

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

*August 2020*



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# Context:

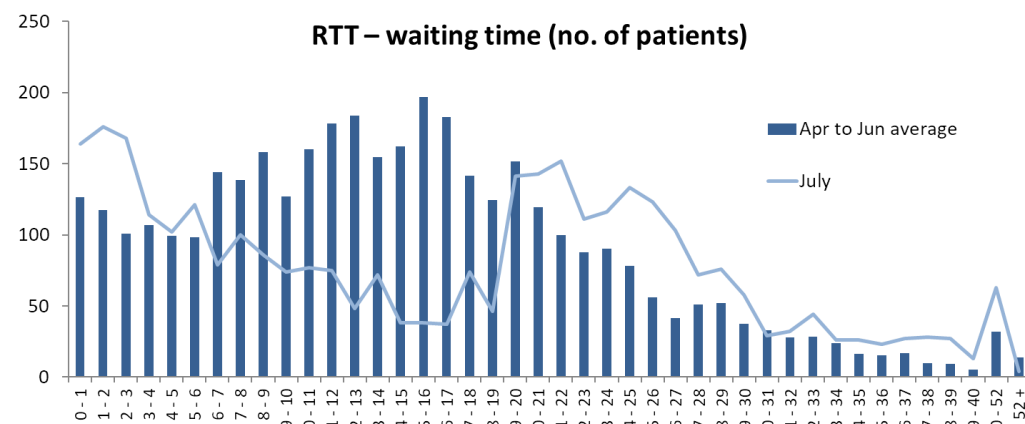
The activity table and RTT waiting time curve below sets out the context for the operational performance of the Trust and should be used to support constructive challenge from the committee:

Inpatient Episodes	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Trend
Cardiac Surgery	182	148	24	41	109	151	
Cardiology	695	561	216	355	492	611	
ECMO (days)	72	155	459	566	273	111	
ITU (COVID)	0	0	50	3	1	1	
PTE operations	17	12	0	1	9	17	
RSSC	607	400	40	294	202	413	
Thoracic Medicine	562	447	80	69	168	198	
Thoracic surgery (exc PTE)	66	80	73	65	77	65	
Transplant/VAD	45	178	19	13	30	45	
<b>Total Inpatients</b>	<b>2,246</b>	<b>1,981</b>	<b>961</b>	<b>1,407</b>	<b>1,361</b>	<b>1,612</b>	
Outpatient Attendances	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Trend
Cardiac Surgery	429	413	199	200	331	558	
Cardiology	3,170	2,981	1,991	2,138	2,337	2,864	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	1,802	1,808	278	285	1,192	1,476	
Thoracic Medicine	2,106	1,960	1,058	1,167	1,628	2,044	
Thoracic surgery (exc PTE)	89	70	110	84	71	103	
Transplant/VAD	284	177	224	206	269	266	
<b>Total Outpatients</b>	<b>7,880</b>	<b>7,409</b>	<b>3,860</b>	<b>4,080</b>	<b>5,828</b>	<b>7,311</b>	

**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.



# 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

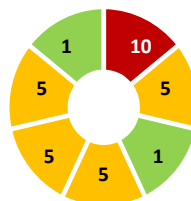
The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

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:** All of the dashboard KPI metrics remain green in July 2020. Safe Staffing - Care Hours Per Patient Day (CHPPD) for all areas during July remains green. The safe staffing fill rate is red for both days and nights, however this data has been adversely affected because of COVID-19. In response to Living with COVID activity (i.e. returning clinical activity; opening up more beds; ECMO surge numbers reducing back to pre COVID levels) there is a notable month on month improvement in the safe staffing fill rate on the roster templates.

**CARING:** FFT (Friends and Family Test): wards and departments are continuing to work to regain momentum for FFT participation and experience rates. In summary for July 2020: Inpatients: Positive Experience rate (formerly called 'recommendation rate') has increased from 96.7% (June) to 98.5% (July). Participation Rate for July has decreased from 57.5% (June) to 34.9% (July). Outpatients: Positive Experience Rate has decreased slightly from 100% (June) to 97.5% (July). The Outpatient Participation Rate has increased from 0.72% (June) to 2.45% (July). 2) Compliments - the number of recorded compliments continues to show a month on month improvement, with 417 in July. The increase is in line with Living with COVID and increasing activity and services

**PEOPLE, MANAGEMENT & CULTURE:** Turnover - at 10.12% is well below the 15% target and continues the downward trend that we have been witnessing since February 2020.

## ADVERSE PERFORMANCE

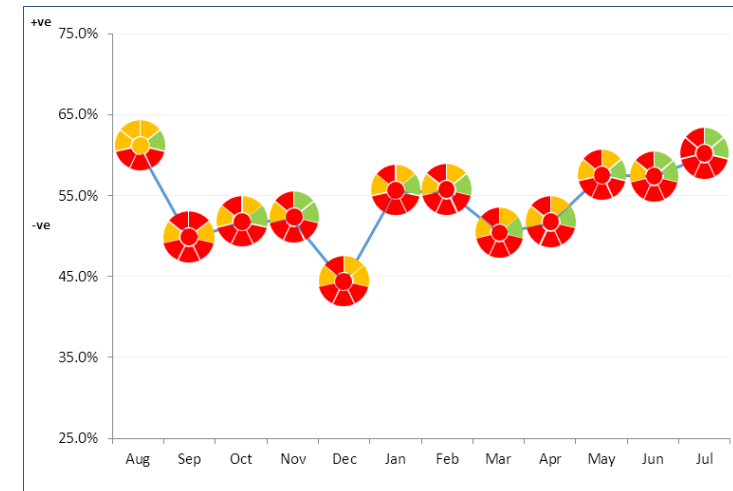
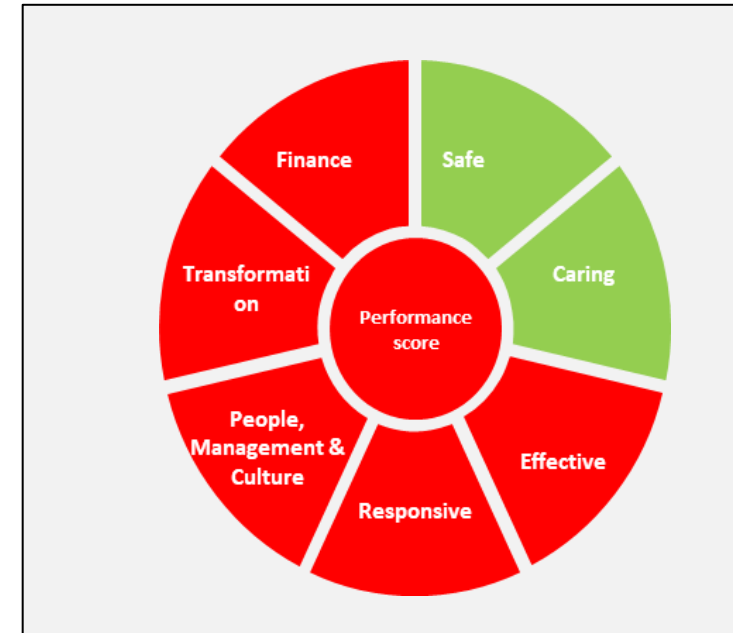
**EFFECTIVE:** 1) Bed occupancy - Routine Cardiac surgery recommenced in the second half of June in a phased recovery as per the CDC plan. Cardiology and transplant demand on critical care was high as the Trust experienced a rebound effect of exceptionally sick patients who had not presented in the acute 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. 2) Critical Care occupancy - Over the months of June and July, CCA underwent surge de-escalation and 33 beds was re-set as the new baseline capacity. Respiratory ECMO numbers continued to slowly decrease from 7 to 5 patients under the service.

**RESPONSIVE:** 1) Diagnostic waiting times - All imaging services have now been restarted and a backlog of CT referrals received during the height of the pandemic will be resolved by the end of August. The backlog in MRI referrals is expected to be resolved by the end of September with performance returning to the 99% target in October. 2) RTT - Respiratory Medicine remains the key area of focus as restoration of services in this area has been the most challenging. Revised outpatient booking templates have been put in place and booked numbers of patients have begun to improve. Patient anxiety regarding attendance to site for diagnosis or treatment to is being managed through escalation to the relevant clinician. 3) 52 Week Breaches - There are four 52 week breaches, three of which are in Respiratory Medicine and relate to referrals for the GP sleep study service decommissioned last year.

**PEOPLE, MANAGEMENT & CULTURE: Appraisals** - Following the suspension of Appraisals between March and July managers are dealing with a backlog of IPRs and this, coupled with a large number of IPR's coming due in July/August the % of our staff with a current IPR has dropped this month to 69% against the target of 90%. We have stepped up communications with managers and staff to ensure that they know that IPR's are no longer suspended and should be undertaken.

## LOOKING AHEAD

**TRANSFORMATION: Living with COVID** - 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 CDC are developing the clinical strategy for the next 7 months to the remainder of the financial year. The areas of focus for recovering clinical activity have been determined by this clinical strategy and focus on: Outpatients, Optimising attendance and virtual appointments, Theatre productivity, Cath lab productivity, Diagnostic access and Critical care capacity. Our recovery of activity is progressing well with cardiac surgery at pre-COVID levels, cath labs at 80% and outpatients focussing on bringing only those patients to the hospital that need a face to face consultation. The focus next is on increasing bringing cardiology physiology and nuclear medicine activity levels. Progress on the clinical strategy is reported fortnightly to the Living with COVID Steering Group



# At a glance – Balanced scorecard

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend	
Safe*	Never Events	Jul-19	3	0	0	0			
	Moderate harm incidents and above as % of total PSIs reported	Jul-19	3	3%	1.60%	1.22%			
	Number of Papworth acquired PU (grade 2 and above)	Jul-19	4	35 pa	0	7			
	High impact interventions	Jul-19	3	97%	97.80%	97.48%			
	Falls per 1000 bed days	Jul-19	3	4	2.42	3.02			
	Sepsis - % patients screened and treated (Quarterly)	Jul-19	New	90%	-	-			
	Safer Staffing CHPPD – 5 North	Jul-19	3	7.8	10.2	10.1			
	Safer Staffing CHPPD – 5 South	Jul-19	3	7.8	11.4	14.6			
	Safer Staffing CHPPD – 4 North/South	Jul-19	3	7.8	9.5	10.1			
	Safer Staffing CHPPD – 3 North	Jul-19	3	7.8	12.0	14.6			
	Safer Staffing CHPPD – 3 South	Jul-19	3	7.8	9.0	10.9			
	Safer Staffing CHPPD – Day Ward	Jul-19	3	6	14.6	14.6			
Safer Staffing CHPPD – Critical Care	Jul-19	3	32.9	40.1	39.0				
Effective	Bed Occupancy (excluding CCA and sleep lab)	Jul-19	4	85% (Green 80%-90%)	61.20%	41.10%			
	CCA bed occupancy	Jul-19	3	85% (Green 80%-90%)	76.30%	82.33%			
	Admitted Patient Care (elective and non-elective)	Jul-19	4	2153 (current month)	1612	5341			
	Cardiac surgery mortality (Crude)	Jul-19	3	3%	3.27%	3.21%			
	Same Day Admissions – Cardiac (eligible patients)	Jul-19	4	Monitor only	54.64%	51.47%			
	Same Day Admissions - Thoracic (eligible patients)	Jul-19	4	Monitor only	20.45%	24.08%			
	Theatre Utilisation	Jul-19	3	85%	66.9%	45.2%			
	Responsive	% diagnostics waiting less than 6 weeks	Jul-19	3	99%	90.59%	94.64%		
18 weeks RTT (combined)		Jul-19	3	92%	50.41%	50.41%			
Number of patients on waiting list		Jul-19	3	3343	3259	3259			
52 week RTT breaches		Jul-19	3	0	4	45			
62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*		Jul-19	3	85%	100.00%	66.70%			
31 days cancer waits*		Jul-19	3	96%	100.00%	100.00%			
Theatre cancellations in month		Jul-19	3	30	16	50			
% of IHU surgery performed < 7 days of medically fit for surgery		Jul-19	4	95%	68.00%	81.25%			
Caring		FFT score - Inpatients	Jul-19	4	95%	98.50%	97.55%		
		FFT score - Outpatients	Jul-19	2	95%	97.50%	97.50%		
	Number of written complaints per 1000 WTE (Rolling 3 mth average)	Jul-19	New	12.6	4.6				
	Mixed sex accommodation breaches	Jul-19	New	0	0	0			
	% of complaints responded to within agreed timescales	Jul-19	4	100%	100.00%	100.00%			
	People Management & Culture	Voluntary Turnover %	Jul-19	3	15.0%	10.1%	9.3%		
		Vacancy rate as % of budget	Jul-19	4	5.5%	7.2%			
		% of staff with a current IPR	Jul-19	3	90%	69.44%			
		% Medical Appraisals	Jul-19	3	90%	n/a			
		Mandatory training %	Jul-19	3	90%	82.97%	83.58%		
% sickness absence		Jul-19	3	3.50%	3.46%	3.74%			
Finance	Year to date EBITDA surplus/(deficit) £000s	Jul-19	5	£2,252k	£5,116k				
	Year to date surplus/(deficit) exc land sale £000s	Jul-19	5	£(3,604)k	£(111)k				
	Cash Position at month end £000s	Jul-19	5	£24,325k	£32,051k				
	Use of Resources rating	Jul-19	5	3	n/a	n/a			
	Capital Expenditure YTD £000s	Jul-19	5	£1,172k	£1,768k				
	In month Clinical Income £000s	Jul-19	5	£14269k	£13,261k	£53,574k			
	CIP – actual achievement YTD - £000s	Jul-19	4	£0	£0k	£0k			
	CIP – Target identified YTD £000s	Jul-19	4	£927k	£0k	£0k			
Transformation	CIP – project delivery	Jul-19	4					→	
	Digital programme delivery on track	Jul-19	3					→	
	Hospital Optimisation	Jul-19	3					→	
	Working with our Partners	Jul-19	3					→	
	HLRI – Construction delivery on track	Jul-19	3					→	
	HLRI – Occupational planning on track	Jul-19	3					→	
	Research and Development Strategy – overall progress	Jul-19	3					→	
	Living with COVID	Jul-19	3					New	

\* 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	1	2	1		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	50.41%		54.72%		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%	100.00%	66.70%	35.2%		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%		96.6%		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	
		£000s	%	Q1	Q2*	Q3	Q4	2020/21				
				£000s	£000s	£000s	£000s	£000s	%			
NHSE	Scheme 1	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 2	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 3	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 4	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	<b>NHSE</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	
C&P CCG (& Associates)	Scheme 1	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 2	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 3	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 4	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 5	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	<b>C&amp;P CCG (&amp; Associates)</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	
<b>Trust Total</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>		

\* 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	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-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 OVERDUE - chased	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	Super Surge COVID19	2572	JR	6	In progress	-	-	12	8	8	8	↔
People Manag. & Cult.	Failure to release staff to undertake educational activity due to workload	684	JR	8	Yes	9	9	9	12	9	9	↔
People Manag. & Cult.	Low levels of Staff Engagement	1929	OM	6	In progress	16	16	16	16	16	8	↓
Transformation	Electronic Patient Record System - benefits (Linked to ID1787)	858	JR	12	Yes	12	12	12	16	16	16	↔
Transformation	We will not utilise our expertise to influence local strategy for cardiology	1162	EM	8	Yes	9	9	9	9	9	9	↔
Finance	Failure to meet cardiac and cancer waiting targets OVERDUE - chased	678	EM	12	Yes	16	16	16	16	16	16	↔
Finance	Income Growth - activity transfers OVERDUE - chased	865	EM	12	In progress	16	16	16	16	16	16	↔
Finance	Master Development and control plans - sale value	873	TG	10	Yes	20	20	20	20	20	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	10	15	15	15	↔
Finance	Efficiency assumptions	2163	TG	12	In progress	15	15	15	15	15	15	↔
Finance	Cash risk from increase COVID expenditure	2541	TG	6	In progress	-	-	15	6	20	12	↓

## Performance summary

**Accountable Executive:** Chief Nurse  
**6 month performance trends**

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



	Data Quality	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
Dashboard KPIs	Never Events	3	0	0	0	0	0	0	
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	0.38%	0.50%	0.00%	3.27%	0.00%	1.60%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	0	2	4	2	1	0
	High impact interventions	3	97.0%	95.6%	100.0%	94.4%	99.5%	98.2%	97.8%
	Falls per 1000 bed days	3	<4	2.5	2.9	2.2	5.0	2.5	2.4
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	-	100.0%	-	-	Await data	-
	Safer Staffing CHPPD – 5 North	3	>7.8	n/a	n/a	11.90	10.30	8.00	10.20
	Safer Staffing CHPPD – 5 South	3	>7.8	n/a	n/a	18.60	15.80	12.70	11.40
	Safer Staffing CHPPD – 4 North/South	3	>7.8	n/a	n/a	13.00	8.50	9.50	9.50
	Safer Staffing CHPPD – 3 North	3	>7.8	n/a	n/a	10.60	16.40	19.40	12.00
	Safer Staffing CHPPD – 3 South	3	>7.8	n/a	n/a	13.20	12.00	9.40	9.00
	Safer Staffing CHPPD – Day Ward	3	>6	n/a	n/a	Closed - COVID	27.94	20.11	14.64
Safer Staffing CHPPD – Critical Care	3	>32.9	n/a	n/a	42.60	35.10	38.20	40.10	
Additional KPIs	Safer staffing – registered staff day	3	90-100%	86.9%	78.1%	54.9%	71.7%	76.7%	84.4%
	Safer staffing – registered staff night	3	90-100%	92.7%	84.0%	62.6%	80.7%	84.8%	90.5%
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	3	0	1	0	0	0	0	1
	E coli bacteraemia	3	Monitor only	0	0	1	1	0	1
	Klebsiella bacteraemia	3	Monitor only	2	0	5	0	4	0
	Pseudomonas bacteraemia	3	Monitor only	1	0	0	1	1	0
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	1	1	0	5	0	3
Monitoring C.Diff (toxin positive)	5	Ceiling pa of 11	1	0	0	1	0	1	
COVID Additional KPIs	PPE: Number of days stock of FFP3 Masks	New	Monitor only	n/a	n/a	15.65	17.83	40	31
	PPE: Number of days stock of Surgical Masks	New	Monitor only	n/a	n/a	165	84	110	175
	PPE: Number of days stock of Gloves	New	Monitor only	n/a	n/a	418	528	320	350
	PPE: Number of days stock of Aprons	New	Monitor only	n/a	n/a	176	170	95	74
	Nosocomial C-19 infections 8+ days	New	Monitor only	n/a	1	2	0	0	0
	Nosocomial C-19 infections 14+ days	New	Monitor only	n/a	1	1	0	0	0

### Summary of Performance and Key Messages:

**CQC Model Hospital rating for 'Safe' is Outstanding** dated Jun 2020 (accessed 12.08.2020).

**Sepsis data:** this data is being audited. The information is delayed as staff responsible for the audit were clinically deployed as part of the COVID response during Q1.

**Safe Staffing:** Care Hours Per Patient Day (CHPPD) for all areas during July remains green. The safe staffing fill rate is red for both days and nights, however this data has been adversely affected because of COVID-19. In response to Living with COVID activity (i.e. returning clinical activity; opening up more beds; ECMO surge numbers reducing back to pre COVID levels) 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 and nursing staff to patient ratios are monitored daily and via a monthly Effectiveness Report to CPAC which is circulated and available if required.

Staffing is also being reviewed across the Trust as part of a post COVID Gateway process, with clinical, operational, workforce and finance involved in reviewing the documentation (this is similar to the process completed pre move to the new hospital site).

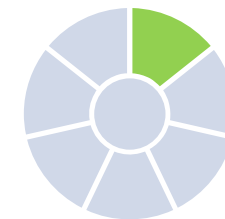
**C.Diff:** x1 C.Diff (toxin positive) case reported during July. This is a total of two so far this reporting year (against a threshold of 11). The patient will be discussed at a scrutiny panel.

**Number of Serious Incidents:** We reported two Serious Incidents in July 2020, one of which was later downgraded. PIPR is therefore showing one SI for July 2020. However the narrative for both incidents is being included for information sharing and is shown on the next slide.

**New COVID-19 PPE KPI's:** 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 15<sup>th</sup> June 2020) and this is monitored on a daily basis by the Estates and Procurement teams. (July data awaited at time of writing PIPR 13.08.2020).

**Nosocomial COVID-19:** There have been no hospital acquired COVID-19 infections in May, June or July.





## Key performance challenges

### Escalated performance challenges:

**We reported two Serious Incidents in July 2020**, one of which was later downgraded. PIPR is therefore showing one SI for July 2020. However the narrative for both incidents is being included for information sharing.

#### **SUI-WEB35923** (downgraded from SI status)

Discussed at SIERP 14/07/2020. This incident was identified following a review of the cardiac arrest by the resuscitation team. Prior to arrest patient had been showing signs of deterioration which had not been fully recognised or escalated. It was confirmed that the patient passed away from spontaneous ventricular rupture, not linked to the events prior to cardiac arrest. It was agreed that despite the incident being unrelated to the cause of death there are opportunities for learning, and the incident was reported as an Serious Incident.

Further discussion at SIERP 21/07/2020: initial review and discussion with the Medical Examiner (ME) regarding the outcome of the M&M discussion considered. Panel agreed to downgrade this incident due to the cause of death not being linked to the events prior to the cardiac arrest. Level 2 investigation to continue. Confirmation of this downgrade has been confirmed with the CCG.

#### **SUI-WEB33092**

Unheralded cardiac arrest. Previously discussed at SIERP 22/10/2019. Coroner Inquest underway; Coroner expressed his concern at the timing of the observations leading up to the deterioration and lack of escalation overnight. In response to these concerns raised by the Coroner the Trust agreed to further investigate this incident as an SI.

### Key risks:

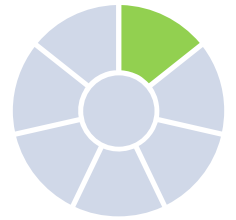
- Potential / actual patient harm
- Poor patient experience
- Reputational risk
- Potential risk of clinical negligence claim if investigation identifies any acts or omissions
- Potential impact on staff wellbeing

### Key Actions:

- Both incidents currently under investigation
- Liaison with CCG regarding downgrade for SUI-WEB35923.
- Liaising with HM Coroner re SUI-WEB33092
- Full Duty of Candour undertaken with relevant NoK .
- Updates to Serious Incident Executive Review Panel (SIERP) and Quality and Risk Management Group (QRMG).

Date reported	SI ref.	STEIS ref.	
16.07.2020	SUI-WEB35923	2020/13295	Failure to recognise deterioration and possible urinary sepsis. 21.07.2020 – request to CCG to downgrade from SI status – CONFIRMED AND DOWNGRADED
28.07.2020	SUI-WEB33092	2020/14171	CABG x 2 complex recovery. Unheralded arrest. Deterioration overnight not escalated and no observations undertaken as patient was very agitated.

## Spotlight on: Surgical Site Infection



### Update to period of increased incidence of Surgical Site Infection (SSI):

This was last reported in PIPR M11 (19/20), Feb 2020 data month.

The graph (bottom right) displays SSI rates for CABG and Valve patients. There is no Q1 2020/21 data due to the COVID-19 pandemic. The graph shows that there was an increase in CABG SSI rates from Q1 2019/20 (RPH opened to patients at the new hospital during on 01.05.2020, Q1 2019/20).

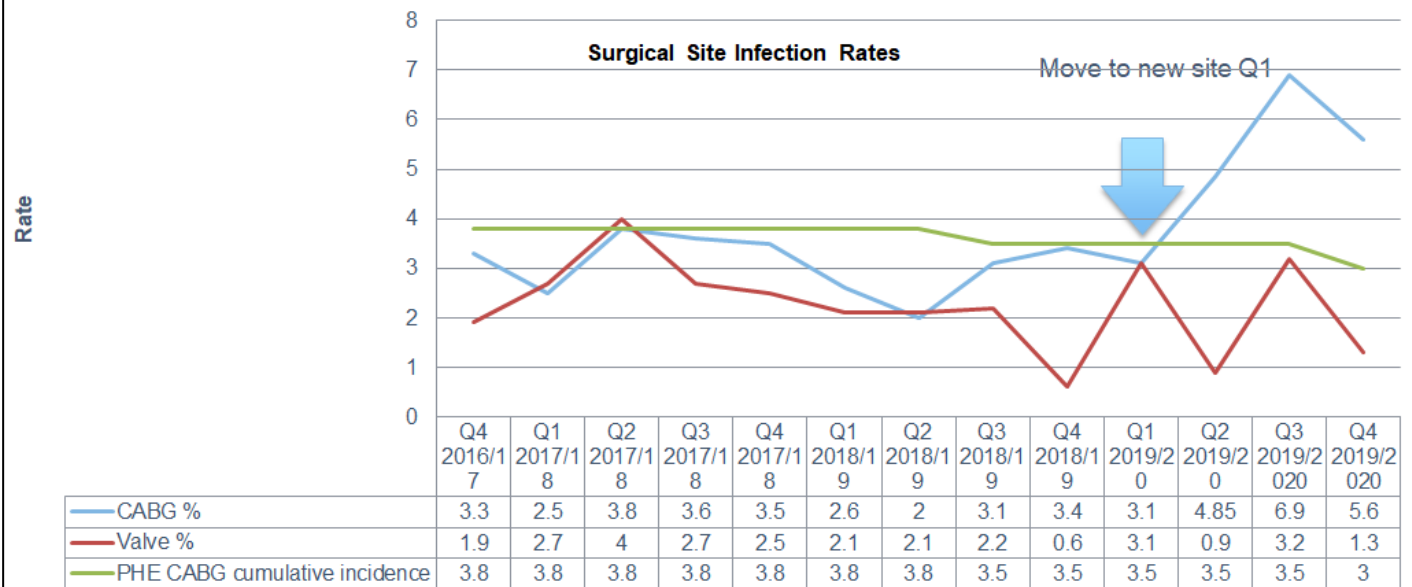
The latest data is Q4 (2019/20): CABG, 5.6% (12 infections / 212pts) and Valve only, 1.3% (2 infections / 150pts). This is an improvement from Q3 (2019/20): CABG, 6.9% (15 infections / 216pts) and Valve only, 3.2% (6 infections / 184pts). (The 'CABG cumulative incidence' is the national average, shown for benchmarking purposes).

There remain no obvious issues and no connection with surgeons found. A number of stakeholder meetings have been held to discuss the SSI infections in particular after CABG surgeries. No single factor that might have contributed to the problem has been identified so far. The national GIRFT report (survey data collection 6 month time period was from the 1st May 2019 to 31st October 2019) and this has recently been published (received Q1 2020). Data was submitted for cardiac surgery. While the Trust SSI rate is reported by GIRFT as 2.4% (compared to national: 2.3%), cardiac surgery broken down by procedure matches our surveillance findings (for example CABG = 4.6%; nationally = 3.9%).

### Key Actions:

- SSI stakeholder meetings have taken place 21 Nov 2019, 16 Jan 2020 and 11 Aug 2020. There was a meeting planned for 16 Mar 2020 however this could not take place due to the COVID pandemic (RPH incident room opened 13 Mar 2020).
- A further meeting is being planned end of Oct 2020 (when Q2 2020/21 data will be available).
- Action plan remains in place led by Philippa Clark (Tissue Viability and Surgical Site Surveillance Nurse) which has reviewed a number of items including: Review of SSI prevention; Skin prep; Antibiotic prophylaxis-audit; Ventilation in theatre; Theatre traffic; Theatre discipline; ANTT trust wide; Reflection on closure technique in theatres with TVN attending theatres.
- Microbiological air testing in theatres was carried out 25.02.2020 and it demonstrated that ventilation works well in accordance with the national standards.
- We continue to liaise with PHE, SSI Surveillance about our progress and actions taken.

SSI rates from Jan-Mar 2017 (Q4 2016/17) up to Jan-Mar 2020 (Q4 2019/20)



## Performance summary



**Accountable Executive:** Chief Nurse  
**6 month performance trends**

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

	Data Quality	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
Dashboard KPIs	FFT score - Inpatients	4	95%	97.6%	97.6%	97.5%	97.5%	96.7%	98.5%
	FFT score - Outpatients	2	95%	96.6%	97.3%	No data COVID	100.0%	100.0%	97.5%
	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	8.4	9.5	7.8	6.2	4.1	4.6
	% 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)	0	1	0	1	1	TBC
	Number of complaints (12 month rolling average)	4	5 and below	5.5	6.1	5.8	5.4	5.2	5.3
	Number of complaints	4	5	4	8	3	1	4	4
	Number of recorded compliments	4	500	708	472	138	248	320	417
	Supportive and Palliative Care Team – number of referrals (quarterly)	3	0	n/a	55	-	-	86	-
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	3	0	n/a	0	-	-	6	-
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	3	Monitor only	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	-	-	27	-
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	New	Monitor only	n/a	n/a	-	-	7	-
	Complaints (specific to Covid-19)	New	Monitor only	n/a	n/a	0	0	0	0

### Summary of Performance and Key Messages:

**CQC Model Hospital rating for 'Caring' is Outstanding** dated Jun 2020 (accessed 12.08.2020).

**FFT (Friends and Family Test):** wards and departments are continuing to work to regain momentum for FFT participation and experience rates. In summary for July 2020:  
**Inpatients:** Positive Experience rate (formerly called 'recommendation rate') has increased from 96.7% (June) to 98.5% (July). Participation Rate for July has decreased from 57.5% (June) to 34.9% (July).

**Outpatients:** Positive Experience Rate has decreased slightly from 100% (June) to 97.5% (July). The Outpatient Participation Rate has increased from 0.72% (June) to 2.45% (July).

**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 4.6 which remains in green. 100% of complaints continue to be responded to within the agreed timescales.

**The number of complaints (12 month rolling average):** is 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 12.08.2020).

**Compliments:** the number of recorded compliments continues to show a month on month improvement, with 417 in July. The increase is in line with Living with COVID and increasing activity and services.

**Supportive and Palliative Care** and **Bereavement Follow Up Service** are quarterly KPIs and will be updated in Sep 2020 data.

## Key performance challenges



### Escalated performance challenges:

There have been four formal complaints received in July 2020. None are relating to COVID 19.

Out of the four complaints received, three relate to inpatient experience and one to outpatient experience. There are no common trends or themes identified.

One complaint **Q22021-15F** relates to allegations of a potential safeguarding concern. Following a thorough investigation, there is no evidence to support the allegations and it is thought this was related to a period of post operative delirium. The patient has been offered a meeting to discuss following a written response.

Reference	Service	Type	Summary
Q22021-15F	Surgical Services	Inpatient	Post cardiac surgery delirium. Safeguarding issue. <b>See WEB35825</b>
Q22021-19F	Cardiology	Inpatient	Patient has raised concerns about the complications she experienced following a catheter ablation resulting in vascular surgery at CUH.
Q22021-20F	Cardiology	Outpatient	Patient's GP has written a complaint highlighting the lack of communication and follow up appointments the patient has received following a ILR fitted last year
Q22021-21F	Critical Care	Inpatient	74 years old patient transferred from CUH via PPCI pathway, Patient RIP. Son reports loss of fathers belongings between the 30th March and 12th April 2020.

### 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

### 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.

## Spotlight on: National Cancer Patient Experience Survey 2019 Results (published June 2020)



The **National Cancer Patient Experience Survey 2019** is the ninth iteration of the survey first undertaken in 2010. The 2019 survey involved 143 NHS Trusts. The sample for the survey included all adult (aged 16 and over) NHS patients; with a confirmed primary diagnosis of cancer, discharged from an NHS Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2019. For Royal Papworth, 68 patients responded out of a total of 114 patients, resulting in a response rate of 60%.

Data collection occurred across the hospital move period in 2019, so it is really positive that we have sustained an overall high scoring report, which is a credit to the teams. Detailed results and the full report is available upon request. The RPH Nurse Consultant (Oncology) is working through the feedback and report in detail to look at any lessons learned or *you said we did* opportunities from patient feedback. These patient quotes sum up the spirit of the report:

*“Unfortunately I was among the last two or three patients at the old hospital at Papworth...Removal men carrying beds and furniture out of the ward...”*

*“The new Papworth Hospital is excellent. Staff and nurses happy and friendly. Facilities and patient care really good. Pioneering surgeons in the Thoracic department. Very lucky to have such a facility.”*

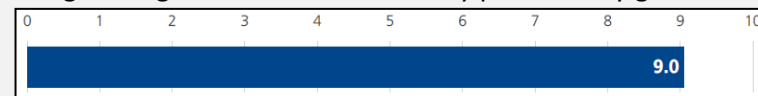
*“My experience of care provision, ward facilities and medical care at Papworth was exceptional. I felt I was in the hands of true professionals who wore fully committed to helping me cope & overcome my illness.”*

### Royal Papworth Hospital headline summary results

#### Cancer Dashboard Questions:

The following questions are included in phase 1 of the Cancer Dashboard developed by Public Health England and NHS England:

- Patient’s overall average rating of care scored from very poor to very good = **9.0** (*national average = 8.8*)



- Patient definitely involved as much as they wanted in decisions about care and treatment **88%** (*national average 81%*)
- Patient given the name of a CNS who would support them through their treatment **93%** (*national average 92%*)
- Patient found it very or quite easy to contact their CNS **81%** (*national average 85%*)
- Patient always felt they were treated with respect and dignity while in hospital **89%** (*national average 88%*)
- Hospital staff told patient who to contact if worried about condition or treatment after leaving hospital **93%** (*national average 94%*)

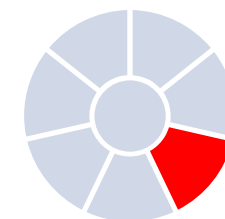
#### Other questions to note:

- Patient had confidence and trust in all doctors treating them **91%** (*national average 84%*)
- Patient thought there were always or nearly always enough nurses on duty to care for them **84%** (*national average 64%*)
- Patient always given enough privacy when discussing condition or treatment **94%** (*national average 85%*)
- Hospital staff definitely did everything they could to help control pain **91%** (*national average 83%*)

# Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Chief operating Officer



## 6 month performance trends

	Data Quality	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	71.6%	55.5%	26.9%	31.3%	45.0%	61.2%
	CCA bed occupancy	3	85% (Green 80%90%)	86.6%	74.8%	93.6%	74.6%	84.8%	76.3%
	Admitted Patient Care (elective and non-elective)	4	2153 (current month)	2246	1981	961	1407	1361	1612
	Cardiac surgery mortality (Crude)	3	<3%	2.40%	2.74%	3.29%	3.14%	3.15%	3.27%
	Same Day Admissions – Cardiac (eligible patients)	4	Monitor only	35.11%	30.23%	0.00%	82.35%	68.89%	54.64%
	Same Day Admissions - Thoracic (eligible patients)	4	Monitor only	16.67%	25.49%	28.07%	29.27%	18.52%	20.45%
	Theatre Utilisation	3	85%	75.92%	78.05%	25.52%	33.67%	54.73%	66.93%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	3	8.20	7.92	8.78	9.84	7.06	7.92	8.01
	Length of stay – Cardiac Elective – valves (days)	3	9.70	8.68	10.10	45.37	6.75	9.18	8.68
	Cath Lab Utilisation +6 at New Papworth (including 15 min Turn Around Times)	3	90%	84%	68%	27%	46%	66%	78%
	CCA length of stay (LOS) (hours) - mean	3	Monitor only	140	78	316	315	189	144
	CCA LOS (hours) - median	3	Monitor only	35	30	211	77	46	44
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	5.08	5.69	8.37	6.14	6.48	5.65
	% Day cases	3	Monitor only	60.36%	60.83%	68.33%	62.35%	59.97%	55.02%
COVID Additional KPIs	Confirmed C-19 patients on ACC (average)	New	Monitor only	n/a	n/a	38.0	23.1	10.5	4.3
	Confirmed C-19 patients on other wards (average)	New	Monitor only	n/a	n/a	6.0	5.5	3.3	1.5
	C-19 patients discharged	New	Monitor only	n/a	n/a	46	25	15	5
	Number of C-19 patients on ECMO (average)	New	Monitor only	n/a	n/a	16.2	19.1	10.5	6.0

## Summary of Performance and Key Messages:

### Bed occupancy

Over the months of June and July, CCA underwent surge de-escalation and 33 beds was re-set as the new baseline capacity. Respiratory ECMO numbers continued to slowly decrease from 7 to 5 patients under the service.

Routine Cardiac surgery recommenced in the second half of June in a phased recovery as per the CDC plan. 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 increased in July to 42 Cardiac surgery and 15 thoracic slots per week.

### Cardiac surgery Mortality (Euroscore)

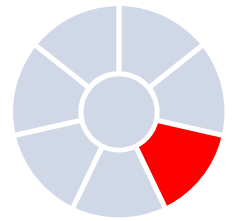
Mortality remains within an appropriate parameter given the complex case mix currently being delivered.

### Same Day Admissions

SDA for Cardiac Surgery remained above 50% in month with out final position 54.64%, Thoracic increased slightly to 20.45% due to an increase in treat and return patients. The current limitation for thoracic SDA is that nearly 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 1<sup>st</sup> cases due to impact on the wards of clerking those admitted at 7am now that we are scheduling more patients into theatres.

### Length of Stay – Cardiac surgery elective

LOS for both CABG and valve remains within parameters, with Valve LOS decreasing by an average of 0.5 in month. Contributory factors to increases in LOS include the lack of a discharge lounge which has been re-purposed as a staff rest area and the increase LOS occurred for admitting the night before to support admissions now we have increased activity.



### Escalated performance challenges: Theatre Cancellations

Cancellation reason	Jul-20	Total
1a Patient DNA	0	1
1b Patient refused surgery	0	1
1c Patient unfit	5	9
1d Sub optimal work up	0	0
1e Patient not ready	0	2
1f Patient no longer requires surgery	0	3
2a All CCA beds full with CCA patients	0	4
2b No ward bed 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	0	0
3b Theatre Staff	0	0
3c Consultant Surgeon	0	1
3d Consultant Anaesthetist	0	1
3e Other	0	0
4a Emergency took time	2	3
4b Transplant took time	2	4
4c ECMO/VAD took time	0	0
4d Additional urgent case added and took slot	2	6
4e Equipment/estate unavailable	0	1
5a Planned case overrun	5	10
5b Additional urgent case added and took slot	0	3
5c Overruns delayed start	0	1
6a Scheduling issue	0	0
6b Patient dependency	0	0
<b>Total</b>	<b>16</b>	<b>50</b>

### Top cancellation reasons in month:

- Patient unfit
- Planned case overrun

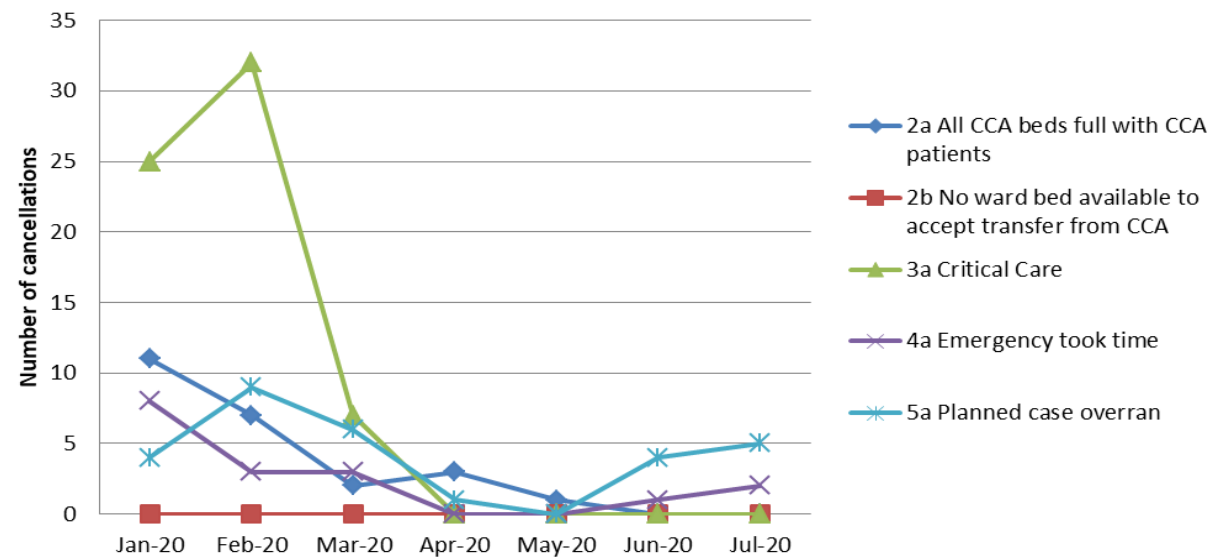
### Additional activity within theatres and CCA

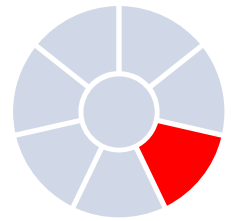
30 emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.

61 additional emergency minor procedures also went through theatre.

Planned case overrun is indicative of the new processes that have been implemented with the Green and Purple pathways and the subsequent increase in some turnaround times due to cleaning.

### Top five cancellation reasons Jan 20- Jul 20





### Escalated performance challenges:

RPH maintained all emergency, transplant and cancer activity throughout its response to the pandemic. However, few organs were offered for transplant and elective surgery, cardiology and respiratory services were paused as staff were re-deployed into the surge areas. Waiting lists were kept under active clinical review and where patients were assessed as a clinically priority their care was expedited through the limited elective capacity that was available.

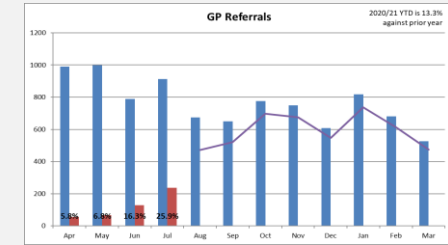
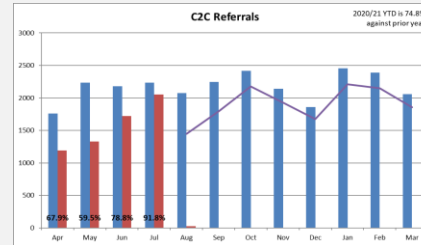
The waiting list decreased in size by approximately 900 pathways as a consequence of reduced referrals and data validation but with treatment delayed approximately half of patients now are waiting over 18 weeks for treatment. The Trust has 5 patients waiting over 52 weeks, as of 13<sup>th</sup> August.

As the Trust de-escalated its surge in June, elective activity and supporting functions have been switched on in a co-ordinated way in line with the priorities in the Trust Clinical Strategy as designed by the Clinical decision Cell.

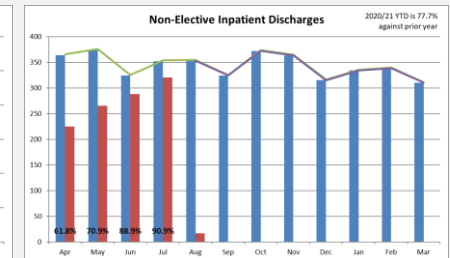
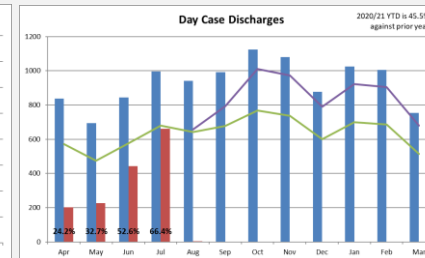
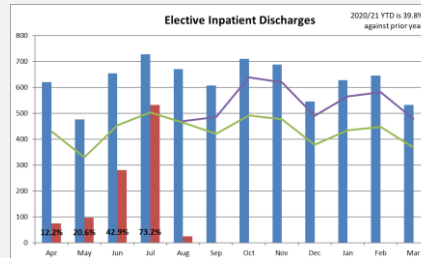
On 31<sup>st</sup> July Sir Simon Stephens and Amanda Pritchard set out the requirements and targets for phase three restoration of services in a letter to all healthcare providers. In addition to ambition to restore all services to the 19/20 activities levels, the letter emphasises the need for system working, addressing of health care and workforce inequalities, and robust winter planning. The Trust is now tracking its recovery against the new metrics within the letter.

### Progress to date:

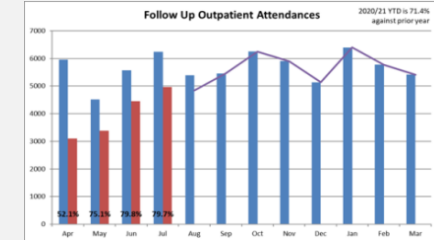
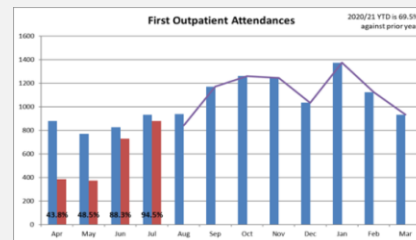
The Trust has seen a return to pre-COVID levels of Consultant to Consultant referrals but GP referrals remain low. This is partly due to the extensive use of advice and guidance which has reduced inappropriate referrals to Cardiology.



All services have re-started and activity levels are monitored weekly against the plan. In spite of high levels of emergency cardiology and transplant activity, the plan is on track or exceeding plan in all areas other than sleep and thoracic medicine services. This has largely been due to reluctance of shielding patients to attend appointments. Bookings through August have improved following clinical intervention.

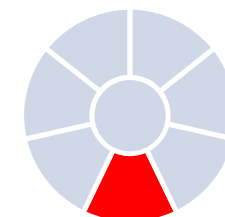


Key to Outpatient recovery has been the use of telephone and virtual clinics which were developed during surge but are now embedded where they have proved effective. Work is underway to adjust clinic templates so that virtual clinic slots can be identified.





## Performance summary



Accountable Executive: Chief Operating Officer

Report Author: Deputy Director of Operations

6 month performance trends

	Data Quality	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	99.70%	99.44%	97.72%	96.70%	96.80%	90.59%
	18 weeks RTT (combined)*	3	92%	90.78%	87.13%	79.06%	68.71%	54.72%	50.41%
	Number of patients on waiting list	3	3,343	4239	4228	3950	3829	3604	3259
	52 week RTT breaches	3	0	0	0	17	14	10	4
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	3	85%	100.0%	71.4%	53.8%	41.7%	10.0%	100.0%
	31 days cancer waits*	3	96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Theatre cancellations in month	3	30	68	31	9	7	18	16
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	62.00%	76.00%	64.00%	100.00%	93.00%	68.00%
Additional KPIs	18 weeks RTT (cardiology)	3	92%	94.68%	90.27%	82.64%	74.76%	68.00%	72.35%
	18 weeks RTT (Cardiac surgery)	3	92%	76.50%	74.48%	66.45%	58.49%	51.28%	53.79%
	18 weeks RTT (Respiratory)	3	92%	91.94%	88.32%	80.62%	67.93%	46.32%	32.53%
	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%	77.78%	77.50%	54.17%	100.00%	100.00%	100.00%
	Outpatient DNA rate	4	9%	7.76%	7.88%	3.17%	2.44%	3.56%	3.77%
	Urgent operations cancelled for a second time (New 19/20)	New	0	8	0	0	0	0	0
	Total cancellations (New 19/20)	New	tbc	36	25	4	2	4	11
% of IHU surgery performed < 10 days of medically fit for surgery	4	95%	88.00%	89.00%	82.00%	100.00%	100.00%	89.00%	
COVID Additional KPIs	C-19 referrals	New	Monitor only	n/a	n/a	76	18	7	0
	C-19 Patient LoS YTD	New	Monitor only	n/a	n/a	n/a	n/a	19.9	23.1
	Deaths as % of total Covid-19 positive patients YTD	New	Monitor only	n/a	n/a	15.6%	18.0%	17.7%	17.7%

### Summary of Performance and Key Message

#### Diagnostic waiting times

All imaging services have now been restarted and a backlog of CT referrals received during the height of the pandemic will be resolved by the end of August. The backlog in MRI referrals is expected to be resolved by the end of September with performance returning to the 99% target in October.

#### RTT Performance

Cardiology have exceeded the CDC medium term plan and begun to reduce the backlog of cases through the catheter labs, supporting the recovery (of 4%) to 72.4%. The emergency provision of all pathways was maintained, although demand has been exceptionally high. The diagnostic cardiac physiology service returned through the heart and lung area providing a Trust-wide facility.

Cardiac Surgery performance has also seen improvement in July increasing to 54%. Productivity work has delivered a steady increase in theatre utilisation which is supporting this recovery. Patient selection continues to be prioritised on clinical grounds.

Respiratory Medicine remains the key area of focus as restoration of services in this area has been the most challenging. Revised outpatient booking templates have been put in place and booked numbers of patients have begun to improve. Patient anxiety regarding attendance to site for diagnosis or treatment to is being managed through escalation to the relevant clinician.

#### 52 week breaches

There are four 52 week breaches, three of which are in Respiratory Medicine and relate to referrals for the GP sleep study service decommissioned last year.

#### Surgery Cancellations:

There has been 16 theatre cancellations in month. This is predominantly due to patient fitness, emergency activity impacting on list or overruns leading to cancellation of 2<sup>nd</sup> cases. All patients are offered the opportunity to remain in hospital and be re-scheduled with days of the postponement.

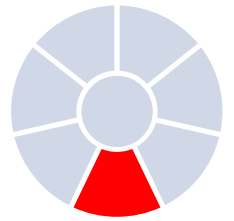
#### IHU Performance

Cardiac surgery met 89% of all IHU DTT to Treatment within 10 days and 68% within 7 days this month. The IHU service experienced a post-COVID rebound in IHU activity in the middle of July. There were four consultant specific cases which required a longer lead time to plan which also contributed to the drop in performance.

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

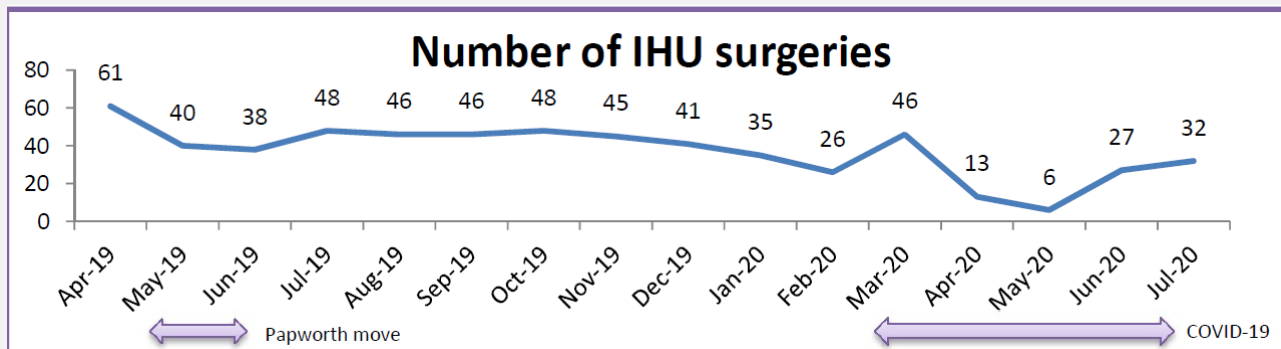
# Responsive

## Performance Challenges of IHU Service



### Key challenge:

- Reduction in referrals as a direct result of COVID 19.
- Delays in referring centres completing full Minimum Data Set (MDS), leading to delays in patient pathway.
- Increase in cases of patients transferred from other centres unfit for surgery leading to cancellations.
- Lack of daily ANP IHU cover due to shielding, redeployment and vacancies.
- Consultant specific referrals.
- Data quality errors relating to the recording medically fit dates and changes to pathways



### Current Performance

Over the last 3 months, performance against the IHU standards for 7 and 10 days has greatly improved.

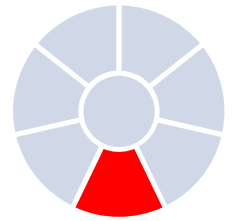
This is a direct effect of the reduction in scheduled elective activity as a result of COVID 19 which has prioritised IHU and P\* patients over the last 16 weeks.

### Month 4 summary:

- 32 IHU surgeries were scheduled.
- 97% of those patients were assessed at MDT within 1 day of receipt of referral.
- 98% of those patients were treated within 10 days.
- 68% of those patients were treated within 7 days (when fit for surgery). The 5 patients out of the target were due to 4 consultant specific referrals and 1 cancellation .
- 1 patient was cancelled with 100% of all cancelled surgery rescheduled within 5 days
- Data quality- work ongoing between teams to address and learn from errors.

# Responsive

## Spotlight on: Cancer Performance

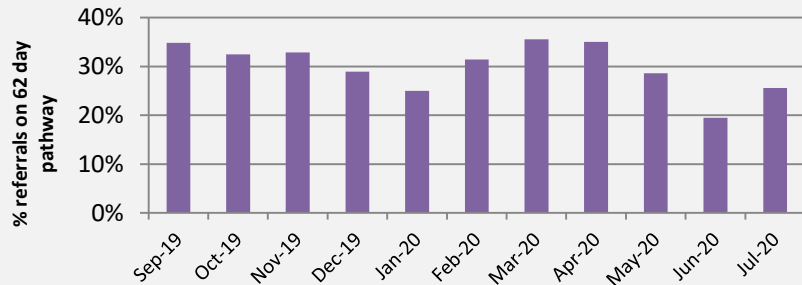


### Referrals

Referrals to cancer services nationally have dropped over the COVID-19 period and this is consistent with the experience at Royal Papworth over Q1 2020. Q2 referrals have increased to near pre-COVID levels. This is also reflected in the numbers of patients being monitored on the PTL; where pre-Covid levels would be around 130, this dropped to 79 in May and is now back at 93 in mid-August.

### 62 day pathways

The number of patients referred on a 62 day pathway pre-COVID was typically 30% of total thoracic oncology referrals. This did fall to below 20% in June but is now to be increasing again.



June had a particularly low compliance with the 62 day standard; 2 referrals were after day 57, 1 patient was unwell during the diagnostic phase and 3 patients required additional investigations or support as part of their work up.

### Treatment numbers

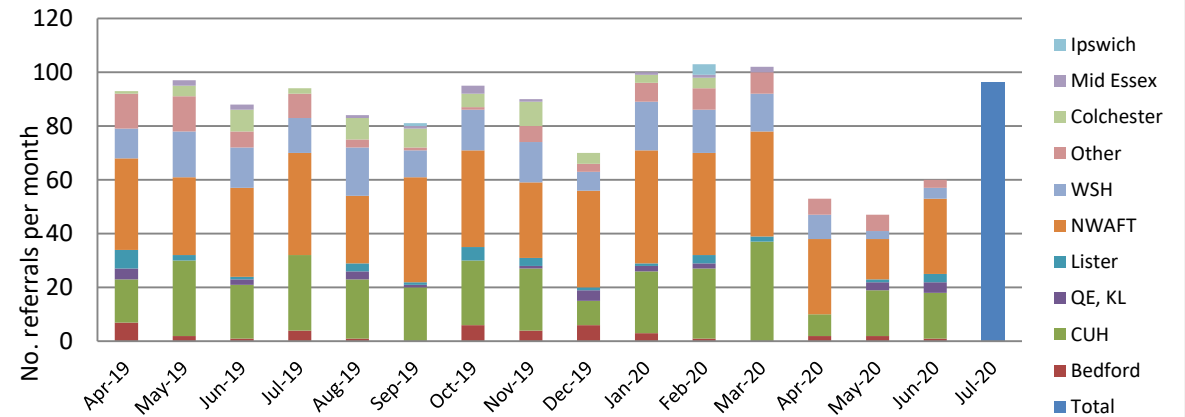
Overall treatment numbers have dropped, as a result of the decreased referrals, but also in line with the national clinical guidelines on which treatments to progress during the COVID 19 surge and which to pause.

### PET scanning

Waiting times for PET scanning remains good, with mean waits 3-4 days. Waiting time for diagnostics is closely being monitored by the CCG Cancer Operational Programme Team.

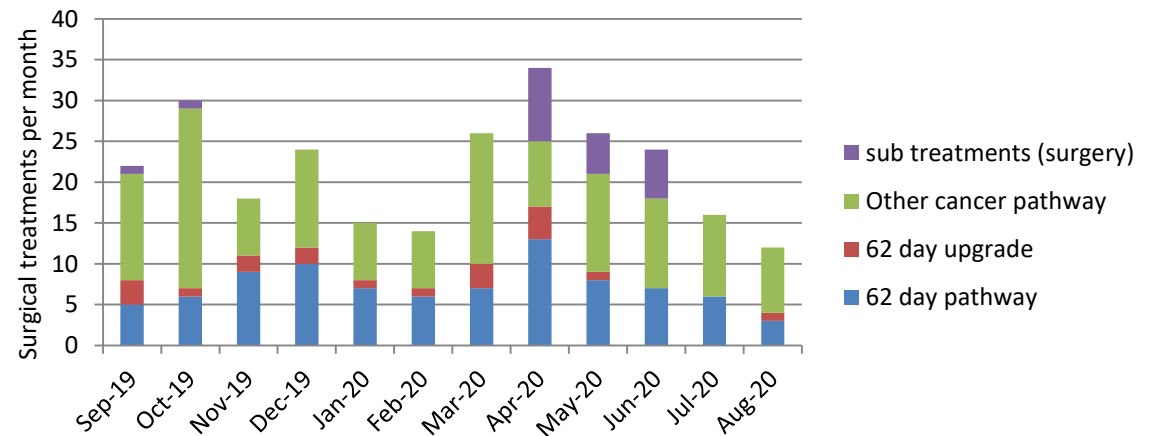
### Referrals to Thoracic Oncology

(July data not yet available by referring hospital)

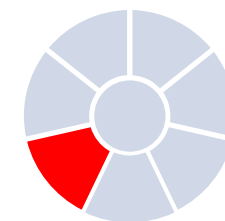


### Total treatment numbers (surgery)

(August performance estimated mid-month)



# 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	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
Dashboard KPIs	Voluntary Turnover %	3	15.0%	14.05%	9.10%	11.70%	11.69%	4.92%	10.12%
	Vacancy rate as % of budget	4	5.50%	10.97%	9.42%	8.19%	7.92%	7.30%	7.20%
	% of staff with a current IPR	3	90%	87.71%	84.99%	81.21%	79.62%	76.01%	69.44%
	% Medical Appraisals	3	90%	95.45%	83.04%	78.29%	77.59%	76.98%	n/a
	Mandatory training %	3	90.00%	84.25%	84.71%	84.25%	84.19%	82.90%	82.97%
	% sickness absence	3	3.5%	4.09%	5.93%	4.84%	3.73%	2.94%	3.46%
Additional KPIs	FFT – recommend as place to work	3	63.0%	n/a	68.00%	n/a	n/a	69.00%	n/a
	FFT – recommend as place for treatment	3	80%	n/a	97.00%	n/a	n/a	92.00%	n/a
	Registered nurse vacancies rate (including pre-registered nurses)	3	5.0%	9.86%	8.04%	6.30%	5.83%	5.31%	5.34%
	Registered nursing vacancy WTE (including pre-registered nurses)			70.2	57.24	44.83	41.3	37.62	37.79
	Registered nurse vacancies rate (excluding pre-registered nurses)	2	5.00%	10.78%	9.31%	7.60%	6.61%	5.88%	5.62%
	Registered nursing vacancy WTE (excluding pre-registered nurses)			76.7	66.24	54.33	46.8	41.62	39.79
	Unregistered nurse vacancies WTE (including pre-registered nurses)	3	10.00%	36.18	31.06	29.57	28.02	30.94	32.90
	Unregistered nursing vacancy rate (including pre-registered nurses)			13.47%	11.57%	11.00%	10.82%	11.95%	12.70%
	Unregistered nursing vacancy rate (excluding pre-registered nurses)	3	12.00%	15.89%	14.92%	14.55%	12.94%	13.30%	14.05%
	Long term sickness absence %			0.95%	0.78%	1.56%	1.51%	1.13%	1.61%
	Short term sickness absence	3	2.70%	3.13%	5.14%	3.28%	2.22%	1.81%	1.85%
	Agency Usage (wte) Monitor only	3	Monitor only	53.5	46.0	30.8	26.9	23.0	40.5
	Bank Usage (wte) monitor only	3	Monitor only	57.6	61.7	58.2	83.4	76.8	82.6
	Overtime usage (wte) monitor only	3	Monitor only	50.6	50.6	77.5	52.9	37.7	50.7
Turnover - Non medical starters	3	Monitor only	31.2	56.9	9.0	22.4	18.2	24.0	
Turnover - Non medical leavers	3	Monitor only	20.0	14.1	16.8	18.9	6.0	15.0	
Agency spend as % of salary bill	4	2.96%	3.24%	2.83%	2.82%	2.08%	1.93%	2.46%	
COVID Additional KPIs	Covid-19 related absences: Clinical Staff	New	Monitor only	n/a	n/a	161.5	156.3	102.1	75.0
	Covid-19 related absences: Non-Clinical Staff	New	Monitor only	n/a	n/a	93.5	90.4	95.8	74.4
	Staff Tested for COVID	New	Monitor only	n/a	n/a	79.0	36.0	14.0	12.0

### Summary of Performance and Key Messages:

Total turnover at 10.12% is well below the 15% target and continues the downward trend that we have been witnessing since February 2020.

Notwithstanding the significantly increased demand to recruit healthcare workers across the sector, we are continuing to experience success with filling our posts and sustaining the month on month reduction of our vacancy rate from 10.97% at the beginning of the year to 7.2% at the end of July. We also know that we have 140 staff in our recruitment pipeline and have started to ramp up the number of recruitment events we are organising and/or attending to showcase our Trust, the work that we do and the roles that we have available.

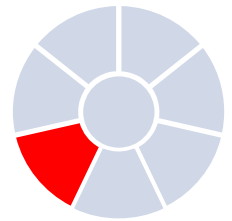
Following the suspension of Appraisals between March and July managers are dealing with a backlog of IPRs and this, coupled with a large number of IPR's coming due in July/August the % of our staff with a current IPR has dropped this month to 69% against the target of 90%. We have stepped up communications with managers and staff to ensure that they know that IPR's are no longer suspended and should be undertaken and we are focusing this month's PIPR "spotlight on" on IPRs to demonstrate our current position and the work to be done. In Mid August we will be launching the new IPR procedure and pay step authorisation form that was approved by OEG and JSC in March but put on hold and this should help drive performance against this target back up towards 90%.

Long term sickness absence stands at 1.61% which is above the 0.8% target and will be largely due to the suspension of formal management of long term sickness absence during covid. This work to review and support the management of long term sickness recommenced at the beginning of August.

Temporary staff usage continues to be high with the majority of temporary staff coming through the in house bank.

# People, Management & Culture

## Key performance challenges



### Escalated performance challenges:

- Staff health and wellbeing negatively impacted post-covid leading to fatigue, higher levels of non covid sickness absence, turnover and lower levels of staff engagement.
- Requirement to assess and enable, through workplace adjustments, 130 red risk shielding staff to return to work safely from 1 August.
- 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 on boarding is delayed by the current restrictions on travel.
- Ensuring compliance with induction and mandatory training as well as appraisals as a result of the competing demands for training space and line manager/staff time.
- Achieving the KPI of 90% of staff having an annual performance review meeting because of the backlog in appraisals.
- WRES and WDE data indicates that staff from a BAME background and with a disability have a less positive working experience.

### Key risks:

- Fatigue and low staff engagement drives an increase in sickness absence, turnover and poor morale leading to the use of more temporary staffing – loss of knowledge and cohesive team working leading to poorer quality patient experience.
- Slow enablement of return to work of 130 shielding staff creates increased workload for managers and remaining staff and this, combined with poor engagement, sickness absence and high turnover results in reduced ability to engage in post covid change programmes required for recovery.
- Lack of training space for induction delays onboarding of new recruits creating a bottleneck – exacerbates pressures in areas with high levels of vacancies and high numbers of red risk shielders waiting to return to work. These pressure also lead to a knock on negative impact on compliance with mandatory training and completing IPR's due to limited management/staff time available.

### Key Actions in the month:

Listening and debrief sessions have been held across the hospital to gather learning about the positive and negative staff experiences through the covid pandemic so far. The results of this learning is being collated for the Emergency Preparedness meeting on the 26<sup>th</sup> August. We have had a positive response to our EDI and Mental Health and Wellbeing recruitment campaigns and will be interviewing for these roles in mid/late August. These are two pivotal posts to support our staff engagement and wellbeing agenda.

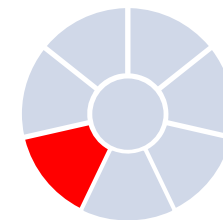
We have implemented a rapid return to work process for the 130 staff shielders and to date have worked with 90 of these members of staff to formalise their future working arrangements either by returning them to work with mitigations in place to ensure their safety or through confirming permanent flexible working contracts or redeployment into alternative roles.

We have 140 people in our recruitment pipeline including 98 band 5 nurses, 11 HCSW's and 31 people coming into roles within key shortage areas such as radiology, therapies and pharmacy. We have 24 people in our CCA overseas campaign and the pipeline for CCA is generally very positive and applications continue to be received. The focus of the nurse recruitment team has turned to Surgery, Cardiology and Thoracic Medicine to grow the numbers in those areas.

We launched a new Virtual Learning Environment (Learnzone) in March to support the safe on-boarding of new staff during the Covid-19 pandemic and this has now being extended to training and education for Blood transfusion, Medicines Management and Medical Gases. We are considering using this interface for Resus and Fire Training to enable us to meet our KPI.

# People, Management & Culture

## Spotlight on: IPRs



### Focus on IPRs

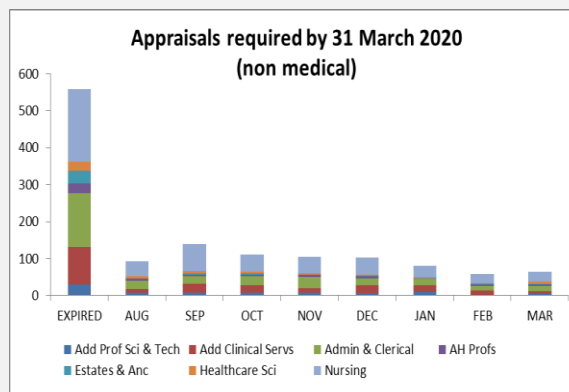
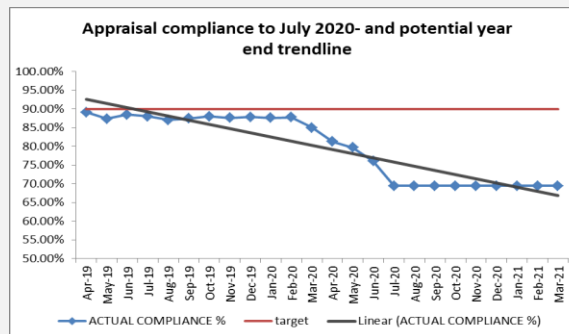
Having suspended appraisals in March 2020 due to Covid is it unsurprising that compliance sits below the 90% target at 69%.

However we now have a backlog of 595 overdue appraisals and there is much work to be done to improve on this KPI.

We announced that we would be reinstating appraisals at the start of August and since that time we have been communicating with managers and staff the need to do their appraisals and it is important that this work is stepped up immediately as, couple with the 595 overdue appraisals we have an additional 500 appraisals due before the end of the year.

This is undoubtedly a daunting challenge and does constitute a significant workload but is important for staff engagement which as we can see from the previous slide – is key to our performance in some way other areas. After the demands of the last 6 months it is more important than ever that managers take the time to reflect on the contributions of their staff and provide feedback and direction for the future.

It is recommended that manager start by focusing on those staff whose appraisals are out of date (595) and in particular those 124 staff who have never had an appraisal in their time at Papworth. Of these 124 staff it is noted that the majority are in administrative, nursing or estates roles and the workforce team will be identifying these individuals and working closely with managers to help them plan these appraisals as soon as possible.



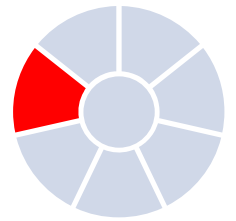
AFC staff compliance at July 2020	Compliant	New starters in year	Total Compliant	Total staff	Total Compliant (%)
Add Prof Sci & Tech	55	11	66	97	68.04%
Add Clinical Services	143	107	250	351	71.23%
Admin & Clerical	190	107	297	443	67.04%
Allied Health Profs	38	17	55	80	68.75%
Estates and Ancillary	24	20	44	78	56.41%
Healthcare Scientists	37	19	56	81	69.14%
Nursing Registered	374	128	502	699	71.82%
<b>Grand Total</b>	<b>861</b>	<b>409</b>	<b>1270</b>	<b>1829</b>	<b>69.44%</b>

Staff Group	EXPIRED	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Add Prof Sci & Tech	31	7	8	7	8	5	10	1	5
Add Clinical Servs	101	11	24	22	11	23	18	13	6
Admin & Clerical	146	23	21	23	32	18	17	13	16
AH Profs	25	5	3	4	5	6	0	3	4
Estates & Anc	34	1	5	5	0	2	1	2	1
Healthcare Sci	25	5	6	3	5	3	4	2	6
Nursing	197	40	73	48	44	45	30	24	27
	<b>595</b>	<b>97</b>	<b>153</b>	<b>119</b>	<b>112</b>	<b>118</b>	<b>89</b>	<b>62</b>	<b>70</b>

OUT OF DATE APPRAISALS	Employees
Appraisal date over 1 year old	471
No previous appraisal at Papworth	124**
<b>Total appraisals out of date</b>	<b>595</b>

Employees with no previous appraisal	** as above
In post between 1 < 2 years	114
In post between 2-< 4 years	7
In post over 4 years	3
<b>Total with no previous appraisal at RPH</b>	<b>124</b>

Employees with no previous appraisal	Employees
Add Prof Sci & Tech	3
Add Clinical Servs	23
Admin & Clerical	36
AH Profs	7
Estates & Anc	22
Healthcare Sci	3
Medical	2
Nursing	28
<b>All staff</b>	<b>124</b>



## Performance summary

Accountable Executive: Chief Operating Officer / Chief Finance Officer

Report Author: Director of Strategic Projects/SIP Programme Manager/AD Estates & Facilities

		Data Quality	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
Dashboard KPIs	CIP – project delivery	4		Red	Red	Red	Red	Red	Red
	Digital programme delivery on track	3		Amber	Amber	Amber	Amber	Amber	Red
	Hospital Optimisation	3		Amber	Amber	Amber	Amber	Amber	Amber
	Working with our Partners *	3		Amber	Amber	Amber	Amber	Amber	Green
	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
	Living with COVID **	3		n/a	n/a	n/a	n/a	n/a	Green

**Summary of Performance and Key Messages:**  
**Service Improvement (SIP/CIP):**  
 Over the next 5 years the SIP/CIP programme we will be focused on an Information and Business Intelligence led approach to the service and cost improvement programme. A strategy document explaining this approach will be released when approved.  
 The first meetings to utilise this approach are booked on a monthly basis until April 2021 with :  

- Cardiology
- Thoracic
- Surgery ,Transplant and Anaesthetics

 These will commence in August and all the teams will as a result of this review all their existing schemes for this year and ensure that all validated schemes have relevant A3 scopes ready for approvals and sign off by mid September.  
 A communication strategy is also being developed to support the programme. Further meetings will be arranged with all the other relevant departments and will be using the same methodology and approach.  
 The corporate projects will also be reinstated to commence from September these are:  

- Pharmacy
- Clinical variation
- Demand Management

 All the relevant projects that are related to Length of Stay (LOS) have been grouped into a sub programme and will also be launched in September under the Chief Nurse.  
 Because of the funding models and the potential impact on CIP delivery understanding costs of the services and processes will be essential.  
**Living with COVID:**  
 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.  
 Work is near completion make the hospital COVID compliant and the last remaining issue is enhancing staff rest and changing facilities.  
 The CDC are developing the clinical strategy for the next 7 months to the remainder of the financial year. The areas of focus for recovering clinical activity have been determined by this clinical strategy and focus on:  

- Outpatients, Optimising attendance and virtual appointments
- Theatre productivity
- Cath lab productivity

- Diagnostic access
- Critical care capacity

Our recovery of activity is progressing well with cardiac surgery at pre-COVID levels, cath labs at 80% and outpatients focussing on bringing only those patients to the hospital that need a face to face consultation. The focus next is on increasing bringing cardia physiology and nuclear medicine activity levels . Progress on the clinical strategy is reported fortnightly to the Living with COVID Steering Group

**Working with our Partners:**  
 Following the internal review of the CTP programme and re-prioritisation in line with the emerging clinical strategy, the outcomes of have been shared with CUH at a recent Joint Management Board. It was agreed that the programme delivered and supported the main objectives, to facilitate the hospital re-location with the Campus and a rebasing of the partnership working was supported. There is a legal requirement for the Joint Management Board to continue to meet to provide oversight to the Shared Services Agreement and the RPH priority areas for development were shared for CUH consideration. These include implementation of the GIRFT recommendations for Cardiology services, developing one centre for Bronchoscopy services, enhancing existing staff rotations and collaboration on Tissue Bank Services.  
 Discussions are also progressing well with East and North Hertfordshire regarding possible cardiology services collaborations and these will be subject to further discussion and approval within both organisations.

**Lorenzo Digital Exemplar Programme:**  
 The LDE Programme 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 go-live dates for integration initiatives for ECG this month and ECHO and Respiratory Physiology in Sept.  
 Self Service Analytics has been progressing through COVID-19 and is on track and progressing well.  
 Hotfloor has recommenced 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. This project as yet is not reset with on going discussions planned over the next month.  
 The programme has progressed 6% in the last month and is at 66% complete on plan across 11 months of a 16 month programme and is marginally behind on plan reflecting a RAG position of Amber across the programme

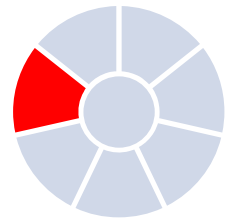
**HLRI:**  
 A more detailed update is proved this month in the Spotlight on Section of this report.

\* - Metric previously named Cambridge Transition Programme.

\*\* - New metric from July 2020

# Transformation

## Key performance challenges



### Escalated performance challenges:

#### HLRI:

None

#### Living with COVID:

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

#### Working with our Partners:

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

#### Living with COVID:

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.

#### Working with our Partners:

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

#### Living with COVID:

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

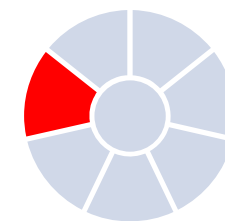
#### Working with our Partners:

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



# Transformation

## Spotlight on: Heart & Lung Research Institute



### Background

The Heart & Lung Research Institute (HLRI) is being built by the University of Cambridge (UoC) on the Trust retained land to the West of the hospital, adjacent to Francis Crick Avenue.

The Agreement for Lease was signed by Stephen Posey, Chief Executive, on 17th October under delegated authority from the Board. There were minimal changes to the Full Business Case approved by the Trust Board in September 2019.

The Trust is contributing £5M towards the capital cost of the HLRI.

### Ongoing construction matters

Construction commenced on site in January 2020. Due to a number of design changes, sectional completion of the building has moved from September to December 2021 with full completion of external spaces in February 2022. Occupation of the building is still planned for April 2022.

SDC (Main Contractors) are currently working a 2 shift pattern up until mid-night to achieve this date. To date, the late working has been no impact on the Trust's clinical services and privacy and acoustic attenuation is maintained.

Covid-19 had a minimal impact on the construction programme. SDC were able to continue working in a safe manner due to the work being mainly external. They were able to source a number of products due to be procured from affected countries from alternative suppliers.

The Clinical Research Facility (CRF) is at the final design stage with the Trust currently reviewing the latest iteration of room drawings.

Digital are finalising with University colleagues the design specification of the AV/ IT and Telecomms provision. An alternative proposal for Wifi provision is being provided by the UoC service provider for consideration.

A variation enquiry has been submitted by the Trust to repurpose the ground floor desk area as a simulation suite. Some initial design work is taking place with the Trust awaiting costs.

### HLRI facilities

The HLRI includes the following facilities:

#### Ground floor

- Clinical Research Facility – RPH and University shared space
- 120 seat lecture theatre – Divisible into 2 spaces Of 70 and 50 – RPH spaces
- Seminar and meeting rooms –RPH and University shared spaces

#### First floor

- Wet and dry lab spaces – RPH and University

#### Second floor

- Wet and dry lab spaces - University

### Risks

The main risks associated with the project are around attracting research staff and costs associated with running clinical trials.

### Equipment

An equipment schedule for the CRF is under development and full funding is yet to be identified.

### Programme summary

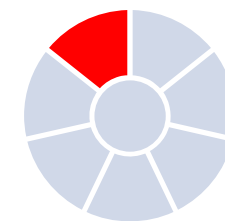
Practical completion	December 2021
Trust Go No-Go decision	March 2022
Occupation of office space	April 2022
CRF opens	October 2022

## Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

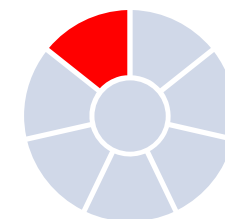
### 6 month performance trends



	Data Quality	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	
Dashboard KPIs	Year to date EBITDA surplus/(deficit) £000s	5	£2,252k	£12,914k	£14,343k	£1,341k	£2,676k	£3,800k	£5,116k
	Year to date surplus/(deficit) exc land sale £000s	5	£(3,604)k	£1,589k	£2,326k	£(39)k	£(78)k	£(117)k	£(111)k
	Cash Position at month end £000s	5	£24,325k	£20,930k	£16,650k	£31,151k	£34,475k	£33,347k	£32,051k
	Use of Resources rating*	5	3	3	3	n/a	n/a	n/a	n/a
	Capital Expenditure YTD £000s	5	£1,650k pa (20/21)	£2,694k	£3,632k	£414k	£832k	£1,630k	£1,768k
	In month Clinical Income £000s	5	£14269k (current month)	£12,425k	£14,588k	£13,263k	£13,564k	£13,486k	£13,261k
	CIP – actual achievement YTD - £000s	4	£0k	£975k	£1,037k	£0k	£0k	£0k	£0k
	CIP – Target identified YTD £000s	4	£3,994k pa	£1,654k	£1,900k	£0k	£0k	£0k	£0k
Additional KPIs	Debtors > 90 days overdue	4	10%	28.8%	18.1%	27.9%	33.6%	38.5%	76.8%
	Capital Service Rating (New 19/20)	5	4	3	2	3	3	3	2
	Liquidity rating (New 19/20)	5	2	1	1	1	1	1	1
	I&E Margin rating (New 19/20)	5	1	1	1	1	1	1	1
	I&E Margin: Distance from financial plan (New 19/20)*	5	1	4	4	n/a	n/a	n/a	n/a

### 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 (tranche 1), a block payment to reflect the Trust's deficit run rate (tranche 2), and a further "true-up" (tranche 3). The block elements are designed to fund business as usual operations; the "true-up" is designed to fund net additional Covid-19 costs. The expectation from the regulator is therefore that the Trust will breakeven each month and in month the Trust reported a breakeven position.
- This required a "true-up" of £4.0m in July of which £1.6m is due to the net impact of Covid-19, a further £1m is due to a technical difference in the calculation of the block for Homecare Pharmacy costs, and £1.3m from lower private patient activity and lower R&D activity. This is partly offset by lower consumables spend of £0.7m.
- The run rate on Covid-19 costs has reduced in month as the Trust gradually returns to business as usual. Movement in month is mainly due to £0.2m re-classification of redeployed R&D staff; £0.2m PFI support costs, £0.3m Overseas recruitment cost and £0.36m relating to reusable PPE.
- M4 saw a significant improvement in underlying activity compared to planned levels and as a result the headroom protection from the central block funding has significantly reduced in month. YTD activity remains significantly behind YTD plan, with 20% of YTD underlying income of £40.1m relating to ECMO activity.
- The increase in BAU activity brings with it an increase in the Trust's underlying cost base and a shifting risk profile for the latter half of the year (coupled with the expected new financial framework from M7).
- The Trust's cash position of £32.1m includes an advance on the August block payments totalling £14.5m. In addition, the Trust has benefitted from four months of block payments to reflect the Trust's deficit run rate of c.£4.0m. The underlying cash position excluding these elements is c£13.6m.



## Key performance – year to date SOCI

YTD the Trust is operating a £13.1m deficit before recognition of the “true up”. £5.4m of this relates to the Homecare mismatch in the funding formula; £8.1m relates to Covid-19 costs; £4.9m relates to lost private patient income; offset by net underspends due to lower activity of c£5.3m

	YTD £000's	YTD £000's	YTD £000's	YTD £000's	YTD £000's	YTD £000's	RAG
	NHS/E "Plan"	Underlying Actual	Non Recurrent	Actual Total	Variance to NHS/E	Variance to 20/21 draft plan	
<b>Clinical income</b>							
Drugs & Devices income	£1,520	£782	£0	£782	(£738) ❶	(£402)	●
NHS clinical income on PBR basis	£47,004	£39,577	£0	£39,577	(£7,427)	(£9,018)	●
Homecare Pharmacy Income	£5,788	£11,268	(£5,482)	£5,786	(£2)	(£3,211)	●
Balance to central payment / top-up payment	£0	£0	£7,225	£7,225	£7,225 ❷	£7,225	●
Private patients	£2,336	£356	£0	£356	(£1,980)	(£2,212)	●
Sub-total	£56,648	£51,982	£1,743	£53,725	(£2,923)	(£7,619)	●
<b>Other operating income</b>							
Other operating income	£6,028	£2,748	£316	£3,064	(£2,964)	(£2,598)	●
Balance to central payment / top-up payment	£5,387	£0	£18,471	£18,471	£13,084 ❸	£17,121	●
Sub-total	£11,415	£2,748	£18,787	£21,535	£10,120	£14,523	●
<b>Total operating income</b>	<b>£68,063</b>	<b>£54,730</b>	<b>£20,530</b>	<b>£75,260</b>	<b>£7,197</b>	<b>£6,904</b>	●
<b>Pay expenditure</b>							
Substantive	(£32,344)	(£32,757)	(£1,644)	(£34,401)	(£2,057)	£23	●
Bank	(£700)	(£294)	(£534)	(£828)	(£128)	(£795)	●
Agency	(£1,464)	(£604)	(£225)	(£829)	£635	(£786)	●
Sub-total	(£34,508)	(£33,655)	(£2,403) ❹	(£36,058)	(£1,550)	(£1,558)	●
<b>Non-pay expenditure</b>							
Clinical supplies	(£9,063)	(£5,914)	(£1,308)	(£7,221)	£1,842 ❺	£3,657	●
Drugs	(£2,116)	(£1,380)	(£492)	(£1,872)	£244	£171	●
Homecare Pharmacy Drugs	£0	(£11,268)	£0	(£11,268)	(£11,268)	(£2,271)	●
Non-clinical supplies	(£17,016)	(£9,812)	(£3,868)	(£13,680)	£3,336 ❻	(£4,184)	●
Depreciation (excluding Donated Assets)	(£2,800)	(£2,851)	£0	(£2,851)	(£51)	£35	●
Depreciation (Donated Assets)	£0	(£156)	£0	(£156)	(£156)	£0	●
Sub-total	(£30,995)	(£31,380)	(£5,668)	(£37,048)	(£6,053)	(£2,592)	●
<b>Total operating expenditure</b>	<b>(£65,503)</b>	<b>(£65,035)</b>	<b>(£8,071)</b>	<b>(£73,106)</b>	<b>(£7,603)</b>	<b>(£4,149)</b>	●
<b>Finance costs</b>							
Finance income	£48	£0	£0	£0	(£48)	(£36)	●
Finance costs	(£1,784)	(£1,748)	£0	(£1,748)	£36	(£1)	●
PDC dividend	(£824)	(£517)	£0	(£517)	£307	£244	●
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	●
Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	●
Sub-total	(£2,560)	(£2,265)	£0	(£2,265)	£295	£206	●
<b>Surplus/(Deficit) including central funding</b>	<b>£0</b>	<b>(£12,570)</b>	<b>£12,459</b>	<b>(£111)</b>	<b>(£111)</b>	<b>£2,962</b>	●
<b>Surplus/(Deficit) Control Total basis</b>	<b>£0</b>	<b>(£12,459)</b>	<b>£12,459</b>	<b>£0</b>	<b>£0</b>	<b>£2,962</b>	●
<b>Surplus/(Deficit) excl central funding top up (CT Basis)</b>	<b>£0</b>			<b>(£13,102)</b>	<b>(£13,102)</b>	<b>(£10,184)</b>	●

### Year to date headlines:

- Underlying clinical income (including drugs and devices) on PbR basis was £10.1m below the NHSI/E expectation, due to the reduced activity levels as the Trust manages the Covid-19 pandemic ❶. An additional £7.2m balance income has been received YTD to bridge the clinical income back to the central income block payment received ❷.
- Activity is 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 £13.1m “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 £2.4m Covid-19 expenditure ❹ (see narrative on “In month SOCI in the finance report” regarding R&D Covid-19 costs). 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.
- 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£3.1m favourable to NHSI/E expectation YTD; this is partly offset by £1.3m 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£7.2m favourable to NHSI/E expectation in month; this is partly offset by £3.9m of increased expenditure linked to Covid-19.
- Homecare pharmacy drugs YTD costs of £11.3m is £5.5m 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 £13.1m “true-up”.

Note - Please see the ‘2020/21 Finance Report – July 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”