

Papworth Integrated Performance Report (PIPR)

August 2020

September 2020



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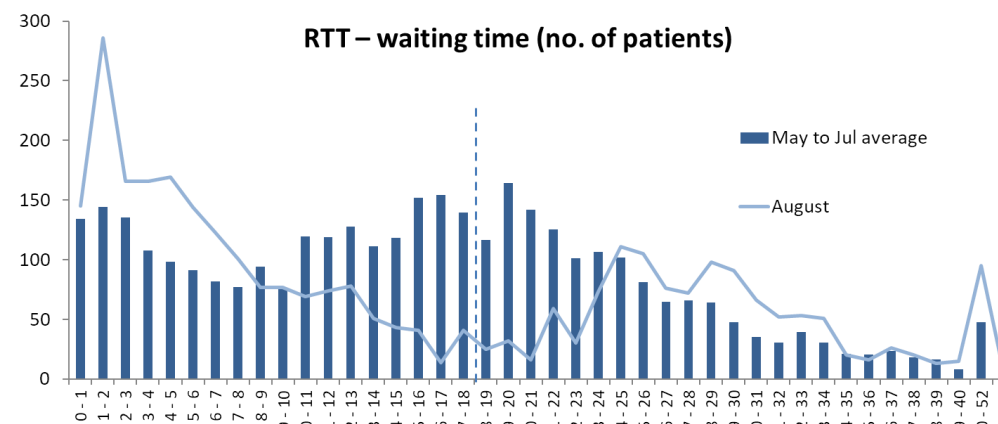
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Context:

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 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Trend |
|----------------------------|--------------|--------------|--------------|--------------|--------------|--------------|-------|
| Cardiac Surgery | 148 | 24 | 41 | 109 | 151 | 177 | |
| Cardiology | 561 | 216 | 355 | 492 | 611 | 553 | |
| ECMO (days) | 155 | 459 | 566 | 273 | 111 | 107 | |
| ITU (COVID) | 0 | 50 | 3 | 1 | 1 | (2) | |
| PTE operations | 12 | 0 | 1 | 9 | 17 | 13 | |
| RSSC | 400 | 40 | 294 | 202 | 413 | 450 | |
| Thoracic Medicine | 447 | 80 | 69 | 168 | 198 | 203 | |
| Thoracic surgery (exc PTE) | 80 | 73 | 65 | 77 | 65 | 61 | |
| Transplant/VAD | 178 | 19 | 13 | 30 | 45 | 38 | |
| Total Inpatients | 1,981 | 961 | 1,407 | 1,361 | 1,612 | 1,600 | |
| Outpatient Attendances | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Trend |
| Cardiac Surgery | 413 | 199 | 200 | 331 | 558 | 562 | |
| Cardiology | 2,981 | 1,991 | 2,138 | 2,337 | 2,864 | 2,966 | |
| ECMO | 0 | 0 | 0 | 0 | 0 | 0 | |
| PTE | 0 | 0 | 0 | 0 | 0 | 0 | |
| RSSC | 1,808 | 278 | 285 | 1,192 | 1,476 | 1,138 | |
| Thoracic Medicine | 1,960 | 1,058 | 1,167 | 1,628 | 2,044 | 1,688 | |
| Thoracic surgery (exc PTE) | 70 | 110 | 84 | 71 | 103 | 69 | |
| Transplant/VAD | 177 | 224 | 206 | 269 | 266 | 269 | |
| Total Outpatients | 7,409 | 3,860 | 4,080 | 5,828 | 7,311 | 6,692 | |

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

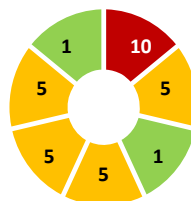
The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

| 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 in Safe remain green in August 2020. Safe Staffing - Care Hours Per Patient Day (CHPPD) for all areas during August remained green. The safe staffing fill rate is red for both days and nights. 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. CHPPD and nursing staff to patient ratios are monitored daily and via a monthly Effectiveness Report to CPAC.

CARING: All of the dashboard KPI metrics in Caring remain green in August 2020. Friends and Family Test - wards and departments are continuing to work to regain momentum for FFT participation and experience rates. For August 2020 Inpatients: Positive Experience rate has increased from 98.5% (July) to 99.4% (August). Participation Rate has increased from 34.9% (July) to 36.2% (August). For Outpatients: Positive Experience Rate has increased from 97.5% (July) to 100% (August). The Outpatient Participation Rate has reduced slightly from 2.45% (July) to 1.9% (August).

PEOPLE, MANAGEMENT & CULTURE: Sickness absence - increased to 3.8% and is over the Trust's KPI target. There is still absence due to COVID, albeit at low levels during August.

ADVERSE PERFORMANCE

EFFECTIVE: 1) Bed occupancy - Over the last 3 months, CCA underwent surge de-escalation and 33 beds was re-set as the new baseline capacity. 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 was only undertaken in a limited way as the building underwent modification to allow the introduction of green and purple infection control pathways. 2) 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 and over the last 4 weeks we have seen a 10% improvement in utilisation compared to M4.

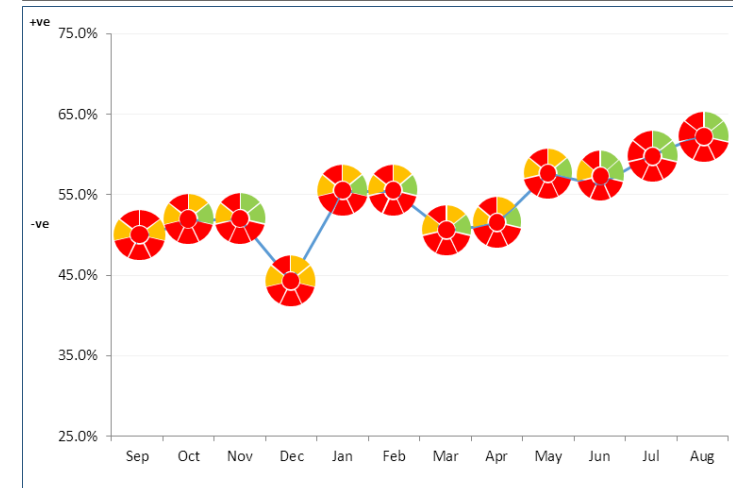
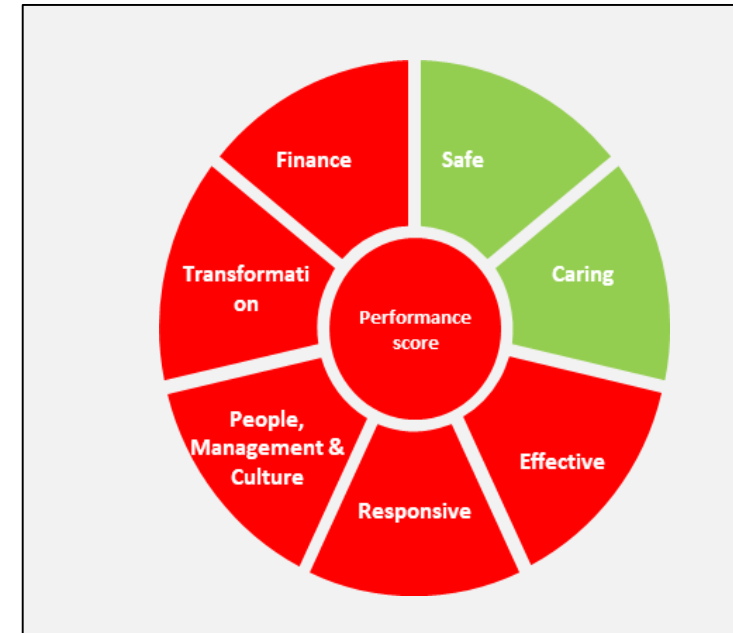
RESPONSIVE: RTT - Cardiology continue to exceed the CDC mid-term strategy in terms of activity and this is reflective in the division's RTT recovery with a 14% improvement in performance from 68% in M3 to 84% in M5. Cardiac Surgery performance has remained static between M4 and M5 at 54%. Productivity work has delivered a steady increase in theatre utilisation which is supporting this recovery. Patient selection continues to be prioritised on clinical grounds.

PEOPLE, MANAGEMENT & CULTURE: Mandatory training - During the emergency response we suspended Mandatory Training and resumed in July 2020. There was a small improvement in compliance to 84.6% in August. The majority of mandatory training is now delivered through e-learning platforms.

FINANCE: There has been £1.8m of Covid-19 capital expenditure to date, of which £0.6m (relating to x8 ECMO systems) has been received, but the remainder is yet to be reimbursed by NHSE.

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 and setting out the clinical strategy for until the end of the financial year. The CDC have developed a clinical strategy for the remainder of the financial year and this is being considered by the Divisions and Executive ahead of final approval. Key to the delivery of the strategy will be the recruitment of staff and maximising the use of the available hospital capacity, with a desire to exceed pre COVID activity levels by April 2021. Our recovery of activity is progressing well and the Trust has been asked to support other trusts in the system with their recovery plans and we have been asked to provide a case study for NHS Providers for sharing nationally.



At a glance – Balanced scorecard

| | | Month reported on | Data Quality | Plan | Current month score | YTD Actual | Forecast YE | Trend | | | Month reported on | Data Quality | Plan | Current month score | YTD Actual | Forecast YE | Trend |
|--|---|---|--------------|----------------------|---------------------|------------|-------------|-------|--|---|-------------------------------------|--------------|-----------|---------------------|------------|-------------|-------|
| Safe* | Never Events | Aug-20 | 3 | 0 | 0 | 0 | | | Caring | FFT score- Inpatients | Aug-20 | 4 | 95% | 99.40% | 97.92% | | |
| | Moderate harm incidents and above as % of total PSIs reported | Aug-20 | 3 | 3% | 2.80% | 1.53% | | | | FFT score - Outpatients | Aug-20 | 2 | 95% | 100.00% | 100.00% | | |
| | Number of Papworth acquired PU (grade 2 and above) | Aug-20 | 4 | 35 pa | 0 | 7 | | | | Number of written complaints per 1000 WTE (Rolling 3 mth average) | Aug-20 | New | 12.6 | 4.6 | | | |
| | High impact interventions | Aug-20 | 3 | 97% | 98.60% | 97.70% | | | | Mixed sex accommodation breaches | Aug-20 | New | 0 | 0 | 0 | | |
| | Falls per 1000 bed days | Aug-20 | 3 | 4 | 3.83 | 3.16 | | | | % of complaints responded to within agreed timescales | Aug-20 | 4 | 100% | 100.00% | 100.00% | | |
| | Sepsis - % patients screened and treated (Quarterly) | Aug-20 | New | 90% | - | - | | | People Management & Culture | Voluntary Turnover % | Aug-20 | 3 | 15.0% | 14.7% | 10.4% | | |
| | Safer Staffing CHPPD – 5 North | Aug-20 | 3 | 7.8 | 10.0 | 10.1 | | | | Vacancy rate as % of budget | Aug-20 | 4 | 5.5% | 7.8% | | | |
| | Safer Staffing CHPPD – 5 South | Aug-20 | 3 | 7.8 | 10.7 | 13.8 | | | | % of staff with a current IPR | Aug-20 | 3 | 90% | 64.04% | | | |
| | Safer Staffing CHPPD – 4 North/South | Aug-20 | 3 | 7.8 | 11.1 | 10.3 | | | | % Medical Appraisals | Aug-20 | 3 | 90% | n/a | | | |
| | Safer Staffing CHPPD – 3 North | Aug-20 | 3 | 7.8 | 10.9 | 13.9 | | | | Mandatory training % | Aug-20 | 3 | 90% | 84.64% | 83.79% | | |
| | Safer Staffing CHPPD – 3 South | Aug-20 | 3 | 7.8 | 10.8 | 10.9 | | | | % sickness absence | Aug-20 | 3 | 3.50% | 3.83% | 3.66% | | |
| | Safer Staffing CHPPD – Day Ward | Aug-20 | 3 | 6 | 15.4 | 15.4 | | | | Year to date EBITDA surplus/(deficit) £000s | Aug-20 | 5 | £2,165k | £6,385k | | | |
| | Safer Staffing CHPPD – Critical Care | Aug-20 | 3 | 32.9 | 36.0 | 38.4 | | | | Year to date surplus/(deficit) exc land sale £000s | Aug-20 | 5 | £(5,157)k | £(112)k | | | |
| Effective | Bed Occupancy (excluding CCA and sleep lab) | Aug-20 | 4 | 85% (Green 80%-90%) | 64.00% | 45.68% | | | Finance | Cash Position at month end £000s | Aug-20 | 5 | £23,570k | £39,172k | | | |
| | CCA bed occupancy | Aug-20 | 3 | 85% (Green 80%-90%) | 84.40% | 82.74% | | | | Use of Resources rating | Aug-20 | 5 | 3 | n/a | n/a | | |
| | Admitted Patient Care (elective and non-elective) | Aug-20 | 4 | 1940 (current month) | 1600 | 6941 | | | | Capital Expenditure YTD £000s | Aug-20 | 5 | £1,285k | £1,942k | | | |
| | Cardiac surgery mortality (Crude) | Aug-20 | 3 | 3% | 3.21% | 3.21% | | | | In month Clinical Income - £000s | Aug-20 | 5 | £12843k | £13,571k | £67,145k | | |
| | Same Day Admissions – Cardiac (eligible patients) | Aug-20 | 4 | Monitor only | 37.63% | 48.70% | | | | CIP – actual achievement YTD - £000s | Aug-20 | 4 | £0 | £0k | £0k | | |
| | Same Day Admissions - Thoracic (eligible patients) | Aug-20 | 4 | Monitor only | 13.33% | 21.93% | | | | CIP – Target identified YTD £000s | Aug-20 | 4 | £1,250k | £0k | £0k | | |
| | Theatre Utilisation | Aug-20 | 3 | 85% | 76.6% | 51.5% | | | | CIP – project delivery | Aug-20 | 4 | | | | | → |
| | Responsive | % diagnostics waiting less than 6 weeks | Aug-20 | 3 | 99% | 97.63% | 94.64% | | | | Digital programme delivery on track | Aug-20 | 3 | | | | |
| 18 weeks RTT (combined) | | Aug-20 | 3 | 92% | 60.43% | 60.43% | | | Hospital Optimisation | Aug-20 | 3 | | | | | → | |
| Number of patients on waiting list | | Aug-20 | 3 | 3343 | 3086 | 3086 | | | Working with our Partners | Aug-20 | 3 | | | | | → | |
| 52 week RTT breaches | | Aug-20 | 3 | 0 | 6 | 51 | | | HLRI – Construction delivery on track | Aug-20 | 3 | | | | | → | |
| 62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)* | | Aug-20 | 3 | 85% | 100.00% | 66.70% | | | HLRI – Occupational planning on track | Aug-20 | 3 | | | | | → | |
| 31 days cancer waits* | | Aug-20 | 3 | 96% | 100.00% | 100.00% | | | Research and Development Strategy – overall progress | Aug-20 | 3 | | | | | → | |
| Theatre cancellations in month | | Aug-20 | 3 | 30 | 23 | 15 | | | Living with COVID | Aug-20 | 3 | | | | | New | |
| % of IHU surgery performed < 7 days of medically fit for surgery | | Aug-20 | 4 | 95% | 66.00% | 78.20% | | | | | | | | | | | |

* 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 | 2 | 1 | | |
| RTT Waiting Times | % Within 18wks - Incomplete Pathways | 4 | 92% | 60.43% | | 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% | 35.17% | | Current month provisional as going through verification process. Data is after reallocations |
| VTE | Number of patients assessed for VTE on admission | 3 | 95% | 100.00% | | 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 |
| | NHSE | tbc | tbc | tbc | tbc | tbc | tbc | tbc | tbc | tbc | tbc | |
| 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 |
| | C&P CCG (& Associates) | tbc | tbc | tbc | tbc | tbc | tbc | tbc | tbc | tbc | tbc | |
| Trust Total | tbc | tbc | 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 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-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 | 16 | ↓ |
| 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 7/9/20 | 1853 | OM | 8 | Yes | 16 | 16 | 16 | 16 | 16 | 12 | ↓ |
| Safe | Unable to recruit number of staff with the required skills/experience | 1854 | OM | 8 | Yes | 20 | 20 | 20 | 20 | 20 | 12 | ↓ |
| 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 | 8 | ↔ |
| People Manag. & Cult. | Failure to release staff to undertake educational activity due to workload | 684 | JR | 8 | Yes | 9 | 9 | 12 | 9 | 9 | 9 | ↔ |
| People Manag. & Cult. | Low levels of Staff Engagement | 1929 | OM | 6 | In progress | 16 | 16 | 16 | 16 | 8 | 8 | ↔ |
| 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 | 678 | EM | 12 | Yes | 16 | 16 | 16 | 16 | 16 | 16 | ↔ |
| Finance | Income Growth - activity transfers OVERDUE - chased since 11/6/20 | 865 | EM | 12 | In progress | 16 | 16 | 16 | 16 | 16 | 16 | ↔ |
| 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 | 10 | 15 | 15 | 15 | 15 | ↔ |
| Finance | Maintain a positive cash balance | 2164 | TG | 8 | In progress | 12 | 12 | 12 | 12 | 8 | 12 | ↑ |
| Finance | Cash risk from increase COVID expenditure | 2541 | TG | 6 | In progress | - | 15 | 6 | 20 | 12 | 12 | ↔ |

Performance summary

Accountable Executive: Chief Nurse

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

6 month performance trends



| | Data Quality | Target | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | |
|--------------------------------------|---|------------------|--------------|---------|----------------|--------|--------|--------|-------|
| Dashboard KPIs | Never Events | 3 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Moderate harm incidents and above as % of total PSIs reported | 3 | <3% | 0.50% | 0.00% | 3.27% | 0.00% | 1.60% | 2.80% |
| | Number of Papworth acquired PU (grade 2 and above) | 4 | <4 | 2 | 4 | 2 | 1 | 0 | 0 |
| | High impact interventions | 3 | 97.0% | 100.0% | 94.4% | 99.5% | 98.2% | 97.8% | 98.6% |
| | Falls per 1000 bed days | 3 | <4 | 2.9 | 2.2 | 5.0 | 2.5 | 2.4 | 3.8 |
| | Sepsis - % patients screened and treated (Quarterly) | New | 90.0% | 100.00% | - | - | 50.00% | - | - |
| | Safer Staffing CHPPD – 5 North | 3 | >7.8 | n/a | 11.90 | 10.30 | 8.00 | 10.20 | 10.00 |
| | Safer Staffing CHPPD – 5 South | 3 | >7.8 | n/a | 18.60 | 15.80 | 12.70 | 11.40 | 10.70 |
| | Safer Staffing CHPPD – 4 North/South | 3 | >7.8 | n/a | 13.00 | 8.50 | 9.50 | 9.50 | 11.10 |
| | Safer Staffing CHPPD – 3 North | 3 | >7.8 | n/a | 10.60 | 16.40 | 19.40 | 12.00 | 10.90 |
| | Safer Staffing CHPPD – 3 South | 3 | >7.8 | n/a | 13.20 | 12.00 | 9.40 | 9.00 | 10.80 |
| | Safer Staffing CHPPD – Day Ward | 3 | >6 | n/a | Closed - COVID | 27.94 | 20.11 | 14.64 | 15.39 |
| Safer Staffing CHPPD – Critical Care | 3 | >32.9 | n/a | 42.60 | 35.10 | 38.20 | 40.10 | 36.00 | |
| Additional KPIs | Safer staffing – registered staff day | 3 | 90-100% | 78.1% | 54.9% | 71.7% | 76.7% | 84.4% | 84.5% |
| | Safer staffing – registered staff night | 3 | 90-100% | 84.0% | 62.6% | 80.7% | 84.8% | 90.5% | 91.2% |
| | MRSA bacteraemia | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Number of serious incidents reported to commissioners in month | 3 | 0 | 0 | 0 | 0 | 1 | 1 | |
| | E coli bacteraemia | 3 | Monitor only | 0 | 1 | 1 | 0 | 1 | 1 |
| | Klebsiella bacteraemia | 3 | Monitor only | 0 | 5 | 0 | 4 | 0 | 0 |
| | Pseudomonas bacteraemia | 3 | Monitor only | 0 | 0 | 1 | 1 | 0 | 0 |
| | Moderate harm and above incidents reported in month (including SIs) | 3 | Monitor only | 1 | 0 | 5 | 0 | 3 | 7 |
| Monitoring C.Diff (toxin positive) | 5 | Ceiling pa of 11 | 0 | 0 | 1 | 0 | 1 | 0 | |
| COVID Additional KPIs | PPE: Number of days stock of FFP3 Masks | New | Monitor only | n/a | 15.65 | 17.83 | 40 | 31 | 39 |
| | PPE: Number of days stock of Surgical Masks | New | Monitor only | n/a | 165 | 84 | 110 | 175 | 199 |
| | PPE: Number of days stock of Gloves | New | Monitor only | n/a | 418 | 528 | 320 | 350 | 428 |
| | PPE: Number of days stock of Aprons | New | Monitor only | n/a | 176 | 170 | 95 | 74 | 45 |
| | Nosocomial C-19 infections 8+ days | New | Monitor only | 1 | 2 | 0 | 0 | 0 | 0 |
| | Nosocomial C-19 infections 14+ days | New | Monitor only | 1 | 1 | 0 | 0 | 0 | 0 |

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Safe' is Outstanding dated Aug 2020 (accessed 14.09.2020).

Sepsis data: (reported in this PIPR due to delay with data analysis). The information is delayed as staff responsible for the audit were clinically deployed as part of the COVID response during Q1. For Q1 the result is 50%. There were four patients who met the audit criteria. For two out of four patients: when audited – care was delivered as required, however for one patient this was not fully documented on the bundle as required; for one patient, all six interventions were not done within the hour.

Safe Staffing: Care Hours Per Patient Day (CHPPD) for all areas during August remains green. The safe staffing **fill rate** is red for both days and nights (further information is detailed in the third Safe slide). 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). The next two slides provide further detail on staffing for information.

C.Diff: zero C.Diff (toxin positive) reported during August. This leaves a total of two so far this reporting year (against a threshold of 11).

Number of Serious Incidents: We reported one Serious Incident in August 2020 (SUI-WEB36115). The patient had been found unresponsive in bed when the nurse undertook intentional rounding. A serious incident investigation is being undertaken to confirm if there were any acts or omissions on the Trust's behalf as initial indications suggest the patient passed away from his medical condition.

New COVID-19 PPE KPI's: the Trust Estates team continue to monitor PPE numbers and support Trust wide distribution of masks, in line with the national mandatory requirements of masks being worn from the 15th June 2020.

Nosocomial COVID-19: There have been no hospital acquired COVID-19 infections since 17.04.2020.



Key performance challenges

Escalated performance challenges:

As the fill rate remains under 90% for days, this slide provides further details on safe staffing and skill mix.

- This is a copy of the Data Range table that the eRostering Team produce, which draws information from the SafeCare and HealthRoster systems. It uses the patients acuity and dependency levels entered into the SafeCare system (via the census), benchmarked against staffing levels on HealthRoster.
- Wards have been placed in order of highest utilisation (the RAG rating is shown for information).
- The WTE 'funded establishment' and numbers within this table refer to care staff involved in the delivery of direct patient care (those included in the monthly NHS Digital report). The 'required' and 'actual' numbers in this table represent an average over the month. The 'Staff:Patient Ratio' includes registered and unregistered members of the nursing team.
- There is a slight variation in CHPPD in this table compared to CHPPD for the ward areas shown in the PIPR Safe KPIs. This is because CHPPD in this table reflects data from operational activity which fluctuates and the census is undertaken three times each day. The data shown in the PIPR Safe KPIs is an overall monthly summary of a cumulative bed occupancy count at 23:59 hours each day (NHSI 2016 requirement). Both figures are accurate. Both sets of data will help us monitor and review rostering in line with national best practice recommendations and Requirements.
- The end column 'actual RN:Patient Ratio' is new from May 2020 data report onwards.

Royal Papworth Hospital - Data Range Table - 1st - 31st August. Data run on - 4/9/20

| Operational Directorate | Ward/Unit | Funded Establishment (WTE) | % Utilisation | Required CHPPD | Actual CHPPD | Actual CHPPD Registered | Actual CHPPD Unregistered | Actual Substantive (Reg & Unreg) | Actual Bank (Reg & Unreg) | Actual Agency (Reg & Unreg) | Required Staff:Patient Ratio (Reg & Unreg) | Actual Staff:Patient Ratio (Reg & Unreg) | Actual RN:Patient Ratio |
|--------------------------------------|---------------------|----------------------------|---------------|----------------|--------------|-------------------------|---------------------------|----------------------------------|---------------------------|-----------------------------|--|--|-------------------------|
| Surgery, Transplant and Anaesthetics | CCA Clinical | 269.81 | 84.07 | 31.29 | 37.22 | 29.21 | 7.43 | 34.8 | 1.22 | 1.2 | 1:0.8 | 1:0.6 | 1:0.8 |
| Cardiology Division | 4 NW | TBC | 81.69 | 7.42 | 9.09 | 5.63 | 3.3 | 6.09 | 1.82 | 1.17 | 1:3.2 | 1:2.6 | 1:4.3 |
| Cardiology Division | 3 South | 67.65 | 71.86 | 8.22 | 11.44 | 7.71 | 3.56 | 9.41 | 0.84 | 1.18 | 1:2.9 | 1:2.0 | 1:3.0 |
| Surgery, Transplant and Anaesthetics | 5 North | 76.36 | 68.46 | 7.19 | 10.5 | 6.81 | 3.5 | 8.64 | 0.97 | 0.88 | 1:3.3 | 1:2.2 | 1:3.4 |
| Surgery, Transplant and Anaesthetics | 5 South | 79.09 | 63.32 | 6.91 | 10.91 | 6.59 | 4.01 | 8.1 | 1.17 | 1.64 | 1:3.5 | 1:2.1 | 1:3.6 |
| Thoracic Medicine and Ambulatory | 4 N&S (Respiratory) | 69.71 | 60.86 | 7.81 | 12.83 | 9.22 | 3.23 | 11.34 | 0.69 | 0.8 | 1:3.1 | 1:1.8 | 1:2.5 |
| Thoracic Medicine and Ambulatory | Day Ward | 36.96 | 54.42 | 8.37 | 15.39 | 8.25 | 7.13 | 15.39 | 0 | 0 | 1:2.9 | 1:1.1 | 1:2.0 |
| Thoracic Medicine and Ambulatory | 3 North | 61.25 | 53.13 | 10.01 | 18.85 | 11.94 | 5.93 | 17.48 | 0.53 | 0.85 | 1:2.4 | 1:1.1 | 1:1.9 |

Utilisation key (rqd care v rostered care)

90% - under utilisation

91-104% - Balanced

105% - over utilisation Amber (105-109%)

110% over utilisation

Spotlight on: Safe Staffing (fill rate)



Background

Each month, a breakdown of safe staffing is uploaded to the NHS Digital website. This information is then used to inform national benchmarking and public information such as that made available on NHS Choices.

The safe staffing fill rate for registered nurses is red (84.5%) for days and green (91.2%) for nights. This is a further improved position from the previous month. There are some individual inpatient areas that remain under the desired 90% fill rate, however this should be benchmarked against the CHPPD.

This is a breakdown of the August 2020 data:

| Ward name | Day | | Night | | Care Hours Per Patient Day (CHPPD) | |
|--------------|---|------------------------------------|---|------------------------------------|---|---------|
| | Average fill rate - registered nurses (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses (%) | Average fill rate - care staff (%) | Cumulative count over the month of patients at 23:59 each day | Overall |
| 3 NORTH | 73.5% | 48.8% | 97.6% | 62.5% | 445 | 10.9 |
| 3 SOUTH | 85.0% | 69.9% | 93.6% | 91.6% | 753 | 10.8 |
| 4 N&S | 74.0% | 67.1% | 87.2% | 86.8% | 555 | 11.1 |
| 4 NORTH WEST | 59.2% | 63.1% | 89.3% | 82.9% | 249 | 8.4 |
| 5 NORTH | 89.6% | 61.6% | 94.2% | 91.5% | 1017 | 10.0 |
| 5 SOUTH | 82.7% | 70.0% | 91.6% | 88.7% | 943 | 10.7 |
| CCA | 89.9% | 70.5% | 90.0% | 76.7% | 864 | 36.0 |

Explanations: August 2020 data (September 2020 PIPR)

The Trust remains in the Living with COVID-19 recovery phase; therefore some wards are gradually increasing their activity as part of the Trust recovery. The CHPPD information is taken from SafeCare-Live (HealthRoster) patient census times, therefore the data is different to the CHPPD displayed in the NHS Digital upload, which is taken from a 23:59 hrs count as required. All areas show a higher actual CHPPD than required, which is demonstrated on the previous slide.

3 North: Further improved fill rate from previous month, in line with increased patient numbers.

3 South: Fill rate slightly reduced from previous month, as staff are being shared across 4 North West in support of COVID pathways (infection control) and safe balance of staffing levels and skill mix.

4 North & South: Further improved fill rate from previous month, in line with increased patient numbers.

4 North West: Ward is only part open (in support of 3 South and increasing Cardiology patient numbers). Required CHPPD = 7.42. Actual CHPPD = 9.09.

5 North: Fill rate from previous month in line with increased patient numbers.

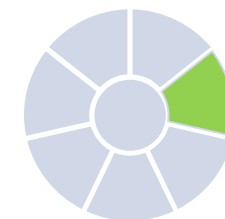
5 South: Further improved fill rate from previous month, in line with increased patient numbers.

CCA: Fill rate remains balanced in line with activity.

Table showing July 2020 fill rate data for benchmarking information

| JULY 2020 DATA | | | | | | |
|----------------|---|------------------------------------|---|------------------------------------|---|---------|
| Ward name | Day | | Night | | CHPPD | |
| | Average fill rate - registered nurses (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses (%) | Average fill rate - care staff (%) | Cumulative count over the month of patients at 23:59 each day | Overall |
| 3 NORTH | 70% | 48% | 95% | 61% | 393 | 12.0 |
| 3 SOUTH | 91% | 76% | 97% | 91% | 982 | 9.0 |
| 4 N&S | 69% | 53% | 83% | 75% | 583 | 9.5 |
| 5 NORTH | 92% | 62% | 93% | 85% | 988 | 10.2 |
| 5 SOUTH | 67% | 62% | 89% | 71% | 761 | 11.4 |
| CCA | 92% | 67% | 90% | 75% | 781 | 40.1 |

Performance summary



Accountable Executive: Chief Nurse

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

6 month performance trends

| | Data Quality | Target | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | |
|-----------------------|---|--------|--------------------------------|--------|---------------|--------|--------|--------|--------|
| Dashboard KPIs | FFT score- Inpatients | 4 | 95% | 97.6% | 97.5% | 97.5% | 96.7% | 98.5% | 99.4% |
| | FFT score - Outpatients | 2 | 95% | 97.3% | No data COVID | 100.0% | 100.0% | 97.5% | 100.0% |
| | Mixed sex accommodation breaches | New | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Number of written complaints per 1000 WTE (Rolling 3 mnt average) | New | 12.6 | 9.5 | 7.8 | 6.2 | 4.1 | 4.6 | 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) | 1 | 0 | 1 | 1 | 3 | TBC |
| | Number of complaints (12 month rolling average) | 4 | 5 and below | 6.1 | 5.8 | 5.4 | 5.2 | 5.3 | 4.9 |
| | Number of complaints | 4 | 5 | 8 | 3 | 1 | 4 | 4 | 1 |
| | Number of recorded compliments | 4 | 500 | 472 | 138 | 248 | 320 | 417 | 662 |
| | Supportive and Palliative Care Team – number of referrals (quarterly) | 3 | 0 | 55 | - | - | 86 | - | - |
| | Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly) | 3 | 0 | 0 | - | - | 6 | - | - |
| | Supportive and Palliative Care Team – number of contacts generated (quarterly) | 3 | Monitor only | 595 | - | - | 843 | - | - |
| COVID Additional KPIs | Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly) | New | Monitor only | n/a | - | - | 27 | - | - |
| | Bereavement Follow-Up Service: Number of follow-ups requested (quarterly) | New | Monitor only | n/a | - | - | 7 | - | - |
| | Complaints (specific to Covid-19) | New | Monitor only | n/a | 0 | 0 | 0 | 0 | 0 |

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Caring' is Outstanding dated Aug 2020 (accessed 14.09.2020).

FFT (Friends and Family Test): wards and departments are continuing to work to regain momentum for FFT participation and experience rates. In summary for August 2020: **Inpatients:** Positive Experience rate (formerly called 'recommendation rate') has increased from 98.5% (July) to 99.4% (August). Participation Rate for July has increased from 34.9% (July) to 36.2% (August).

Outpatients: Positive Experience Rate has increased from 97.5% (July) to 100% (August). The Outpatient Participation Rate has reduced slightly from 2.45% (July) to 1.9% (August). **One of the Outpatient feedback comments received during August, summarised the themes of the other feedback very well: "Everyone was helpful and very caring. Took time to explain what [was] happening and what would be doing. We felt were no trouble at all and were not rushed at all. Also they made us feel comfortable. I do not think you could have done better. You all looked after us so well. Our treatment was second to none. It was first class."**

Complaints: the number of formal complaints in month was 1. 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): this has gone back into green for August at 4.9. 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 14.09.2020). **The graph (from Model Hospital) is shown on the next page for information.**

Compliments: the number of recorded compliments continues to show a month on month improvement, with 662 in August. 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:

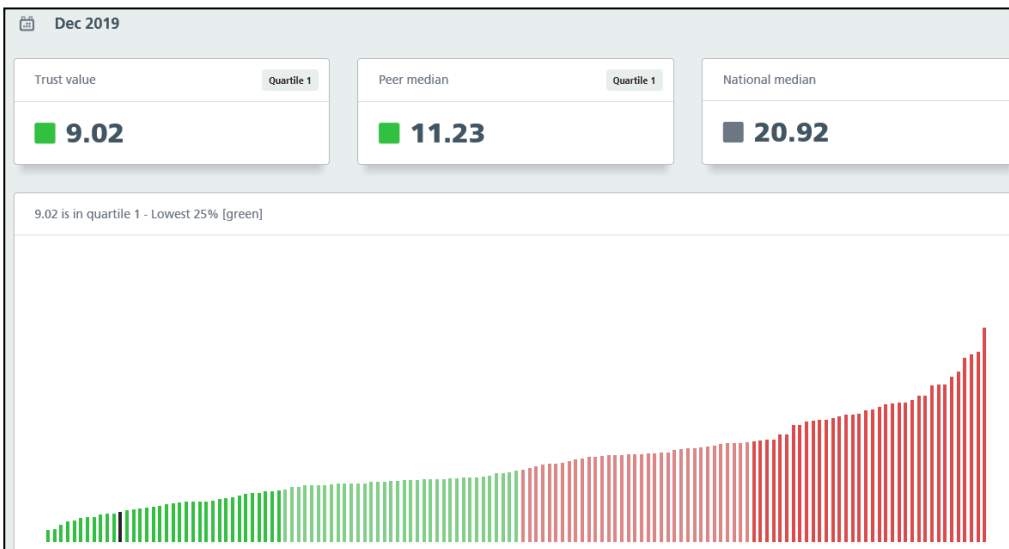
Complaints. August 2019:

The Trust has received 1 formal complaint in August. This is still under investigation at the time of this report

| Reference | Service | Type | Summary |
|------------|---------------------|------------|--|
| Q22021-23F | Lung Defence clinic | Outpatient | Patient has raised some concerns regarding his experience and the information he received during his outpatient appointment in the Lung Defence clinic |

Model Hospital (for information):

Count of written complaints made by or on behalf of patients about an organisation per 1000 staff (WTEs). Latest data is Dec 2019 (accessed 14.09.2020). Royal Papworth is the black line to the left of the graph. This shows the RPH value (9.02) compared to Peer median (11.23) and National median (20.92).



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.



The Bereavement Care Administration Service resumed as a Royal Papworth Hospital Service from 7th September 2020 managed by the PALS team.

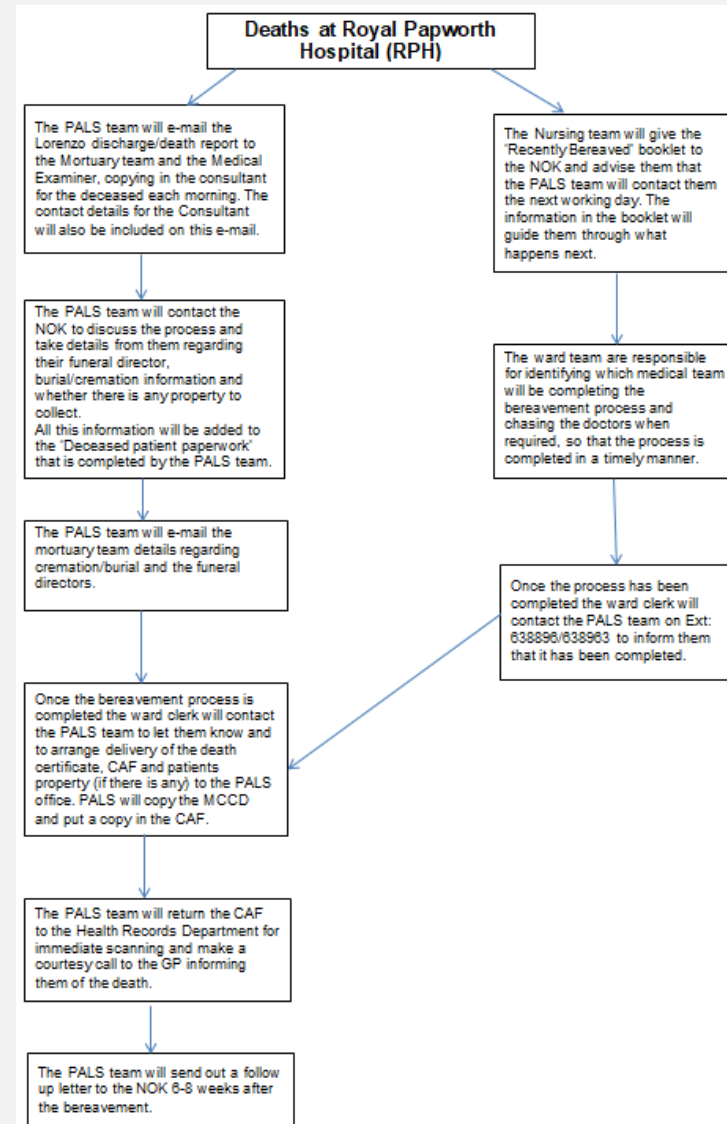
This will provide our families with one point of contact from the point that their loved one passed away to the bereavement follow up service 6-8 weeks later, providing key communication throughout their bereavement journey.

The main changes are:

- When a patient passes away the ward/theatre/cath lab team will give the family the Royal Papworth Hospital 'Recently Bereaved' booklet
- The clinical team will inform the family that a member of the PALS team will contact them on the next working day.

The PALS team collected the old bereavement booklets and distributed the new 'Recently Bereaved' booklets on Thursday 3rd September 2020.

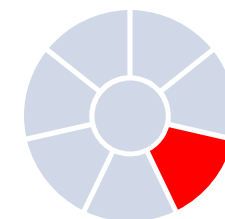
Early feedback from staff and families has been extremely positive.



Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Chief operating Officer



6 month performance trends

| | Data Quality | Target | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | |
|-----------------------|--|--------------|----------------------|--------|--------|--------|--------|--------|--------|
| Dashboard KPIs | Bed Occupancy (excluding CCA and sleep lab) | 4 | 85% (Green 80%90%) | 55.5% | 26.9% | 31.3% | 45.0% | 61.2% | 64.0% |
| | CCA bed occupancy | 3 | 85% (Green 80%90%) | 74.8% | 93.6% | 74.6% | 84.8% | 76.3% | 84.4% |
| | Admitted Patient Care (elective and non-elective) | 4 | 1940 (current month) | 1981 | 961 | 1407 | 1361 | 1612 | 1600 |
| | Cardiac surgery mortality (Crude) | 3 | <3% | 2.74% | 3.29% | 3.14% | 3.15% | 3.27% | 3.21% |
| | Same Day Admissions – Cardiac (eligible patients) | 4 | Monitor only | 30.23% | 0.00% | 82.35% | 68.89% | 54.64% | 37.63% |
| | Same Day Admissions - Thoracic (eligible patients) | 4 | Monitor only | 25.49% | 28.07% | 29.27% | 18.52% | 20.45% | 13.33% |
| | Theatre Utilisation | 3 | 85% | 78.05% | 25.52% | 33.67% | 54.73% | 66.93% | 76.57% |
| Additional KPIs | Length of stay – Cardiac Elective – CABG (days) | 3 | 8.20 | 8.78 | 9.84 | 7.06 | 7.92 | 8.01 | 8.57 |
| | Length of stay – Cardiac Elective – valves (days) | 3 | 9.70 | 10.10 | 45.37 | 6.75 | 9.18 | 8.68 | 9.49 |
| | Cath Lab Utilisation 16 at New Papworth (including 15 min Turn Around Times) | 3 | 90% | 68% | 27% | 46% | 66% | 78% | 81% |
| | CCA length of stay (LOS) (hours) - mean | 3 | Monitor only | 78 | 316 | 315 | 189 | 144 | 136 |
| | CCA LOS (hours) - median | 3 | Monitor only | 30 | 211 | 77 | 46 | 44 | 45 |
| | Length of Stay – combined (excl. Day cases) days | 3 | Monitor only | 5.69 | 8.32 | 6.14 | 6.53 | 5.71 | 5.38 |
| % Day cases | 3 | Monitor only | 60.83% | 68.33% | 62.35% | 59.97% | 54.98% | 53.37% | |
| COVID Additional KPIs | Confirmed C-19 patients on ACC (average) | New | Monitor only | n/a | 38.0 | 23.1 | 10.5 | 4.3 | 2.4 |
| | Confirmed C-19 patients on other wards (average) | New | Monitor only | n/a | 6.0 | 5.5 | 3.3 | 1.5 | 0.0 |
| | C-19 patients discharged | New | Monitor only | n/a | 46 | 25 | 15 | 5 | 4 |
| | Number of C-19 patients on ECMO (average) | New | Monitor only | n/a | 16.2 | 19.1 | 10.5 | 6.0 | 2.1 |

Summary of Performance and Key Messages:

Bed occupancy

Over the last 3 months, critical care underwent surge de-escalation and 33 beds was re-set as the new baseline capacity.

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 and over the last 4 weeks we have seen a 10% improvement in utilisation compared to M4.

From the midst of September the surgical recovery plan will support a maximum of 52 Cardiac surgery and 15 thoracic slots per week. Turnaround time between cases has incrementally reduced as the teams have become more familiar with the new infection control requirements.

Cardiac surgery Mortality (Euroscore)

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

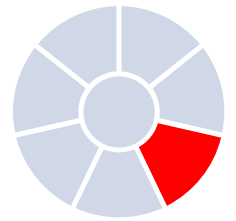
Same Day Admissions

SDA performance declined for both Cardiac Surgery and Thoracic in M5 as predicted due to the impact of our increase in activity, 72 hour testing, lack of pre-assessment and the additional clerking needs for the ANP and Ward nursing team. Currently the pathway is admission the day before for 1st cases to ensure we do not delay theatre start times and as a result performance against SDA will be impacted.

Length of Stay – Cardiac surgery elective

LOS for valve remains within parameters, with CABG LOS slightly increasing in M5. 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.

Key performance challenges – Theatre cancellations



Theatre Cancellations

| Cancellation reason | Aug-20 |
|--|-----------|
| 1a Patient DNA | 1 |
| 1b Patient refused surgery | 0 |
| 1c Patient unfit | 3 |
| 1d Sub optimal work up | 0 |
| 1e Patient not ready | 0 |
| 1f Patient no longer requires surgery | 0 |
| 2a All CCA beds full with CCA patients | 5 |
| 2b No ward bed available to accept transfer from CCA | 0 |
| 2c Delay in repatriation of patient from CCA | 0 |
| 2d No ward bed available | 1 |
| 3a Critical Care | 2 |
| 3b Theatre Staff | 0 |
| 3c Consultant Surgeon | 0 |
| 3d Consultant Anaesthetist | 0 |
| 3e Other | 0 |
| 4a Emergency took time | 3 |
| 4b Transplant took time | 0 |
| 4c ECMO/VAD took time | 0 |
| 4d Additional urgent case added and took slot | 3 |
| 4e Equipment/estate unavailable | 2 |
| 5a Planned case overran | 2 |
| 5b Additional urgent case added and took slot | 0 |
| 5c Overruns delayed start | 0 |
| 6a Scheduling issue | 1 |
| 6b Patient dependency | 0 |
| Total | 23 |

Top reasons in month:

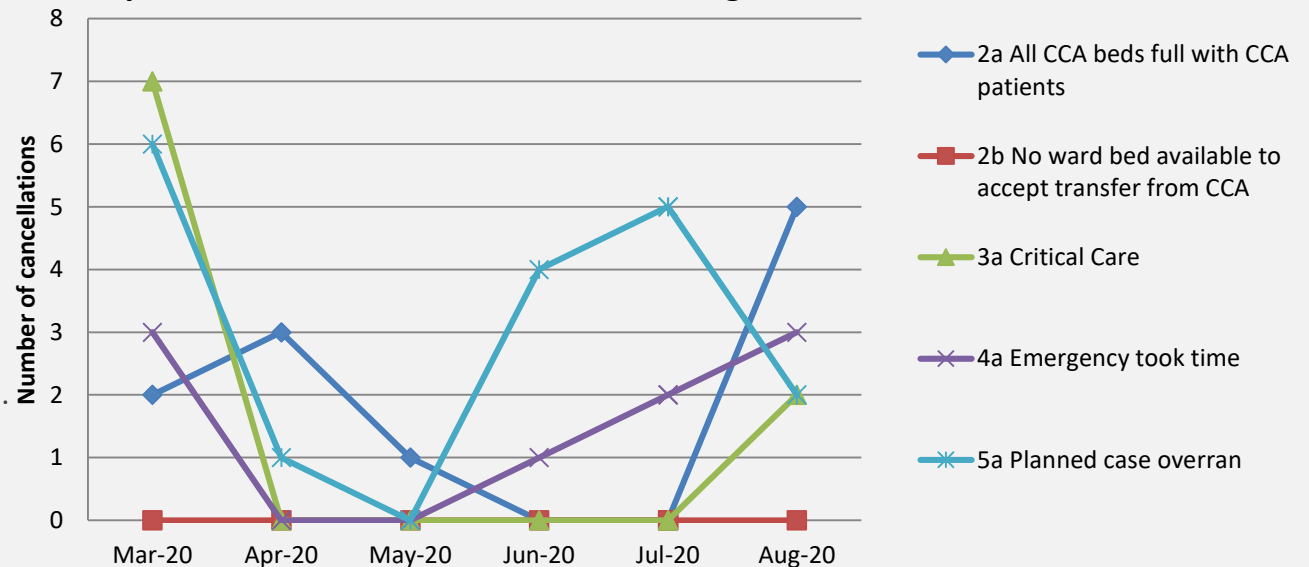
- CCA beds full with CCA patients
- Patient unfit, emergency took time, additional urgent case added

Additional activity within theatres and CCA

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

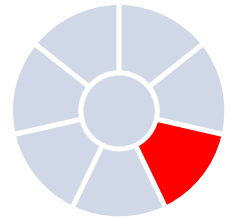
65 additional emergency minor procedures also went through theatre.

Top five cancellation reasons Mar 20 - Aug 20



Effective

Spotlight on: Activity Recovery



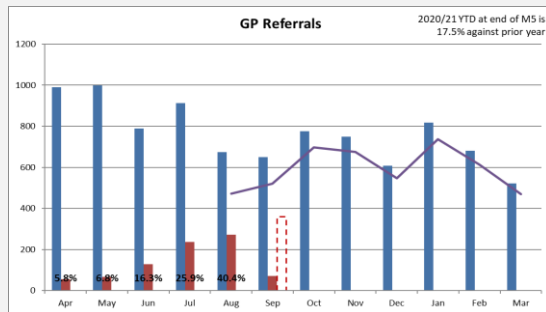
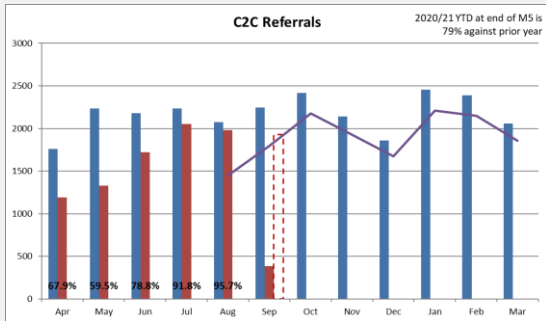
Escalated performance challenges:

Good progress has been made in restoring services and we are now measuring delivery against the targets in the Phase three restoration of services letter from Sir Simon Stevens (31st July 2020).

However, there are considerable backlogs of untreated patients in most services and the challenge is to treat more patients while controlling our costs and supporting the system recovery.

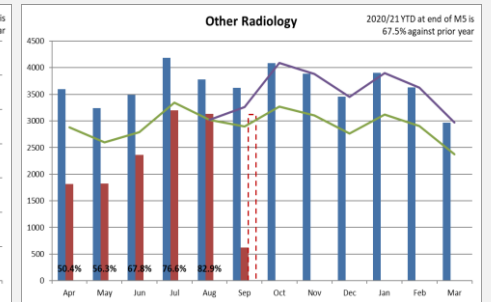
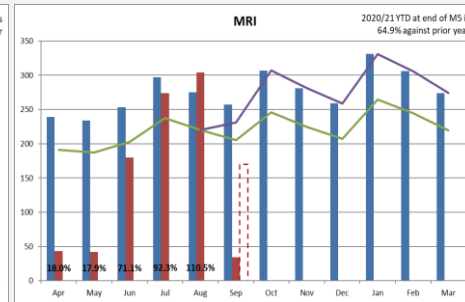
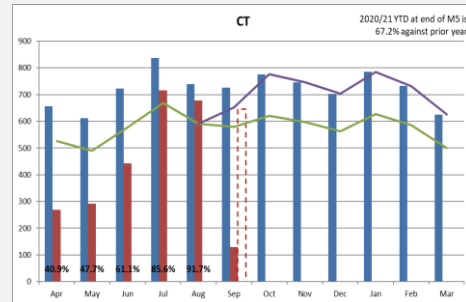
Referrals:

Consultant to consultant levels of referrals have returned to almost pre-COVID levels however referrals from GPs remains significantly lower due to the constraints and variation in primary care provision.

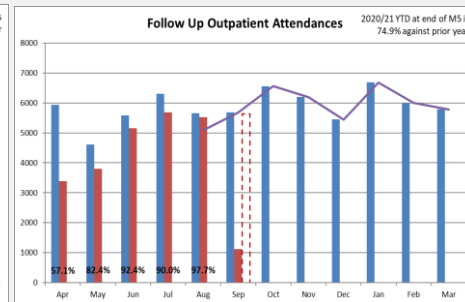
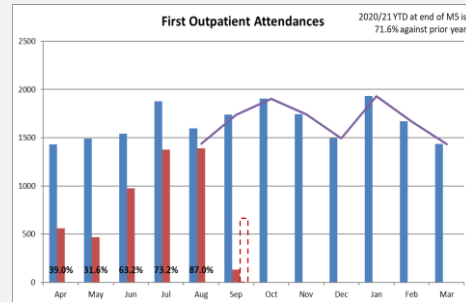


Progress Summary (as of 15/9/2020)

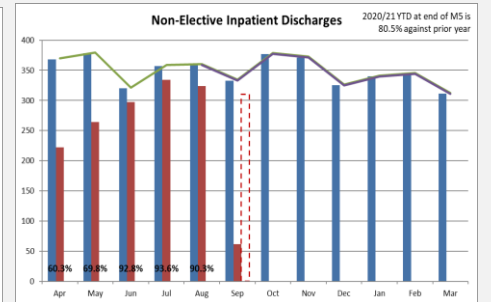
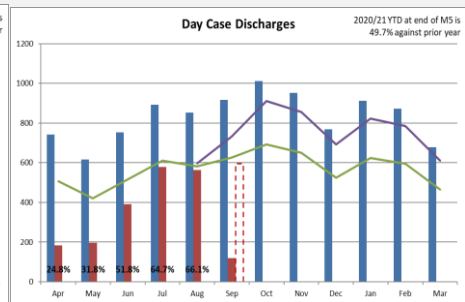
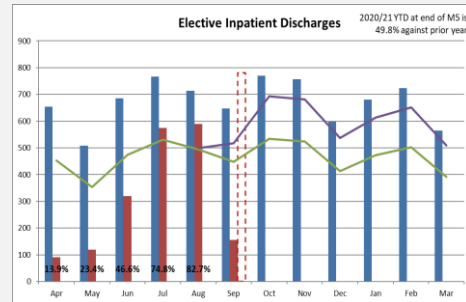
Diagnostic Imaging:



Outpatients:



Inpatient and day cases:

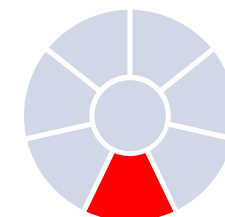


Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Director of Operations

6 month performance trends



| | Data Quality | Target | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | |
|-----------------------|--|--------|--------------|---------|---------|---------|---------|---------|---------|
| Dashboard KPIs | % diagnostics waiting less than 6 weeks | 3 | >99% | 99.44% | 97.72% | 96.70% | 96.80% | 90.59% | 97.63% |
| | 18 weeks RTT (combined)* | 3 | 92% | 87.13% | 79.06% | 68.71% | 54.72% | 50.41% | 60.43% |
| | Number of patients on waiting list | 3 | 3,343 | 4228 | 3950 | 3829 | 3604 | 3259 | 3086 |
| | 52 week RTT breaches | 3 | 0 | 0 | 17 | 14 | 10 | 4 | 6 |
| | 62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)* | 3 | 85% | 71.4% | 53.8% | 41.7% | 10.0% | 100.0% | 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 | 31 | 9 | 7 | 18 | 16 | 23 |
| Additional KPIs | % of IHU surgery performed < 7 days of medically fit for surgery | 4 | 95% | 76.00% | 64.00% | 100.00% | 93.00% | 68.00% | 66.00% |
| | 18 weeks RTT (cardiology) | 3 | 92% | 90.27% | 82.64% | 74.76% | 68.00% | 72.35% | 84.02% |
| | 18 weeks RTT (Cardiac surgery) | 3 | 92% | 74.48% | 66.45% | 58.49% | 51.28% | 53.79% | 54.85% |
| | 18 weeks RTT (Respiratory) | 3 | 92% | 88.32% | 80.62% | 67.93% | 46.32% | 32.53% | 43.75% |
| | Acute Coronary Syndrome 3 day transfer % | 3 | 90% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 99.00% |
| | 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% | 77.50% | 54.17% | 100.00% | 100.00% | 100.00% | 100.00% |
| | Outpatient DNA rate | 4 | 9% | 7.88% | 3.17% | 2.44% | 3.56% | 3.77% | 3.21% |
| | Urgent operations cancelled for a second time (New 19/20) | New | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total cancellations (New 19/20) | New | tbc | 25 | 4 | 2 | 4 | 11 | 9 |
| COVID Additional KPIs | % of IHU surgery performed < 10 days of medically fit for surgery | 4 | 95% | 89.00% | 82.00% | 100.00% | 100.00% | 89.00% | 83.00% |
| | C-19 referrals | New | Monitor only | n/a | 76 | 18 | 7 | 0 | 0 |
| | C-19 Patient LoS YTD | New | Monitor only | n/a | n/a | n/a | 19.9 | 23.1 | 30.0 |
| | Deaths as % of total Covid-19 positive patients YTD | New | Monitor only | n/a | 15.6% | 18.0% | 17.7% | 17.7% | 20.3% |

Summary of Performance and Key Message

RTT Performance

Cardiology continue to exceed the CDC mid-term strategy in terms of activity and this is reflective in the division's RTT recovery with a 14% improvement in performance from 68% in M3 to 84% in M5.

Cardiac Surgery performance has remained largely static between M4 and M5 at 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 reached it's lowest point in June and has now begun to recover. This is partly due to the shape of the waiting list and partly due to improvements in throughput.

52 week breaches

There are five 52 week breaches, three of which are in Respiratory Medicine and relate to referrals for the GP sleep study service decommissioned last year. A further two relate to surgical pathways with one being the result of a missing pathway due to an admin error and the other patient choice due to the COVID pandemic. Both have had root cause analysis undertaken to understand if there is wider pathway learning to be gleaned.

Surgery Cancellations and 28 day re-book standard:

There has been 23 theatre cancellations in month. This is predominantly due to patient fitness, emergency activity impacting on list or overruns leading to cancellation of 2nd 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 83% of all IHU DTT to Treatment within 10 days and 66% within 7 days this month. The IHU service experienced a post-COVID rebound in IHU activity and ACS conversions to IHU in the middle of July and Early August. There were eight consultant specific cases which required a longer lead time to plan which also contributed to the drop in performance.

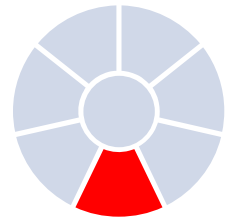
ACS Performance

The ACS service reported one breach in M5 in relation to an administrative error. There were 100 patients treated under the service with the performance confirmed at 99%.

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

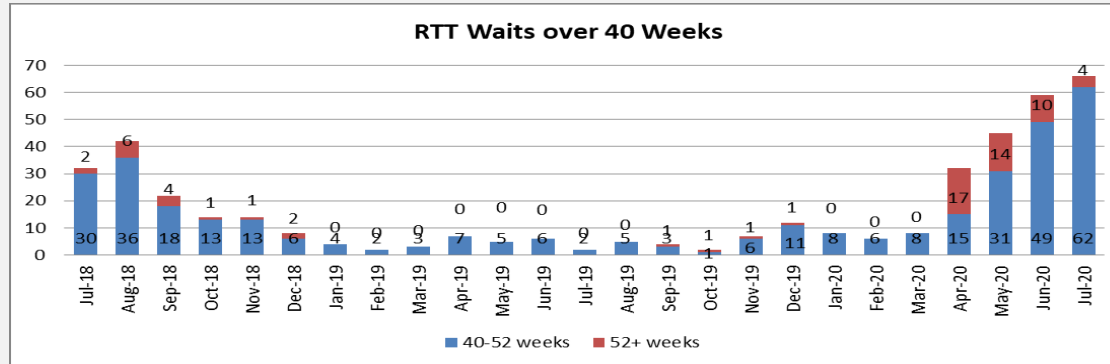
Responsive

Key Challenges: RTT Recovery



RTT Performance:

The Trusts RTT performance remains challenged. In month 5 further improvements were noted.



Surgery

Over the last two months, Surgery remained static at 54% RTT compliance but have reduced our overall PTL from 530 patients to a current WAL of 440 through an increase in treatments and data validation. The service continues to prioritise patients on clinical priority identified as part of the harm review process which has changed the focus from longest wait to those who are identified at risk. This had led to an increase in the number of patients waiting over 18 weeks. From the 14th September, Surgery will have access to all 6 theatres.

Respiratory Medicine

The decline in Respiratory Medicine performance has been halted largely due to the shape of the waiting list and increased throughout of RSSC day cases. However, the services remain constrained by sufficient access to respiratory specific diagnostic tests such as polysomnography and community sleep studies. Access to these tests was challenging before the pandemic and there are now significant backlogs in testing. The team are focusing on opening additional capacity and the use of remote diagnostics to reduce the requirement for patients to come to site.

Cardiology

Cardiology continue to exceed the CDC mid-term strategy in terms of activity and this is reflective in the division's RTT recovery with a 14% improvement in performance from 68% in M3 to 82% in M5. The service sustained clinically urgent elective work through the height of the pandemic allowing the recovery to focus on the tail end of the backlog and reducing the overall waiting list size. The early mobilisation in cath lab activity further supported in the recovery of routine elective cardiology services, although it is important to note the rise in non-elective activity from M2 onwards.

Key factors influencing performance:

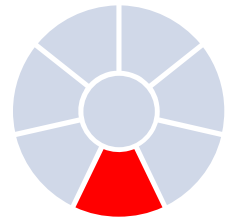
- New Infection control measures constrain productivity. The impact of these are being gradually mitigated through productivity improvement cycles.
- Staffing constraints due to staff shielding or self-isolating.
- Phased recovery plan is in place to support the return to full operating schedule. Currently there are 5 theatres currently scheduled for surgery.
- Prioritisation of scheduling based on clinical prioritisation.
- Increase in emergency and Transplant activity. (Rebound effect)
- Bed availability in Critical Care
- Data quality and validation of waiting list.

Key Actions:

- Increase in availability of sleep studies by opening additional capacity.
- Use of the drive-thru staff testing facility to deliver diagnostics for shielding patients in Respiratory.
- Opening of 6th surgical theatre from 14th September in line with the Surgical recovery plan.
- Continue to work with critical care team on the Critical Care Bed Project Plan. Plan to stabilise on 33 open beds daily in September and then incrementally open to 36 beds by Dec 20.
- Continue with collaborative working to improve theatre utilisation and patient flow throughout the organisation.
- Demand and capacity focus for elective booking both in OP and IP settings. This is being managed through 6-4-2 meetings.
- Focus on reducing the number of patients cancellations by providing firebreaks within template to support roll over and rescheduling of patients.
- Continue waiting list validation work.

Responsive

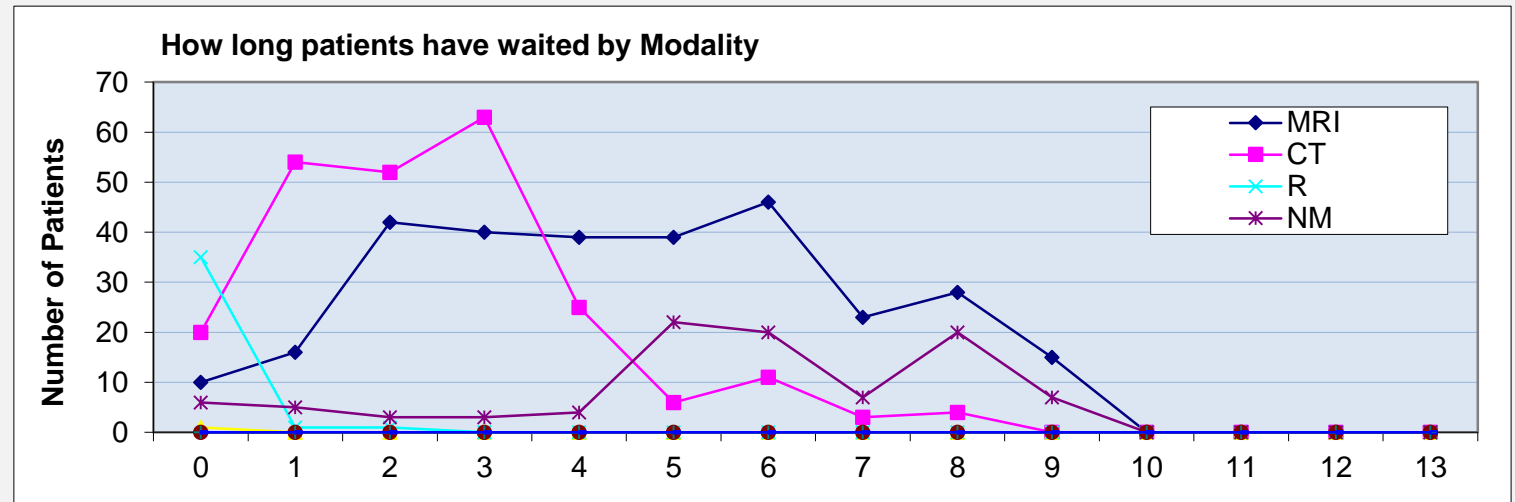
Spotlight on: Radiology Recovery



Recovery headlines:

- All Modalities opened to routine referrals from 01/07/20
- Utilisation of unfunded sessions in CT and MR using a revised staffing model
- CT utilised all sessions from 01/07/20
- MRI utilised all sessions from 27/07/20
- NM will resume normal service from 01/10/20
- Waiting lists for CT and MRI have mainly reduced week on week
- MRI exceeding pre-COVID activity levels
- CT maintaining pre-COVID activity levels
- NM below pre-COVID activity levels
- KPI reporting within 5 days

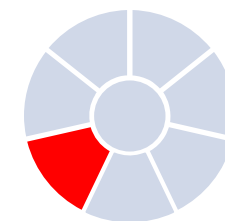
Waiting time (weeks):



Reporting time:

| Month | CT | MRI | NM | Plain Film | Ultrasound |
|--------|--------------------------------|--------------------------------|--------------------------------|---------------------------------|---------------------------------|
| July | Activity 733 | Activity 274 | Activity 143 | Activity 2189 | Activity 18 |
| | Reported Within KPI 97% | Reported Within KPI 98% | Reported Within KPI 92% | Reported Within KPI 100% | Reported Within KPI 100% |
| August | Activity 691 | Activity 320 | Activity 109 | Activity 2241 | Activity 20 |
| | Reported Within KPI 97% | Reported Within KPI 93% | Reported Within KPI 83% | Reported Within KPI 100% | Reported Within KPI 100% |

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 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | |
|----------------------------------|---|--------------|--------------|--------|--------|--------|--------|--------|--------|
| Dashboard KPIs | Voluntary Turnover % | 3 | 15.0% | 9.10% | 11.70% | 11.69% | 4.92% | 10.12% | 14.66% |
| | Vacancy rate as % of budget | 4 | 5.50% | 9.42% | 8.19% | 7.92% | 7.30% | 7.20% | 7.79% |
| | % of staff with a current IPR | 3 | 90% | 84.99% | 81.21% | 79.62% | 76.01% | 69.44% | 64.04% |
| | % Medical Appraisals | 3 | 90% | 83.04% | 78.29% | 77.59% | 76.98% | n/a | n/a |
| | Mandatory training % | 3 | 90.00% | 84.71% | 84.25% | 84.19% | 82.90% | 82.97% | 84.64% |
| | % sickness absence | 3 | 3.5% | 5.93% | 4.84% | 3.73% | 2.94% | 3.46% | 3.83% |
| Additional KPIs | FFT – recommend as place to work | 3 | 63.0% | 68.00% | n/a | n/a | 69.00% | n/a | n/a |
| | FFT – recommend as place for treatment | 3 | 80% | 97.00% | n/a | n/a | 92.00% | n/a | n/a |
| | Registered nurse vacancies rate (including pre-registered nurses) | 3 | 5.0% | 8.04% | 6.30% | 5.83% | 5.31% | 5.34% | 5.24% |
| | Registered nursing vacancy WTE (including pre-registered nurses) | | | 57.24 | 44.83 | 41.3 | 37.62 | 37.79 | 37.11 |
| | Registered nurse vacancies rate (excluding pre-registered nurses) | 2 | 5.00% | 9.31% | 7.60% | 6.61% | 5.88% | 5.62% | 5.67% |
| | Registered nursing vacancy WTE (excluding pre-registered nurses) | | | 66.24 | 54.33 | 46.8 | 41.62 | 39.79 | 40.11 |
| | Unregistered nurse vacancies WTE (including pre-registered nurses) | 3 | 10.00% | 31.06 | 29.57 | 28.02 | 30.94 | 32.90 | 29.82 |
| | Unregistered nursing vacancy rate (including pre-registered nurses) | | | 11.57% | 11.00% | 10.82% | 11.95% | 12.70% | 11.51% |
| | Unregistered nursing vacancy rate (excluding pre-registered nurses) | 3 | 12.00% | 14.92% | 14.55% | 12.94% | 13.30% | 14.05% | 12.86% |
| | Long term sickness absence % | 3 | 0.80% | 0.78% | 1.56% | 1.51% | 1.13% | 1.61% | 1.70% |
| | Short term sickness absence | 3 | 2.70% | 5.14% | 3.28% | 2.22% | 1.81% | 1.85% | 1.68% |
| | Agency Usage (wte) Monitor only | 3 | Monitor only | 46.0 | 30.8 | 26.9 | 23.0 | 40.5 | 50.9 |
| | Bank Usage (wte) monitor only | 3 | Monitor only | 61.7 | 58.2 | 83.4 | 76.8 | 82.6 | 75.8 |
| | Overtime usage (wte) monitor only | 3 | Monitor only | 50.6 | 77.5 | 52.9 | 37.7 | 50.7 | 52.2 |
| | Turnover - Non medical starters | 3 | Monitor only | 56.9 | 9.0 | 22.4 | 18.2 | 24.0 | 13.0 |
| Turnover - Non medical leavers | 3 | Monitor only | 14.1 | 16.8 | 18.9 | 6.0 | 15.0 | 17.5 | |
| Agency spend as % of salary bill | 4 | 2.96% | 2.83% | 2.82% | 2.08% | 1.93% | 2.46% | 4.25% | |
| COVID Additional KPIs | Covid-19 related absences: Clinical Staff | New | Monitor only | n/a | 161.5 | 156.3 | 102.1 | 75.0 | 45.7 |
| | Covid-19 related absences: Non-Clinical Staff | New | Monitor only | n/a | 93.5 | 90.4 | 95.8 | 74.4 | 42.1 |
| | Staff Tested for COVID | New | Monitor only | n/a | 79.0 | 36.0 | 14.0 | 12.0 | 0.0 |

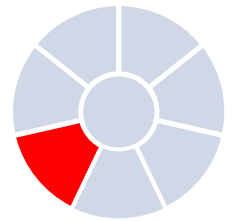
Summary of Performance and Key Messages:

Key highlights in August are:

- Total turnover increased to 14.66% but remained below the KPI. The year to date is 9.27%.
- There were 9 wte Registered Nurse leavers in August and 3.8 wte HCSW leavers in August
- As is usual for August there were a smaller numbers of new starters. Total Trust vacancy rates increased marginally to 7.8%.
- Registered Nurse vacancy rates remained broadly static at 5.2% excluding PRP staff and 5.7% including PRP staff. Unregistered nurse vacancy rate continued to decrease to 12.9% excluding PRP staff and 11.51% including PRP staff.
- During the emergency response we suspended Mandatory Training and resumed in July 2020. There was a small improvement in compliance to 84.6% in August. The majority of mandatory training is now delivered through e-learning platforms.
- Sickness absence increased to 3.8% and is over our KPI. There is still absence due to COVID, albeit at low levels during August.
- The new metric of COVID related absence includes sick leave and special leave for all absence linked to COVID so includes 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. This reduced significantly during August as staff reporting sick continued to decrease and the majority of staff not attending work because of their risk factors were supported to return to work.
- IPR completion was suspended during the emergency and compliance has reduced to 64%. We resumed in July the requirement for all staff to have an annual performance review and have been communicating this with managers through briefings and performance meetings. This is going to require significant focus from managers to recover as each month the backlog becomes larger.
- Temporary staff usage increased in August as activity increased as part of the Trust's recovery plans. Agency usage increased as availability improved and bank usage decreased as the temporary workers who joined to support the COVID emergency left.
- The Q3 staff recommender scores as a place to work reduced to 60% and the recommender score as a place to be treated improved to 93%.

People, Management & Culture

Key performance challenges



Escalated performance challenges:

- Staff health and wellbeing negatively impacted by the emergency response leading to fatigue, higher levels of non covid sickness absence, turnover and lower levels of staff engagement.
- Requirement to assess and support high risk staff to return to work by putting in place reasonable adjustments which can impact on staff utilisation.
- 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 are high nurse vacancy rates in certain areas particularly in the surgical areas. 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 WDES data and feedback in staff surveys 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.
- Staff feelings of burnout and negatively impacted mental health as a result of their experiences during the emergency response lead to higher absence and turnover rates.
- 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 increase capacity ahead of substantive recruitment and to mitigate vacancies.
- Managers are unable to release staff to participate with mandatory training.
- Line managers are unable to release sufficient time to catch up on over appraisal reviews.

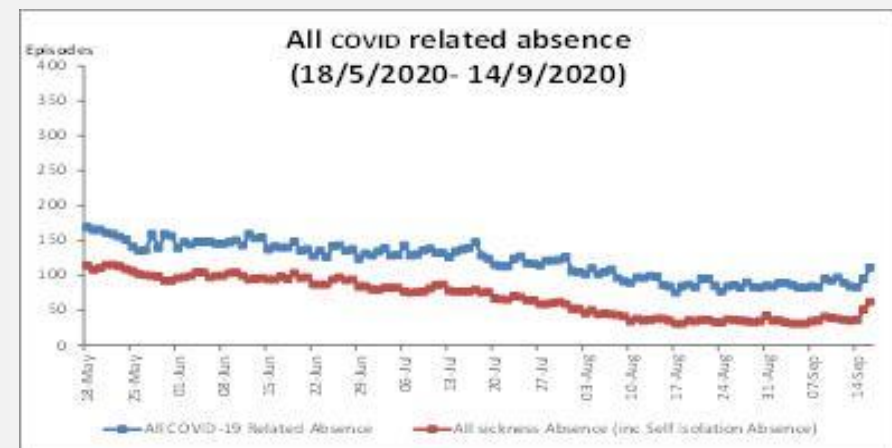
Key Actions in the month: Staff Risk Assessments:

2219 online individual risk assessments have been returned to date representing 97% of the workforce. This has resulted in over 800 individual assessment reviews to ensure that the necessary mitigation is put in place to manage the individual member of staff's risks. Following review, 95% of the assessed workforce have been able to return to their normal work with minimal restrictions and changes. To ensure safe working 110 employees have required specialist review after being identified as being at the highest risk, 101 of these have been reviewed with 98 being provided a route back into work. With the combined efforts of all involved the number of Trust colleagues recorded as social distancing at home has reduced from over 100 to 22 at 16/9/2020. There are 13 individuals currently in the redeployment process.

As part of its ongoing review and assessment the Trust been examining the risk posed to "red risk" staff of working in a purple pathway area and has taken the decision that there is no greater risk to red risk staff working in this area than working in a green pathway or covid-safe area provided the correct PPE and IPC measures are adhered to. Work is underway to update our current guidance to reflect this decision.

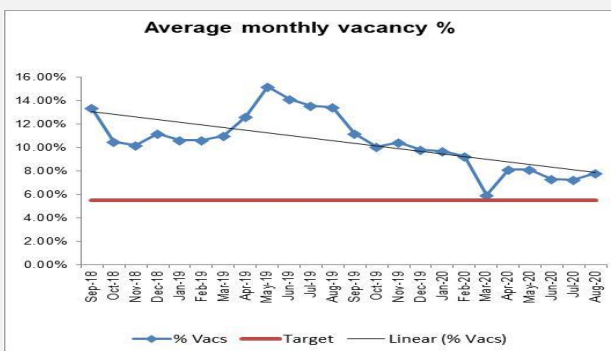
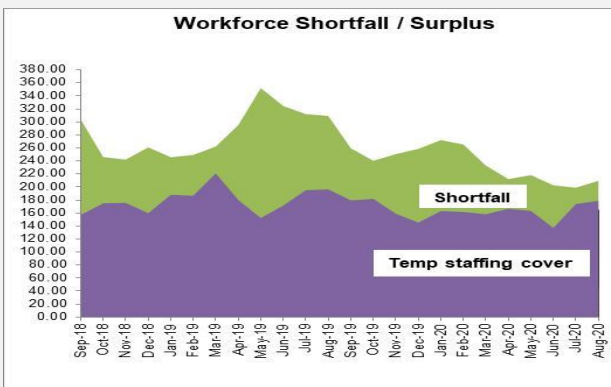
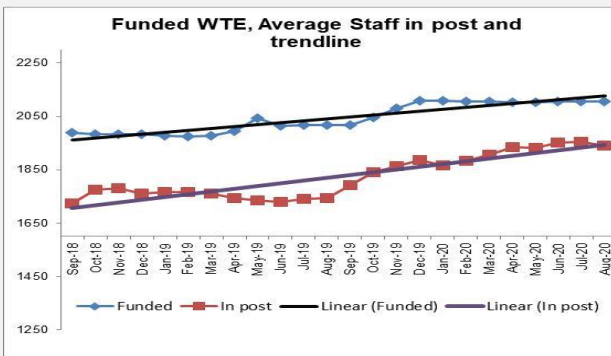
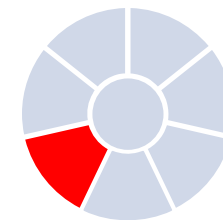
Covid sickness/self-isolation absence:

Since the beginning of September we have seen a rise in reported absence due to staff reporting COVID symptoms or household symptoms. This is in line with the local and national picture across NHS trusts. We have increased testing capacity and the Keep In Touch (KIT) staff are providing advice and support to staff.

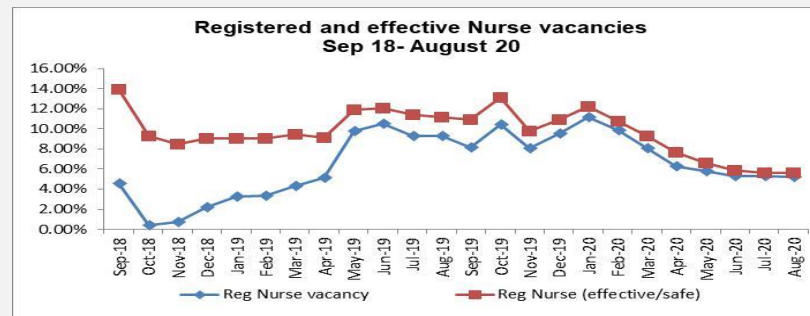
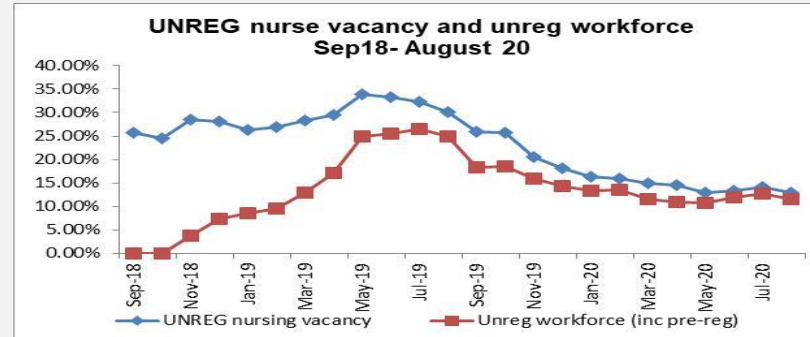


People, Management & Culture

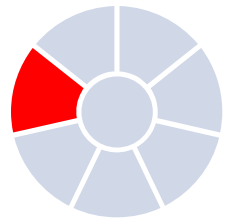
Spotlight on: Vacancy Rates



- The total Trust vacancy rate has been on an improving trend with significant improvements in all staff groups.
- The total vacancy rate in August was 7.8% down from a high of 15.1% in May 2019.
- The staff groups that had been particular areas of concern were nursing, radiographers, cardiac physiologists and clinical administration:
 - Radiographer vacancy rates have reduced from 31.2% (12.9 wte) in August from a high of 37.7% in October 2019. There are 9 recruits in the pipeline including 6 overseas recruits. Three of the overseas staff arrived in September and are currently quarantining ahead of starting in October.
 - Cardiac Physiologist vacancy rates have reduced to 23.9% (7.8 wte) in August from a high of 38.8% in November 2019. There are 5 applicants in the pipeline.
 - Echo Physiologists vacancy rates have reduced to 26.8% (3.3 wte) in August from 67.2% in Sep 2019.
 - In August there were only 5.9 wte vacancies in Clinical Administration and there is good response to adverts both in terms of the quantity and quality of applicants.



- Registered Nurse vacancy rates have reduced from a high of 13.1% in Oct 19 to 5.7% in August.
- The unregistered vacancy rates has improved significantly following the move to Cambridge. It has reduced from 33.8% in May 19 to 12.9% in August. There remains a number of Band 3 vacancies with no active recruitment ongoing.
- There remains high vacancy rates in some areas specifically Level 5. We have also increased staffing levels in Cardiology in order to open additional beds. Proactive recruitment for these areas is ongoing.
- There are 76 Band 5 nurses in the recruitment pipeline plus 28 due to commence in September. 20 overseas nurses are being recruited for Critical Care from India and we are working to bring them to the UK before Christmas although there are significant delays with visa provision.



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 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 |
|----------------|--|--------------|--------|--------|--------|--------|--------|--------|--------|
| Dashboard KPIs | CIP – project delivery | 4 | Green | Red | Red | Red | Red | Red | Red |
| | Digital programme delivery on track | 3 | Green | Amber | Amber | Amber | Amber | Red | Red |
| | Hospital Optimisation | 3 | Green | Amber | Amber | Amber | Amber | Amber | Green |
| | Working with our Partners * | 3 | Green | Amber | Amber | Amber | Amber | Green | Green |
| | HLRI – Construction delivery on track | 3 | Green | Green | Green | Green | Green | Green | Green |
| | HLRI – Occupational planning on track | 3 | Green | Green | Green | Green | Green | Green | Green |
| | Research and Development Strategy – overall progress | 3 | Green | Amber | Amber | Amber | Amber | Amber | Amber |
| | Living with COVID ** | 3 | Green | n/a | n/a | n/a | n/a | Green | 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 have commenced and all the teams above will have their 2nd meetings in September. As a result of the first meeting all have been asked to 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.

Further meetings have been booked with Corporate and Clinical Nursing

The approach is being refined and when approved will gradually evolve .

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 and setting out the clinical strategy for until the end of the financial year. This Group replaces the Hospital Optimisation Group and becomes the new focal point for optimisation.

The majority of the initial work to make the hospital COVID compliant and supporting the restart of services is near completion and work will commence shortly on provision of additional staff rest facilities. g facilities.

The CDC have developed a clinical strategy for the remainder of the financial year and this is being considered by the Divisions and Executive ahead of final approval. Key to the delivery of the strategy will be the recruitment of staff and maximising the use of the available hospital capacity, with a desire to exceed pre COVID activity levels by April 2021.

Our recovery of activity is progressing well and the Trust has been asked to support other trusts in the system with their recovery plans and we have been asked to provide a case study for NHS Providers for sharing nationally.

Working with our Partners:

Discussions continue with CUH regarding the priority areas for development and in particular areas to support recovery of activity. Discussions also continue 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:

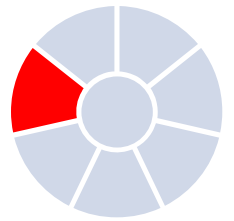
See Spotlight on Section

* - Metric previously named Cambridge Transition Programme.

** - New metric from July 2020

Transformation

Key performance challenges



Escalated performance challenges:

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:

Living with COVID:

Risk of insufficient staff due to COVID sickness / isolation requirements and vacancies.
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:

Living with COVID:

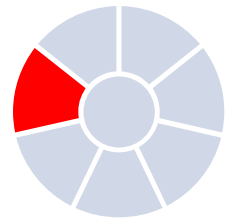
Living with COVID Steering group established focussing on increasing hospital activity to pre-COVID levels.

Working with our Partners:

Review of programme completed and new governance arrangements set out to mitigate the risk.

Transformation

Spotlight on: Lorenzo Digital Exemplar



Royal Papworth Hospital NHS Foundation Trust (RPH) has been in the Implementation Phase of the Lorenzo Digital Exemplar (LDE) Programme for approximately eleven months of a sixteen-month programme. The programme at time of writing is currently 69% complete with an on-target position of 72% reflecting a programme RAG status of Amber.

The Amber RAG status reflects several factors, our position on plan, delays caused by Covid19 and principally the resultant changes to working patterns negatively impacting programme/stakeholder capability.

The programme had a three-month hiatus due to the Covid19 pandemic from March 2020 through to July 2020 during which time all LDE projects were on hold apart from Self-Service Analytics which continued at a limited and reduced resource capacity.

In December 2019 DXC CTO, AGM and Programme Manager held a session with the Trust Programme Lead, CMIO and CNIO to review the LDE programme of work, to ensure the correct technologies were being deployed to support the vision, given Open Health Connect had developed significantly since the original investment case and programme scope was submitted in March 2018.

The programme was updated to include front end tooling and user interface for the Self-Service Analytics project (Siren), and Personas technology was introduced for the user interface for the Clinical Data Viewer project. The re-planning of these projects was completed within the original NHSD funding envelope, as several work packages were deemed no longer relevant, so a request for the revenue to be repurposed was granted. This change was completed via Change Control Note 513, which was approved by the Department of Health and Social Care in June 2020.

The change note also included an extension to the overall programme timeline of three months, from October 2020 to January 2021, to allow for the disruption caused by Covid-19.

At the beginning of July 2020, the Trust Executive mandated the LDE programme should recommence. The programme plan and corresponding individual project plans across the workstreams were reviewed, revised and reset to reflect the three-month Covid19 hiatus. The new revised completion date for the programme is 31st Jan 2021.

Except for the Data Viewer project all projects within the LDE programme have been reset and are targeted for delivery within the new agreed timeframe.

The Data Viewer project will deliver an interface between RPH and one of the local GDE (Global Digital Exemplars) WSH (West Suffolk Hospital) and CUH (Cambridge University Hospitals).

Confirmation is still required as to which 3rd party hospital will be involved. The LDE Programme Group anticipate that the resetting of this workstream will be complete by the middle of September 2020 at the latest and will require an extension to the LDE programme. The programme anticipates that a two-month extension would support the final delivery phase with a hard stop of 31st March 2021 (end of financial year). A corresponding RFC will be submitted once the workstream has been reset mid-September 2020.

The LDE benefits have been reviewed and all but two of the Programmes benefits remain unchanged. One benefit is seeing a reduction in telephone clinic usage identified as a result of changes to standard operating procedures and another needs to be re-worked to reflect RSSC as our new early adopter location as opposed to cardiology with a consequential increased benefit profile.

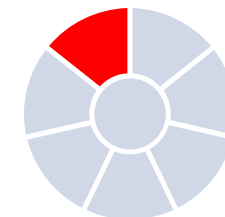
A quarterly Digital/LDE benefits workshop has been completed with corresponding actions an outcome of which is to continue to liaise with NHSD Benefits team to validate minor necessary amendments to the LDE benefits profile.

Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

6 month performance trends



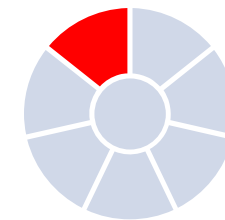
| | Data Quality | Target | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | |
|-----------------|---|--------|-------------------------|----------|----------|----------|----------|----------|----------|
| Dashboard KPIs | Year to date EBITDA surplus/(deficit) £000s | 5 | £2,165k | £14,343k | £1,341k | £2,676k | £3,800k | £5,116k | £6,385k |
| | Year to date surplus/(deficit) exc land sale £000s | 5 | £(5,157)k | £2,326k | £(39)k | £(78)k | £(117)k | £(111)k | £(112)k |
| | Cash Position at month end £000s | 5 | £23,570k | £16,650k | £31,151k | £34,475k | £33,347k | £32,051k | £39,172k |
| | Use of Resources rating* | 5 | 3 | 3 | n/a | n/a | n/a | n/a | n/a |
| | Capital Expenditure YTD £000s | 5 | £1,650k pa (20/21) | £3,632k | £414k | £832k | £1,630k | £1,768k | £1,942k |
| | In month Clinical Income £000s | 5 | £12843k (current month) | £14,588k | £13,263k | £13,564k | £13,486k | £13,261k | £13,571k |
| | CIP – actual achievement YTD - £000s | 4 | £0k | £1,037k | £0k | £0k | £0k | £0k | £0k |
| | CIP – Target identified YTD £000s | 4 | £3,994k pa | £1,900k | £0k | £0k | £0k | £0k | £0k |
| Additional KPIs | Debtors >90 days overdue | 4 | 10% | 18.1% | 27.9% | 33.6% | 38.5% | 76.8% | 44.1% |
| | Capital Service Rating (New 19/20) | 5 | 4 | 2 | 3 | 3 | 3 | 2 | 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 | n/a | n/a | n/a | n/a | n/a |

Summary of Performance and Key Messages:

- The Trust has now received updated guidance from NHSI/E on the funding model from month 7-12 which effectively provides the financial envelope against which the Trust will be measure for the rest of the year. A separate paper on the Trust's forecast outturn covers the expected changes to the Trust's position from this framework and therefore no further updates are covered in this paper.
- Hitherto the Trust has been operating under an emergency financial operating model, which will remain in operation till the end of month 6. 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 £5.0m in August of which £1.2m is due to the net impact of Covid-19, a further £1.7m is due to a technical difference in the calculation of the block for Homecare Pharmacy costs, £0.3m is from lower private patient activity; £0.9m from loss of other operating income; £0.4m from re-assessment of the Flowers provision and accrued legal costs. This is partly offset by lower consumables spend compared to NHSI/E plan of £0.5m.
- The run rate on Covid-19 costs has reduced in month as the Trust continues its return to business as usual however the underlying expenditure run rate is increasing. Movement in Covid-19 spend in month is mainly due to £0.3m staff cost which includes provision for c.4k hours of PPE doffing and donning within critical care, £0.3m rental of ECMO console and £0.4m PFI and other support costs. M5 saw a significant improvement in underlying activity compared to planned levels and as a result our headroom protection from the central block funding has significantly reduced in month.
- The Trust's cash position of £39.2m includes an advance on the September block payments totalling £14.5m. In addition, the Trust has benefitted from five months of block payments to reflect the Trust's deficit run rate of c.£5.0m. The underlying cash position excluding these elements is c£19.7m.
- The Trust's "true up" to M4 has been validated by NHSI/E. M1-M3 "true-up" monies have been paid in cash to the Trust and the M4 payment is expected in September.
- There has been £1.8m of Covid-19 capital expenditure to date, of which £0.6m (relating to x8 ECMO systems) has been received, but the remainder is yet to be reimbursed by NHSE.

* 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.

Key performance – year to date SOCI



YTD the Trust is operating a £18.1m deficit before recognition of the “true up”. £7.1m of this relates to the Homecare mismatch in the funding formula; £9.3m relates to Covid-19 costs; £2.3m relates to lost private patient income; £3.7m relates to other operating income; offset by net underspends due to lower activity in the first quarter of the year.

| | YTD £000's | YTD £000's | YTD £000's | YTD £000's | YTD £000's | YTD £000's | YTD £000's | YTD £000's | RAG |
|---|------------------|----------------------|----------------------------|----------------------------------|------------------|-----------------------|---------------------------------|---------------|-----|
| | NHSI/E "Plan" | Underlying Actual | Non Recurrent Actual | Other Non Recurrent Actual | Actual Total | Variance to NHSI/E | Variance to 20/21 draft plan | | |
| Clinical income | | | | | | | | | |
| Drugs & Devices income | £1,900 | £978 | £0 | £0 | £978 | (£922) | (£205) | | ● |
| NHS clinical income on PBR basis | £58,755 | £50,723 | £0 | £0 | £50,723 | (£8,032) | (£10,720) | | ● |
| Homecare Pharmacy Income | £7,235 | £14,380 | (£7,148) | £0 | £7,233 | (£2) | (£3,953) | | ● |
| Balance to central payment / top-up payment | £0 | £0 | £7,597 | £0 | £7,597 | £7,597 | £7,597 | | ● |
| Private patients | £2,920 | £612 | £0 | £0 | £612 | (£2,308) | (£2,580) | | ● |
| Sub-total | £70,810 | £66,694 | £450 | £0 | £67,144 | (£3,666) | (£9,862) | | ● |
| Other operating income | | | | | | | | | |
| Other operating income | £7,535 | £3,559 | £321 | £0 | £3,880 | (£3,655) | (£2,780) | | ● |
| Balance to central payment / top-up payment | £6,734 | £0 | £24,818 | £0 | £24,818 | £18,084 | £23,131 | | ● |
| Sub-total | £14,269 | £3,559 | £25,139 | £0 | £28,698 | £14,429 | £20,351 | | ● |
| Total operating income | £85,079 | £70,253 | £25,589 | £0 | £95,842 | £10,763 | £10,489 | | ● |
| Pay expenditure | | | | | | | | | |
| Substantive | (£40,430) | (£41,144) | (£1,896) | (£477) | (£43,518) | (£3,088) | (£535) | | ● |
| Bank | (£875) | (£432) | (£593) | £0 | (£1,024) | (£149) | (£1,012) | | ● |
| Agency | (£1,830) | (£920) | (£251) | £0 | (£1,171) | £659 | (£1,116) | | ● |
| Sub-total | (£43,135) | (£42,496) | (£2,739) | (£477) | (£45,713) | (£2,578) | (£2,664) | | ● |
| Non-pay expenditure | | | | | | | | | |
| Clinical supplies | (£11,329) | (£8,364) | (£1,776) | £0 | (£10,140) | £1,189 | £3,899 | | ● |
| Drugs | (£2,645) | (£1,799) | (£505) | £0 | (£2,304) | £341 | £234 | | ● |
| Homecare Pharmacy Drugs | £0 | (£14,380) | £0 | £0 | (£14,380) | (£14,380) | (£3,194) | | ● |
| Non-clinical supplies | (£21,270) | (£12,328) | (£4,258) | (£250) | (£16,836) | £4,434 | (£4,938) | | ● |
| Depreciation (excluding Donated Assets) | (£3,500) | (£3,578) | £0 | £0 | (£3,578) | (£78) | £53 | | ● |
| Depreciation (Donated Assets) | £0 | (£194) | £0 | £0 | (£194) | (£194) | £0 | | ● |
| Sub-total | (£38,744) | (£40,643) | (£6,539) | (£250) | (£47,433) | (£8,689) | (£3,946) | | ● |
| Total operating expenditure | (£81,879) | (£83,139) | (£9,278) | (£727) | (£93,145) | (£11,266) | (£6,609) | | ● |
| Finance costs | | | | | | | | | |
| Finance income | £60 | £0 | £0 | £0 | £0 | (£60) | (£45) | | ● |
| Finance costs | (£2,230) | (£2,185) | £0 | £0 | (£2,185) | £45 | (£4) | | ● |
| PDC dividend | (£1,030) | (£624) | £0 | £0 | (£624) | £406 | £327 | | ● |
| Revaluations/Impairments | £0 | £0 | £0 | £0 | £0 | £0 | £0 | | ● |
| Gains/(losses) on disposals | £0 | £1 | £0 | £0 | £1 | £1 | £1 | | ● |
| Sub-total | (£3,200) | (£2,808) | £0 | £0 | (£2,808) | £392 | £279 | | ● |
| Surplus/(Deficit) including central funding | £0 | (£15,695) | £16,310 | (£727) | (£112) | (£112) | £4,159 | | ● |
| Surplus/(Deficit) Control Total basis | £0 | (£15,583) | £16,310 | (£727) | £0 | £0 | £4,159 | | ● |
| Surplus/(Deficit) excl central funding top up (CT Basi | £0 | | | | (£18,084) | (£18,084) | (£14,008) | | ● |

Year to date headlines:

- Underlying clinical income (including drugs and devices) on PbR basis was £8.9m below the NHSI/E expectation, due to the reduced activity levels as the Trust manages the Covid-19 pandemic ❶. An additional £7.6m 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 £18.1m “true-up” income, above the NHSI/E expectation, to bring the Trust back to a break the required even position ❸. Other operating income is £4.7m behind plan due mainly to the non receipt of PFI transitional funding due to the national framework (£1.7m), loss of R&D income (£1.0m), and the loss of income for medical staffing recharges (£1.3m).
- Pay expenditure is adverse to NHSI/E expectation due to £2.7m Covid-19 expenditure ❹ and £0.5m of other non recurrent expenditure (Flowers case reassessment). Underlying pay run rate excluding Covid-19 shows the continuation of increased Q4 19/20 run rates. Within this, agency costs have reduced due use of bank to vacancies and increased drive to recruit substantively into vacancies.
- Clinical supplies, including devices and consumables are favourable to NHSI/E expectation due to the reduced activity levels in the first 3 months of the year ❺. On an underlying basis, clinical supplies expenditure is c£3m favourable to NHSI/E expectation YTD; this is partly offset by £1.8m 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 in the first few months of the year ❻. On an underlying basis, non-clinical supplies expenditure is c£8.9m favourable to NHSI/E expectation; this is partly offset by £4.3m of increased expenditure linked to Covid-19 and £0.3m of non-recurrent expenditure in respect of on-going legal costs.
- Homecare pharmacy drugs YTD costs of £14.4m is £7.1m 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. This mismatch as part of the YTD £18.1m “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”