

# Papworth Integrated Performance Report (PIPR)

October 2020

*November 2020*



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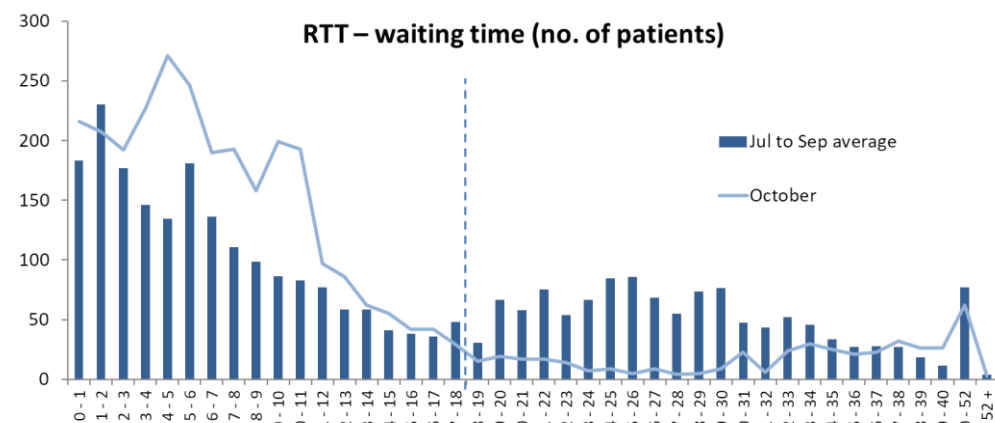
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# Context:

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	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Trend
Cardiac Surgery	41	109	151	177	187	208	
Cardiology	355	492	611	553	620	630	
ECMO (days)	566	273	111	107	92	147	
ITU (COVID)	3	1	1	(2)	1	2	
PTE operations	1	9	17	13	19	17	
RSSC	294	202	413	450	618	616	
Thoracic Medicine	69	168	198	203	264	311	
Thoracic surgery (exc PTE)	65	77	65	61	57	59	
Transplant/VAD	13	30	45	38	43	40	
<b>Total Inpatients</b>	<b>1,407</b>	<b>1,361</b>	<b>1,612</b>	<b>1,600</b>	<b>1,901</b>	<b>2,030</b>	
Outpatient Attendances	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Trend
Cardiac Surgery	200	331	558	562	661	615	
Cardiology	2,138	2,337	2,864	2,966	4,060	3,811	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	285	1,192	1,476	1,138	1,858	1,661	
Thoracic Medicine	1,167	1,628	2,044	1,688	2,061	1,870	
Thoracic surgery (exc PTE)	84	71	103	69	85	77	
Transplant/VAD	206	269	266	269	323	282	
<b>Total Outpatients</b>	<b>4,080</b>	<b>5,828</b>	<b>7,311</b>	<b>6,692</b>	<b>9,048</b>	<b>8,316</b>	

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



# Reading guide

The Papworth Integrated Performance Report (PIPR) is designed to provide the Board with a balanced summary of the Trust's performance within all key areas of operation on a monthly basis. To achieve this, the Trust has identified the Board level Key Performance Indicators ("KPIs") within each category, which are considered to drive the overall performance of the Trust, which are contained within this report with performance assessed over time. The report highlights key areas of improvement or concern, enabling the Board to identify those areas that require the most consideration. As such, this report is not designed to replace the need for more detailed reporting on key areas of performance, and therefore detailed reporting will be provided to the Board to accompany the PIPR where requested by the Board or Executive Management, or where there is a significant performance challenge or concern.

- **'At a glance' section** – this includes a 'balanced scorecard' showing performance against those KPIs considered the most important measures of the Trust's performance as agreed by the Board. The second dashboard includes performance against those indicators set by the Trust's regulators and reported externally.
- **Performance Summaries** – these provides a more detailed summary of key areas of performance improvement or concern for each of the categories included within the balanced score card (Transformation; Finance; Safe; Effective; Caring; Responsive; People, Management and Culture)

## Key

### KPI 'RAG' Ratings

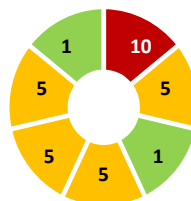
The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

Assessment rating	Description
Green	Performance meets or exceeds the set target with little risk of missing the target in future periods
Amber	Current performance is 1) Within 1% of the set target (above or below target) unless explicitly stated otherwise or 2) Performance trend analysis indicates that the Trust is at risk of missing the target in future periods
Red	The Trust is missing the target by more than 1% unless explicitly stated otherwise

### Overall Scoring within a Category

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

- **Red (10 points)** = 2 or more red KPIs within the category
- **Amber (5 points)** = 1 red KPI rating within the category
- **Green (1)** = No reds and 1 amber or less within the category



### Overall Report Scoring

- **Red** = 4 or more red KPI categories
- **Amber** = Up to 3 red categories
- **Green** = No reds and 3 or less amber

### Trend graphs



Within the balanced scorecard, each KPI has a trend graph which summarises performance against target from April 2018 (where data is available)

### Data Quality Indicator

The data quality ratings for each of the KPIs included within the 'at a glance' section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI's is based on the views and judgement of the business owner for that KPI, and has not been subject to formal risk assessment, testing or validation. The Trust will consider development of a data quality assurance framework to provide greater clarity around quality of underlying data.

Rating	Description
5	High level of confidence in the quality of reported data. Data captured electronically in a reliable and auditable system and reported with limited manual manipulation with a full audit trail retained. Sufficient monitoring mechanisms in place to provide management insight over accuracy of reported data, supported by recent internal or external audits.
4	High level of confidence in the quality or reported data, but limited formal mechanisms to provide assurance of completeness and accuracy of reported information.
3	Moderate level of confidence in the quality of reported data, for example due to challenges within the processes to input or extract data such as considerable need for manual manipulation of information. These could effect the assurance of the reported figures but no significant known issues exist.
2	Lower level of confidence in the quality of reported data due to known or suspected issues, including the results of assurance activity including internal and external audits. These issues are likely to impact the completeness and accuracy of the reported data and therefore performance should be triangulated with other sources before being used to make decisions.
1	Low level of confidence in the reported data due to known issues within the input, processing or reporting of that data. The issues are likely to have resulted in significant misstatement of the reported performance and therefore should not be used to make decisions.

# Trust performance summary

Overall Trust rating - **RED**

## FAVOURABLE PERFORMANCE

**SAFE:** All of the dashboard KPI metrics in Safe remain green in October 2020. Safe Staffing - Care Hours Per Patient Day (CHPPD) for all areas during October remains green. The safe staffing fill rate is green for nights (94.6%) and amber for days (88.9%); both of which are an improved position from last month; resulting in amber overall for October.

**CARING:** All of the dashboard KPI metrics in Caring remain green in October 2020. 1) Friends and Family Test – In summary for October 2020: Inpatients: Positive Experience rate has shown a minimal decrease from 99.7% (Sep) to 99.4% (Oct). Participation Rate has increased from 38.4% (Sep) to 41.0% (Oct). Outpatients: Positive Experience Rate has remained at 100% (three months running). The Outpatient Participation Rate has increased from 1.76% (Sep) to 2.61% (Oct). Good progress is being made with a digital option for submitting FFT feedback which will make data capture easier which is intended to support an increase in participation rates 2) Complaints - the number of formal complaints in month has remained low at two. The written complaints per 1000 WTE (which is taken from a three month rolling period) has reduced to 4.0 which remains in green. 100% of complaints continue to be responded to within the agreed timescales.

**EFFECTIVE:** Activity and flow - The teams have continued to undertake improvement cycles to increase productivity and flow through the Trust's treatment functions, including utilisation of general and acute beds, critical beds, theatres and cath labs, and this is reflected in the steady improvement of these metrics. The slight reduction in Cath lab utilisation is caused by an equipment failure which meant that a Cath lab was unavailable for over 36 hours. The consequence of this focus on regaining productivity adversely impacted by COVID has meant that the total number of patients admitted for care increased further in October.

**RESPONSIVE:** 1) RTT - The aggregate RTT position has improved further in month but remains below the challenging trajectory that the teams agreed for recovery. Cardiac Surgery performance is showing an incremental improvement on the previous month. Patient selection continues to be prioritised on clinical grounds and firebreak slots within the theatre schedules are supporting emergency and cases which have to rollover due to postponement. Respiratory RTT performance has improved significantly as further respiratory diagnostics capacity has been brought on line. Cardiology continue to deliver RTT above the national standard with performance of 96.59% this month, in addition to responding to high volume of emergency transfers.

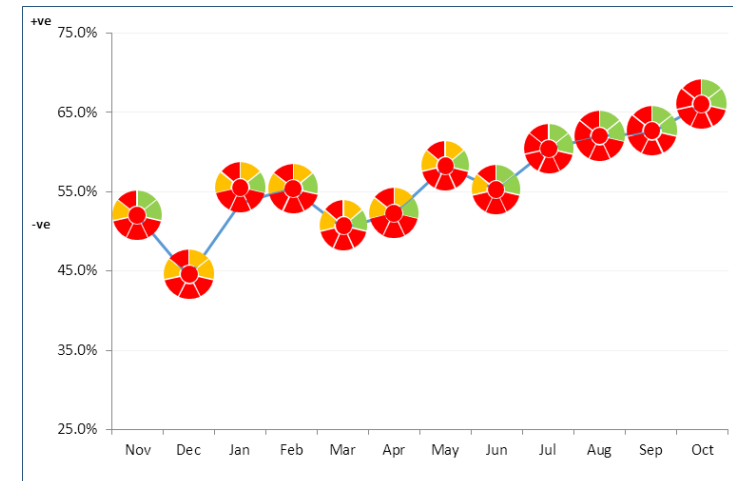
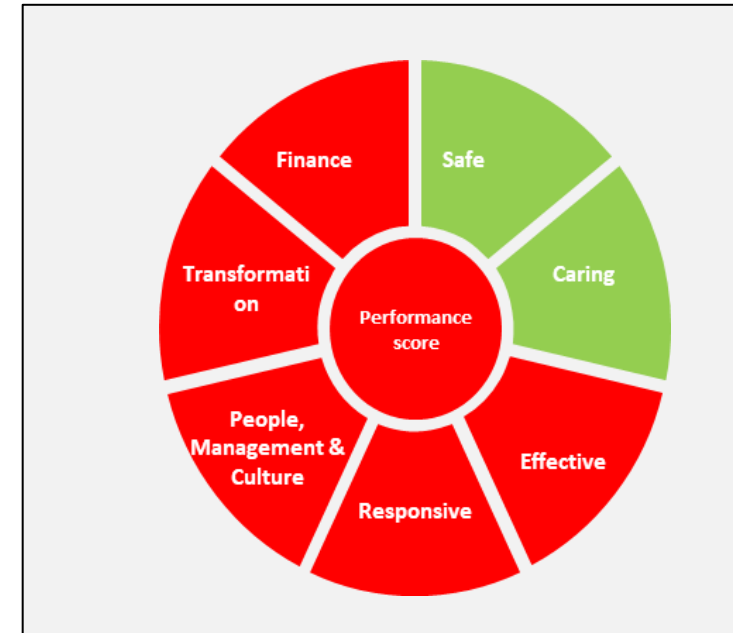
**PEOPLE, MANAGEMENT & CULTURE:** 1) Vacancy rate - The Trust had a large number of new nurse starters in October with 26.4 wte commencing. Registered nurse vacancy rates (including PRNs) decreased to below the KPI for the first time at 3.9%. Total Trust vacancy rates reduced to 7.2%. 2) Mandatory Training compliance continues to improve following training being paused during the first emergency surge. The majority of mandatory training is now delivered through e-learning platforms. Divisions have been focusing on improving compliance.

## ADVERSE PERFORMANCE

**RESPONSIVE:** 1) Cancer Performance - Performance against the 62 day standard deteriorated this month due to a combination of late referrals and small numbers of patients treated. The 104 day breach related to a patients referred very late in their pathway. 2) Theatre cancellations - increased to 42 in month. The top three reasons for cancellations were lack of CCA beds, emergency took time and planned case overran. 3) 52 week breaches - There were 3 respiratory 52 week breach this month, all of which are now resolved. Two related to patient decisions to delay treatment and the third due to delay in the patient returning a remote diagnostic device.

## LOOKING AHEAD

**TRANSFORMATION: Living with COVID:** The Living with COVID Steering Group has been meeting since July and the main focus of the work streams is to support implementation of the clinical strategy, as this has set the pace and scope of clinical activities over the last three months and as we move in to winter and rest of the financial year. It should be noted that the majority of the work programme has been completed with regards to de-escalation and recovery of clinical activity to pre COVID levels. However, work streams; in particular Workforce and Digital enablement are currently developing plans to support a second surge. Overall, the Trust activity recovery performance is demonstrating an over delivery of recovery.



# At a glance – Balanced scorecard

	Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend	
Safe	Never Events	Oct-20	3	0	0			
	Moderate harm incidents and above as % of total PSIs reported	Oct-20	3	3%	0.99%	1.65%		
	Number of Papworth acquired PU (grade 2 and above)	Oct-20	4	35 pa	2	10		
	High impact interventions	Oct-20	3	97%	98.70%	97.97%		
	Falls per 1000 bed days	Oct-20	3	4	2.9	3.2		
	Sepsis - % patients screened and treated (Quarterly)	Oct-20	New	90%	-	-		
	Safer Staffing CHPPD – 5 North	Oct-20	3	7.8	10.5	10.3		
	Safer Staffing CHPPD – 5 South	Oct-20	3	7.8	10.3	12.8		
	Safer Staffing CHPPD – 4 North/South	Oct-20	3	7.8	9.6	10.1		
	Safer Staffing CHPPD – 3 North	Oct-20	3	7.8	10.5	12.9		
	Safer Staffing CHPPD – 3 South	Oct-20	3	7.8	10.8	10.9		
	Safer Staffing CHPPD – Day Ward	Oct-20	3	6	13.4	13.4		
Safer Staffing CHPPD – Critical Care	Oct-20	3	32.9	38.1	38.0			
Effective	Bed Occupancy (excluding CCA and sleep lab)	Oct-20	4	85% (Green 80%-90%)	69.70%	52.29%		
	CCA bed occupancy	Oct-20	3	85% (Green 80%-90%)	87.00%	83.47%		
	Admitted Patient Care (elective and non-elective)	Oct-20	4	1914 (current month)	2030	10872		
	Cardiac surgery mortality (Crude)	Oct-20	3	3%	2.92%	3.13%		
	Same Day Admissions – Cardiac (eligible patients)	Oct-20	4	50%	38.05%	45.86%		
	Same Day Admissions - Thoracic (eligible patients)	Oct-20	4	40%	17.39%	20.67%		
	Theatre Utilisation	Oct-20	3	85%	85.1%	60.8%		
	Responsive	% diagnostics waiting less than 6 weeks	Oct-20	3	99%	99.24%	96.78%	
18 weeks RTT (combined)		Oct-20	3	92%	86.26%	86.26%		
Number of patients on waiting list		Oct-20	3	3343	3136	3136		
52 week RTT breaches		Oct-20	3	0	3	56		
62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*		Oct-20	3	85%	100.00%	66.70%		
31 days cancer waits*		Oct-20	3	96%	100.00%	100.00%		
104 days cancer wait breaches*		Oct-20	3	0%	0	3		
Theatre cancellations in month		Oct-20	3	30	42	19		
% of IHU surgery performed < 7 days of medically fit for surgery		Oct-20	4	95%	68.00%	74.57%		
Caring		FFT score- Inpatients	Oct-20	4	95%	99.40%	98.39%	
		FFT score - Outpatients	Oct-20	2	95%	100.00%	100.00%	
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Oct-20	New	12.6	4.0			
	Mixed sex accommodation breaches	Oct-20	New	0	0	0		
	% of complaints responded to within agreed timescales	Oct-20	4	100%	100.00%	100.00%		
	People Management & Culture	Voluntary Turnover %	Oct-20	3	15.0%	14.4%	11.4%	
		Vacancy rate as % of budget	Oct-20	4	5.5%	7.2%		
		% of staff with a current IPR	Oct-20	3	90%	71.59%		
		% Medical Appraisals	Oct-20	3	90%	n/a		
		Mandatory training %	Oct-20	3	90%	87.24%	84.65%	
		% sickness absence	Oct-20	3	3.50%	3.40%	3.62%	
Finance	Year to date EBITDA surplus/(deficit) £000s	Oct-20	5	£8,091k	£8,491k			
	Year to date surplus/(deficit) exc land sale £000s	Oct-20	5	£(891)k	£(672)k			
	Cash Position at month end £000s	Oct-20	5	£39,261k	£43,729k			
	Use of Resources rating	Oct-20	5	3	n/a	n/a		
	Capital Expenditure YTD £000s	Oct-20	5	£2,793k	£2,228k			
	In month Clinical Income £000s	Oct-20	5	£20208k	£17,687k	£98,818k		
	CIP – actual achievement YTD - £000s	Oct-20	4	£0	£0k	£0k		
	CIP – Target Identified YTD £000s	Oct-20	4	£190k	£0k	£0k		
Transformation	CIP – project delivery	Oct-20	4				→	
	Digital programme delivery on track	Oct-20	3				→	
	Hospital Optimisation	Oct-20	3				→	
	Working with our Partners	Oct-20	3				→	
	HLRI – Construction delivery on track	Oct-20	3				→	
	HLRI – Occupational planning on track	Oct-20	3				→	
	Research and Development Strategy – overall progress	Oct-20	3				→	
	Living with COVID	Oct-20	3				→	

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

# At a glance – Externally reported / regulatory standards

## 1. NHS Improvement Compliance Framework

NHSI Targets	Measure	Data Quality	NHSI Target	Month	YTD	Previous quarter	Forecast	Comments
C. Difficile	Monitoring C.Diff (toxin positive)	5	11	0	3	2		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	86.26%		61.63%		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%	66.67%		Current month provisional as going through verification process. Data is after reallocations
	104 days cancer wait breaches	3	0	0	3	1		
VTE	Number of patients assessed for VTE on admission	3	95%	96.60%		98.9%		Clinical Governance are reviewing data quality regards this metric with Lorenzo
Finance	Use of resources rating	5	3	n/a	n/a	3	3	Unable to evaluate the UoR rating due to temporary suspension of operational planning.

## 2. 2020/21 CQUIN

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

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

# Board Assurance Framework risks (above risk appetite)

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	BAF with Datix action plan	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-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	16	16	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	1853	OM	8	Yes	16	16	16	12	9	15	↓
Safe	Unable to recruit number of staff with the required skills/experience	1854	OM	To be discussed at Execs	Yes	20	20	20	12	12	15	↔
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	8	8	8	8	8	8	↔
People Manag. & Cult.	Failure to release staff to undertake educational activity due to workload	684	JR	8	Yes	12	9	9	9	9	9	↔
People Manag. & Cult.	Low levels of Staff Engagement	1929	OM	6	In progress	16	16	8	8	8	16	↔
Transformation	We will not utilise our expertise to influence local strategy for cardiology	1162	EM	8	Yes	9	9	9	9	9	9	↔
Finance	Failure to meet cardiac and cancer waiting targets	678	EM	12	Yes	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	15	15	15	15	15	15	↔
Finance	Maintain a positive cash balance	2164	TG	8	In progress	12	12	8	12	12	12	↔
Finance	Cash risk from increase COVID expenditure	2541	TG	6	In progress	6	20	12	12	12	9	↔

# Performance summary

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

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



	Data Quality	Target	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	
Dashboard KPIs	Never Events	3	0	0	0	0	0	0	
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	3.27%	0.00%	1.60%	2.80%	2.86%	0.99%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	2	1	0	0	1	2
	High impact interventions	3	97.0%	99.5%	98.2%	97.8%	98.6%	98.6%	98.7%
	Falls per 1000 bed days	3	<4	5.0	2.5	2.4	3.8	2.1	2.9
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	-	50.00%	-	-	Await data	-
	Safer Staffing CHPPD – 5 North	3	>7.8	10.30	8.00	10.20	10.00	11.10	10.50
	Safer Staffing CHPPD – 5 South	3	>7.8	15.80	12.70	11.40	10.70	10.00	10.30
	Safer Staffing CHPPD – 4 North/South	3	>7.8	8.50	9.50	9.50	11.10	9.70	9.60
	Safer Staffing CHPPD – 3 North	3	>7.8	16.40	19.40	12.00	10.90	10.20	10.50
	Safer Staffing CHPPD – 3 South	3	>7.8	12.00	9.40	9.00	10.80	10.90	10.80
	Safer Staffing CHPPD – Day Ward	3	>6	27.94	20.11	14.64	15.39	12.38	13.35
	Safer Staffing CHPPD – Critical Care	3	>32.9	35.10	38.20	40.10	36.00	36.10	38.10
Additional KPIs	Safer staffing – registered staff day	3	90-100%	71.7%	76.7%	84.4%	84.5%	88.6%	88.9%
	Safer staffing – registered staff night	3	90-100%	80.7%	84.8%	90.5%	91.2%	93.5%	94.6%
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	3	0	0	0	1	1	3	3
	E coli bacteraemia	3	Monitor only	1	0	1	1	0	0
	Klebsiella bacteraemia	3	Monitor only	0	4	0	0	1	1
	Pseudomonas bacteraemia	3	Monitor only	1	1	0	0	0	1
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	5	0	3	7	7	3
COVID Additional KPIs	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 11	1	0	1	0	0	0
	PPE: Number of days stock of FFP3 Masks	New	Monitor only	17.83	40	31	39	82	235
	PPE: Number of days stock of Surgical Masks	New	Monitor only	84	110	175	199	241	186
	PPE: Number of days stock of Gloves	New	Monitor only	528	320	350	428	387	296
	PPE: Number of days stock of Aprons	New	Monitor only	170	95	74	45	36	16
	Nosocomial C-19 infections 8-14 days after hospital admission	New	Monitor only	0	0	0	0	0	0
	Nosocomial C-19 infections 15 or more days after hospital admission	New	Monitor only	0	0	0	0	0	0

## Summary of Performance and Key Messages:

**CQC Model Hospital rating for 'Safe'** is **Outstanding** dated Oct 2020 (accessed 14.11.2020).

**Sepsis:** the sepsis data is being reviewed at the time of writing this report.

**Safe Staffing:** Care Hours Per Patient Day (CHPPD) for all areas during October remains green. The safe staffing **fill rate** is green for nights (94.6%) and amber for days (88.9%); both of which are an improved position from last month; resulting in amber overall for October. The last time this field was out of red was Feb 2020, so this is very positive and reflects the hard work going into roster templates and staffing from the clinical teams and the eRostering team in Workforce.

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 first of the new eRoster/Safe Staffing check and challenge support meetings is took place 19.10.2020, to discuss Ward 5N to pilot the process.

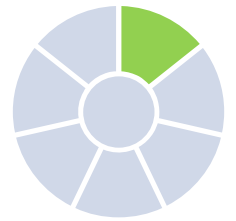
**Number of Serious Incidents:** We reported three serious incidents in October 2020; more information is shared on the next slide. Prior to these last two months, the last time there were three incidents in one month was Oct 2019, and this lasted for the one month. We will continue to monitor the prevalence.

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

**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 15<sup>th</sup> June 2020. *Data was not available for October at the time of writing this report (14.11.2020).*

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





## Key performance challenges

### Escalated performance challenges:

The Trust reported three Serious Incidents in October. Two are related to Surgery and one to Cardiology.

**SUI-WEB36832:** Patient experienced a complication during minimally invasive mitral valve procedure. Subsequently required ECMO support and sadly passed away. Discussed at SIERP 22/09/2020.

#### Terms of Reference for investigation:

- To review the chronology of events which took place during the minimally access mitral valve surgery
- To investigate the circumstances that led to the limb ischaemia and subsequent vascular intervention in relation to the VA ECMO
- To review the outcomes and experience of the minimally invasive mitral valve programme at Royal Papworth Hospital

**SUI-WEB36894:** Patient discharged following PCI without Clopidogrel despite it being prescribed. The patient was readmitted to RPH via PPCI pathway, thrombus in LAD and sadly passed away. Discussed at SIERP 13/10/2020.

#### Terms of Reference for investigation:

- To investigate the events around the discharge and the circumstances resulting in the patient being discharged without the required medication.
- To look at the systemic issues around the process of providing discharge medication to cardiology patients

**SUI-WEB37053:** Iatrogenic injury during central line insertion leading to further unplanned procedure and blood transfusion to correct blood loss. Discussed at SIERP on 20/10/2020.

#### Terms of Reference for investigation:

- To review the technical aspects and understanding of the mechanism for the vascular injury by central line insertion procedure
- To review the wider training and supervision for central line insertion

### Key risks:

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

### Key Actions:

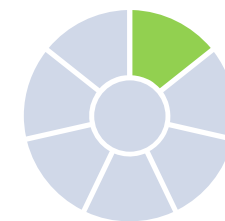
All 3 SIs are currently under investigation

Full Duty of Candour undertaken with relevant NoK

Support offered and provided for staff involved

Updates to Serious Incident Executive Review Panel (SIERP) and Quality and Risk Management Group (QRMG).

Date	Ref	STEIS Ref	Details	Speciality	DoC
07/10/2020	SUI-WEB36832	2020/19125	Complication during minimally invasive mitral valve surgery. Patient passed away.	Surgery	
14/10/2020	SUI-WEB36894	2020/19529	Patient had PCI to LAD and discharged without supply of Clopidogrel . Readmitted to RPH via PPCI pathway, thrombus in LAD. Patient passed away.	Cardiology	
19/10/2020	SUI-WEB37053	2020/19979	Iatrogenic injury caused during central line insertion requiring unplanned procedure and blood transfusion to correct blood loss.,	Surgery	



## Spotlight on: Safe Staffing – data range table

- 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 (by ward staff via the census), benchmarked against staffing levels on HealthRoster. The Data Range table helps to triangulate data to support staffing decisions.
- Wards have been placed in order of highest utilisation (the RAG rating is shown for information).
- ‘% Utilisation’ represents the hours short/hours excess (of the hours needed to reach the required CHPPD), having taken into account patients’ acuity and dependency.
- The WTE ‘funded establishment (WTE)’ 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. The end column ‘actual RN:Patient Ratio’ is new from May 2020 data report onwards.
- There is a slight variation in CHPPD in this table compared to CHPPD in the first ‘PIPR Safe’ slide. 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 in the first ‘PIPR Safe’ slide 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 help us monitor and review rostering in line with national best practice recommendations and requirements.

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 & Unre)	Actual Staff:Patient Ratio (Reg & Unre)	Actual RN:Patient Ratio
Cardiology Division	4 NW	23.6	86.36	7.78	9	5.77	3.08	6.65	1.23	1.12	1:3.1	1:2.5	1:4.0
Surgery, Transplant and Anaesthetics	CCA Clinical	269.81	77.94	31.35	40.22	31.57	8.33	38.33	0.79	1.1	1:0.8	1:0.6	1:0.7
Cardiology Division	3 South	67.65	73.72	8.7	11.8	8.12	3.52	10.65	0.46	0.69	1:2.8	1:1.9	1:2.8
Surgery, Transplant and Anaesthetics	5 South	85.69	71.87	7.56	10.52	6.29	3.9	7.69	1.19	1.64	1:3.2	1:2.2	1:3.7
Thoracic Medicine and Ambulatory	4 N&S (Respiratory)	72.36	69.99	7.56	10.8	8.29	2.1	9.82	0.58	0.41	1:3.2	1:2.1	1:2.8
Surgery, Transplant and Anaesthetics	5 North	85.69	69	7.44	10.79	6.64	3.94	9.09	0.86	0.84	1:3.2	1:2.2	1:3.5
Thoracic Medicine and Ambulatory	Day Ward	36.96	58.7	7.83	13.35	7.67	5.68	13.35	0	0	1:3.1	1:1.3	1:2.2
Thoracic Medicine and Ambulatory	3 North	61.25	53.49	9.22	17.23	10.48	5.87	16.22	0.3	0.72	1:2.6	1:1.2	1:2.1
<b>Utilisation key (reqd care v rostered care)</b>													
90% - under utilisation													
91-104% - Balanced													
105% - over utilisation Amber (105-109%)													
110% over utilisation													

## Performance summary



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

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

	Data Quality	Target	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	
Dashboard KPIs	FFT score- Inpatients	4	95%	97.5%	96.7%	98.5%	99.4%	99.7%	99.4%
	FFT score - Outpatients	2	95%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%
	Mixed sex accommodation breaches	New	0	0	0	0	0	0	0
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	New	12.6	6.2	4.1	4.6	4.6	5.0	4.0
	% 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	1	3	1	2	TBC
	Number of complaints (12 month rolling average)	4	5 and below	5.4	5.2	5.3	4.9	4.3	4.1
	Number of complaints	4	5	1	4	4	1	5	2
	Number of recorded compliments	4	500	248	320	417	662	465	834
	Supportive and Palliative Care Team – number of referrals (quarterly)	3	0	-	86	-	-	82	-
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	3	0	-	6	-	-	2	-
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	3	Monitor only	-	843	-	-	949	-
COVID Additional KPIs	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	New	Monitor only	-	27	-	-	37	-
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	New	Monitor only	-	7	-	-	5	-
	Complaints (specific to Covid-19)	New	Monitor only	0	0	0	0	0	0

### Summary of Performance and Key Messages:

**CQC Model Hospital rating for 'Caring' is Outstanding** dated Oct 2020 (accessed 14.11.2020).

**FFT (Friends and Family Test):** In summary for October 2020: **Inpatients:** Positive Experience rate (formerly called 'recommendation rate') has shown a minimal decrease from 99.7% (Sep) to 99.4% (Oct). Participation Rate has increased from 38.4% (Sep) to 41.0% (Oct). **Outpatients:** Positive Experience Rate has remained at 100% (three months running). The Outpatient Participation Rate has increased from 1.76% (Sep) to 2.61% (Oct). There is more information in the 'Spotlight On' slide. Good progress is being made with a digital option for submitting FFT feedback which will make data capture easier which is intended to support an increase in participation rates.

**Complaints:** the number of formal complaints in month has remained low at two. More details are on the next slide for information. The written complaints per 1000 WTE (which is taken from a three month rolling period) has reduced to 4.0 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 remained in green for Oct at 4.1. 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 14.11.2020).

**Compliments:** the number of formally logged compliments received during October has increased to 834. There have been 0 complaints specific to COVID-19 from the outset.

## Key performance challenges



### Escalated performance challenges:

The Trust received two formal complaints during October 2020 one of which has been received from a private patient. One complaint is outpatients (Cardiology), one complaint inpatients (Surgery).

Details are shown in this table:

Date	Ref	Service Area		Details	Type
09/10/2020	Q32021-30F	Cardiology Private Patient	Outpatient	Daughters have raised concerns relating to the care and treatment their mother received from Consultant Cardiologist at Royal Papworth Hospital since 2017.	Communications
22/10/2020	Q32021-31F	Surgical Services 5 North West	Inpatient	Patient has raised some concerns relating to his post operative care on CCA and the ward, and specific concerns which he has raised with the Consultant Surgeon directly	Clinical Treatment

### 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

### Key Actions:

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

Actions are identified.

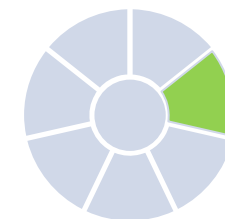
Complaints and lessons learned shared at Business Unit and Clinical Division meetings and Trust wide through the Q&R reports.

Continued monitoring of further complaints and patient and public feedback.

Staff, Sisters 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.



### Charts on the right: Royal Papworth Hospital

The information on the right shows the positive patient experience rates in graph format for inpatients and outpatients at RPH for **October 2020**.

### Benchmarking

The latest nationally published benchmarking data remains **February 2020** (at the time of writing PIPR 14.11.2020), therefore the RPH data from the same month is also included (NHS England round the %):

### Inpatients

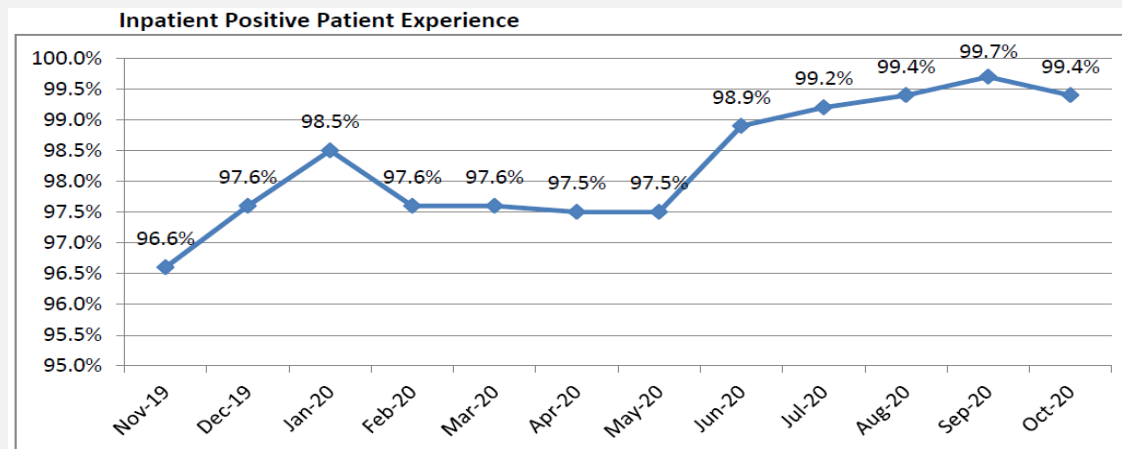
- Liverpool Heart and Chest Hospital NHS Foundation Trust = 100%
- Royal Papworth = 98%
- Royal Brompton and Harefield NHS Foundation Trust = 96%
- CUH = 96%
- NWAFT = 96%
- England NHS = 96%

### Outpatients

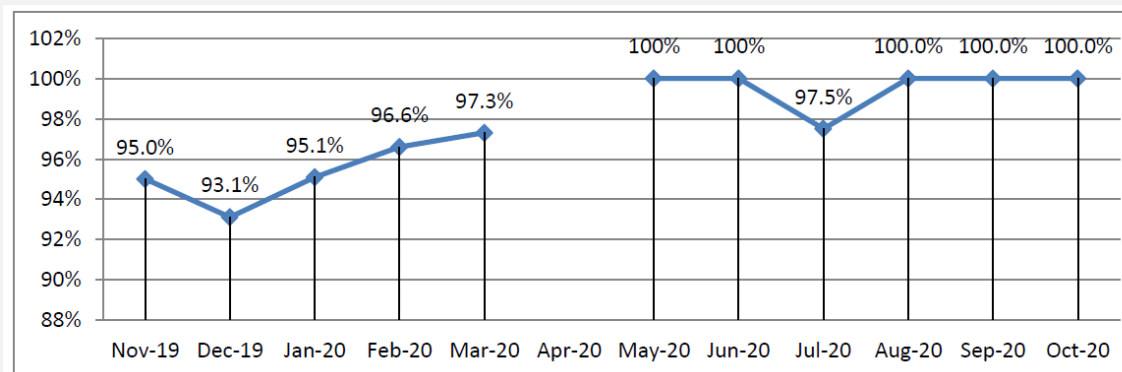
- Liverpool Heart and Chest Hospital NHS Foundation Trust = 100%
- Royal Papworth = 97%
- NWAFT = 97%
- Royal Brompton and Harefield NHS Foundation Trust = 95%
- CUH = 95%
- England NHS = 94%

### Overview – Royal Papworth Hospital

**Inpatients (Oct 2020):** Positive Experience rate (formerly called ‘recommendation rate’) has shown a minimal decrease from 99.7% (Sep) to 99.4% (Oct). Participation Rate has increased from 38.4% (Sep) to 41.0% (Oct).



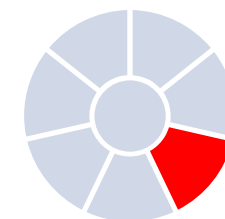
**Outpatients (Oct 2020):** Positive Experience Rate has remained at 100% (three months running). The Outpatient Participation Rate has increased from 1.76% (Sep) to 2.61% (Oct). (No results in April due to COVID-19).



# Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Chief operating Officer



## 6 month performance trends

	Data Quality	Target	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	31.3%	45.0%	61.2%	64.0%	67.9%	69.7%
	CCA bed occupancy	3	85% (Green 80%90%)	74.6%	84.8%	76.3%	84.4%	83.6%	87.0%
	Admitted Patient Care (elective and non-elective)	4	1643 (current month)	1407	1361	1612	1600	1901	2030
	Cardiac surgery mortality (Crude)	3	<3%	3.14%	3.15%	3.27%	3.21%	2.90%	2.92%
	Same Day Admissions –Cardiac (eligible patients)	4	50%	82.35%	68.89%	54.64%	37.63%	39.50%	38.05%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	29.27%	18.52%	20.45%	13.33%	17.65%	17.39%
	Theatre Utilisation	3	85%	33.67%	54.73%	66.93%	76.57%	82.92%	85.11%
Additional KPIs	Length of stay –Cardiac Elective – CABG (days)	3	8.20	7.06	7.92	8.01	8.57	8.37	8.04
	Length of stay –Cardiac Elective –valves (days)	3	9.70	6.75	9.18	8.68	9.56	10.09	9.01
	Cath Lab Utilisation 16 at New Papworth (including 15 min Turn Around Times)	3	90%	45%	65%	77%	80%	85%	83%
	CCA length of stay (LOS) (hours) - mean	3	Monitor only	315	189	144	136	94	98
	CCA LOS (hours) - median	3	Monitor only	77	46	44	45	36	44
	Length of Stay –combined (excl. Day cases) days	3	Monitor only	6.14	6.53	5.71	5.39	5.10	5.17
	% Day cases	3	Monitor only	62.35%	59.97%	54.98%	53.28%	56.37%	59.28%
COVID Additional KPIs	Confirmed C-19 patients on ACC (average)	New	Monitor only	23.1	10.5	4.3	2.4	0.1	3.0
	Confirmed C-19 patients on other wards (average)	New	Monitor only	5.5	3.3	1.5	0.0	0.0	0.0
	C-19 patients discharged	New	Monitor only	25	15	5	4	0	1
	Number of C-19 patients on ECMO (average)	New	Monitor only	19.1	10.5	6.0	2.1	0.1	3.2

## Summary of Performance and Key Messages:

### Activity and Flow

The teams have continued to undertake improvement cycles to increase productivity and flow through the Trust's treatment functions, including utilisation of general and acute beds, critical beds, theatres and cath labs, and this is reflected in the steady improvement of these metrics. The slight reduction in Cath lab utilisation is caused by an equipment failure which meant that a Cath lab was unavailable for over 36 hours. The consequence of this focus on regaining productivity adversely impacted by COVID has meant that the total number of patients admitted for care increased further in October.

### SDA

SDA performance further improved against the 50% standard for SDA in Month 7 for both Cardiac Surgery and Thoracic in month. Performance has been adversely impacted as a consequence of the pandemic as a result of 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 first cases to ensure we do not delay theatre start times and lose cases due to theatre over-run.

Thoracic continues to be a challenge due to constrained pre-assessment capacity for short notice cancer patients. Trust wide optimisation work remains ongoing to improve access to pre-assessment. 2<sup>nd</sup> Case Cardiac Surgery are now being routinely scheduled as SDA unless there is a clinical contra-indication.

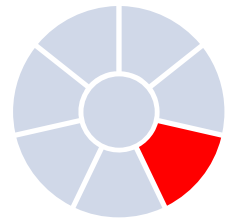
### Cardiac Surgery Mortality

Remains within 3% parameter and all cases reviewed at M&M with Lessons learnt shared through Directorate and Trust Governance Processes.

### LOS – Surgery

Both LOS for valve and CABG has decreased in month. Over recent months we have seen contributory factors to increases in LOS include the acuity of patient leading to longer LOS in CCA, 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 : Cancellations



### Theatre Cancellations

#### Top reasons in month:

- Emergency took time
- Planned case overrun
- Patient Unfit

Cancellation reason	Oct-20	Total
1a Patient DNA	0	3
1b Patient refused surgery	1	2
1c Patient unfit	6	22
1d Sub optimal work up	1	1
1e Patient not ready	0	2
1f Patient no longer requires surgery	0	3
2a All CCA beds full with CCA patients	4	13
2b No ward bed available to accept transfer from CCA	0	0
2c Delay in repatriation of patient from CCA	0	0
2d No ward bed available	0	1
3a Critical Care	4	7
3b Theatre Staff	0	0
3c Consultant Surgeon	2	3
3d Consultant Anaesthetist	0	1
3e Other	0	0
4a Emergency took time	12	19
4b Transplant took time	0	8
4c ECMO/VAD took time	0	0
4d Additional urgent case added and took slot	4	14
4e Equipment/estate unavailable	0	3
5a Planned case overrun	7	24
5b Additional urgent case added and took slot	1	4
5c Overruns delayed start	0	1
6a Scheduling issue	0	2
6b Patient dependency	0	0
<b>Total</b>	<b>42</b>	<b>133</b>

### Additional activity within theatres and CCA

- 42 emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.
- 90 additional emergency minor procedures also went through theatre.

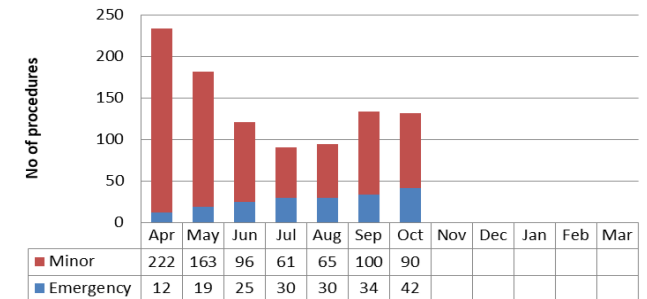
### Monthly Cancellations

Total number of Cancellations throughout the year has understandably fluctuated due to COVID, and then the increase of Surgical lists. October has increased significantly for a variety of reasons, not least due to staff sickness, patient acuity and a prioritisation of emergency activity

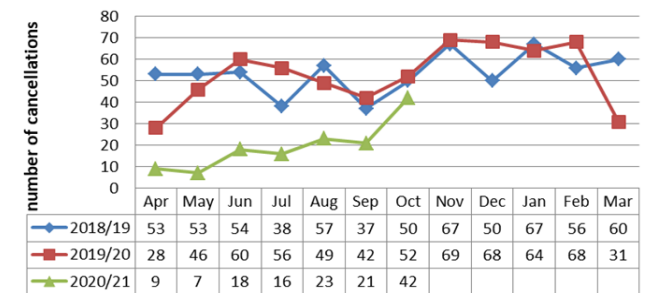
### Advance Cancellations

The reasons for advanced cancellations vary each month, but this will be an ongoing data capture to identify patterns. In October, there were six patients cancelled in advance for an urgent case having taken priority

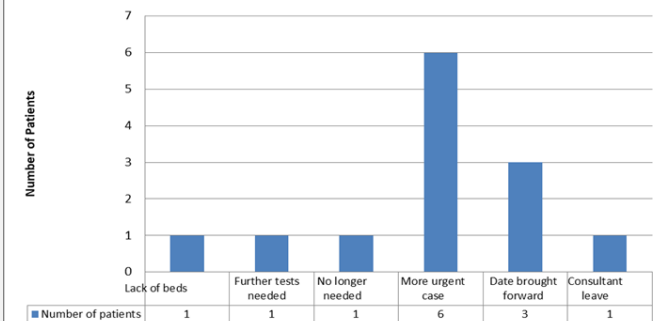
### Emergency v Minor Procedures



### Total number of Cancellations

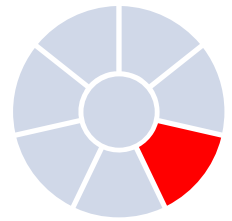


### Cancellations made in advance of surgical date



# Effective

## Spotlight on: Activity Recovery



### Escalated performance challenges:

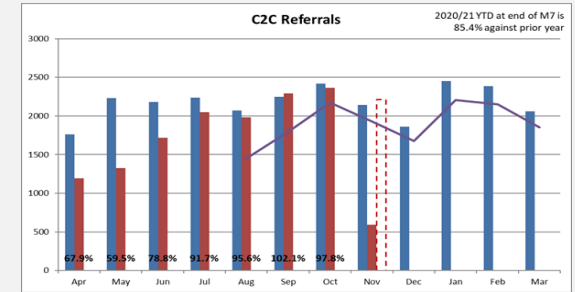
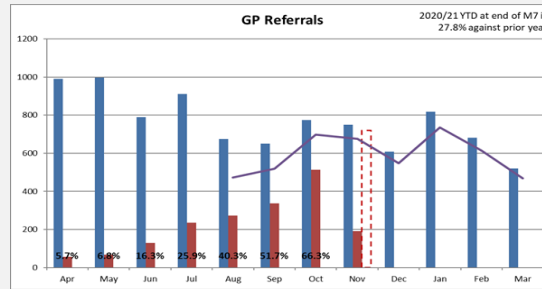
Work continues to draw elective activity through the Trust and treat as many patients as possible before Winter and the anticipated response to a second COVID wave. Delivery of the restoration plan is over achieving for both elective admissions and outpatients.

#### Key points of note:

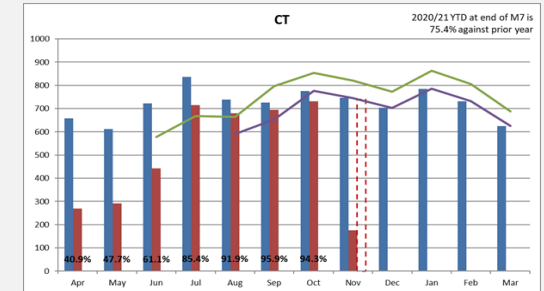
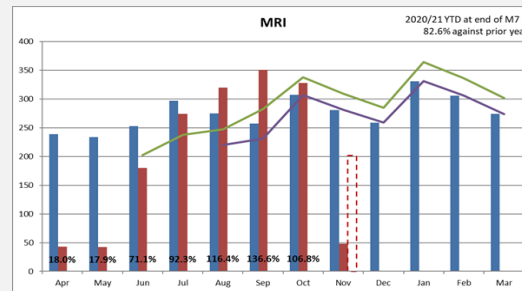
- The baseline in this report is based on billable activity in 2019/20 multiplied by the NHSI/E targets.
- Actuals in the activity charts are set out on the basis of 'billed' units of activity for historic months, however the current (October) month position is shown using actual activity units rather than billed units.
- This version extends the current CDC targets, as set out in the September CDC strategy paper, to the end of the financial year. The activity model, used by the CDC to set the targets, was based on the four highest activity months of 2019/20 which were Aug-Nov 2019.
- We are currently unable to reliably identify which outpatient appointments are being held through video calls and so we cannot make the distinction between these types of delivery method. Attend Anywhere does not interface with Lorenzo or the data warehouse and clinic templates are not all set up yet on Lorenzo. This issue will be resolved once the new clinic templates have been set up in full on Lorenzo and are being used.

### Progress Summary:

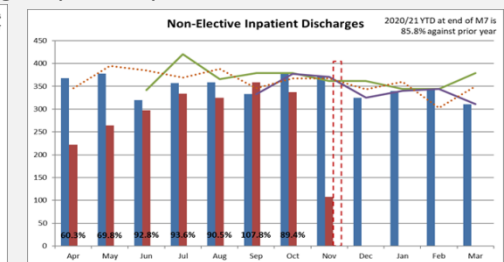
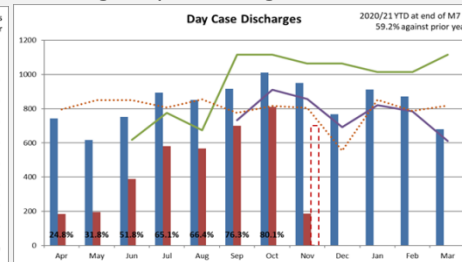
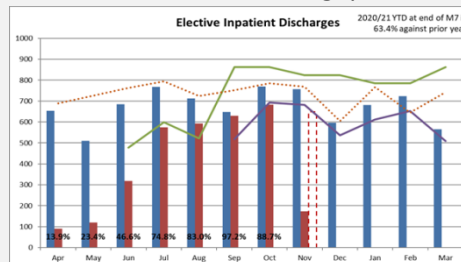
Significant improvement is being seen this month in the recovery of GP referrals while tertiary referrals from Consultants in other Trusts remains strong. Communication has gone to local GPs and tertiary referrers to advise them that our services are fully open and recovered.



The Trust has now commenced cardiac CT imaging of CUH patients to support their recovery.



Elective admissions throughput remains strong in spite of high levels of emergency activity.





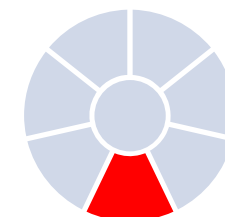
# Responsive

## Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Director of Operations

### 6 month performance trends



	Data Quality	Target	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	96.70%	96.80%	90.59%	97.63%	98.79%	99.24%
	18 weeks RTT (combined)*	3	92%	68.71%	54.72%	50.41%	60.43%	74.06%	86.26%
	Number of patients on waiting list	3	3,343	3829	3604	3259	3086	3046	3136
	52 week RTT breaches	3	0	14	10	4	6	2	3
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	3	85%	41.7%	10.0%	100.0%	66.7%	33.0%	100.0%
	31 days cancer waits*	3	96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	104 days cancer wait breaches*	3	0	0	2	0	0	1	0
	Theatre cancellations in month	3	30	7	18	16	23	21	42
Additional KPIs	% of IHU surgery performed <7 days of medically fit for surgery	4	95%	100.00%	93.00%	68.00%	66.00%	63.00%	68.00%
	18 weeks RTT (cardiology)	3	92%	74.76%	68.00%	72.35%	84.02%	92.34%	96.59%
	18 weeks RTT (Cardiac surgery)	3	92%	58.49%	51.28%	53.79%	54.85%	65.88%	71.43%
	18 weeks RTT (Respiratory)	3	92%	67.93%	46.32%	32.53%	43.75%	61.06%	81.42%
	Acute Coronary Syndrome 3 day transfer %	3	90%	100.00%	100.00%	100.00%	99.00%	100.00%	100.00%
	Other urgent Cardiology transfer within 5 days %	3	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	% patients rebooked within 28 days of last minute cancellation	3	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Outpatient DNA rate	4	9%	2.44%	3.56%	3.77%	3.21%	4.11%	4.43%
	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	2	4	11	9	9	19
COVID Additional KPIs	% of IHU surgery performed <10 days of medically fit for surgery	4	95%	100.00%	100.00%	89.00%	83.00%	83.00%	92.00%
	C-19 referrals	New	Monitor only	18	7	0	0	1	5
	C-19 Patient LoS YTD	New	Monitor only	n/a	19.9	23.1	30.0	25.9	25.5
	Deaths as % of total Covid-19 positive patients YTD	New	Monitor only	18.0%	17.7%	17.7%	17.7%	17.6%	16.9%

### Summary of Performance and Key Message

#### RTT Performance

The aggregate RTT position has improved further in month but remains below the challenging trajectory that the teams agreed for recovery.

Cardiac Surgery performance is showing an incremental improvement on the previous month. Patient selection continues to be prioritised on clinical grounds and firebreak slots within the theatre schedules are supporting emergency and cases which have to rollover due to postponement. Cardiac Surgery has now returned to pre-COVID levels of performance, with a reduction in total number of the number of patients waiting over 18 week cases to its lowest level since 2017/18.

Respiratory RTT performance has improved significantly as further respiratory diagnostics capacity has been brought on line. At the same time the total number of patients on the waiting list has reduced and the team are working through adapting their in house clinical prioritisation criteria to those of the national validation project.

Cardiology continue to deliver RTT above the national standard with performance of 96.59% this month, in addition to responding to high volume of emergency transfers.

#### 52 week breaches

There were 3 respiratory 52 week breach this month, all of which are now resolved. Two related to patient decisions to delay treatment and the third due to delay in the patient returning a remote diagnostic device.

#### Cancer performance

Performance against the 62 day standard deteriorated this month due to a combination of late referrals and small numbers of patients treated. The 104 day breach related to a patients referred very late in their pathway.

#### Theatre cancellations

Theatre cancellations increased to 42 in month. The top three reasons for cancellations were lack of CCA beds, emergency took time and planned case overran.

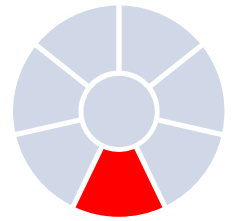
#### IHU Surgery Performance

October saw an increase in performance of patients treated against the 7 and 10 day standards. There has, been an increase in patients who have been scheduled and then unfit on the day of surgery and team are reviewing data to ensure performance reflects this. There were 10 IHU cancellations of only 3 were suitable for rebooking and all 3 were booked within the 5 day target.

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

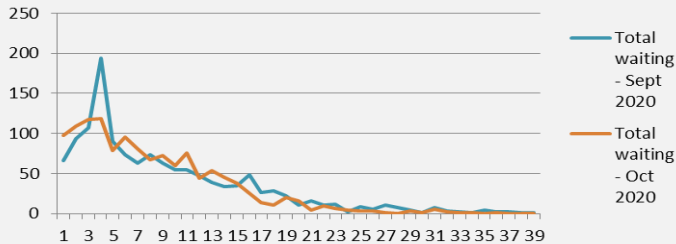
# Responsive

## Key Challenges: Waiting list Management



### Escalated performance challenges:

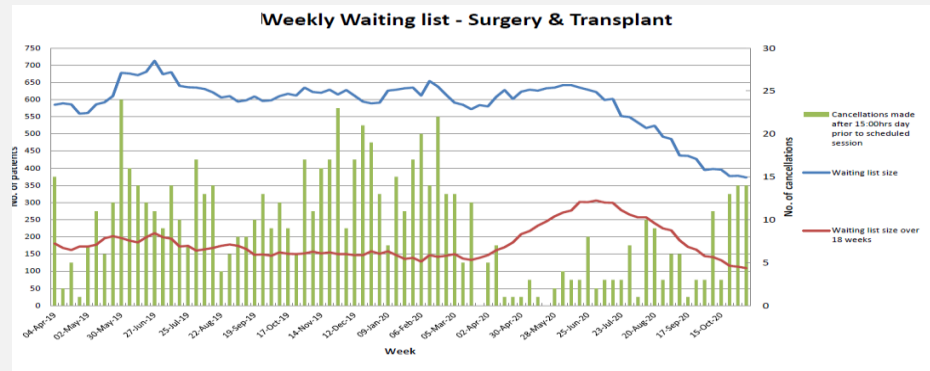
#### Cardiology



The overall waiting list size has started to increase this month, with further and significant reduction in breach pathways. Every patient has a clinical review and assigned a status (P1-P6) in line with the national validation project.

#### Surgery:

Both waiting list size and patients over 18 weeks have decreased as patients are treated through all 6 theatres.



#### Respiratory:

The size of the Respiratory waiting list remains steady at 1475 patients and the improvement in RTT performance is purely down to the treatment of more patients.

### Key risks:

- Change to referral pattern to Cardiology for treatment, is reflective of the higher acuity of patients requiring intervention.
- Emergency pathways have been receiving higher than normal activations/referrals with an increased acuity.
- Increase acuity also increasing the length of stay.

- Reduction in referrals for Thoracic and Cardiac services due to delays in patients accessing primary care and medical services.
- Patient confidence in attending for admission may reduce in light of a 2<sup>nd</sup> wave.
- Risk of 2<sup>nd</sup> Wave may reduce future elective capacity and increase waiting times.

- Respiratory patients are more susceptible to normal winter infections

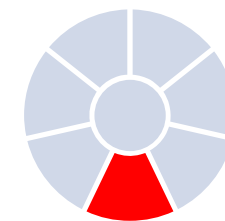
### Key Actions:

- Continue to work with referrers to encourage an early review (MDT) for a sooner intervention with the aim to reduce the deterioration of patients in the community.

- Letters have been sent to all regional Cardiologists to re-iterate that services are open for active referrals.
- Surgery are currently re-review all patients against the national classifications 1-6 and update P\*-P3 statuses currently Lorenzo.
- Consultants are reviewing WAL and reallocating patients where clinically appropriate to consultants with reduced WAL.
- Currently two PTE surgical patients and one Cardiac Surgery Patient are classified at P5. (Wish to delay - COVID)

- Oximetry and Polysomnography diagnostic capacity to be enhanced to unblock patient pathways.

## Spotlight on: Cancer Waiting Time Performance



### Confirmed Performance:

31 day waits									
	4. 31 day patients first treatment only			5. Subsequent (all treatments)			6. Subsequent (surgery only)		
	Target = 96%			No target			Target = 94%		
	Total treated	Breaches	%	Total treated	Breaches	%	Total treated	Breaches	%
Q1	64	0	100.0%	21	0	100.0%	20	0	100.0%
Jul-20	14	0	100.0%	1	0	100.0%	1	0	100.0%
Aug-20	18	0	100.0%	2	0	100.0%	2	0	100.0%
Sep-20	15	0	100.0%	3	0	100.0%	1	0	100.0%
Q2	47	0	100.0%	6	0	100.0%	4	0	100.0%
Oct-20	22	0	100.0%	3	0	100.0%	1	0	100.0%
Q3	22	0	100.0%	3	0	100.0%	1	0	100.0%
YEAR	133	0	100.0%	30	0	100.0%	25	0	100.0%

62 day waits									
	1. 62 day patients (Urgent GP Referral)			2. 62 day patients after re-allocations)			3. 62 day patients Consultant Upgrade (pre reallocation)		
	Target = 85%			No target			No target		
	Total treated	Breaches	%	Total treated	Breaches	%	Total treated	Breaches	%
Jul-20	1.5	0.0	100.0%	3.0	0.0	100.0%	0.0	0.0	#DIV/0!
Aug-20	1.5	0.5	66.7%	1.5	0.5	66.7%	0.0	0.0	#DIV/0!
Sep-20	1.0	0.5	50.0%	1.5	1.0	33.3%	1.5	0.5	66.7%
Q2	4.0	1.0	75.0%	6.0	1.5	75.0%	1.5	0.5	66.7%
Oct-20	2.0	0.5	75.0%	1.5	0.0	100.0%	1.0	0.0	100.0%
Q3	2.0	0.5	75.0%	1.5	0.0	100.0%	1.0	0.0	100.0%
YEAR	20.0	8.0	60.0%	25.0	12.5	50.0%	5.0	1.0	80.0%

### Pre-COVID Key Challenges:

There are a number of challenges that the Trust has with meeting the standard of the Cancer standards:

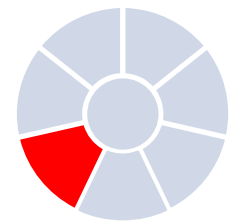
- The Trust undertakes very few treatments on the lung cancer pathway and therefore a part or all of a single patient breach can swing performance dramatically.
- The Trust provides a single treatment mode, surgery, and therefore is often part of a three provider pathway. Through the breach re-allocation process, if there are delays in parts of the pathway provided by other providers we risk have part of the breach re-allocated to the Trust.

### Additional COVID Challenges:

During the pandemic many patient have delayed presenting to their GP and most cancer services have experienced a re-bounce in cancer referrals at the end of the first wave. Many referrers to Royal Papworth have struggled with the sudden influx in demand and this has caused delays in patient pathways. The key reason for the Trusts reported breaches are:

- Delayed referral from the initial pathway provider. The 62 day breach in the September data above reflects a patient referred to us at day 93 and treated on day 140.
- Patients who have delayed accessing treatment, may be more complex to diagnose and treat.
- Patient availability either through willingness to attend or admission for other conditions. An example of this is the 62 day upgrade breach in September where the patient's treatment was delayed due to their admission to another hospital.

# 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	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	
Dashboard KPIs	Voluntary Turnover %	3	15.0%	11.69%	4.92%	10.12%	14.66%	13.71%	14.36%
	Vacancy rate as % of budget	4	5.50%	7.92%	7.30%	7.20%	7.79%	7.70%	7.17%
	% of staff with a current IPR	3	90%	79.62%	76.01%	69.44%	64.04%	69.41%	71.59%
	% Medical Appraisals	3	90%	77.59%	76.98%	n/a	n/a	n/a	n/a
	Mandatory training %	3	90.00%	84.19%	82.90%	82.97%	84.64%	86.34%	87.24%
	% sickness absence	3	3.5%	3.73%	2.94%	3.46%	3.38%	3.64%	3.40%
Additional KPIs	FFT – recommend as place to work	3	63.0%	n/a	69.00%	n/a	n/a	70.00%	n/a
	FFT – recommend as place for treatment	3	80%	n/a	92.00%	n/a	n/a	77.92%	n/a
	Registered nurse vacancies rate (including pre-registered nurses)	3	5.0%	5.83%	5.31%	5.34%	5.24%	6.21%	3.89%
	Registered nursing vacancy WTE (including pre-registered nurses)			41.3	37.62	37.79	37.11	44.93	28.16
	Registered nurse vacancies rate (excluding pre-registered nurses)	2	5.00%	6.61%	5.88%	5.62%	5.67%	6.97%	5.06%
	Registered nursing vacancy WTE (excluding pre-registered nurses)			46.8	41.62	39.79	40.11	50.43	36.66
	Unregistered nurse vacancies WTE (including pre-registered nurses)	3	10.00%	28.02	30.94	32.90	29.82	34.87	32.99
	Unregistered nursing vacancy rate (including pre-registered nurses)			10.82%	11.95%	12.70%	11.51%	12.97%	12.35%
	Unregistered nursing vacancy rate (excluding pre-registered nurses)			12.94%	13.30%	14.05%	12.86%	15.03%	15.53%
	Long term sickness absence %	3	0.80%	1.51%	1.13%	1.61%	1.70%	1.68%	1.43%
	Short term sickness absence	3	2.70%	2.22%	1.81%	1.85%	1.68%	1.96%	1.98%
	Agency Usage (wte) Monitor only	3	Monitor only	26.9	23.0	40.5	50.9	51.7	50.6
	Bank Usage (wte) monitor only	3	Monitor only	83.4	76.8	82.6	75.8	64.8	60.8
	Overtime usage (wte) monitor only	3	Monitor only	52.9	37.7	50.7	52.2	51.2	59.3
	Turnover - Non medical starters	3	Monitor only	22.4	18.2	24.0	13.0	53.2	39.2
Turnover - Non medical leavers	3	Monitor only	18.9	6.0	15.0	17.5	23.0	22.6	
Agency spend as % of salary bill	4	3.03%	2.08%	1.93%	2.46%	4.25%	3.43%	3.12%	
COVID Additional KPIs	Covid-19 related absences: Clinical Staff	New	Monitor only	156.3	102.1	75.0	45.7	45.9	32.6
	Covid-19 related absences: Non-Clinical Staff	New	Monitor only	90.4	95.8	74.4	42.1	31.2	32.2
	Staff Tested for COVID	New	Monitor only	36	14	12	1	34	24

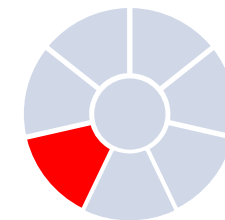
### Summary of Performance and Key Messages:

Key highlights in October are:

- Total turnover remained below the KPI at 14.36%. There was an increase in Registered Nurse turnover from September with 11.2 wte leavers (inclusive of PRPs). Registered nurse turnover is 19.4 % YTD and unregistered is 10.6% YTD. Total Trust turnover YTD is 11.4%.
- We had a large number of new nurse starters in October with 26.4 wte commencing. Registered nurse vacancy rates (including PRNs) decreased to below the KPI for the first time at 3.9% (5.1% excluding PRNs).
- Unregistered nurse vacancy rate reduced to 12.4% (including PRNs).
- Total Trust vacancy rates reduced to 7.2%.
- Mandatory Training compliance continues to improve following the reinstatement of mandatory training following the first emergency surge. The majority of mandatory training is now delivered through e-learning platforms. Divisions have been focusing on improving compliance and we are not currently planning to pause training again.
- Total Sickness absence reduced to 3.4%. This includes sickness absence relating to COVID
- COVID related absence includes sick leave and special leave 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. Covid related absence reduced in October. This was primarily as a result of the reduction in the number of staff on special leave due to risk factors. The Risk Assessment Team have been very successful in supporting staff to safely return to work. The number of staff tested for COVID decreased significantly in October.
- IPR compliance increased to 71.6%. The importance of IPRs for staff engagement has been a focus at managers briefings and in Divisional performance meetings.
- Agency use remained broadly static from October. Bank usage reduced and overtime increased.

# People, Management & Culture

## Key performance challenges



### Escalated performance challenges:

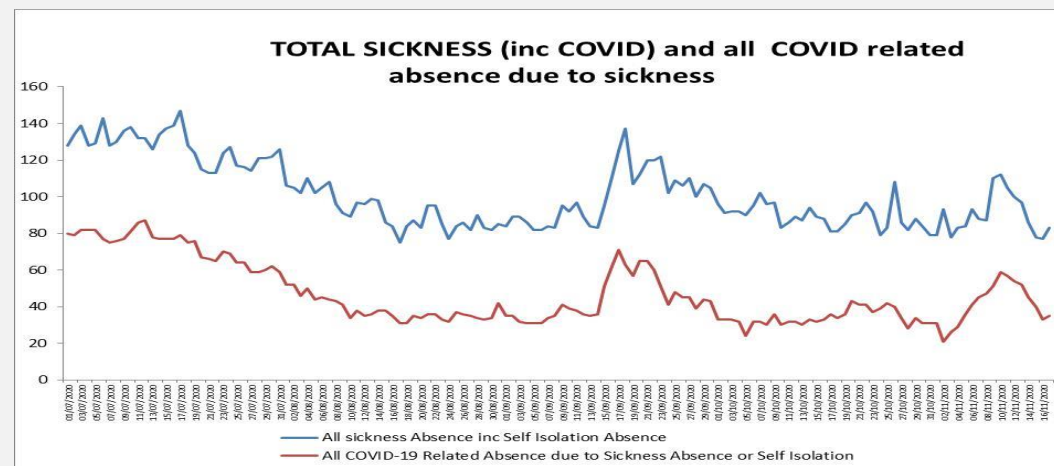
- Staff health and wellbeing negatively impacted by a second surge in demand as a result of the pandemic leading to fatigue, higher levels of non covid sickness absence, turnover and lower levels of staff engagement.
- Requirement to assess and support high risk staff to return to work by putting in 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. 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 IPRs.

### Key Actions in the month:

#### COVID Absence:



Covid related absence was on a downward trend during October as the Workforce Risk Assessment Team worked with managers and staff to support staff at high risk from Covid to return to work. The government issued new national restrictions on 31 October 2020. In this guidance they set out the approach to protecting staff at high risk from Covid 19. They replaced the concept of shielding with advice for people classed as being Clinical Extremely Vulnerable (CEV). This category includes people who were shielded during the first national restrictions plus a number of other specified conditions. On 4th November the government issued the following advice for CEV people. *“You are strongly advised to work from home. If you cannot work from home, you should not attend work for this period of restrictions.”* We reviewed this advice with our internal expert advisory panel. We wrote to all staff who met the CEV criteria to inform them of the government advice and to confirm that the Trust would support them to follow this advice. We have recognised that some staff wish to continue to work in full knowledge of the risks and we have informed them that the Trust will support them to do so taking into account their individual circumstances and reviewing the measures in place to ensure their safety.

#### Flu Vaccination:

We focused during October on encouraging staff to get the flu vaccine and 80% of front line staff had been vaccinated. We have set a target of 90% of staff being vaccinated so have continued to promote vaccination during November.

#### Covid Vaccination:

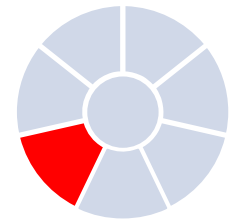
All NHS organisations have been instructed by the DH to prepare to commence staff COVID vaccination in December. A working group has been quickly established and they are developing plans to ensure that we are ready to commence vaccination as soon as the vaccine is made available.

#### Staff Testing:

As part of the NHS programme we will be rolling out lateral flow testing for all staff working in clinical environments in November. Staff will be encouraged to test themselves twice a week. This will enable the identification of asymptomatic staff; protecting our patients and colleagues.

# People, Management & Culture

## Spotlight on: Non-Nursing Vacancies



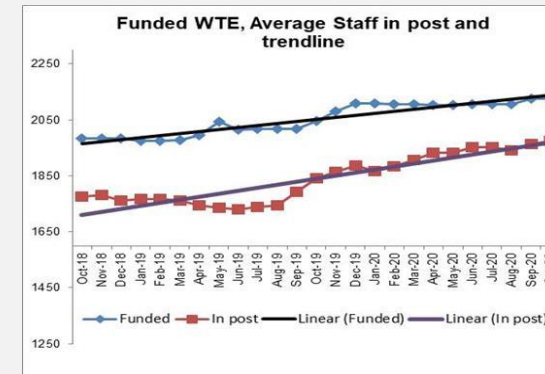
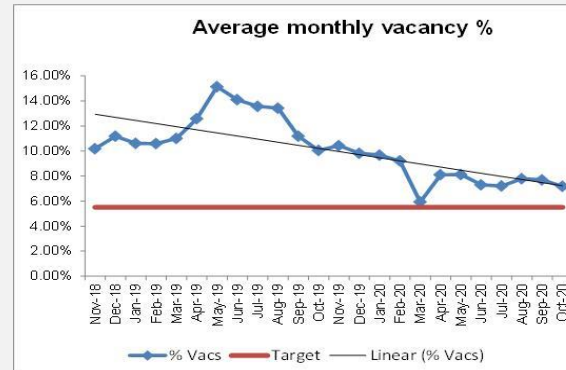
### Time to Hire



The Recruitment Team have continued to focus on reducing Time to Hire. Despite the significant increase in activity during the COVID emergency response the team have maintained an improving trend. This has been achieved by:

- Moving from once a month selection for nursing posts to weekly shortlisting and interviewing
- Ensuring Instruction to Commence arrives on day of offer or next day latest
- More effective use of NHS Jobs for uploading completion of checks and then pulling off report on Time to Hire from NHS Jobs

### Trust Vacancies



Total Trust vacancies have been on a downward trajectory over the last 18 months. We have seen an improvement in the vacancy rates for all non-nursing staff groups, with the exception of Estates and Facilities which is linked to high vacancy rates for the Housekeeper role. As budgeted establishment has grown we have been able to maintain a reduction in vacancy rates. Table A below sets out the October vacancy rate for non-nursing staff groups and Table B is the vacancy rates for staff groups that have been our highest risk staff groups in terms of vacancy rates. Radiography vacancy rates have reduced from a high of 37.7% in Oct 19 to 10.9%, Cardiac Physiologists from a high of 38.8% in Nov 19 to 21.4% and Echo Physiologists from a high of 67.2% in Sep 19 to 5.5%. This has been as a result of a combination of factors:

- The move to the CBC improving transport links and the profile of the Trust
- Overseas recruitment
- Encouraging agency workers to move into substantive post
- Proactive recruitment campaigns and good joint working between line managers and the Recruitment Team

**Table A**

Staff Group	FTE Budgeted	FTE Actual	FTE Variance	% Vacs
Add Prof Sci & Tech	101.20	82.27	-18.93	-18.70%
Add Clinical Servs	372.14	335.20	-36.94	-9.93%
Admin & Clerical	427.02	405.54	-21.48	-5.03%
Allied Health Profs	88.47	86.00	-2.47	-2.79%
Estates and Anc.	82.59	67.97	-14.62	-17.71%
Healthcare Scientists	94.12	77.91	-16.21	-17.23%
Students	0.00	1.00	1.00	
Grand Total	1165.54	1055.88	-109.65	-9.41%

**Table B**

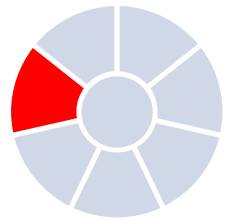
Staff Group	% Vacancy Rate
AHP	2.80%
Radiographers	10.90%
Cardiac Physiology	21.40%
Echo Physiologist	5.50%
Medical Secretaries	3.40%
Booking Administrators.	3.80%

# Transformation

## 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	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Dashboard KPIs	CIP – project delivery	4	Green	Red	Red	Red	Red	Red	Red
	Digital programme delivery on track	3	Green	Amber	Amber	Red	Red	Red	Red
	Hospital Optimisation	3	Green	Amber	Amber	Amber	Green	n/a	n/a
	Working with our Partners *	3	Green	Amber	Amber	Green	Green	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	Green	Green	Green	Green

### Summary of Performance and Key Messages:

#### Service Improvement (SIP/CIP)

Over the next 5 years the SIP/CIP programme will be focused on an Information and Business Intelligence led approach to the service and cost improvement programme.

We have commenced in the following areas:

- Clinical Administration, Cardiology, Corporate & Clinical Nursing, Corporate Pharmacy, Digital, Finance, R&D, Surgery, Transplant and Anaesthetics, Thoracic & Workforce

The progress so far is shown below;

Theme	Cardiology	Thoracic & Ambulatory	Surgery, Transplant & Anaesthetics	Corporate or Trust wide	Total
CIP Target	£589,265	£491,824	£1,675,444	£1,043,467	£3,800,000
Operational & clinical efficiency	£8,000	£10,908	£219,263	£0	£238,171
Hospital utilisation	£3,000	£0	£0	£0	£3,000
Workforce	£32,000	£216,933	£173,209	£0	£422,142
Procurement & PFI management	£38,000	£0	£130,000	£0	£168,000
Drugs & devices	£55,212	£0	£9,000	£80,915	£145,127
Investigative sciences	£28,000	£5,000	£0	£0	£33,000
Income generation	£60,000	£88,660	£2,000	£0	£150,660
Total Plan	£224,212	£321,501	£533,472	£80,915	£1,160,100
CIP GAP	£365,053	£170,323	£1,141,972	£962,552	£2,639,900

Participation and achievement of CIP is the responsibility of all teams from top to bottom. As we know we have some of the best staff in the NHS and you all have a lot of ideas, please start to share them.

#### Living With COVID

The Living with COVID Steering Group has been meeting since July and the main focus of the work streams is to support implementation of the clinical strategy, as this has set the pace and scope of clinical activities over the last three months and as we move in to winter and rest of the financial year.

It should be noted that the majority of the work programme has been completed with regards to de-escalation and recovery of clinical activity to pre COVID levels. However, work streams; in particular Workforce and Digital enablement are currently developing plans to support a second surge.

Overall, the Trust activity recovery performance is demonstrating an over delivery of recovery. Further details can be found in the Performance Section.

#### Working With our Partners

Refer to Spotlight On section.

#### Digital Programme Delivery

The LDE is currently 76% complete in month seventeen-month programme 6% behind

on plan. The programme RAG status reflects a number of programme challenges currently being addressed and marginally behind on plan; including integration complexity, 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 NHS funding envelope, as a number of 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 LDE Programme Group have worked to reset this workstream with internal stakeholders and will now require an extension to the LDE programme to enable delivery. The programme anticipates that a minimum two-month extension would be sufficient with a hard stop of 31st March 2021 end of financial year. A corresponding RFC will be submitted once the workstream has been reset and agreed through governance.

We have launched our Digital Benefits Portfolio which has been very well received and completed our quarterly Digital/LDE benefits workshop. In addition, we have implemented monthly benefits checkpoints with NSHD to validate our LDE benefits profile in advance of the monthly Oversight Board and to help track and validate further emergent benefits within the programme.

#### HLRI

Programme still on track for building occupation in April 2022 with Clinical Research Facility due to open October 2022. Pandemic unlikely to impact unless Government advice changes or significant number of sub-contractors required to self isolate.

Internal HLRI Project Group meetings continue to take place monthly. These will be increasingly focus on staffing and staffing models.

External Atria Project Board continue to meet monthly with regular input from a number of key RPH staff.

Trust has developed good working relationship with SDC, Main Contractors

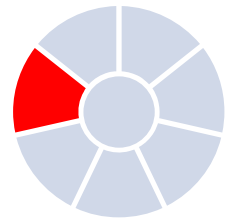
CRF design almost complete with identification of suitable medical equipment being undertaken

\* - Metric previously named Cambridge Transition Programme.

\*\* - New metric from July 2020

# Transformation

## Key performance challenges



### Escalated performance challenges:

#### SIP:

Achievement of the Cost improvement programme for 2020/21

#### 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.

#### Digital Programme Delivery

Change to programme delivery to align to end of Financial year, this is going through governance prior to request to NHS-D

#### HLRI

None presently

### Key risks:

#### SIP:

If the programme does not achieve the target, then the trust is likely to be in deficit and will not have additional monies for improving and delivering patient care

#### 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.

#### Digital Programme Delivery

Risk of further delays in Programme primarily due to second surge of Covid, this is pressing due to potential hard stop at end of this period

#### HLRI

- Risk of inability to recruit appropriate staff for Clinical Research Facility to carry out clinical trials
- Risk that funding of staff not agreed with University of Cambridge
- Risk that programme may be affected by pandemic causing a delay in occupation

### Key Actions:

#### SIP:

- Monthly divisional CIP meetings
- Information and data being used to identify opportunities.
- Divisional Star Chamber meetings.

#### 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.

#### Digital Programme Delivery

Review of programme at Digital Strategy Board once reset of timelines agreed with business and NHS-D

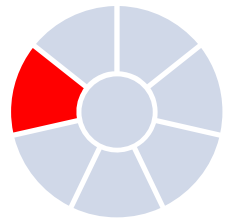
#### HLRI

- Finalise the design and costing of medical equipment for CRF
- Watching brief on HLRI programme
- Meet with CUH CRF colleagues to discuss staffing models
- Agree level of Audio Visual equipment for lecture theatre with UoC



# Transformation

## Spotlight on: Working With Our Partners



Working with our Partners is one of the Trust's six strategic goals as set out in the 2020-25 Strategy.

Following a joint review of the Cambridge Transition Programme (CTP) earlier in the year, it was agreed to retire the CTP brand and incorporate all partnership working under the new branding "Working With Our Partners" incorporating initiatives with CUH, the STP and other local health economies. This slide sets out two areas of current focus.

### Cambridge University Foundation NHS Trust (CUH):

We continue to work closely with CUH on a number of potential service developments between the two Trust and these vary in terms of level of details that have been developed. All new service developments and changes to the Shared Services Agreement (SSA) between the two Trust are subject to Executive review and approval.

The current areas of discussion are:

**Pain services** – RPH are seeking consultant services to support the pain clinical following the secondment of the incumbent consultant. The service is being supported by a nurse specialist with input from a named anaesthetist but this is unsustainable in the medium term, CUH are determining the staffing needed to provide this service, ahead of costing.

Access to each other's **EPR systems** – The draft of the service level agreement has been finalised and a variation to the SSA is being progressed.

**Bronchoscopy** - To increase the utilisation of our second bronchoscopy room and to create capacity at CUH to undertake other scoping work, CUH consultants will be undertaking bronchoscopies at RPH. The operational and financial arrangements for this are being developed in detail to support the service change.

**Workforce** – the workforce teams have agreed support from CUH to RPH to support widening access and participation, providing administrative services supporting apprenticeships, work placement, school careers fairs etc. This is being written up in to a service level agreement with a view to commencing in the new calendar year

**Cardiac CT** – To support CUH diagnostic activity recovery we have agreed the clinical, operational and financial arrangements for RPH to undertake the imaging of 266 backlog cardiac CT examinations. This is being undertaken at marginal cost to us as the capacity already exists at Papworth. The operational teams are currently mobilising the transfer of patients and moving at pace to undertake the examinations in a timely manner.

### East and North Hertfordshire NHS Trust (ENHT):

We commenced discussions with ENHT pre COVID and these have recommenced as we have deescalated from the pandemic. The partnership with ENHT seeks to support the development of a local complex device service at ENHT, with repatriation of complex device implants from London to ENHT, and repatriation of ablations from London to Royal Papworth where appropriate.

Historically, the majority of ENHT complex devices and ablations have been undertaken at London (Barts and Brompton/Harefield) after referral from ENHT. This has a number of benefits including shorter waiting time for patients, reduction in patient travel and provision of local care. The partnership would involve a joint consultant appointment and see an additional C.276 patients treated at the Trust.

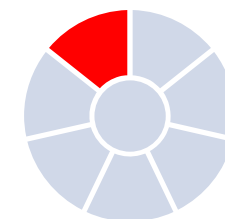
A joint paper for agreement in principle has been developed and is under consideration by Commissioners. It is anticipated that the service would commence in April 2021.

## Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

### 6 month performance trends



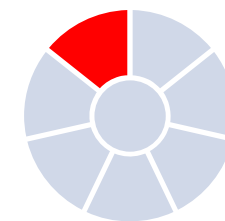
	Data Quality	Target	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	
Dashboard KPIs **	Year to date EBITDA surplus/(deficit) £000s	5	£8,091k	£2,676k	£3,800k	£5,116k	£6,385k	£7,481k	£8,491k
	Year to date surplus/(deficit) exc land sale £000s	5	£(891k)	£(78k)	£(117k)	£(111k)	£(112k)	£(151k)	£(672k)
	Cash Position at month end £000s	5	£39,261k	£34,475k	£33,347k	£32,051k	£39,172k	£42,281k	£43,729k
	Use of Resources rating*	5	3	n/a	n/a	n/a	n/a	n/a	n/a
	Capital Expenditure YTD £000s	5	£2793 YTD	£832k	£1,630k	£1,768k	£1,942k	£2,129k	£2,228k
	In month Clinical Income £000s	5	£20208k (current month)	£13,564k	£13,486k	£13,261k	£13,571k	£13,986k	£17,687k
	CIP – actual achievement YTD - £000s	4	£0k	£0k	£0k	£0k	£0k	£0k	£0k
	CIP – Target identified YTD £000s	4	£3,800k pa	£0k	£0k	£0k	£0k	£0k	£0k
Additional KPIs **	Debtors > 90 days overdue	4	10%	33.6%	38.5%	76.8%	44.1%	63.7%	50.2%
	Capital Service Rating	5	4	3	3	2	2	2	2
	Liquidity rating	5	2	1	1	1	1	1	1
	I&E Margin rating	5	1	1	1	1	1	1	1
	I&E Margin: Distance from financial plan*	5	1	n/a	n/a	n/a	n/a	n/a	n/a

### Key headlines

- M7 represents the first month of the new M7-M12 financial framework and the first month since the end of the interim emergency financial regime. The Trust's in month performance is reported against the M7-M12 plan submitted by the Trust in October as part of the STP plan. The M7-M12 plan includes reimbursement per the NHSI/E framework, comprising monthly block payments, a top up payment, COVID-19 funding and system growth funding .
- **The expectation from the regulator is that the Trust will report and be measured on a monthly basis against the M7-12 plan which was submitted in October. In month 7, the Trust reported a deficit of £0.5m against a plan deficit of £0.7m.** This is mainly driven by lower than expected COVID-19 spend and over-performance on private patient activity.
- **Activity levels continue to return to near pre-COVID-19 levels and the Trust's specialised activity continues to exceed the agreed block level in financial terms.** Our local estimates indicate the Trust has financially outperformed the expected baseline for the elective incentive scheme (EIS), resulting in a theoretical benefit to the Trust as a standalone entity of £0.2m in month. Even though the scheme has been effective since September, baseline details have not been issued by NHSI/E. Notwithstanding the performance of the Trust against EIS, the reality will likely differ from the above as performance is expected to be assessed in aggregate at system level. The impact of this scheme has not been included in the Trust's position, in line with guidance.
- **COVID-19 costs run rate has reduced in month** however the non-COVID-19 underlying expenditure run rate is increasing as activity continues to return to nearer pre-COVID-19 levels. COVID-19 spend in month of £0.6m is due to £0.1m staff cost which includes a provision for additional hours of PPE doffing and donning within critical care and £0.3m continued decontamination costs. Other non-recurrent spend is mainly driven by movements in provisions relating to outstanding annual leave and the Flowers case.
- **The cash position of £43.7m** includes an advance of M8 block payments totalling £13.0m with the balance to the M7 new values also received in month.
- **As at the end of M7, only £2.3m of the Trust's M5 "true-up" has been validated by the national team; the remaining £2.7m related to operating income shortfalls has been withheld.** The Trust has responded to NHSI/E questions in full and has received written confirmation from the NHSI/E regional team that the Trust should assume all of the retrospective true-up will be paid next month. At the time of writing the Trust is yet to receive confirmation from the national team and this remains a risk.
- **The Trust has received confirmation that all of the £1.8m of COVID-19 capital expenditure has been approved** and will 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 – in month SOCI



In month, the Trust delivered a £0.5m deficit on a control total basis against a planned deficit of £0.7m. This performance reflects additional income from private patient activities £0.2m and lower than expected COVID-19 spend of £0.6m.

	In month £000's	In month £000's	In month £000's	In month £000's	In month £000's	In month £000's	RAG
	NHS/E "Plan"	Underlying Actual	Non Recurrent COVID	Other Non Recurrent Actual	Actual Total	Variance to NHS/E	
<b>RAG:</b>							
	● = adverse to Plan						
	● = favourable / in line with Plan						
<b>Clinical income</b>							
Drugs & Devices income	£82	£308	£0	£0	£308	£226	●
NHS clinical income on PBR basis	£11,390	£11,638	£0	£0	£11,638	£248	●
Homecare Pharmacy Income	£3,662	£1,065	£0	£0	£1,065	(£2,597)	●
Balance to central payment / top-up payment	£0	(£647)	£0	£0	(£647)	(£647)	●
Private patients	£500	£659	£0	£0	£659	£159	●
Sub-total	£15,634	£13,022	£0	£0	£13,022	(£2,612)	●
<b>Other operating income</b>							
Other operating income	£5,571	£5,707	£0	£0	£5,707	£136	●
Balance to central payment / top-up payment	£0	£0	£0	£0	£0	£0	●
Sub-total	£5,571	£5,707	£0	£0	£5,707	£136	●
<b>Total operating income</b>	<b>£21,205</b>	<b>£18,729</b>	<b>£0</b>	<b>£0</b>	<b>£18,729</b>	<b>(£2,476)</b>	<b>●</b>
<b>Pay expenditure</b>							
Substantive	(£8,920)	(£8,555)	(£57)	(£727)	(£9,339)	(£419)	●
Bank	(£222)	(£187)	(£14)	£0	(£201)	£21	●
Agency	(£339)	(£299)	(£5)	£0	(£304)	£35	●
Sub-total	(£9,481)	(£9,042)	(£76)	(£727)	(£9,844)	(£363)	●
<b>Non-pay expenditure</b>							
Clinical supplies	(£3,381)	(£2,531)	(£122)	(£200)	(£2,854)	£527	●
Drugs	(£478)	(£478)	(£3)	£0	(£481)	(£3)	●
Homecare Pharmacy Drugs	(£3,772)	(£1,073)	£0	£0	(£1,073)	£2,699	●
Non-clinical supplies	(£3,483)	(£2,824)	(£383)	(£260)	(£3,467)	£16	●
Depreciation (excluding Donated Assets)	(£748)	(£739)	£0	£0	(£739)	£9	●
Depreciation (Donated Assets)	(£39)	(£40)	£0	£0	(£40)	(£1)	●
Sub-total	(£11,901)	(£7,686)	(£509)	(£460)	(£8,655)	£3,246	●
<b>Total operating expenditure</b>	<b>(£21,382)</b>	<b>(£16,728)</b>	<b>(£584)</b>	<b>(£1,187)</b>	<b>(£18,499)</b>	<b>£2,883</b>	<b>●</b>
<b>Finance costs</b>							
Finance income	£0	£0	£0	£0	£0	£0	●
Finance costs	(£437)	(£437)	£0	£0	(£437)	(£0)	●
PDC dividend	(£126)	(£315)	£0	£0	(£315)	(£189)	●
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	●
Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	●
Sub-total	(£563)	(£752)	£0	£0	(£752)	(£189)	●
<b>Surplus/(Deficit) including central funding</b>	<b>(£740)</b>	<b>£1,249</b>	<b>(£584)</b>	<b>(£1,187)</b>	<b>(£522)</b>	<b>£218</b>	<b>●</b>
<b>Surplus/(Deficit) Control Total basis</b>	<b>(£701)</b>	<b>£1,290</b>	<b>(£584)</b>	<b>(£1,187)</b>	<b>(£482)</b>	<b>£219</b>	<b>●</b>

### In month headlines:

- Clinical income** was adverse to plan, driven by lower levels of Homecare spend in month. This is likely to be an under-representation of the in month position due to the ongoing absence issues in the service, which have limited the invoices that could be registered in month (see below).
- Income from activity was above block levels by £0.6m but this increase was offset by lower income on other clinical income sources (devolved administration and NHSBT) of c£0.2m. The national framework prohibits billing for other out of area non-contract activity, generating a further loss of income in month of £0.2m compared to the PbR lens.
- Private patient income delivery continues to be strong as shown in the over-performance of £0.2m against plan.
- Other operating income** is favorable to plan, due to the medical staffing block recharge agreements negotiated by the Finance Team. The block system top up and COVID-19 funding of c£4.5m a month is also included under this heading.
- Pay expenditure** is adverse to plan by £0.4m, of which £0.1m is COVID-19 costs. COVID-19 pay cost is driven by a further provision for additional hours of PPE doffing and donning within critical care. This will continue to be reassessed over the coming months. The non-recurrent cost of £0.8m is driven by provisions for outstanding untaken annual leave and an additional provision for the Flowers case to take the total assessment to three years of retrospective potential liability.
- Clinical supplies** is favourable to plan by £0.5m. This is partly offset by £0.1m of COVID-19 spend and £0.2m of non-recurrent adjustments for a stock issues within the Divisions.
- Non-clinical supplies** is broadly in line with plan. Underlying non-clinical supplies expenditure is c£0.7m favourable to plan; this is partly offset by £0.4m of increased expenditure linked to COVID-19 (£0.3m continued decontamination costs) and £0.3m relating to non-recurrent legal costs for drainage and other site issues.
- Homecare pharmacy drugs costs** is £2.7m favourable in month to levels assumed in the plan. Variance is due to continued sickness and absence issues in the service which has meant that there was a backlog of unregistered invoices at M7. Additional support has now been brought in to clear the backlog for November onwards.