



Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

December 2021



Content

Reading Guide	Page 2
Trust Performance Summary	Page 3
'At a glance'	Page 4
- Balanced scorecard	Page 4
- Externally reported/Regulatory standards	Page 5
- Board Assurance Framework (BAF) risk summary	Page 6
Performance Summaries	Page 7
- Safe	Page 7
- Caring	Page 8
- Effective	Page 11
- Responsive	Page 12
- People Management and Culture	Page 13
- Finance	Page 14
- Integrated Care System	Page 16

Context:

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

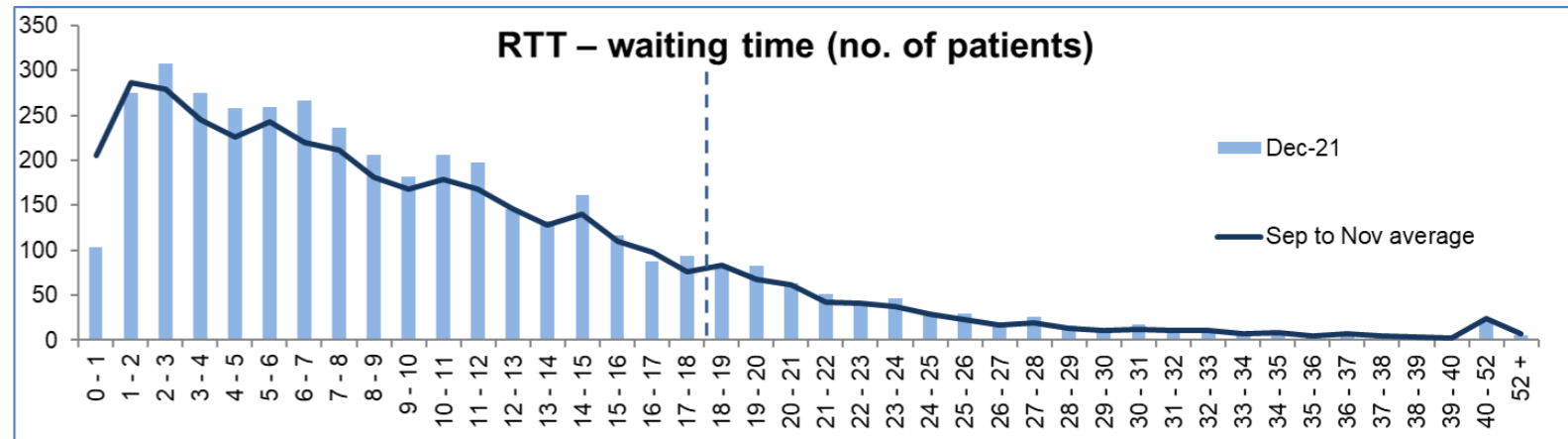
Inpatient Episodes	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Trend
Cardiac Surgery	182	154	161	165	134	156	
Cardiology	743	642	735	645	690	656	
ECMO (days)	177	294	307	234	270	212	
ITU (COVID)	0	1	0	0	0	1	
PTE operations	17	11	18	14	9	10	
RSSC	557	521	665	564	599	517	
Thoracic Medicine	306	303	311	306	318	273	
Thoracic surgery (exc PTE)	66	69	53	52	61	63	
Transplant/VAD	52	45	55	50	51	56	
Total Inpatients	2,100	2,040	2,305	2,030	2,132	1,944	

Outpatient Attendances	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Trend
Cardiac Surgery	441	416	430	381	387	393	
Cardiology	3,606	3,367	3,760	3,791	4,225	3,577	
RSSC	1,478	1,186	1,472	1,561	1,925	1,582	
Thoracic Medicine	2,360	2,066	2,340	2,120	2,511	2,201	
Thoracic surgery (exc PTE)	85	61	128	83	128	75	
Transplant/VAD	273	268	291	257	276	264	
Total Outpatients	8,243	7,364	8,421	8,193	9,452	8,092	

Note 1 - Activity figures include Private patients and exclude unbundled radiology scan activity and ALK test activity;

Note 2 - ECMO activity shows billed days in months (rather than 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 2020 (where data is available)



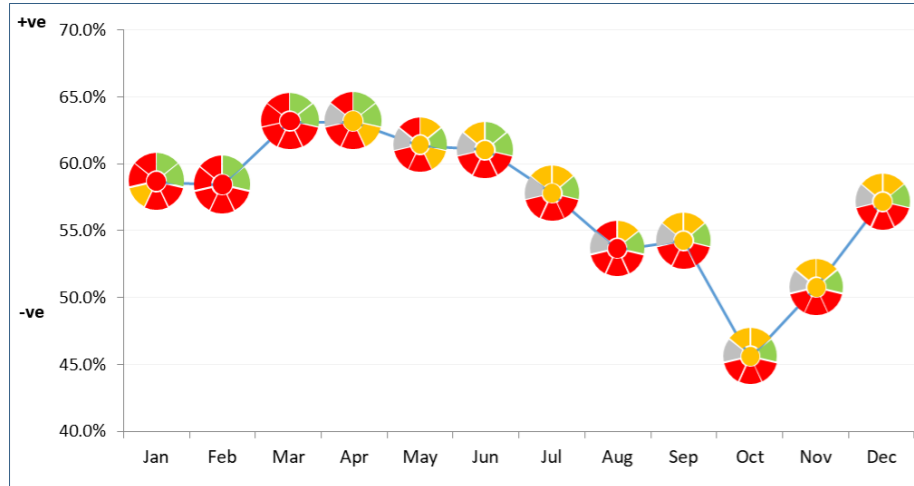
Data Quality Indicator

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

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

Trust performance summary

Overall Trust rating - **AMBER**



FAVOURABLE PERFORMANCE

CARING: FFT (Friends and Family Test): Inpatients: Positive Experience rate has increased from 98.3% (Nov) to 98.6% (Dec). Participation Rate has increased from 32.1% (Nov) to 35.6% (Dec). Outpatients: Positive Experience rate has increased from 96.8% (Nov) to 97.7% (Dec). Participation rate has increased from 11.7% (Nov) to 13.2% (Dec).

EFFECTIVE: On the 12th December, an instruction came from the regional leadership to all providers to stand up public vaccination hubs, prioritising staffing for these over any non-urgent activity, in advance of Christmas. 7496 vaccinations were delivered through the hub to members of the public, patients and staff.

RESPONSIVE: 1) Diagnostic Performance - The recovery of the 6 week diagnostic standard continued through December and a further offer of mutual aid for cardiac CT has been made to CUH. 2) IHU - As elective surgical admissions have been stepped back due to capacity constraints in critical care, the team have focused on drawing IHU referrals through for treatment. As a consequence, performance against the IHU standards have dramatically improved. The team are now focusing on addressing the lead time between referral and acceptance of cases for surgery. 3) Despite an exceptionally busy month, where emergency referrals for primary PCI have reached an all time high, ACS performance was delivered at 100% against the 3 day standard again this month.

FINANCE – 1) The YTD financial position is reported against the Trust's H1 and H2 2021/22 plan and shows a surplus of £2.6m which is marginally favourable to plan. Recognition of YTD income earned through the Elective Recovery Fund (ERF), private patient income over-performance, favourable delivery against the Trust's CIP plan is offset by a number of non recurrent items and provisions. 2) CIP is ahead of plan by £1.6m YTD. This is primarily driven by additional delivery against Pharmacy schemes where cost savings have been achieved by switching to generic brands and reducing usage, non recurrent operational pay underspends as well as savings made on the revaluation of business rates. The Trust has £5.4m of pipeline schemes identified against its annual target of £5.4m.

ADVERSE PERFORMANCE

EFFECTIVE: Capacity Utilisation – Sustained high levels of patients on ECMO and devices in critical care, high levels of emergency demand and higher than usual levels of staff absence across the Trust, constrained capacity and patient flow in December. To deliver the Trust's vaccination hub from 16th December, it was necessary to reduce Outpatient and elective Cath lab activity by circa 15% from this date to the end of December. This resulted in poor utilisation of the general and acute bed base and treatment functions over the month of December and a reduction in admitted patient care. Critical Care utilisation fell back within tolerance, although over a third of available capacity was consistently occupied by patients on EMCO or other extra corporeal devices. High levels of emergency admissions, saw a record number of activations of the primary PCI pathway and ACS referrals which partially compensated for the reduction in elective cardiology activity.

RESPONSIVE: 1) Waiting List Management - In the absence of sufficient capacity to match demand, the waiting list grew again in December and the aggregate RTT performance deteriorated further. This reduction was seen across all three specialities but was most pronounced in Respiratory where a number of patients are waiting to start CPAP due to a lack of devices. Philips are still working through details for the Repair and Replace CPAP programme and have struggled to import the pump priming volume of CPAP devices needed to kick off the programme. All patients continue to be managed on the waiting list in order of their clinical priority status. There are no patients waiting over 104 weeks and 5 patients waiting over 52 week, 2 awaiting Cardiology procedures and three awaiting surgery. All have dates for their procedures or treatment in January. 2) Cancer Performance - Cancer performance continues to be challenged due to a combination of late referrals, complexity of cases and timely access to PET-CT. Meetings with The CUH delivered PET-CT service and the Cancer Alliance have been increased in frequency to weekly;

PEOPLE, MANAGEMENT & CULTURE: 1) The total Trust vacancy rate increased and follows a slowly deteriorating trend. In common with other NHS employers we are experiencing reduced quantity and quality of response to non-registered posts. This is as a result of increasing pay rates in other sectors and lower rates of unemployment nationally and locally with increased competition for applicants. 2) Total Sickness absence increased to 4.95% which is a very high level for this Trust at this point in the year. This includes sickness absence relating to COVID but excludes absence linked to self-isolation. Staff absence due to Covid increased substantially in December due to the Omicron variant.

LOOKING AHEAD

ICS (New domain in 2021/22): Increasingly organisations will be regulated as part of a wider ICS context, with regulatory performance assessments actively linking to ICS performance. The ICS is developing system wide reporting to support this and the Trust is actively supportive of this piece of work. In the meantime, this new section to PIPR is intended to provide an element of ICS performance context for the Trust's performance. This section is not currently RAG rated however this will be re-assessed in future months as the information develops and evolves, and as the System Oversight Framework gets finalised nationally. The metrics indicate activity recovery across the ICS is progressing favourably against national targets, with outpatient and day case activity particularly showing a faster rate of return. Despite this, system wide waiting lists remain a challenge, particularly in areas such as diagnostics.

At a glance – Balanced scorecard

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe	Never Events	Dec-21	4	0	0	1		
	Moderate harm incidents and above as % of total PSIs reported	Dec-21	4	3%	0.46%	1.05%		
	Number of Papworth acquired PU (grade 2 and above)	Dec-21	4	35 pa	1	13		
	High impact interventions	Dec-21	3	97%	98.80%	98.37%		
	Falls per 1000 bed days	Dec-21	4	4	2.0	3.2		
	Sepsis - % patients screened and treated (Quarterly)	Dec-21	New	90%	Await data	90.50%		
	Safer Staffing CHPPD – 5 North	Dec-21	5	9.6	11.1	10.2		
	Safer Staffing CHPPD – 5 South	Dec-21	5	9.6	9.2	10.2		
	Safer Staffing CHPPD – 4 NW (Cardiology)	Dec-21	5	9.4	9.0	8.9		
	Safer Staffing CHPPD – 4 South (Respiratory)	Dec-21	5	6.7	8.0	8.5		
	Safer Staffing CHPPD – 3 North	Dec-21	5	8.6	11.6	10.6		
	Safer Staffing CHPPD – 3 South	Dec-21	5	8	8.0	8.2		
	Safer Staffing CHPPD – Day Ward	Dec-21	5	4.5	7.1	7.1		
	Safer Staffing CHPPD – Critical Care	Dec-21	5	32.9	33.2	34.0		
Effective	Bed Occupancy (excluding CCA and sleep lab)	Dec-21	4	85% (Green 80%-90%)	64.20%	70.30%		
	CCA bed occupancy	Dec-21	4	85% (Green 80%-90%)	85.60%	91.01%		
	Admitted Patient Care (elective and non-elective)	Dec-21	4	1831	1944	18705		
	Outpatient attendances	Dec-21	4	7067	8092	74955		
	Cardiac surgery mortality (Crude)	Dec-21	3	3%	2.34%	2.34%		
	Theatre Utilisation	Dec-21	3	85%	75.6%	75.6%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	Dec-21	3	85%	72.0%	80.6%		
Responsive	% diagnostics waiting less than 6 weeks	Dec-21	3	99%	97.93%	93.38%		
	18 weeks RTT (combined)	Dec-21	5	92%	85.38%	85.38%		
	Number of patients on waiting list	Dec-21	5	3279	4110	4110		
	52 week RTT breaches	Dec-21	5	0	5	76		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Dec-21	4	85%	54.50%	50.00%		
	31 days cancer waits*	Dec-21	4	96%	100.00%	100.00%		
	104 days cancer wait breaches*	Dec-21	4	0%	5	37		
	Theatre cancellations in month	Dec-21	3	30	27	36		
	% of IHU surgery performed < 7 days of medically fit for surgery	Dec-21	4	95%	85.00%	68.56%		
Acute Coronary Syndrome 3 day transfer %	Dec-21	4	90%	100.00%	100.00%			

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Caring	FFT score- Inpatients	Dec-21	4	95%	98.60%	98.90%		
	FFT score - Outpatients	Dec-21	4	95%	97.70%	98.03%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Dec-21	4	12.6	6.0			
	Mixed sex accommodation breaches	Dec-21	4	0	0	0		
	% of complaints responded to within agreed timescales	Dec-21	4	100%	100.00%	100.00%		
People Management & Culture	Voluntary Turnover %	Dec-21	3	12.0%	19.4%	16.8%		
	Vacancy rate as % of budget	Dec-21	4	5.0%	7.9%			
	% of staff with a current IPR	Dec-21	3	90%	71.37%			
	% Medical Appraisals	Dec-21	3	90%	71.55%			
	Mandatory training %	Dec-21	3	90%	85.02%	86.85%		
	% sickness absence	Dec-21	3	3.50%	4.95%	4.25%		
Finance	Year to date surplus/(deficit) exc land sale £000s	Dec-21	5	£2,035k	£2,580k			
	Cash Position at month end £000s	Dec-21	5	n/a	£61,840k			
	Capital Expenditure YTD £000s	Dec-21	5	£937k	£716k			
	In month Clinical Income £000s	Dec-21	5	£16927k	£17,605k	£158,807k		
	CIP – actual achievement YTD - £000s	Dec-21	4	£3340k	£4,920k	£4,920k		
	CIP – Target identified YTD £000s	Dec-21	4	£5,390k	£5,390k	£5,390k		

* 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 full quarter	Forecast	Comments
C. Difficile	Monitoring C.Diff (toxin positive)	5	10	0	10	4		
RTT Waiting Times	% Within 18w ks - Incomplete Pathways	5	92%	85.38%		86.45%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	4	96%	100.00%	100.00%	98.7%		Current month provisional as going through verification process.
	31 Day Wait for 2nd or Subsequent Treatment - surgery	4	94%	100.00%	100.00%	98.7%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	4	85%	54.50%	66.70%	68.40%		Current month provisional as going through verification process. Data is after reallocations
	104 days cancer wait breaches	4	0	5	37	9		
VTE	Number of patients assessed for VTE on admission	5	95%	82.90%		83.5%		
Finance	Use of resources rating	5	3	n/a	n/a	n/a	3	Unable to evaluate the UoR rating due to temporary suspension of operational planning.

2. 2021/22 CQUIN*

	Scheme	Total Available 21/22 *		Achievement						Comments	RAG status
		£000s	%	Q1	Q2	Q3	Q4	2021/22			
				£000s	£000s	£000s	£000s	£000s	%		
NHSE	Scheme 1	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	Scheme 2	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	Scheme 3	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	Scheme 4	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	NHSE	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
C&P CCG (& Associates)	Scheme 1	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	Scheme 2	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	Scheme 3	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	Scheme 4	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	Scheme 5	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
	C&P CCG (& Associates)	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Trust Total	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	

* CQUIN has been suspended nationally for 2021/22

Board Assurance Framework risks (above risk appetite)

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Status since last month
Safe	Failure to protect patient from harm from hospital aquired infections	675	MS	5	Yes	10	15	8	8	8	8	↔
Safe	Failure to meet safer staffing (NICE guidance and NQB)	742	MS	6	Yes	12	12	12	12	12	12	↔
Safe	Risk of maintaining safe and secure environment across the organisation	2833	TG	6	In progress	16	16	16	16	16	16	↔
Safe	M.Abscessus (linked to BAF risk ID675)	3040	MS	10	In progress	-	-	15	15	15	15	↔
Safe + Effective + Finance + Responsive	Continuity of supply of consumable or services failure	3009	TG	6	In progress	-	15	15	15	15	10	↓
Safe + PM&C	Unable to recruit number of staff with the required skills/experience	1854	OM	8	Yes	10	10	10	10	10	10	↔
Safe + Transformation	Potential for cyber breach and data loss	1021	AR	3	Yes	16	16	16	16	16	20	↑
Effective	Delivery of Efficiency Challenges - CIP Board approved	841	EM	8	Yes	16	8	8	8	12	12	↔
Effective + Finance + PM&C + Responsive + Transformation	Delivery of Trust 5 year strategy	2901	EM	4	In progress	9	9	9	9	9	9	↔
Effective + Finance + Responsive + Transformation	NHS Reforms & ICS strategic risk NEW	3074	TG	8	In progress	-	-	-	12	12	12	↔
Effective + Responsive	Key Supplier Risk	2985	TG	8	In progress	-	20	20	20	20	20	↔
Responsive	Waiting list management	678	EM	8	Yes	16	16	16	16	16	16	↔
PM&C	Staff turnover in excess of our target level	1853	OM	8	Yes	15	15	15	15	15	15	↔
PM&C	Low levels of Staff Engagement	1929	OM	4	In progress	12	12	12	12	12	12	↔
Finance	Achieving financial balance	2829	TG	8	In progress	16	16	16	16	16	16	↔
Finance	Achieving financial balance at ICS level	2904	TG	12	In progress	20	20	20	20	20	20	↔
Finance + Transformation	Clinical Research Facility Core Grant Funding	3008	TG	9	In progress	-	12	12	12	12	12	↔



Safe: Performance summary

Accountable Executive: Chief Nurse

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

	Data Quality	Target	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
Dashboard KPIs	Never Events	4	0	0	0	0	0	0	
	Moderate harm incidents and above as % of total PSIs reported	4	<3%	1.18%	0.89%	0.30%	0.43%	1.27%	0.46%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	2	2	3	1	1	1
	High impact interventions	3	97.0%	98.4%	98.8%	99.3%	98.7%	96.7%	98.8%
	Falls per 1000 bed days	4	<4	2.9	2.0	3.8	2.8	3.1	2.0
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	-	-	97.00%	-	-	Await data
	Safer Staffing CHPPD – 5 North *	5	>9.6	9.50	10.30	10.40	10.42	10.70	11.10
	Safer Staffing CHPPD – 5 South *	5	>9.6	9.70	9.80	11.30	9.79	10.20	9.20
	Safer Staffing CHPPD – 4 NW (Cardiology) *	5	>9.4			9.00	8.91	8.60	9.00
	Safer Staffing CHPPD – 4 South (Respiratory) *	5	>6.7	7.60	9.50	8.20	8.78	7.70	8.00
	Safer Staffing CHPPD – 3 North *	5	>8.6	10.50	11.30	9.70	9.99	9.90	11.60
	Safer Staffing CHPPD – 3 South*	5	>8	8.40	7.70	7.90	7.54	8.00	8.00
	Safer Staffing CHPPD – Day Ward *	5	>4.5	5.63	5.60	6.03	7.00	5.72	7.10
Safer Staffing CHPPD – Critical Care *	5	>32.9	33.70	36.50	34.80	32.53	31.80	33.20	
Additional KPIs	Safer staffing – registered staff day	3	90-100%	82.2%	89.1%	90.0%	92.0%	90.0%	86.0%
	Safer staffing – registered staff night	3	90-100%	91.8%	92.4%	92.8%	91.0%	89.0%	87.0%
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	4	0	1	0	0	1	1	1
	E coli bacteraemia	5	Monitor only	1	2	1	0	1	1
	Klebsiella bacteraemia	5	Monitor only	3	1	0	0	0	0
	Pseudomonas bacteraemia	5	Monitor only	1	1	0	0	1	0
	Other bacteraemia	4	Monitor only	3	0	1	1	1	2
	Other nosocomial infections	4	Monitor only	0	0	0	0	2	0
	Point of use (POU) filters (M.Abscessus)	4	Monitor only	91%	96%	95%	95%	88%	91%
	Moderate harm and above incidents reported in month (including SIs)	4	Monitor only	2	2	1	0	3	1
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 10	2	1	1	0	1	0
	Number of patients assessed for VTE on admission	5	95.0%			85.2%	84.10%	86.00%	82.90%

* Note - CHPPD targets have been updated from September 21 based on the latest establishment review

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Safe' is Outstanding dated Nov 2021 (accessed 14.01.2022).

Pressure ulcers: there was one Papworth acquired pressure ulcer during Dec 2021 (WEB41821).

Safe Staffing: RN fill rate for Dec 2021, shows days in amber at 86% and nights in amber at 87%. The lower fill rates are in line with reduced activity (therefore less RNs on the HealthRoster templates). All CHPPD areas are green with the exception of 5 South and 4NW (Cardiology), that are just under their green thresholds. Both areas had reduced activity over this reporting period.

Number of Serious Incidents: During Dec 2021 there was one SI reported to the CCG (SUI-WEB40609). The incident was initially discussed at SIERP 30.11.2021 and remains under investigation.

Nosocomial COVID-19: There have been no further cases of hospital acquired COVID-19 since the two patients reported in November 2021.

Point of Use (POU) filters (M.Abscessus): For Dec 2021, overall compliance was 91%. The drops in compliance were with “% IPC Admission assessment completed” and/or “% alerted on Lorenzo/CIS” across some of the wards. Where there are gaps in compliance, each occasion is followed up by the IPC Team to help with education and sustaining compliance. Filters in place where required and patients being provided with bottled water where required, was 100% across all wards/departments.

C.Diff: there were no cases of C.difficile in Dec 2021.

In accordance with the NHS published Standard Contract 2021/22, the ceiling objective figures for 2021-22 at RPH has been set at 10. All C.difficile (toxin positive) cases are now counted against our trajectory. **Running total for 2021/22 = 10.** There is no correlation with any of the C.difficile types reported at RPH. RCAs and internal scrutiny panels are held for every case of C.difficile, so that the Trust is assured that lessons will be learnt and patient safety maintained.

VTE: The monthly audit result for Dec 2021 is 82.9%. There are a number of actions in place which remain in progress. The consultant lead for VTE has noted the drop in compliance for the Dec 2021 data and advises that some of the junior doctors changed at the beginning of Dec 2021, which may have contributed to the change in performance. A follow up meeting is being arranged, to monitor the progress of actions (covered in PIPR M07) with the VTE leads.



Caring: Performance summary

Accountable Executive: Chief Nurse

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

	Data Quality	Target	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
Dashboard KPIs	FFT score- Inpatients	4	95%	99.3%	99.1%	99.2%	97.8%	98.3%	98.6%
	FFT score - Outpatients	4	95%	98.5%	98.7%	97.2%	95.9%	96.8%	97.7%
	Mixed sex accommodation breaches	4	0	0	0	0	0	0	0
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	4	12.6	7.4	5.9	3.4	7.4	6.9	6.0
	% 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)	3	2	1	1	2	2
	Number of complaints (12 month rolling average)	4	5 and below	2.3	3.3	3.2	3.8	3.7	3.7
	Number of complaints	4	5	1	2	4	9	1	2
	Number of recorded compliments	4	500	1320	1251	1501	1475	1357	1221
	Supportive and Palliative Care Team – number of referrals (quarterly)	4	0	-	-	95	-	-	84
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	4	0	-	-	7	-	-	5
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	4	Monitor only	-	-	997	-	-	787
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	3	Monitor only	-	-	39	-	-	46
Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	3	Monitor only	-	-	9	-	-	8	

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Caring' is Outstanding dated Nov 2021 (accessed 14.01.2022).

FFT (Friends and Family Test): In summary; **Inpatients:** Positive Experience rate has increased from 98.3% (Nov) to 98.6% (Dec). Participation Rate has increased from 32.1% (Nov) to 35.6% (Dec). **Outpatients:** Positive Experience rate has increased from 96.8% (Nov) to 97.7% (Dec). Participation rate has increased from 11.7% (Nov) to 13.2% (Dec).

Number of written complaints per 1000 staff WTE is a benchmark figure based on the NHS Model Hospital to enable national benchmarking. We remain in green at 6.0.

The data from Model Hospital continues to demonstrate we are in the lowest quartile for national comparison. Model Hospital has been updated since the last PIPR (the Model Hospital data period is now Mar 2021; accessed 12.01.2022): Royal Papworth = 5.72 (previously 9.02); peer group median = 11.39 (previously 11.23); national median = 16.65 (previously 21.11).

% of complaints responded to: The Trust continues to respond to 100% of complaints within the agreed timescales.

The number of complaints (12 month rolling average): this has remained in green for December 2021 at 3.7. We will continue to monitor this in line with the other benchmarking.

Complaints: We have received two new formal complaints during December 2021. The investigations are ongoing and this is within our expected variation of complaints received within the month. We have closed two formal complaints and one informal complaint in December 2021. Further information is available on the next slide.

Compliments: the number of formally logged compliments received during December 2021 was 1221, broken down as: compliments from FFT – 1152; and compliments via cards/letters/PALS – 69.

Supportive and Palliative Care Team (SPCT): During Q3 2021/22 there were 84 referrals to the SPCT. This generated 787 contacts. Of the 84 referrals, five were for last days of life. The Spotlight On slide provides further information for this quarter.

Bereavement Follow Up Service: During Q3 2021/22 the service sent out 46 letters and they had eight follow up enquiries.



Caring: Key performance challenges

Formal Complaints

- Our complaint numbers remain overall low at RPH on an annual basis as indicated on the first slide of PIPR Caring. We continue to learn from complaints raised. This slide looks at a summary of the most recently closed complaints that were upheld or partially upheld.
- We have closed two formal and one Informal Complaint in December 2021. The informal complaint was initially handled as a formal complaint but this was resolved through our local resolution approach, with immediate concerns addressed and in partnership with the complainant this was closed as an informal complaint.
- Both formal complaints were partially upheld. One complaint was closed within the Trust designated timeframe (within 25 working days) and one was closed within 35 working days after an extension was agreed by the complainant as they requested and inline with our policy for agreed timescales.
- The primary subject of complaints received at RPH remains clinical care and communication.

Learning from earlier Complaints

This is a summary of the two complaints closed in month. Both complaints were Partially Upheld:

Complaint reference/Datix: 14592 – Date closed 1 December 2021 – Partially Upheld.

This complaint related to a relative of a cardiology patient who raised concerns about their experience when they attempted to visit a relative following an emergency admission. Learning and actions from the complaint were identified; highlighted with the security team of the importance of maintaining a professional and courteous attitude at all times. We have shared family feedback regarding their experience with the OCS Team for their learning and reflection.

Complaint reference/Datix: 14572 – Date closed 8 December 2021 – Partially Upheld.

This complaint related to a RSSC patient who raised concerns about the information received and their inpatient experience when they attended RPH for an overnight sleep study. Learning and actions from the complaint were identified; improvements to the pre-admission questions and information provided to patients and to develop a patient video providing information regarding Polysomnography (PSG) sleep studies and what to expect during an overnight stay. We have shared feedback with the Thoracic division for their learning from the patient experience.

Complaints:

Key actions and how we share our learning:

- All complaints are subject to a full investigation. Individual investigations and responses are prepared. Actions are identified.
- Complaints and lessons learned shared at Business Unit and Clinical Division meetings and Trust wide through the Quality and Risk Management Group (QRMG reports and/or patient stories).
- Continued monitoring of further complaints and patient and public feedback.
- Staff, Sisters/Charge Nurses and Matrons proactively respond to and address concerns when raised. This helps to ensure that concerns are heard and where possible handled in a positive way, often avoiding the need for a formal complaint. An apology is given where necessary.
- From live feedback, feedback from complaints and/or lessons learned, changes are made to improve the experience for patients going forward.
- Where applicable, You Said We Did feedback is displayed in boards in each ward / department for patients and other staff and visitors to see.
- From M05 21/22 PIPR Caring has also included “Learning from earlier complaints” feedback as part of sharing learning.



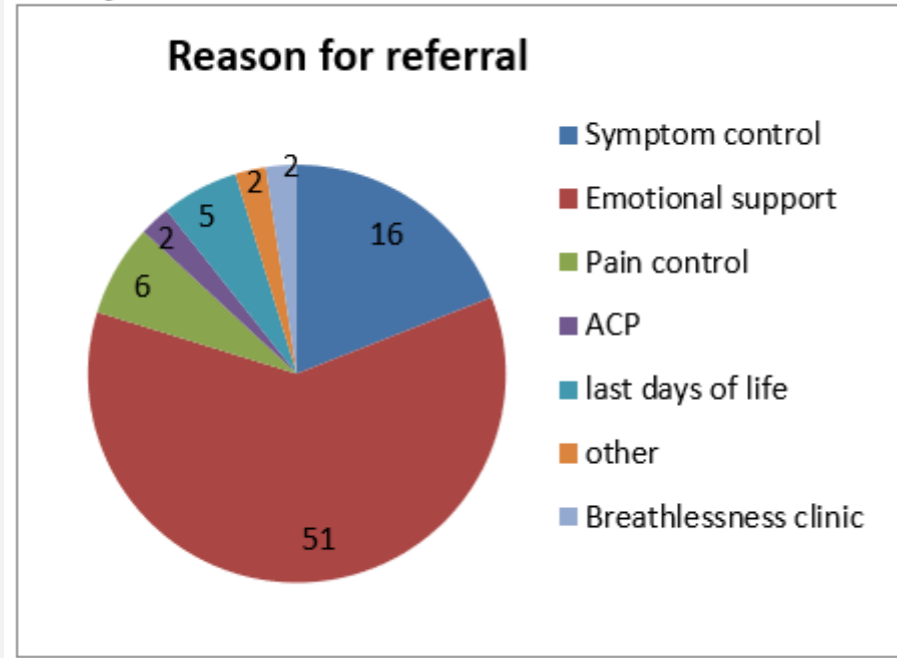
Caring: Spotlight On – Supportive and Palliative Care Team

Supportive and Palliative Care Team (SPCT) Dashboard

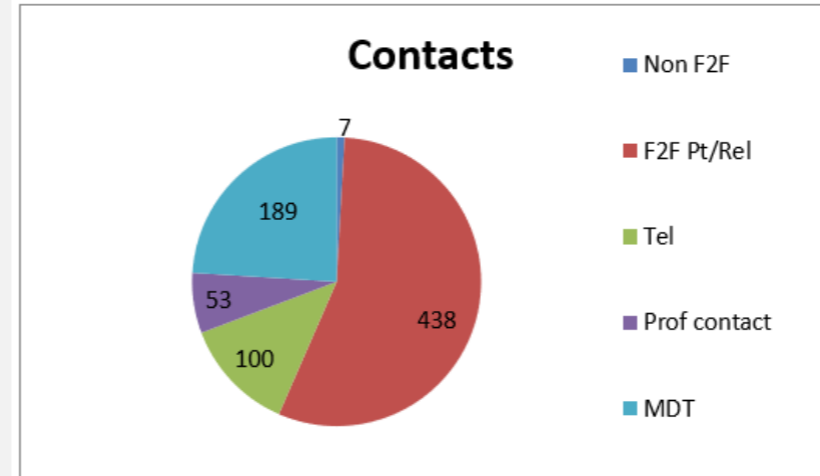
Every quarter, the SPCT produce a Dashboard. An extract is always included in PIPR (p.10) and it is discussed in the End of Life Steering Group. This PIPR, in line with the quarterly reporting will share some more information from the Q3 2021/22 (October to December 2021) Dashboard.

This pie chart shows that during Q3, out of 84 referrals, the number one reason for referral remains emotional support (n=51), again followed by symptom control (n=16), then pain control (n=6) and last days of life (n=5).

No. referrals oct-dec = 84



This generated 787 contacts: (N=997 Jul-Sep)



This pie chart shows a breakdown by type of the 787 contacts for Q3 (Oct to Dec 2021). The previous quarter (Q2) was 997 contacts.

The highest contact type was face to face (F2F) at 438.

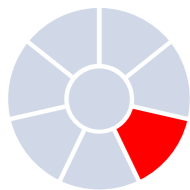
The small table below the pie chart shows the outcomes for Q3.

Outcomes

Discharged N = 49	Deceased N = 13	Ongoing (as at 11.1.22) N = 22
-------------------	-----------------	---------------------------------

It is helpful to see some of the compliments sent into the SPCT from this Q3 Dashboard (which helps to visualise some of the work the team undertake):

- Thank you card from a patient: “Thank you so much for the incredible care and support you gave me throughout the year, it’s very much appreciated”.
- From a colleague at Royal Papworth: “Thank you for all your help and input with this gentleman it was greatly appreciated”.
- From a bereaved relative: “because he was comfortable, and not distressed this has made all the difference....the care provided by everyone was second to none”.
- Feedback from staff following a study day: “They so value the way that we [SPCT] are present on the ward, seeing patients and always feeding back to the nurse looking after that patient/team member what we are doing. That this really makes a difference and really helps them manage the difficult situations more effectively”.



Effective: Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

	Data Quality	Target	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	85% (Green 80%90%)	71.2%	69.2%	70.3%	71.4%	69.9%	64.2%
	CCA bed occupancy	85% (Green 80%90%)	93.3%	86.8%	91.5%	95.5%	92.0%	85.6%
	Admitted Patient Care (elective and non-elective)	1831 (in Current Mnth)	2100	2040	2305	2030	2132	1944
	Outpatient attendances	7067 (in Current Mnth)	8243	7364	8421	8193	9452	8092
	Cardiac surgery mortality (Crude)*	<3%	2.76%	2.84%	2.99%	2.76%	2.50%	2.34%
	Theatre Utilisation	85%	75.7%	63.7%	62.8%	77.0%	67.0%	75.6%
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	85%	81%	73%	79%	78%	81%	72%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	8.20	9.33	7.20	8.27	8.28	7.00	9.01
	Length of stay – Cardiac Elective – valves (days)	9.70	10.40	11.42	9.79	9.07	9.84	11.19
	CCA length of stay (LOS) (hours) - mean	Monitor only	94	100	120	102	108	147
	CCA LOS (hours) - median	Monitor only	42	33	25	45	41	42
	Length of Stay – combined (excl. Day cases) days	Monitor only	5.46	6.08	5.82	5.61	5.88	6.01
	% Day cases	Monitor only	61.6%	65.2%	63.7%	64.1%	65.7%	63.2%
	Same Day Admissions – Cardiac (eligible patients)	50%	33.3%	38.0%	17.9%	30.2%	31.0%	34.9%
	Same Day Admissions - Thoracic (eligible patients)	40%	20.5%	14.6%	16.7%	6.7%	15.2%	9.5%

* Note - Cardiac Surgery Mortality latest month is a provisional figure based on discharge data available at the time of reporting

Summary of Performance and Key Messages:

Capacity Utilisation

Sustained high levels of patients on ECMO and devices in critical care, high levels of emergency demand and higher than usual levels of staff absence across the Trust, constrained capacity and patient flow in December. On the 12th December, an instruction came from the regional leadership to all providers to stand up public vaccination hubs, prioritising staffing for these over any non-urgent activity, in advance of Christmas. To deliver the Trust's vaccination hub from 16th December, it was necessary to reduce Outpatient and elective Cath lab activity by circa 15% from this date to the end of December. 7496 vaccinations were delivered through the hub to members of the public, patients and staff.

This resulted in poor utilisation of the general and acute bed base and treatment functions over the month of December and a reduction in admitted patient care. (Bed utilisation has been calculated as a proportion of commissioned rather than staffed beds so as to be consistent with previous months). Critical Care utilisation fell back within tolerance, although over a third of available capacity was consistently occupied by patients on ECMO or other extra corporeal devices.

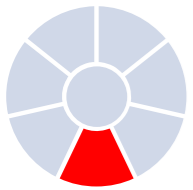
High levels of emergency admissions, saw a record number of activations of the primary PCI pathway and ACS referrals which partially compensated for the reduction in elective cardiology activity.

Length of Stay

As the proportion of elective surgical cases reduced the balance of patient acuity increased and this increased length of stay for both valve replacement and CABG, however, crude mortality for cardiac surgery did not deteriorate as might have been expected as the Trust treated a sicker cohort of patients.

Same day admissions

Although the volume of elective cardiac surgery was reduced, the proportion of patients admitted on the day of surgery increased slightly. Thoracic surgery levels were not constrained by critical care capacity but annual leave with the small thoracic surgeon team did limit activity and the opportunity for same day thoracic admissions.



Responsive: Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

	Data Quality	Target	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
Dashboard KPIs	% diagnostics w waiting less than 6 weeks	3	>99%	92.21%	90.78%	96.03%	97.32%	97.86%	97.93%
	18 w weeks RTT (combined)	5	92%	86.26%	86.95%	86.13%	85.99%	86.54%	85.38%
	Number of patients on w waiting list	5	3,279	3429	3595	3683	3776	3914	4110
	52 w week RTT breaches	5	0	11	9	9	6	3	5
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	4	85%	100.0%	38.5%	50.0%	66.7%	46.2%	54.5%
	31 days cancer waits*	4	96%	100.0%	100.0%	96.2%	100.0%	94.1%	100.0%
	104 days cancer wait breaches*	4	0	1	3	3	8	7	5
	Theatre cancellations in month	3	30	46	50	47	45	53	27
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	86.00%	82.00%	69.00%	39.00%	47.00%	85.00%
	Acute Coronary Syndrome 3 day transfer %	4	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Additional KPIs	18 w weeks RTT (cardiology)	5	92%	87.20%	88.40%	85.79%	86.35%	88.33%	88.43%
	18 w weeks RTT (Cardiac surgery)	5	92%	71.88%	72.56%	70.91%	68.23%	67.19%	67.00%
	18 w weeks RTT (Respiratory)	5	92%	90.45%	90.31%	90.53%	91.03%	90.85%	88.61%
	Non RTT open pathway total	2	Monitor only	35,086	38,414	36,423	37,020	37,506	37,467
	Other urgent Cardiology transfer within 5 days %	4	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	% patients rebooked w ithin 28 days of last minute cancellation	4	100%	100.00%	92.59%	85.00%	66.67%	73.33%	69.23%
	Outpatient DNA rate	4	9%	7.34%	6.72%	8.20%	7.76%	8.00%	8.10%
	Urgent operations cancelled for a second time	4	0	0	0	0	1	0	0
	% of IHU surgery performed < 10 days of medically fit for surgery	4	95%	95.00%	87.00%	86.00%	52.00%	61.00%	97.00%
	% of patients treated within the time frame of priority status	4	Monitor only	46.5%	49.4%	48.8%	47.1%	43.5%	43.1%
% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	4	Monitor only	38.4%	41.5%	39.3%	43.5%	44.6%	45.5%	

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

Summary of Performance and Key Messages:

Diagnostic waiting time

The recovery of the 6 week diagnostic standard continued through December and a further offer of mutual aid for cardiac CT has been made to CUH.

Waiting List Management

In the absence of sufficient capacity to match demand, the waiting list grew again in December and the aggregate RTT performance deteriorated further. This reduction was seen across all three specialities but was most pronounced in Respiratory where a number of patients are waiting to start CPAP due to a lack of devices. Philips are still working through details for the Repair and Replace CPAP programme and have struggled to import the pump priming volume of CPAP devices needed to kick off the programme. All patients continue to be managed on the waiting list in order of their clinical priority status.

Elective surgical activity was dramatically reduced in month due to critical care capacity constraints and this speciality is the main cause for concern in terms of waiting list management.

There are no patients waiting over 104 weeks and 5 patients waiting over 52 week, 2 awaiting Cardiology procedures and three awaiting surgery. All have dates for their procedures or treatment in January.

Cancellations

As less activity was planned the number of on the day cancellations has reduced, however, re-booking of cancelled patients within 28 days has remained challenging.

Cancer Waiting times

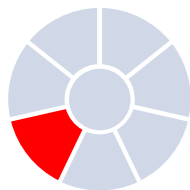
Cancer performance continues to be challenged due to a combination of late referrals, complexity of cases and timely access to PET-CT. Meetings with The CUH delivered PET-CT service and the Cancer Alliance have been increased in frequency to weekly.

IHU

As elective surgical admissions have been stepped back due to capacity constraints in critical care, the team have focused on drawing IHU referrals through for treatment. As a consequence, performance against the IHU standards have dramatically improved. The team are now focusing on addressing the lead time between referral and acceptance of cases for surgery.

ACS

Despite an exceptionally busy month, where emergency referrals for primary PCI have reached an all time high, ACS performance was delivered at 100% against the 3 day standard again this month.



People, Management & Culture: Performance summary

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

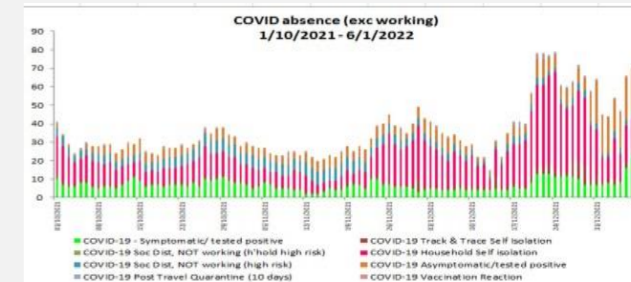
	Data Quality	Target	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
Dashboard KPIs	Voluntary Turnover %	3	12.0%	11.20%	24.13%	19.01%	16.34%	13.55%	19.44%
	Vacancy rate as % of budget	4	5.00%	6.80%	7.27%	7.57%	7.57%	7.19%	7.87%
	% of staff with a current IPR	3	90%	76.72%	75.15%	73.24%	71.26%	71.38%	71.37%
	% Medical Appraisals	3	90%	38.39%	48.70%	53.91%	63.48%	68.64%	71.55%
	Mandatory training %	3	90.00%	88.18%	87.30%	86.83%	86.31%	85.14%	85.02%
	% sickness absence	3	3.5%	4.41%	3.89%	4.28%	5.27%	4.79%	4.95%
Additional KPIs	FFT – recommend as place to work	3	67.0%	n/a	n/a	n/a	n/a	n/a	n/a
	FFT – recommend as place for treatment	3	80%	n/a	n/a	n/a	n/a	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	3	5.00%	2.30%	2.24%	2.82%	3.05%	3.22%	4.30%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	3	5.00%	14.90%	19.36%	22.43%	24.03%	23.56%	23.49%
	Long term sickness absence %	3	0.80%	1.88%	1.48%	1.55%	1.75%	1.94%	2.18%
	Short term sickness absence	3	2.70%	2.53%	2.41%	2.74%	3.52%	2.85%	2.78%
	Agency Usage (wte) Monitor only	3	Monitor only	26.2	24.1	28.9	30.6	29.0	23.7
	Bank Usage (wte) monitor only	3	Monitor only	67.7	67.1	61.5	63.4	60.9	55.9
	Overtime usage (wte) monitor only	3	Monitor only	61.1	50.4	58.5	59.1	59.1	51.2
	Agency spend as % of salary bill	5	3.35%	1.83%	1.63%	1.27%	1.53%	1.50%	2.42%
	Bank spend as % of salary bill	5	2.21%	2.03%	2.56%	1.83%	1.86%	2.06%	1.66%
	% of rosters published 6 weeks in advance	3	Monitor only	65.70%	26.50%	20.60%	18.20%	32.40%	38.20%
	Compliance with headroom for rosters	3	Monitor only	30.60%	34.00%	33.70%	30.70%	31.50%	28.50%
	Band 5 % White background: % BAME background*	3	Monitor only	n/a	n/a	57.93% : 39.22%	n/a	n/a	57.17% : 39.93%
	Band 6 % White background: % BAME background*	3	Monitor only	n/a	n/a	73.44% : 24.88%	n/a	n/a	73.13% : 25.23%
	Band 7 % White background % BAME background*	3	Monitor only	n/a	n/a	85.32% : 13.49%	n/a	n/a	85.83% : 12.99%
	Band 8a % White background % BAME background*	3	Monitor only	n/a	n/a	88.89% : 10.00%	n/a	n/a	87.50% : 11.36%
	Band 8b % White background % BAME background*	3	Monitor only	n/a	n/a	88.48% : 7.69%	n/a	n/a	90.32% : 6.45%
Band 8c % White background % BAME background*	3	Monitor only	n/a	n/a	93.33% : 6.67%	n/a	n/a	92.86% : 7.14%	
Band 8d % White background % BAME background*	3	Monitor only	n/a	n/a	100.00% : 0.00%	n/a	n/a	100.00% : 0.00%	

* - Data available quarterly from June 21

Summary of Performance and Key Messages:

The headlines for December are as follows:

- Total turnover increased in December to 19.44%. There were 29 non-medical leavers in December, 10 of who were registered nurses. There was no concentration of leavers in any particular area. The most common reason for leaving, across all leavers, was lack of opportunity with 8 staff stating that as the reason for leaving (half were moving to the private sector and half to other NHS organisations).
- The total Trust vacancy rate increased and follows a slowly deteriorating trend. In common with other NHS employers we are experiencing reduced quantity and quality of response to non-registered posts. This is as a result of increasing pay rates in other sectors and lower rates of unemployment nationally and locally with increased competition for applicants. The registered nurse vacancy rate remained below KPI at 4.3%. An overseas Band 5 recruitment campaign is in progress. Vacancy rates for unregistered nurses remains high. This includes posts at Band 2-4 across a variety of roles. There has been skill mix in some areas which has increased the number of posts to be filled. We have also experienced a significant reduction in the number of applicants for Band 2 HSCWs. The Workforce, Education and Communication teams are working together to improve our ability to recruit and retain staff in these roles.
- Mandatory Training compliance remained static at 85%. The majority of mandatory training is now delivered through e-learning platforms. Divisions have been encouraging and supporting staff to resume training and development as part of recovery however the higher than normal absence rates are impacting on staff being released to undertake training.
- Total Sickness absence increased to 4.95% which is a very high level for this Trust at this point in the year. This includes sickness absence relating to COVID but excludes absence linked to self-isolation. Staff absence due to COVID increased substantially in December due to the Omicron variant.



- PR compliance was suspended during both surge periods. Managers were asked to have wellbeing conversations with staff in place of formal IPRs. The high rates of absence have hampered the ability of managers to address the backlog of outstanding reviews. The Divisions are working together to develop actions to ensure that all staff have an annual appraisal as the significant role that they play in staff wellbeing and engagement is recognised. It is going to take some time to recover and address the backlog given the pressures on staffing utilisation.
- Total temporary staffing usage reduced in December as availability reduces in this month and additional elective activity is reduced over the holiday period.
- Rosters are for a 4 week period and managers are required to approve them ("lock down") 6 weeks in advance of the date they commence. We have now excluded from the calculation rosters where there is no requirement for shift working as there is no negligible impact of late sign off for these rosters. However for areas where shift working is required late approval of rosters means uncertainty for staff on their working patterns and inhibits effective planning of temporary staffing resources. Compliance remains low but has improved in December. Rostering Check and Support six monthly support meetings have resumed with clinical areas. These focus on compliance with rostering policy and identify opportunities for improvement particularly with signing off in a timely way. The Roster Support team provide support and training to managers on good rostering practice.
- Compliance with the headroom for rosters is a measure of how closely the rosters worked have complied with effective utilisation rules relating to leave, study time, administration time, sick leave and parenting leave. Clinical teams that provide 7 day services have 28% headroom built in to their budgets and rosters for 21/22 to recognise the additional annual leave that staff have carried over from last year and the need for staff to take leave as part of wellbeing measures. The metric now being reported is an aggregate metric of the headroom for the relevant roster period. The aggregate metric for the December roster period was 28.5% which reflects the higher levels of leave both planned and unplanned.



Finance: Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

	Data Quality	Target	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
Dashboard KPIs	Year to date surplus/(deficit) exc land sale £000s	5	£2,035k	£5,802k	£4,042k	£2,238k	£2,246k	£2,205k	£2,580k
	Cash Position at month end £000s	5	n/a	£66,388k	£57,425k	£60,142k	£59,081k	£60,027k	£61,840k
	Capital Expenditure YTD £000s	5	£937 YTD	£139k	£206k	£218k	£561k	£606k	£716k
	In month Clinical Income £000s*	5	£16927k (current month)	£18,179k	£15,434k	£18,543k	£16,873k	£17,198k	£17,605k
	CIP – actual achievement YTD - £000s	4	£3,340k	£1,260k	£1,960k	£2,660k	£3,830k	£4,450k	£4,920k
	CIP – Target identified YTD £000s	4	£5390k	£5,390k	£5,390k	£5,390k	£5,390k	£5,390k	£5,390k
Additional KPIs	NHS Debtors > 90 days overdue	5	15%	72.5%	51.5%	61.1%	46.7%	68.3%	26.9%
	Non NHS Debtors > 90 days overdue	5	15%	14.6%	16.8%	22.6%	25.6%	23.6%	20.6%
	Capital Service Rating	5	4	1	2	3	3	3	3
	Liquidity rating	5	2	1	1	1	1	1	1
	I&E Margin rating	5	1	1	1	1	1	1	1
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£11,363k	£10,991k	£10,575k	£11,974k	£13,370k	£15,085k
	Use of Resources rating	5	Monitor only	n/a	n/a	n/a	n/a	n/a	n/a
	Total debt £000s	5	Monitor only	£3,699k	£2,700k	£2,291k	£2,708k	£2,643k	£3,827k
	Better payment practice code compliance - NHS	5	Monitor only	83%	77%	86%	80%	91%	94%
	Better payment practice code compliance - Non NHS	5	Monitor only	96%	93%	94%	95%	95%	97%

Summary of Performance and Key Messages:

- **The YTD position is reported against the Trust's H1 and H2 2021/22 plan and shows a surplus of £2.6m which is marginally favourable to plan.** Recognition of YTD income earned through the Elective Recovery Fund (ERF), private patient income over-performance, favourable delivery against the Trust's CIP plan is offset by a number of non recurrent items and provisions.
- **The position includes the continuation of the national funding arrangements** comprising of block payments for NHS clinical activity, top-up payments and COVID-19 funding. The plan and actuals include the originally agreed system allocation distribution and YTD income under the ERF mechanism. The ERF is designed to support systems to work collaboratively to restore elective services against the backdrop of unprecedented demands on the service driven by COVID-19. At M8, the additional funding against system baseline which has been included in the Trust's YTD position is c.£4.8m.
- **CIP is ahead of plan by £1.6m YTD.** This is primarily driven by additional delivery against Pharmacy schemes where cost savings have been achieved by switching to generic brands and reducing usage, non recurrent operational pay underspends as well as savings made on the revaluation of business rates. The Trust has £5.4m of pipeline schemes identified against its annual target of £5.4m (see CIP report).
- **The Trust fell short of the national activity targets in November: this was in the context of growing COVID-19 numbers and lower levels of backfill than expected for staff leave.** This has given rise to a lower than plan underlying spend position in month. This continues to be partly offset by a number of non-recurrent items of spend which are considered one-off.
- **The cash position closed at £60m.** This represents an increase of c£0.9m from last month and is mainly driven by a reduction in trade and other payables. The Trust's capital spend is behind plan due to the delayed start of IT and estates projects which are still forecast to be completed in year.
- **Better Payments Practice Code** performance at M9 across all suppliers is 97% by value and 97% by volume vs the 95% standard. This is a significant improvement over earlier months. The Trust will continue to follow its action plan to ensure that the 95% standard is met consistently through Q4.

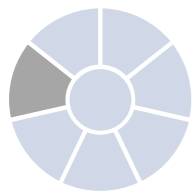


Finance: Key Performance – year to date SOCI

On a YTD basis the Trust delivered £3m surplus against a surplus plan of £2.5m. Income performance reflects the better than planned performance on private patient activity. This is offset by the adverse variance on non-clinical supplies due to COVID-19 costs, provisions for clinical perfusion service, DCD, M Abscessus.

	YTD £000's	YTD £000's	YTD £000's	YTD £000's	YTD £000's	YTD £000's	RAG
	Plan	Underlying Actual	COVID: spend	Other Non Recurrent Actual	Actual Total	Variance	
Clinical income - in national block framework							
Clinical income on PbR basis - activity only	£102,661	£108,494	£0	£0	£108,494	£5,833	●
Balance to block payment - activity only	£0	(£5,831)	£0	£0	(£5,831)	(£5,831)	●
Homecare Pharmacy Income	£36,636	£32,423	£0	£0	£32,423	(£4,213)	●
Drugs and Devices - cost and volume	£9,018	£8,945	£0	£0	£8,945	(£73)	●
Balance to block payment - drugs and devices	£0	£536	£0	£0	£536	£536	●
Sub-total	£148,316	£144,568	£0	£0	£144,568	(£3,748)	●
Clinical income - Outside of national block framework							
Drugs & Devices	£461	£1,213	£0	£0	£1,213	£753	●
Other clinical income	£1,675	£2,105	£0	£0	£2,105	£431	●
Private patients	£4,500	£6,108	£0	£0	£6,108	£1,608	●
Sub-total	£6,635	£9,427	£0	£0	£9,427	£2,791	●
Total clinical income	£154,951	£153,994	£0	£0	£153,994	(£957)	●
Other operating income							
Covid-19 funding and ERF	£8,451	£196	£3,256	£4,791	£8,243	(£208)	●
Top-up funding	£26,101	£26,117	£0	£0	£26,117	£16	●
Other operating income	£11,081	£11,588	£0	£0	£11,588	£507	●
Total operating income	£45,632	£37,900	£3,256	£4,791	£45,948	£315	●
Total income	£200,583	£191,895	£3,256	£4,791	£199,942	(£641)	●
Pay expenditure							
Substantive	(£85,277)	(£82,460)	(£335)	(£3,098)	(£85,894)	(£617)	●
Bank	(£1,769)	(£1,696)	(£118)	£0	(£1,814)	(£44)	●
Agency	(£2,956)	(£1,386)	(£16)	£0	(£1,403)	£1,553	●
Sub-total	(£90,002)	(£85,543)	(£469)	(£3,098)	(£89,110)	£892	●
Non-pay expenditure							
Clinical supplies	(£30,974)	(£30,071)	(£98)	(£829)	(£30,999)	(£24)	●
Drugs	(£4,481)	(£3,802)	(£593)	£0	(£4,395)	£85	●
Homecare Pharmacy Drugs	(£36,611)	(£31,639)	£0	£0	(£31,639)	£4,971	●
Non-clinical supplies	(£23,788)	(£23,336)	(£1,479)	(£3,898)	(£28,713)	(£4,925)	●
Depreciation (excluding Donated Assets)	(£6,884)	(£6,817)	£0	£0	(£6,817)	£67	●
Depreciation (Donated Assets)	(£462)	(£392)	£0	£0	(£392)	£70	●
Sub-total	(£103,199)	(£96,059)	(£2,170)	(£4,726)	(£102,955)	£244	●
Total operating expenditure	(£193,201)	(£181,602)	(£2,639)	(£7,824)	(£192,065)	£1,136	●
Finance costs							
Finance income	£0	£0	£0	£0	£0	(£0)	●
Finance costs	(£3,846)	(£3,764)	£0	£0	(£3,764)	£82	●
PDC dividend	(£1,500)	(£1,533)	£0	£0	(£1,533)	(£33)	●
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	●
Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	●
Sub-total	(£5,346)	(£5,297)	£0	£0	(£5,297)	£49	●
Surplus/(Deficit) including central funding	£2,037	£4,996	£617	(£3,033)	£2,580	£544	●
Surplus/(Deficit) Control Total basis	£2,499	£5,388	£617	(£3,033)	£2,972	£474	●

- **Clinical income** is £0.96m adverse to plan.
 - Income from activity on PbR basis is above block levels by £5.83m. This is the net effect of an increase in ECMO, Cardiology and RSSC, offset by lower PTE, Cardiac Surgery, Thoracic Surgery and Transplant Operations.
 - Private patient income delivery is £1.61m higher than plan. This is driven by increased activity within Cardiology, Cardiac Surgery and Thoracic Medicine
- **Other operating income** is favorable to plan by £0.5m, mainly due to Digital aspirant funding which is offset by non-clinical supplies and pay spend. Better than planned accommodation income also contributed towards the favourable variance.
- **Pay expenditure** is favourable to plan by £0.9m. Substantive spend run rates have held consistent throughout the year. Incremental COVID-19 pay costs recorded to date are attributed to additional hours of staff time worked in vaccination clinic and ongoing spend on the transfer service. Non-recurrent pay cost include additional provisions for untaken annual leave, the staff bonus and for an outstanding employment case.
- **Clinical Supplies** is on plan. Included in this spend is the incremental costs in respect of the CPAP recall and provision for long term VADs that are within the expiry threshold.
- **The Homecare backlog has continued to be monitored.** YTD Homecare spend was £5m favourable to plan. This is different to the income variance due to underspends on items covered in block payment mechanisms and the release of a historic income provision where the debt has now been paid.
- **Non-clinical supplies** is adverse to plan by £4.9m. £1.5m of this is COVID-19 spend on schemes that have continued longer than expected. The remaining variance is driven by non-recurrent items including M Abscessus costs (purchase of additional water filters and provision for legal cost), a DCD devices provision, clinical perfusion costs and a provision for dilapidations at the House.



Integrated Care System (ICS): Performance summary

Accountable Executive: Chief Operating Officer / Chief Finance Officer

Report Author: Chief Operating Officer / Chief Finance Officer

	Data Quality	Target	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Comments	
Additional KPIs	Elective activity as % 19/20 (ICS)	3	Monitor only	77.30%	82.10%	76.00%	70.80%	81.00%	54.50%	Latest data to w/e 09/01/22
	Non Elective activity as % 19/20 (ICS)	3	Monitor only	92.90%	86.40%	92.60%	84.20%	91.10%	89.80%	Latest data to w/e 09/01/22
	Day Case activity as % 19/20 (ICS)	3	Monitor only	73.20%	91.90%	98.40%	99.00%	96.10%	81.10%	Latest data to w/e 09/01/22
	Outpatient - First activity as % 19/20 (ICS)	3	Monitor only	86.50%	91.00%	112.10%	127.00%	111.30%	84.60%	Latest data to w/e 09/01/22
	Outpatient - Follow Up activity as % 19/20 (ICS)	3	Monitor only	98.70%	104.70%	105.60%	116.50%	102.50%	80.70%	Latest data to w/e 09/01/22
	Virtual clinics – ICS wide % of all outpatient attendances that are virtual	3	Monitor only	26.60%	27.30%	26.80%	25.70%	26.20%	28.30%	Latest data to w/e 09/01/22
	Diagnostics < 6 weeks %	3	Monitor only	56.20%	50.80%	54.10%	55.20%	56.60%	52.80%	Latest data to w/e 09/01/22
	18 week wait %	3	Monitor only	67.20%	64.60%	63.70%	62.70%	62.50%	60.30%	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 04/01/22
	No of waiters > 52 weeks	3	Monitor only	6,385	7,149	7,672	8,045	8,049	7,852	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 04/01/22
	Cancer - 2 weeks % (ICS)	3	Monitor only	77.50%	n/a	n/a	79.70%	n/a	67.90%	Latest Cancer Performance Metrics available are November 2021
	Cancer - 62 days wait % (ICS)	3	Monitor only	75.70%	n/a	n/a	66.20%	n/a	60.50%	Latest Cancer Performance Metrics available are November 2021
	Finance – ICS bottom line position	3	Monitor only	n/a	n/a	n/a	n/a	n/a	n/a	Latest financial update is for June 21
	Staff absences % (C&P)	3	Monitor only	4.00%	4.00%	4.20%	4.50%	4.40%	4.80%	Latest data to w/e 09/01/22

Summary of Performance and Key Messages:

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

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

The metrics indicate activity recovery across the ICS is gradually progressing against national targets, with outpatient activity particularly showing a faster rate of return offset in part by additional COVID activity in July compared to the start of the financial year. System wide waiting lists remain a challenge, particularly in areas such as diagnostics.