reviewed, shared at the Living with COVID Steering Group 13.07.2020. This remains under ongoing review as part of Living with COVID requirements.

Safe
Key performance challenges

Update to C.Diff reporting for the 2020/21 reporting year:
- The national and therefore CCG reporting requirements for C.Diff have changed. We are no longer to report against 'sanctioned' (added to our trajectory) or 'non-sanctioned' (not added to our trajectory).
- All C.Diff toxin positives will now be added to our trajectory regardless of scrutiny panel decisions i.e. there will be no 'sanctioned' or 'non-sanctioned' decisions made. The annual ceiling threshold remains 11.
- The CCG will no longer attend the C.Diff scrutiny panels, and the scrutiny panels are no longer mandated. However, we have chosen to continue the scrutiny panels to share any lessons learned and continue to drive and promote best practice.

Update to safe staffing:
- By the end of July, the majority of staff who were deployed to CCA as part of the COVID response, will have been returned to their usual areas of work. Those staff staying in CCA is by arrangement with the staff member and their usual work area.
- For the 2020/21 reporting year, staffing fill rate has been moved into the 'Additional KPIs' section on PIPR (below the dashboard section) and each ward has been given their own line to show CHPPD by ward for each area.
- Use of SafeCare-Live continues, including 3 x daily census periods for acuity and dependency monitoring. This is inputted into HealthRoster at ward / department level. Information from this is used in the monthly Safe Staffing eRostering Effectiveness Report.
- Status at a glance staffing boards remain on entry to each ward area and are updated daily to display required and actual nursing staff on duty for the day and night.
- We continue to submit monthly returns to NHS England about staffing fill rates and CHPPD.

Key risks:

- There is a risk that because all C.Diff toxin positives are added to the trajectory that we might breach the threshold (it is not yet clear from the CCG or NHSE what, if any consequence this would have).

- Inadequate staffing levels and skill mix can impact on safe and effective care, quality of care and patient experience
- Possible negative impact on staff morale.
- Possible negative impact on organisational reputation.

Key Actions:

- PIPR has been updated to reflect the changes in reporting.
- RPH will continue with C.Diff scrutiny panels to share any lessons learned and continue to drive and promote best practice.
- This change was presented at Q&R Committee 25 June 2020.

- Safe Staffing eRostering Effectiveness Report written and submitted to CPAC (by the Deputy Chief Nurse monthly).
- Matrons complete a SafeCare acuity and dependency audit monthly (results of this are included in the CPAC Effectiveness Report).
- Continue with recruitment and retention activity.
- Continued monitoring and triangulation of nurse sensitive indicators (such as complaints, accolades, patient and staff feedback, PALS, falls, pressure ulcers, rates of infection – as some examples).
- Continued monitoring of staff sickness and absence levels.

Safe
Spotlight on: **Nosocomial infections COVID-19**

Background

Nosocomial infections, are also known as hospital-acquired infections. They are newly acquired infections that are contracted within a hospital environment.

From March to June 2020, we have five patients identified as meeting the nosocomial criteria. These are shown in Table 1 to the right. These cases all occurred in the last week of March (n=2) and the first few weeks of April (n=3). All of these infections occurred in different areas of the Trust. At the date of writing this report (13.07.2020) the Trust has had no further nosocomial cases since the 17.04.2020.

Nationally all NHS visiting was suspended with immediate effect 08.04.2020. The last positive sample at RPH was 17.04.2020. This indicates a possible correlation between the stopping of visiting and nosocomial infection rates.

Root cause analysis (RCA) were not carried out for these five cases as this was not a requirement at the time. However moving forward the Trust will carry out a RCA for all nosocomial infections and any lessons learnt will be shared. Therefore in accordance with national definitions, we will be completing RCAs for any positive specimens 8+ days.

For information, the nationally agreed criteria for hospital associated COVID-19 is shown in Table 2 on the right.

Table 1: RPH nosocomial infections March to June 2020

Date of admission	Date of positive Sample (date order)	Ward	Specialty	8+ or 14+ days
08.03.2020	27.03.2020	4NE	Cardiac	14+
20.03.2020	30.03.2020	5N	Cardiac	8+
20.02.2020	06.04.2020	3NW	Cardiac	14+
01.04.2020	09.04.2020	3SE	Cardiology	8+
09.04.2020	17.04.2020	CCA	CCA	8+

Table 2: national definitions

HCAI Category	Criteria
Community-Onset	Positive specimen date <=2 days after admission to trust
Hospital-Onset Indeterminate Healthcare-Associated	Positive specimen date 3-7 days after admission to trust
Hospital-Onset Probable Healthcare-Associated	Positive specimen date 8-14 days after admission to trust
Hospital-Onset Definite Healthcare-Associated	Positive specimen date 15 or more days after admission to trust

Caring
Performance summary

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

6 month performance trends

		Data Quality	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Dashboard KPIs	FFT score- Inpatients	4	95%	98.5%	97.6%	97.6%	97.5%	97.5%	96.7%
	FFT score - Outpatients	2	95%	95.1%	96.6%	97.3%	No data COVID	100.0%	100.0%
	Mixed sex accommodation breaches	New	0	0	0	0	0	0	0
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	New	12.6	9.5	8.4	9.5	7.8	6.2	4.1
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	100%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 (60% of complaints received)	2	0	1	0	1	TBC
	Number of complaints (12 month rolling average)	4	5 and below	6.3	5.5	6.1	5.8	5.4	5.2
	Number of complaints	4	5	6	4	8	3	1	4
	Number of recorded compliments	4	500	693	708	472	138	248	320
	Supportive and Palliative Care Team – number of referrals (quarterly)	3	0	n/a	n/a	55	-	-	86
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	3	0	n/a	n/a	0	-	-	6
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	3	Monitor only	n/a	n/a	595	-	-	843
COVID Additional KPIs	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	New	Monitor only	n/a	n/a	n/a	-	-	27
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	New	Monitor only	n/a	n/a	n/a	-	-	7
	Complaints (specific to Covid-19)	New	Monitor only	n/a	n/a	n/a	0	0	0

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Caring' is Outstanding dated Jun 2020 (accessed 16.07.2020).

FFT (Friends and Family Test): Participation rates are starting to increase as we progress with Living with COVID. In summary for June 2020: **Inpatients**: Positive Experience rate (formerly called 'recommendation rate') has decreased from 97.5% (May) to 96.7% (June). Participation Rate for June has increased from 21.8% (May) to 57.5% (June). **Outpatients**: Positive Experience Rate has remained at 100% in June. The Outpatient Participation has increased from 0.22% (May) to 0.72% (June).

Complaints: the number of formal complaints in month was 4. More details are on the next slide for information. The written complaints per 1000 WTE (which is taken from a three month rolling period) is 4.1 which remains in green and is a further month on month improvement. 100% of complaints continue to be responded to within the agreed timescales.

The number of complaints (12 month rolling average): is a month on month improvement at 5.2. We will continue to monitor this in line with the other benchmarking.

For information, latest Model Hospital 'Written Complaints Rate': Trust Value is 9.02 (green) – with the peer median at 11.23; and national median 20.92 (data period Dec 2019; accessed 16.07.2020).

Compliments: the number of recorded compliments remains very positive at 320. This is an increase on the previous two months and is increasing in line with Living with COVID and increasing activity and services.

Supportive and Palliative Care Team: the team had 843 contacts during Q1 (April to June 2020); 86 referrals; 6 of which were for care in our patients last days of life.

Bereavement Follow Up Service: We have developed and launched a new bereavement follow up service as part of the existing PALS. Bereaved families (NoK) are contacted by letter 6-8 weeks following the death of their loved one providing an opportunity for the family to access support if they have outstanding concerns or questions. This process is underpinned by the Bereavement Follow up Service Procedure DN796. The service started on 1 April 2020. We hope this will be particularly helpful to families who have lost loved ones during the COVID pandemic. This service will also support the Inquest process and SI process in terms of family support and duty of candour. When the Bereavement Care Service is brought back into the Trust, this will complete an end to end service for bereavement support for our families at RPH. Up to the end of June, 27 follow up letters have been sent; with 7 follow ups requested.

Caring
Key performance challenges

Escalated performance challenges:

The Trust has received four formal complaints in June.

One received from a patient receiving Private Patient Care. A summary is shown in the table below. Of the four 3 are relating to inpatient care and one is relating to outpatient care.

We have received one formal complaint from a CF patient affected by the M.abscessus outbreak. Following disclosure of the Trust SI report, the patient has been offered a meeting. Three complaints relate to the Cardiology service.

Reference	Service	Type	Summary
Q12021-08F	Thoracic Services	In-patient	Patient and family have made a formal in relation to the M. abscessus outbreak and the impact this has had on his future suitability for a lung transplant and ultimate life expectancy.
Q12021-09F	Cardiology	In-patient	Daughter raised concerns around her fathers experience when admitted for TAVI.
Q12021-13F	Cardiology	In-patient	Patient is raising concerns regarding their PP experience and the care they received whilst an inpatient.
Q12021-14F	Cardiology	Out-patient	Patient raising concerns about the consenting process for his procedure and the undue stress he experienced. He has also raised concerns regarding the cancellation of ECHO appointments and the direct impact this has had.

Key risks:

- Poor patient experience

- Poor experience for family and friends of the patient

- Possible poor standard of care and service provided

- Possible negative impact on staff morale

- Reputational damage to Trust

- Poor patient expedience

- Potential litigation particularly in relation to Q12021-08F

Key Actions:

All complaints are subject to a full investigation. Individual investigations and responses are being prepared.

Complaints and lessons learned shared at Business Unit and Clinical Division meetings and Trust wide through the Q&R reports.

Actions are identified.

Continued monitoring of further complaints and patient and public feedback.

Staff, Sisters/Charge Nurses and Matrons proactively respond to and address concerns when raised. This helps to ensure that concerns are heard and where possible handled in a positive way, often avoiding the need for a formal complaint. An apology is given where necessary.

From live feedback, feedback from complaints and/or lessons learned, changes are made to improve the experience for patients going forward.

Where applicable, You Said We Did feedback is displayed in boards in each ward/department for patients and other staff and visitors to see.

Caring
Spotlight on: National Adult Inpatient Survey 2019 results

Background

The NHS Inpatient Survey runs every year. All eligible trusts in England are required by the Care Quality Commission to conduct the survey. Results were published on the CQC website 2nd July 2020. They are summarised in the section on right (taken from the CQC website). The table shows the RPH results compared with other Trusts.

The survey looked at the experiences of 76,915 people [across the country] who were discharged from an NHS acute hospital in July 2019. Between August 2019 and January 2020, a questionnaire was sent to 1,250 recent inpatients at each trust. **Responses were received from 731 patients at RPH.**

Patients at Royal Papworth experienced care that was 'much better than expected', with 78% of responses listed as the most positive answer.

It is one of only nine Trusts in the country to be rated as 'much better than expected' according to the survey.

Patients rated their overall experience as an inpatient at RPH as 9.1 out of 10.

The highest rating RPH received was in the question around respect and dignity, with patients giving a rating of 9.7 out of 10 when asked whether they were treated with respect and dignity in the hospital.

These results were also shared with staff via the Trust wide staff update Friday 3rd July 2020.

The table to the right is available via the CQC website https://www.cqc.org.uk/provider/RGM/survey/3#undefined and each section is broken down further for colleagues wishing to review in more detail.

Patient survey	Patient response	Compared with other trusts
+ Waiting lists and planned admissions answered by those referred to hospital	9.1/10	About the same
+ Waiting to get to a bed on a ward	8.9/10	Better
+ The hospital and ward	9.0/10	Better
+ Doctors	9.3/10	Better
+ Nurses	9.0/10	Better
+ Care and treatment	8.9/10	Better
+ Operations and procedures answered by patients who had an operation or procedure	8.7/10	Better
+ Leaving hospital	7.9/10	Better
+ Feedback on care and research participation	3.0/10	Better
+ Respect and dignity	9.7/10	Better
+ Overall experience	9.1/10	Better

Effective

Performance summary

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

6 month performance trends

		Data Quality	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	71.4%	71.6%	55.5%	26.9%	31.3%	45.0%
	CCA bed occupancy	3	85% (Green 80%90%)	85.6%	86.6%	74.8%	93.6%	74.6%	62.6%
	Admitted Patient Care (elective and non-elective)	4	2069 (current month)	2187	2246	2044	531	611	1052
	Cardiac surgery mortality (Crude)	3	<3%	2.54%	2.40%	2.74%	3.29%	3.14%	3.15%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	38.36%	35.11%	30.23%	0.00%	82.35%	68.89%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	37.50%	16.67%	25.49%	28.07%	29.27%	18.52%
	Theatre Utilisation	3	85%	80.63%	75.92%	78.05%	25.52%	33.67%	54.73%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	3	8.20	8.69	7.92	8.78	9.84	7.06	8.40
	Length of stay – Cardiac Elective – valves (days)	3	9.70	9.73	8.68	10.10	8.15	10.15	9.45
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	90%	83%	84%	68%	27%	46%	66%
	CCA length of stay (LOS) (hours) - mean	3	Monitor only	116	140	78	316	315	189
	CCA LOS (hours) - median	3	Monitor only	44	35	30	211	77	46
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	5.36	5.08	5.69	8.35	6.15	6.48
	% Day cases	3	Monitor only	62.10%	60.36%	60.83%	68.33%	62.35%	60.10%
COVID Additional KPIs	Confirmed C-19 patients on ACC (average)	New	Monitor only	n/a	n/a	n/a	38.0	23.1	10.5
	Confirmed C-19 patients on other wards (average)	New	Monitor only	n/a	n/a	n/a	6.0	5.5	3.3
	C-19 patients discharged	New	Monitor only	n/a	n/a	n/a	46	25	15
	Number of C-19 patients on ECMO (average)	New	Monitor only	n/a	n/a	n/a	16.2	19.1	10.5

Summary of Performance and Key Messages:

Bed occupancy

Over the month of June, CCA underwent surge de-escalation but 33 beds was re-set as the new baseline capacity. Respiratory ECMO numbers continued to slowly decrease from 11 to 7 patients under the service.

Routine Cardiac surgery recommenced in the second half of June in a phased recovery as per the CDC plan but this had minimal impact on critical care occupancy. Cardiology and transplant demand on critical care was high as the Trust experienced a rebound effect of exceptionally sick patients who had not presented in the acute phase of the pandemic.

Ward bed occupancy remained low as many of the ward staff remained to support critical care in month and elective activity had was only undertaken in a limited way as the building underwent modification to allow the introduction of green and purple infection control pathways.

Theatre utilisation

Thoracic and emergency cardiothoracic surgery has continued throughout the pandemic. Routine elective surgery has recommenced with the highest clinical p* priority patients being operated on . The recovery plan was for 34 Cardiac surgery and 10 thoracic slots per week in this phase of the plan.

Cardiac surgery Mortality (Euroscore)

Mortality remains within an appropriate parameter given the complex case mix currently being delivered.
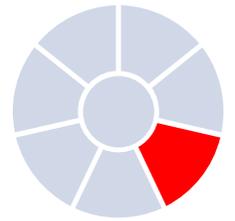
Same Day Admissions

SDA for Cardiac Surgery remained above 50% in month with out final position 68.89%, Thoracic dropped to 18.52% as almost all cancer patients have to come in the day before due to limited turnaround in swabbing and pre-admission. SDA performance is expected to decline for 1st cases due to delays in turnaround on the wards/clerking for those admitted at 7am now we are scheduling more patients into theatres.

Length of Stay – Cardiac elective

LOS for CABG increased in month above target to 8.4. Contributory factor s include the lack of a discharge lounge which has been re-purposed as a staff rest area and the increase in admitting the night before due to increased activity and delays to theatre starts.

Valve LOS reduced to 9.45 days but it should be noted that the numbers of operations were very small.

Key performance challenges: Theatre cancellations

Theatre Cancellations

Cancellation code	Jun-20	Total
1a Patient DNA	0	1
1b Patient refused surgery	1	1
1c Patient unfit	1	4
1d Sub Optimal work up	0	0
1e Patient not ready	0	2
1f Patient no longer requiring surgery	3	3
2a All CCA beds full with CCA patients	0	4
2b No ward beds available to accept transfer from CCA	0	0
2c Delay in repatriation of patient from CCA	0	0
2d No ward bed available	0	0
3a Critical Care staff	0	0
3b Theatre staff	0	0
3c Consultant Surgeon	1	1
3d Consultant Anaesthetist	1	1
3e Other	0	0
4a Emergency took time	0	1
4b Transplant took time	1	2
4c ECMO/VAD took time	2	0
4d Additional urgent case	0	4
4e Equipment/estate unavailable	3	1
5a Planned Case Overruns	0	5
5b Additional urgent case added and took slot	4	3
5c Overruns delayed start	1	1
6a Scheduling issue	0	0
Total	18	34

Top reasons in month:
- Planned case overrun
- Additional urgent case added
- Patient no longer requiring surgery

Patients that are cancelled remain in the hospital and are re-scheduled for the earliest available slot

Additional activity within theatres and CCA

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

96 additional emergency minor procedures also went through theatre.

New cancellation code – 1f patient no longer requiring surgery referred to 3 thoracic cases – 1 which was reviewed at DGH and treatment plan changed, 2 within RPH. These should ideally be identified prior to the day of surgery, so the slot can be filled.

Top five cancellation reasons Dec 19 - June 20

Effective
Spotlight : Critical Care

Critical Care Recovery

Towards the end of June, the CDC developed their medium term strategy,   increasing services towards business as usual. Critical Care's commitment to this was to ensure that from the end of the month, 33 beds are opened consistently to accommodate the increased theatre activity, and to continue to accept emergency admissions, whilst still maintaining blue, green and Purple Pathways for patients within the unit.
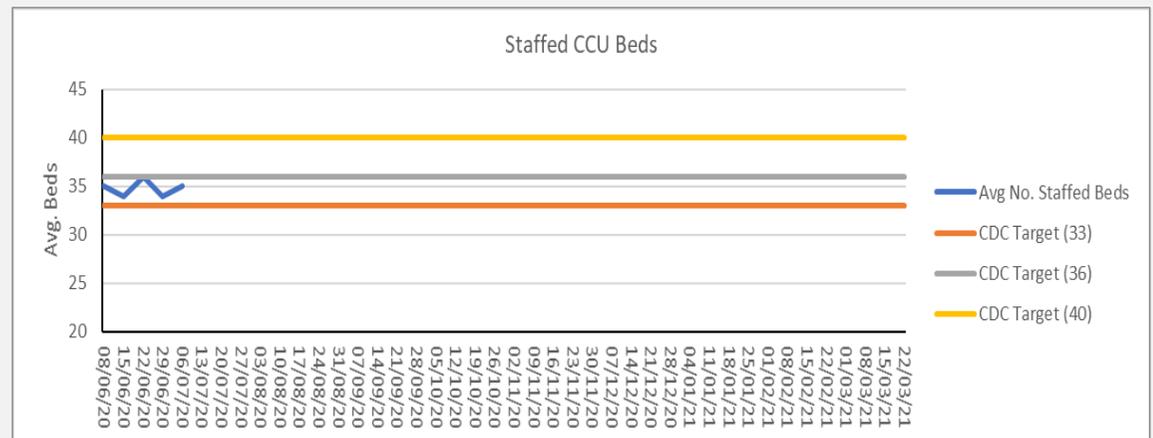
At the height of the COVID surge, there was a peak of 65 critical care patients in 4 areas (CCA, Cath lab holding bay, 3N bay and 3N side rooms)   In recent weeks critical care has seen a reduction in patients with respiratory ECMO returning to pre COVID levels of 4 patients. In total 37 COVID positive patients received ECMO support.

Throughout June elective cardiac surgery recommenced – this is reflected in the bed occupancy within critical care. Increases in transplant surgery and high levels of emergency cardiology activity are also reflected. 34 % of CCA beds were utilised by Respiratory ECMO patients, 29% by cardiac surgery, 15% by transplant patients, 8% by PTE , and 5% by cardiology- the remaining beds were occupied by respiratory medicine, thoracic patients in June

Staffing

Through out the COVID pandemic staff through out the Trust were redeployed to support the surge critical care beds.137 registered nurses and 27 health care support workers and assistant practitioners supported the unit. All of the redeployed staff will return to their substantive areas of employment by 21 July. A new baseline of 33 staffed beds have been set in the mid term clinical Strategy and there are a number of actions designed to support this:

- A number of the redeployed staff (8 RGNS) have requested to stay on CCA with a further 2 HCSW and 2 RGNS pending.
- Recruitment is ongoing , and the unit continues to recruit in innovative ways- a virtual seminar from ward nursing to critical care what you need to need to know will take place on 23rd July.
- A new programme of secondments from local hospitals has commenced with 2 nurses from the Lister seconded for 3 months. Nursing staff from local critical cares have attended a bespoke 1 day orientation programme. The aim is to provide and extend the availability of experienced critical care nurses who will be available via the bank.
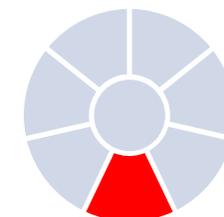- Roster optimisation work continues to smooth rosters.

Staffed CCU Beds

Avg. Beds

— Avg No. Staffed Beds
— CDC Target (33)
— CDC Target (36)
— CDC Target (40)

Responsive
Performance summary

Accountable Executive: *Chief Operating Officer*   **Report Author:** *Deputy Director of Operations*

6 month performance trends

	Data Quality	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Dashboard KPIs								
% diagnostics waiting less than 6 weeks	3	>99%	99.65%	99.70%	99.44%	97.72%	96.70%	96.80%
18 weeks RTT (combined)*	3	92%	91.52%	90.78%	87.13%	79.06%	68.71%	54.72%
Number of patients on waiting list	3	3,343	4198	4239	4228	3950	3829	3604
52 week RTT breaches	3	0	0	0	0	17	14	10
62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	3	85%	85.7%	100.0%	71.4%	53.8%	41.7%	10.0%
31 days cancer waits*	3	96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Theatre cancellations in month	3	30	64	68	31	9	7	18
% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	59.00%	62.00%	76.00%	64.00%	100.00%	93.00%
Additional KPIs								
18 weeks RTT (cardiology)	3	92%	96.41%	94.68%	90.27%	82.64%	74.76%	68.00%
18 weeks RTT (Cardiac surgery)	3	92%	77.96%	76.50%	74.48%	66.45%	58.49%	51.28%
18 weeks RTT (Respiratory)	3	92%	92.18%	91.94%	88.32%	80.62%	67.93%	46.32%
Acute Coronary Syndrome 3 day transfer %	3	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Other urgent Cardiology transfer within 5 days %	3	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
% patients rebooked within 28 days of last minute cancellation	3	100%	71.43%	77.78%	77.50%	54.17%	100.00%	100.00%
Outpatient DNA rate	4	9%	8.85%	7.76%	7.88%	3.17%	2.44%	3.56%
Urgent operations cancelled for a second time (New 19/20)	New	0	5	8	0	0	0	0
Total cancellations (New 19/20)	New	tbc	43	36	25	4	2	4
% of IHU surgery performed < 10 days of medically fit for surgery	4	95%	74.00%	88.00%	89.00%	82.00%	100.00%	100.00%
COVID Additional KPIs								
C-19 referrals	New	Monitor only	n/a	n/a	n/a	76	18	7
C-19 Patient LoS YTD	New	Monitor only	n/a	n/a	n/a	n/a	n/a	19.9
Deaths as % of total Covid-19 positive patients YTD	New	Monitor only	n/a	n/a	n/a	15.6%	18.0%	17.7%

Summary of Performance and Key Message

Diagnostic waiting times
Reduced capacity has been reflected in the reduced delivery Trust wide for cardiac physiology diagnostics and imaging. Services have returned to 70% pre-COVID availability with sensitivity to the total footfall through the ground floor and the shared waiting area. The reduced timetabling has met the demand for all urgent referrals on all pathways. MRI waiting times are currently the greatest cause of concern.

Cardiology RTT
Cardiology have 1,300 awaiting elective treatment. All but urgent treatments were suspended during C-19, the short term plan saw 30% elective activity strived for. The CDC mid plan shows 75% of elective booking returning. All non-elective services have remained fully open. There was a reduced referral rate through C-19 which has recovered and is significantly above average.

Cardiac Surgery RTT
Surgery continue to report a downward trajectory in our 18 week compliance as a direct result of the 3 month hold on elective scheduling and restricted activity capacity. Surgery are currently running at 70% of our overall theatre capacity and our patients are currently prioritised on Clinical grounds. Currently the service has 300 patients over 18 weeks.

Respiratory Medicine RTT
Respiratory has seen a reduction in open pathways since April and have 926 breaches over 18 weeks, mainly in RSSC. There is a recovery plan in place although there are some limitations with alignment to diagnostics and shielding patients. Alternative modes of service delivery are being established with an increase in virtual clinics and the home monitoring program.

52 week Breaches
There are no 52 week Surgical or Cardiology breaches. All 10 Respiratory breaches are patients awaiting sleep studies.
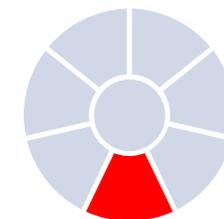
Cancer Performance
Performance declined at the beginning of April with a significant reduction in referrals for 62 day pathway and clinical decisions taken to defer treatment for some patients in light of safety concerns. Normal referral levels have resumed in June.

IHU Performance
Cardiac surgery met 93% of all IHU DTT to Treatment in month. 100% where treated within 10 days.

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

Responsive
Key Challenges: Waiting List Impact of COVID 19

Escalated performance challenges:

Constrained capacity throughout the pandemic has meant that throughput of elective activity was slowed or halted to allow the Trust to deliver the pandemic surge. This has resulted in patients waiting far longer for treatment, produced a backlog in almost all areas and adversely impacted on RTT performance.

1. RTT Performance

June	Cardiology	Surgery	Respiratory Medicine	Overall
Pathways	1253	626	1725	3604
Breaches	401	305	926	1632
RTT performance	68.00%	51.28%	46.32%	54.72%

2. 52 Week waits

There are currently 10 patients waiting over 52 weeks. All are Respiratory Medicine patients who have had delays to diagnosis when they were transferred from the GP Community Sleep Study service. The Cardiac Surgery patient who exceeded 52 weeks last month has been treated in order of clinical priority rather than wait time.

3. 62 day Cancer Performance (June provisional)

6 out of the 7 patients treated breached their 62 day pathway.
- 2 referrals were received after day 57
- 1 patient was unwell during work up
- 3 patients required additional time for none lung investigations/additional support

Reallocated position declined because where referral is before day 38 these can be 100% reallocated to RPH if treatment was not completed within 24 days.
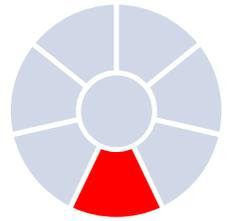
Key risks:

- Patients deteriorate while waiting with an adverse impact on their outcome or mortality.

- Adverse impact on patient experience.

- Reputational damage to the Trust.

Key Actions:

- Clinical review of patients waiting over 18 weeks with escalation of patient priority if their condition warrants it.

- Establish communication channels with patients so that they can escalate any change to their condition or concerns that they have.

- Establish patient pathways and management of the built environment which assures staff and patients of their safety throughout their stay.

- Service restart as outline in the phase 2 Clinical Strategy agreed through the Clinical decision Cell.

- Continue validation cleanse of waiting lists.

Responsive

Spotlight on: Keeping patients while waiting

Background

Covid-19 reduced our normal operational ability to see and treat elective patients in a timely way in all services. To mitigate patients coming to harm, clinical reviews have been undertaken at speciality level for waiting patients in accordance with DN807 RTT Harm Review Quality Assurance Policy. Compliance is monitored through weekly Patient tracking list and Access meetings, Divisional Meetings, Divisional and business unit Quality and Risk Reports. Any concerns have been referred to the weekly SIERP meetings.

In line with the policy pathway triggers reviewed at 35 and 52 weeks wait. These triggers include;
- RIP whilst on active waiting list,
- attendance at an emergency department or other hospital attendance,
- a letter from GP requesting an expedited contact due to increase in symptoms,
- contact from the patient (or family member) requesting a date or review,
- PAL's contact.

Surgery
The specialty carried out harm reviews and clinical prioritisation of all 623 active patient on the waiting list. 299 patients are currently over 18 weeks.

Cardiology
All 410 patients over 18weeks have been reviewed.

Respiratory Medicine
There are 926 patients over 18 weeks and 119 patients over 30 weeks. Al patients over 18 weeks have been clinically reviewed.

Service Updates

Cardiology
The breakdown of cardiology is below (the longest waiting patient is at 39 weeks and there are no patients who have breached 52weeks). Three TAVI patients have died on the waiting list but as a consequence of COVID rather than extended waiting times. No patients have more than a single trigger in the cohort monitored over 18 weeks.
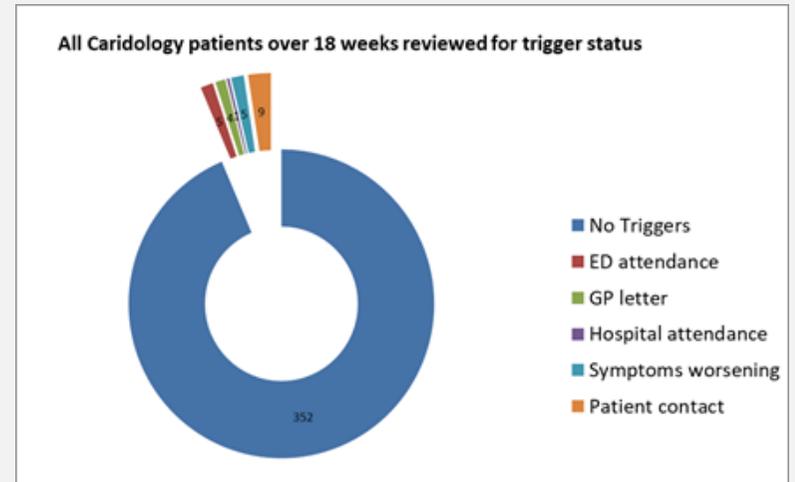
Surgery and Transplant
The review process has had the following out puts:
- 1 PTE death reported over this period, Harm review complete and discussed at SIERP, Mortality &Morbidity and internal governance meetings

- 4 patients awaiting transplant assessment or on the transplant waiting list have died over the COVID period. These are being formally reviewed in light of restricted access to assessments and organ availability. This has been risk assessed and discussed at internal governance meetings.
- 11 patients were expedited and reprioritised to P* as a result of GP/Patient contact or worsening symptoms.
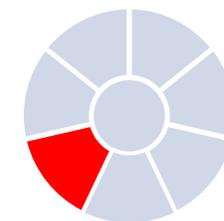
Thoracic Medicine
Telephone clinics were arranged early in the pandemic in order to monitor all patients at a sub speciality level and maintain communication with those on treatment. Where there are national standards, including PVDU and Oncology, all new patients have been monitored via specialist nurse reviews, and have been prioritised based on their haemodynamics. Video clinics have been established in some areas and home monitoring patient support programs have been set up with daily access to specialist nurse and Consultant advice, referral assessment and treatments such as home IV's via ambulatory care.

All Caridology patients over 18 weeks reviewed for trigger status

Legend:
- No Triggers
- ED attendance
- GP letter
- Hospital attendance
- Symptoms worsening
- Patient contact

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People, Management & Culture

Performance summary

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

6 month performance trends

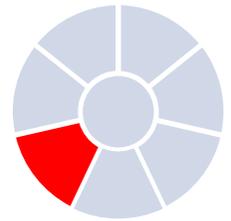|		Data Quality	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Dashboard KPIs	Voluntary Turnover %	3	15.0%	17.25%	14.05%	9.10%	11.70%	11.69%	4.92%
	Vacancy rate as % of budget	4	5.50%	11.13%	10.97%	9.42%	8.19%	7.92%	7.30%
	% of staff with a current IPR	3	90%	87.55%	87.71%	84.99%	81.21%	79.62%	76.01%
	% Medical Appraisals	3	90%	92.73%	95.45%	83.04%	78.29%	77.59%	76.98%
	Mandatory training %	3	90.00%	82.16%	84.25%	84.71%	84.25%	84.19%	82.90%
	% sickness absence	3	3.5%	4.45%	4.09%	5.93%	4.84%	3.73%	2.94%
Additional KPIs	FFT – recommend as place to work	3	63.0%	n/a	n/a	68.00%	n/a	n/a	69.00%
	FFT – recommend as place for treatment	3	80%	n/a	n/a	97.00%	n/a	n/a	92.00%
	Registered nurse vacancies rate (**including** pre-registered nurses)	3	5.0%	11.14%	9.86%	8.04%	6.30%	5.83%	5.31%
	Registered nursing vacancy WTE (**including** pre-registered nurses)			80.34	70.2	57.24	44.83	41.3	37.62
	Registered nurse vacancies rate (**excluding** pre-registered nurses)	2	5.00%	12.25%	10.78%	9.31%	7.60%	6.61%	5.88%
	Registered nursing vacancy WTE (**excluding** pre-registered nurses)			88.34	76.7	66.24	54.33	46.8	41.62
	Unregistered nurse vacancies WTE (**including** pre-registered nurses)	3	10.00%	35.43	36.18	31.06	29.57	28.02	30.94
	Unregistered nursing vacancy rate (**including** pre-registered nurses)			13.31%	13.47%	11.57%	11.00%	10.82%	11.95%
	Unregistered nursing vacancy rate (**excluding** pre-registered nurses)	3	12.00%	16.31%	15.89%	14.92%	14.55%	12.94%	13.30%
	Long term sickness absence %	3	0.80%	1.01%	0.95%	0.78%	1.56%	1.51%	1.13%
	Short term sickness absence	3	2.70%	3.45%	3.13%	5.14%	3.28%	2.22%	1.81%
	Agency Usage (wte) Monitor only	3	Monitor only	57.4	53.5	46.0	30.8	26.9	23.0
	Bank Usage (wte) monitor only	3	Monitor only	62.1	57.6	61.7	58.2	83.4	76.8
	Overtime usage (wte) monitor only	3	Monitor only	44.1	50.6	50.6	77.5	52.9	37.7
	Turnover - Non medical starters	3	Monitor only	34.6	31.2	56.9	9.0	22.4	18.2
	Turnover - Non medical leavers	3	Monitor only	24.9	20.0	14.1	16.8	18.9	6.0
	Agency spend as % of salary bill	4	2.95%	4.62%	3.24%	2.83%	2.82%	2.08%	1.93%
COVID Additional KPIs	Covid-19 related absences: Clinical Staff	New	Monitor only	n/a	n/a	n/a	n/a	n/a	102.1
	Covid-19 related absences: Non-Clinical Staff	New	Monitor only	n/a	n/a	n/a	n/a	n/a	95.8
	Staff Tested for COVID	New	Monitor only	n/a	n/a	n/a	79.0	36.0	14.0

Summary of Performance and Key Messages:

Key highlights in June are:

- Total turnover has been below the Trust KPI for the last 5 moths, with June being particularly low at 4.9%. The year to date rate is 9%.
- Registered Nurse turnover year to date is 1.9% with only one leaver in June. Unregistered nurse turnover is 5.3% year to date.
- The significant decrease in turnover is undoubtedly as a result of the Covid 19 emergency with most staff putting their personal plans on hold. We expect that there will be an increase in turnover as staff who had deferred taking up new jobs elsewhere take up their new roles.
- We were able to maintain proactive recruitment throughout the emergency and were a net gainer in four out of the last five months.
- The Trust vacancy rate has steadily decreased to 7.3% which is the lowest level in the last three years.
- Registered Nurse vacancy rates decreased to 5.9% excluding PRP staff and 5.3% including PRP staff. Unregistered nurse vacancy rate decreased to 13.3% excluding PRP staff. We are currently reviewing the establishment for HCSWs as there is a significant discrepancy between the vacancy rate reported by managers and that held on ESR. We have 4.2 wte vacancies for HCSW Level 2 vacancies. Our ability to recruit HCSWs has significantly improved since we moved to the Biomedical Campus and we are keen to reduce our overall vacancy rate to below 5% and cease completely the use of agency HCSWs.
- During the emergency response we suspended Mandatory Training although we have managed to maintain 82.9% compliance. We resumed the requirement for mandatory training from July 2020. During the emergency response we moved further training delivery to e-learning in order to support streamlined induction of staff. We also developed a Virtual Learning Environment to improve access for staff.
- Sickness absence increased to a high of 5.93% during the emergency. This has reduced to 2.94% as the number of staff absent due to Covid 19 symptoms has reduced significantly
- The new metric of COVID related absence includes sick leave and special leave for all absence linked to COVID so will include staff self-isolating because they or their householder have symptoms or because of Track and Trace requirements and staff shielding or in the high risk category.
- IPR completion was suspended during the emergency and compliance has reduced to 76%. We have resumed the requirement for all staff to have an annual performance review in July 2020.
- Temporary staff usage was understandably at a high level throughout the emergency period as capacity was rapidly increased. Usage reduced somewhat in June. The type of temporary staffing utilised changed as the amount of agency workers used decreased and bank and overtime increased. This is partly as a result of a reduction in the availability of agency workers and partly as a result of an increase in bank worker capacity due to successful recruitment and quick onboarding during the emergency period
- The Q1 and Q2 Staff Recommender scores improved with our recommender score as a place to work improving to 68% in Q1 and 69% in Q2 and as a place to treated improving to 97% in Q1 and 92% in Q2.

People, Management & Culture
Key performance challenges

Escalated performance challenges:

- Staff health and wellbeing is negatively impacted by their experiences during the COVID 19 emergency leading to higher levels of staff absence and turnover and lower levels of staff engagement.

- Poor rostering practice, in particular in Critical Care, is leading to ineffective workforce utilisation causing activity through the unit to be constrained, high temporary staffing costs and a poor experience for staff.

- Despite a strong pipeline of nurse recruits and a good response to adverts there remains high nurse vacancy rates in certain areas particularly in the surgical areas and Critical Care. There are also high vacancy rates for Cardiac Physiologists and Radiographers, both national shortage staff groups. We have overseas recruits waiting to start whose onboarding is delayed by the current restrictions on travel.

- Ensuring compliance with mandatory training and appraisal as a result of the competing demands on line manager and staff time.

- Achieving the KPI of 90% of staff having an annual performance review meeting because of the backlog in appraisals.

- WRES and WDES data indicates that staff from a BAME background and with a disability have a less positive working experience.

Key risks:

- Staff engagement and morale reduces and this in turn drives high turnover , sickness absence, poor working relationships and damages the patient experience.

- The Trust is not able to recruit the numbers of clinical and non-clinical staff to match turnover and meet increases in establishments as a result of new operating models required for recovery.

- Pay costs in excess of budget as a result of the cost of temporary staffing used to mitigate vacancies.

- Managers are unable to release staff to participate with mandatory training and appraisal reviews because of pressures on staffing levels.
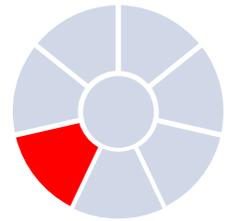
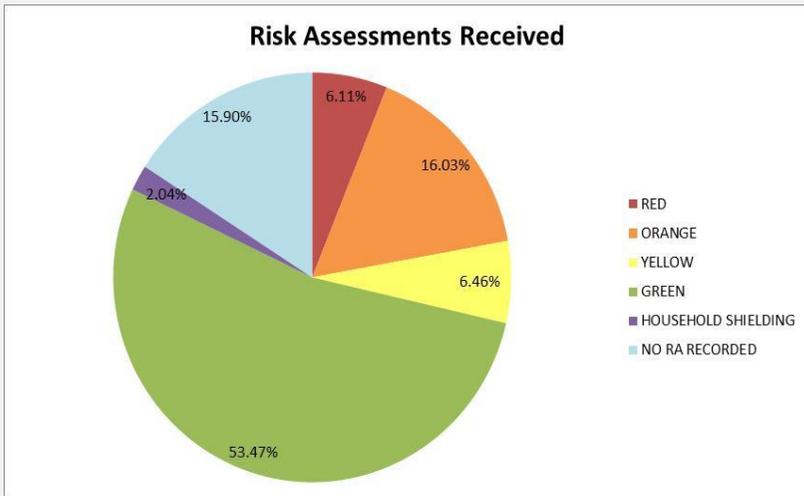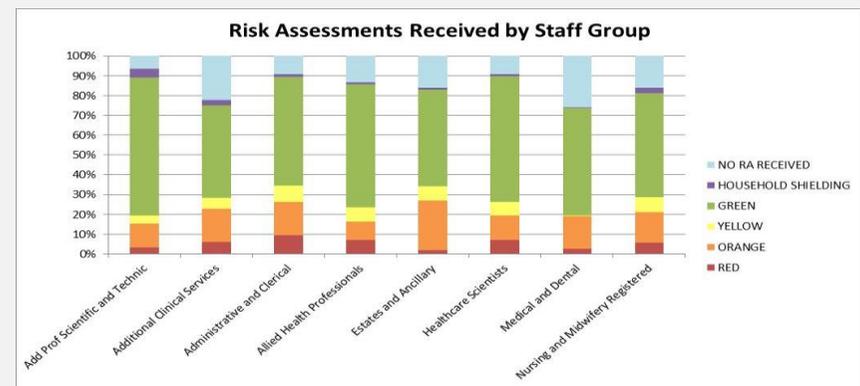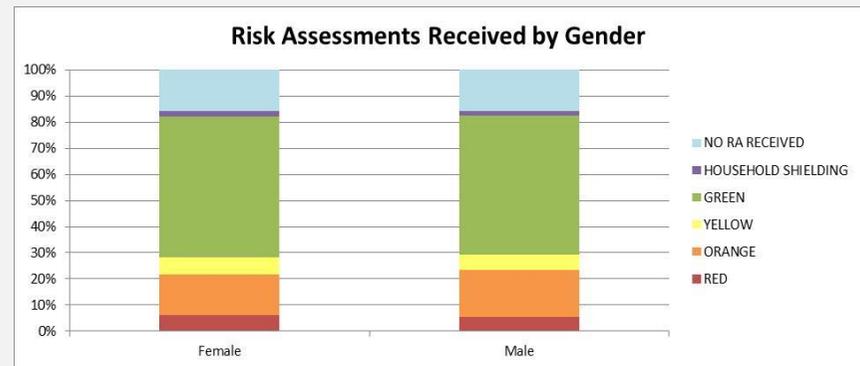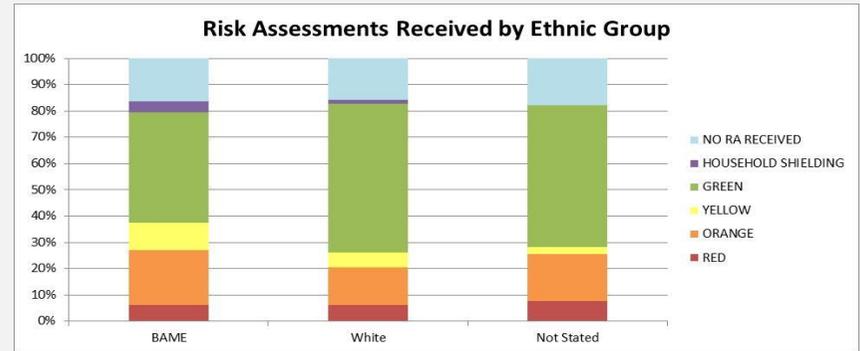**Key Actions in the month:**
Recruitment

- We continued to proactively recruit throughout the emergency response and streamlined our recruitment and induction processes to reduce time to hire.

- Our current pipeline is very healthy with 142 staff in the pre-employment checks stage. This includes 92 Band 5 nursing applicants. We are seeing a very strong response to adverts.

- Prior to the pandemic we had a very proactive nurse recruitment strategy of attending universities and open days. We are exploring ways of adapting this to online attraction events. On 21 July we held our first live on-line event focusing on Critical Care. Approx 120 people registered to participate in this. We will review the event and hope to be able to hold regular live events going forward to enable us to target areas of high vacancy rates. Nurse recruitment is now focusing on all areas where there are vacancies, having understandably focused on CCA in previous months. The Nurse Recruitment leads continue to shortlist and interview 2-3 times a week to improve 'Time to Hire' for HCSW & B5 nurse

- HCSW applications remain at a very high level for each advert placed. Vacancy rates have been low over the past few months – we are confident that we can easily fill vacancies should there be an increase in need in the coming months.

- A number of applicants in our pipeline are overseas applicants, particularly in nursing, radiography and medical posts. We are working on the process for bringing these staff in and ensuring safe and effective induction processes.

People, Management & Culture
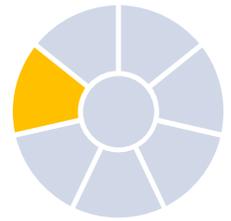## Spotlight on: COVID 19 Risk Assessment Process

- In June the Trust took the decision to update the Covid 19 Risk Assessment process to include the latest evidence on COVID 19 risk factors which included ethnicity, gender and age.
- The process was developed in consultation with the BAME Network, FTSUG and Staff Side representatives.
- All staff were requested to complete the updated risk assessment using an online portal. There was very comprehensive communication of this important health and safety measure.
- Workforce Risk Assessment Team work with staff who are identified at high risk or are in the shielding category and their managers to support them in returning to work safely. We have established a panel comprising Infection Control Nurses, a respiratory Physician, the Health and Safety Advisor and the Workforce Risk Assessment team who review each member of staffs particular circumstances, their role and their working arrangements in order to develop an individual plan. This may require adjustments to the area of work and/or working arrangements. In some cases further advice is required from OH.

Risk Assessments Received

	%
RED	6.11%
ORANGE	16.03%
YELLOW	6.46%
GREEN	53.47%
HOUSEHOLD SHIELDING	2.04%
NO RA RECORDED	15.90%

Risk Assessments Received by Ethnic Group

Legend: NO RA RECEIVED, HOUSEHOLD SHIELDING, GREEN, YELLOW, ORANGE, RED
Categories: BAME, White, Not Stated

Risk Assessments Received by Gender

Legend: NO RA RECEIVED, HOUSEHOLD SHIELDING, GREEN, YELLOW, ORANGE, RED
Categories: Female, Male

Risk Assessments Received by Staff Group

Legend: NO RA RECEIVED, HOUSEHOLD SHIELDING, GREEN, YELLOW, ORANGE, RED
Categories: Add Prof Scientific and Technic, Additional Clinical Services, Administrative and Clerical, Allied Health Professionals, Estates and Ancillary, Healthcare Scientists, Medical and Dental, Nursing and Midwifery Registered

Transformation
Performance summary

Accountable Executive: *Chief Operating Officer / Chief Finance Officer*   ***Report Author:*** *Director of Strategic Projects/SIP Programme Manager/AD Estates & Facilities*

Dashboard KPIs		Data Quality	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
	CIP – project delivery	4		Red	Red	Red	Red	Red	Red
	Quality improvement programme delivery	New		n/a	n/a	n/a	n/a	n/a	n/a
	Digital programme delivery on track	3		Amber	Amber	Amber	Amber	Amber	Amber
	New Papworth ORAC - overall progress	4		Complete	Complete	Complete	Complete	Complete	Complete
	Hospital Optimisation *	3		Amber	Amber	Amber	Amber	Amber	Amber
	Cambridge Transition Programme *	3		Amber	Amber	Amber	Amber	Amber	Amber
	HLRI – Construction delivery on track *	3		Green	Green	Green	Green	Green	Green
	HLRI – Occupational planning on track *	3		Green	Green	Green	Green	Green	Green
	Research and Development Strategy – overall progress *	3		Amber	Amber	Amber	Amber	Amber	Amber

Summary of Performance and Key Messages:

Service Improvement (SIP/CIP):
The operational teams have been contacted to go over all their SIP/CIP plans for this year.
Commencing July we will be focusing on the way forward for this year, with all the divisions. Any of the current schemes that were planned for and are still relevant will be implemented as part of this years savings. The primary direction is likely to be on the evaluating the costs of services and the new working practices that have been developed since COVID-19. Key to this will be to make better usage of business support tools to aid decision making and to help pin point opportunities for savings and improvements.

Hospital Optimisation:
The Optimisation project programme was due to be completed at the end of March 2020 and each project was evaluated and outcomes from the four projects which had formed the main focus of the SPC reporting were summarised as follows
Outpatient utilisation –
- Greater targeting of resources and greater understanding of constraints.
- Significant improvement in thoracic and cardiology clinics bookings.
- Refined process of tracking and recording rooms enabling staff to predict what space might be available.
- Further work planned regarding the operation of Intouch.
Optimisation of flow through theatres and cath labs
- Reduction in theatre cancellations remained challenging whilst critical care bed capacity remained an issue.
- Further work was required to address flow through theatres.
Critical care staffing
- Tighter project monitoring and reporting allowed the impact of recruitment and retention initiatives to be tracked against trajectory.
- Bed number reported daily and escalation policy developed.
- The project to continue until all commissioned beds were fully open in a safe and sustainable way.
Opening of 4 north west
- The project had achieved its objective of opening 11 beds on 4NW.
At the onset of the COVID-19 pandemic the Hospital Optimisation Group was identifying projects that would have formed part of Phase 2 of the Optimisation Programme. With the onset of the pandemic the work of the Hospital Optimisation Group was paused whilst the Trust focussed the major incident response to the outbreak.
The Living with Covid Steering Group was established in early May and focuses on increasing hospital activity to pre COVID levels. This Group replaces the Hospital Optimisation Group and becomes the new focal point for optimisation.

The Steering Group has eight areas of focus;
Clinical Strategy, Infection Control, De-escalation, Built Environment, Workforce, Digital enablement, Operational Modelling Commissioning.

CTP:
In light of the impact of COVID-19 on Trust services an internal review of the CTP programme has been undertaken in month and existing CTP projects have been prioritised via the Clinical Decision Cell and in conjunction with the Trust emerging clinical strategy. The governance arrangements for working with all of our partners also been reviewed so that they are flexible and responsive to meet the new partnership opportunities and services changes that may present as we move to Living with COVID. Discussions have commenced with CUH on the re-prioritised services and to agree the way forward. A more detailed update will be provided in the Month 4 report.

Lorenzo Digital Exemplar Programme:
The LDE Programme has recommenced after a three months hiatus due to COVID-19 and project plans reset across the programme. The programme re-commences with a focus on re-targeting go-live dates for integration initiatives for ECG, ECHO and Respiratory Physiology.
Self Service Analytics has been progressing through COVID-19 and is on track and progressing well.
Hotfloor has recommence with a focus on business engagement and business change mapping workshops. Availability of clinical/operational colleagues has been variable which is a reflection of resource capacity as we learn to live with COVID-19.
WSH Integration is the final project to start with initial kick-off meetings help to define the requirement.
The programme is at 60% complete on plan across 10 months of a 16 month programme and is marginally behind on plan reflecting a RAG position of Amber across the programme.

HLRI:
Covid-19 not currently having a major impact on construction programme. Practical Completion delayed until December 2021 due to changes to the project but occupation currently on track for April 2022.
Internal and external meetings continue to take place. CRF design nearing completion. Layouts of seminar rooms and lecture theatres are under discussion as are AV requirements for these rooms.
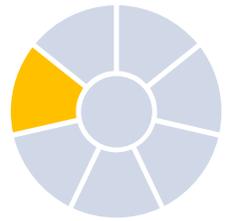The User Category of the patients using the Clinical Research Facility has been agreed by Dr Roger Hall and Professor Nick Morrell. Patients will be classed as independent users. This decision dictates the fire and resilience strategies.
The Variation Enquiry to repurpose the GF desk area as a simulation suite has been submitted to the University and design planning will be commenced shortly.

* 5 additional draft metrics have been introduced for September 2019 after discussion at SPC to replace the New Papworth ORAC progress Dashboard KPI and additional KPIs.

Transformation
Key performance challenges

Escalated performance challenges:

HLRI:
None

Hospital Optimisation:
Implementation of recovery plan in response to reduction in elective activity and income due to COVID.

CTP:
Ensuring that partnership initiatives and working is consistent with local/regional strategies in Living with COVID era.

Key risks:

HLRI:
Risk of not recruiting sufficient staff

Risk related to financing of staff for trials

Hospital Optimisation:
Risk of insufficient staff due to COVID sickness / isolation requirements.

Loss of income due to reduction in elective activity and lack of clarity regarding funding arrangements for increase in COVID-related expenditure.

CTP:
Risk that initiatives and working is inconsistent with local and regional Living with COVID priorities.

Key Actions:

HLRI:
HLRI Project Group continues to meet and monitor progress

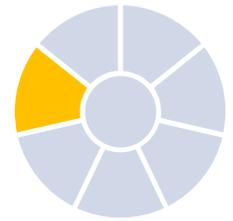Variation Enquiry submitted

Hospital Optimisation:
Living with COVID Steering group established focussing on increasing hospital activity to pre-COVID levels.

CTP:
Review of programme commenced with new governance to be set out to mitigate the risk.

Transformation
Spotlight on: Trust Strategy 2020 – 2025 Review

Background

The Trust Strategy 2020 – 2025 was agreed by the Trust Board at its February 2020 meeting and a launch of the Strategy was planned for March 2020, supported by a communications plan and an implementation plan. The latter included changes to be made to Committee documentation, Trust Induction and training events and the development of enabling strategies.

Ahead of the COVID-19 pandemic good progress was being made towards launching including development of staff communications

Review

The Executive have agreed that the final version of the Strategy should be reviewed ahead of a revised launch date of September 2020. This will ensure that the Strategy is cognisant of COVID-19, the Trust role in response to it, its impact on our future services and the goals and initiatives that support them. A good example of where the supporting initiatives have changed is the acceleration of the implementation of telephone clinics and virtual clinics during the pandemic.

The overall consensus is that the six strategic goals remain true and relevant in the light of recent events and if anything has helped shape the Trust response to COVID-19.

A timetable for review of the Strategy is set out below:

- Review and redrafting – 24th June 2020 (COMPLETED)
- Executive Committee review – 30th June 2020 (COMPLETED)
- Review of six strategic goals and priorities by Clinical Divisions and the Clinical Decisions Cell – completed mid July 2020 (ON TRACK)
- Virtual workshop (feedback on review of goals and priorities, new challenges and opportunities and agreement of these) – 22nd July 2020 (ON TRACK)

- Final drafting – mid August 2020
- Revised communications and implementation plan – mid August 2020
- Strategic Projects Committee approval – 27th August 2020
- SPC Board Approval – 3rd September 2020
- Launch - September 2020

Enabling Strategies

There are a number of enabling strategies that underpin the delivery overall Trust Strategy some of which are new and some are existing. The process of review was underway ahead of COVID-19 and work has recommenced on these reviews and updates as appropriate. The enabling strategies are:

- People Strategy 2015 – 2019 (new)
- Finance Strategy 2019 -2029 (Agreed November 2019)
- Digital Strategy 2018 – 2020 (new strategy under finalisation)
- Quality Strategy 2019 – 2022 (review)
- Education Strategy 2019 – 2022 (review)
- Research & Development Strategy (new)
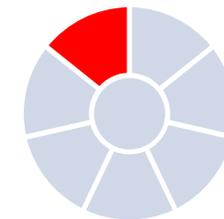- Estates and Sustainability Strategy (new)

Finally, each of the Clinical Divisions are developing their clinical strategies which also seek to support the delivery of the 2020 – 2025 Trust Strategy and these are also anticipated to be ready for September approvals.

Finance
Performance summary

Accountable Executive: *Chief Finance Officer*　　***Report Author:*** *Deputy Chief Finance Officer*
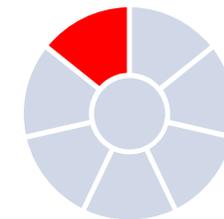
6 month performance trends

		Data Quality	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Dashboard KPIs	Year to date EBITDA surplus/(deficit) £000s	5	£1,273k	£10,923k	£12,914k	£14,343k	£1,341k	£2,676k	£3,800k
	Year to date surplus/(deficit) exc land sale £000s	5	£(3,117)k	£978k	£1,589k	£2,326k	£(39)k	£(78)k	£(117)k
	Cash Position at month end £000s	5	£23,086k	£15,703k	£20,930k	£16,650k	£31,151k	£34,475k	£33,347k
	Use of Resources rating*	5	3	3	3	3	n/a	n/a	n/a
	Capital Expenditure YTD £000s	5	£1,650k pa (20/21)	£2,504k	£2,694k	£3,632k	£414k	£832k	£1,630k
	In month Clinical Income £000s	5	£13698k (current month)	£13,433k	£12,425k	£14,588k	£13,263k	£13,564k	£13,486k
	CIP – actual achievement YTD - £000s	4	£0k	£894k	£975k	£1,037k	£0k	£0k	£0k
	CIP – Target identified YTD £000s	4	£3,994k pa	£1,407k	£1,654k	£1,900k	£0k	£0k	£0k
Additional KPIs	Debtors > 90 days overdue	4	10%	27.8%	28.8%	18.1%	27.9%	33.6%	38.5%
	Capital Service Rating (New 19/20)	5	4	3	3	2	3	3	3
	Liquidity rating (New 19/20)	5	2	1	1	1	1	1	1
	I&E Margin rating (New 19/20)	5	1	2	1	1	1	1	1
	I&E Margin: Distance from financial plan (New 19/20)*	5	1	4	4	4	n/a	n/a	n/a

* Due to the temporary suspension of the operational planning process in 2020/21 due to COVID the Trust has been unable to evaluate the Use of Resources rating Dashboard KPI or the I&E Margin: Distance from Financial plan additional KPI.

Summary of Performance and Key Messages:

- The Trust is operating under an emergency financial operating model. This comprises of a block payment for NHS clinical income, a block payment to reflect the Trust's deficit run rate, and a further "true-up". The block elements are designed to fund business as usual operations; the "true-up" is designed to fund net additional Covid-19 costs. Given this, the expectation from the regulator is that the Trust will breakeven each month. Therefore, in month the Trust reported a breakeven position.

- This required a "true-up" of £4.4m in June of which £3.0m is due to the net impact of Covid-19, a further £2.1m is due to a technical difference in the calculation of the block for Homecare Pharmacy costs, and £0.4m from lower private patient activity. This is partly offset by lower consumables spend of £1.3m. The Trust's non-Covid activity remained significantly supressed at M3 and of the YTD clinical income of c£28.4m, c£8m (28%) related to ECMO.

- The Trust's cash position of £33.3m includes an advance on the July block payments totalling £14.5m. In addition, the Trust has benefitted from three months of block payments to reflect the Trust's deficit run rate of c.£4.4m. The underlying cash position excluding these elements is c£14.4m.

- In addition to the M1 "true-up" income of £2.7m received in June, the M2 value of £2.0m was received in July from NHSE in cash. There has been £1.8m of Covid-19 capital expenditure to date, of which £0.6m income relating to the 8 ECMO systems has been received but the remainder is yet to be reimbursed by NHSE.

Finance
Key performance – year to date SOCI

YTD the Trust is operating a £9.1m deficit before recognition of the "true up". £4.4m of this relates to the Homecare mismatch in the funding formula; £6.5m relates to Covid-19 costs; £1.6m relates to lost private patient income; offset by net underspends due to lower activity of c£3.3m

	YTD £000's NHSI/E "Plan"	YTD £000's Underlying Actual	YTD £000's Non Recurrent	YTD £000's Actual Total	YTD £000's Variance to NHSI/E	YTD £000's Variance to 20/21 draft plan	RAG
Clinical income							
Drugs & Devices income	£1,140	£442	£0	£442	(£698) ❶	(£741)	🔴
NHS clinical income on PBR basis	£35,254	£28,416	£0	£28,416	(£6,838)	(£8,600)	🔴
Homecare Pharmacy Income	£4,340	£8,781	(£4,442)	£4,340	(£0)	(£2,226)	🟢
Balance to central payment / top-up payment	£0	£0	£6,959	£6,959	£6,959 ❷	£6,959	🟢
Private patients	£1,752	£189	£0	£189	(£1,563)	(£1,685)	🔴
Sub-total	£42,486	£37,828	£2,518	£40,345	(£2,141)	(£6,293)	🔴
Other operating income							
Other operating income	£4,521	£2,196	£316	£2,511	(£2,010)	(£247)	🔴
Balance to central payment / top-up payment	£4,035	£0	£13,156	£13,156	£9,121 ❸	£12,144	🟢
Sub-total	£8,556	£2,196	£13,472	£15,667	£7,111	£11,896	🟢
Total operating income	**£51,042**	**£40,023**	**£15,989**	**£56,012**	**£4,970**	**£5,603**	🟢
Pay expenditure							
Substantive	(£24,258)	(£24,534)	(£1,234)	(£25,768)	(£1,510)	£100	🔴
Bank	(£525)	(£170)	(£418)	(£588)	(£63)	(£563)	🔴
Agency	(£1,098)	(£428)	(£178)	(£606)	£492	(£573)	🟢
Sub-total	(£25,881)	(£25,132)	(£1,830) ❹	(£26,963)	(£1,082)	(£1,037)	🔴
Non-pay expenditure							
Clinical supplies	(£6,792)	(£3,592)	(£1,657)	(£5,249)	£1,543 ❺	£2,706	🟢
Drugs	(£1,587)	(£963)	(£440)	(£1,402)	£185	£89	🟢
Homecare Pharmacy Drugs	£0	(£8,781)	£0	(£8,781)	(£8,781)	(£2,216)	🔴
Non-clinical supplies	(£12,762)	(£7,235)	(£2,583)	(£9,818)	£2,944 ❻	(£2,638)	🟢
Depreciation (excluding Donanted Assets)	(£2,100)	(£2,132)	£0	(£2,132)	(£32)	£8	🔴
Depreciation (Donated Assets)	£0	(£117)	£0	(£117)	(£117)	£0	🔴
Sub-total	(£23,241)	(£22,820)	(£4,680)	(£27,499)	(£4,258)	(£2,051)	🔴
Total operating expenditure	**(£49,122)**	**(£47,952)**	**(£6,510)**	**(£54,462)**	**(£5,340)**	**(£3,089)**	🔴
Finance costs							
Finance income	£36	£0	£0	£0	(£36)	(£27)	🔴
Finance costs	(£1,338)	(£1,311)	£0	(£1,311)	£27	£0	🟢
PDC dividend	(£618)	(£356)	£0	(£356)	£262	£215	🟢
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	🟢
Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	🟢
Sub-total	(£1,920)	(£1,667)	£0	(£1,667)	£253	£188	🟢
Surplus/(Deficit) including central funding	**£0**	**(£9,596)**	**£9,479**	**(£117)**	**(£117)**	**£2,702**	🟢
Surplus/(Deficit) Control Total basis	**£0**	**(£9,479)**	**£9,479**	**£0**	**£0**	**£2,702**	🟢
Surplus/(Deficit) excl central funding top up (CT Basis	**£0**			**(£9,121)**	**(£9,121)**	**(£6,419)**	🔴

Year to date headlines:

- Underlying clinical income (including drugs and devices) on PbR basis was £6.8m below the NHSI/E expectation, due to the reduced activity levels as a the Trust manages the Covid-19 pandemic ❶. An additional £7.0m balance income was received to bridge the clinical income back to the central income block payment received ❷.

- Activity trends are showing an improving trend, in line with the Clinical Strategy to switch back on BAU activity. We expect the balance to the central income block to continue to lessen in the coming months.

- Other operating income reflects the additional £9.1m "true-up" income, above the NHSI/E expectation, to bring the Trust back to a break the required even position ❸.

- Pay expenditure is adverse to NHSI/E expectation due to £1.8m Covid-19 expenditure ❹. Underlying pay run rate excluding Covid-19 shows the continuation of increased Q4 19/20 run rates. Within this, agency costs have reduced due to lower activity levels (see in month position for narrative on change in run rate of Covid-19 costs due to re-classification of R&D staff).

- Clinical supplies, including devices and consumables are favourable to NHSI/E expectation due to the reduced activity levels ❺. On an underlying basis, clinical supplies expenditure is c£3.6m favourable to NHSI/E expectation YTD; this is partly offset by £1.7m of increased expenditure linked to Covid-19.

- Non-clinical supplies are similarly below NHSI/E expectation due to the reduced activity levels as a result of Covid-19 ❻. On an underlying basis, non-clinical supplies expenditure is c£5.5m favourable to NHSI/E expectation in month; this is partly offset by £2.6m of increased expenditure linked to Covid-19.

- Homecare pharmacy drugs YTD costs of £8.8m is £4.4m higher than the levels assumed in the NHSI/E block. The higher level of drugs run rate is not considered in the block payment calculation and but under the current framework the Trust is able to reclaim this mismatch as part of the YTD £9.1m "true-up".

Note - Please see the '2020/21 Finance Report – June 2020' for additional detail on the Trusts year to date financial position.

RAG:
🔴 = adverse to NHSI/E "Plan"
🟢 = favourable / in line with NHSI/E "Plan"