



Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

January 2022



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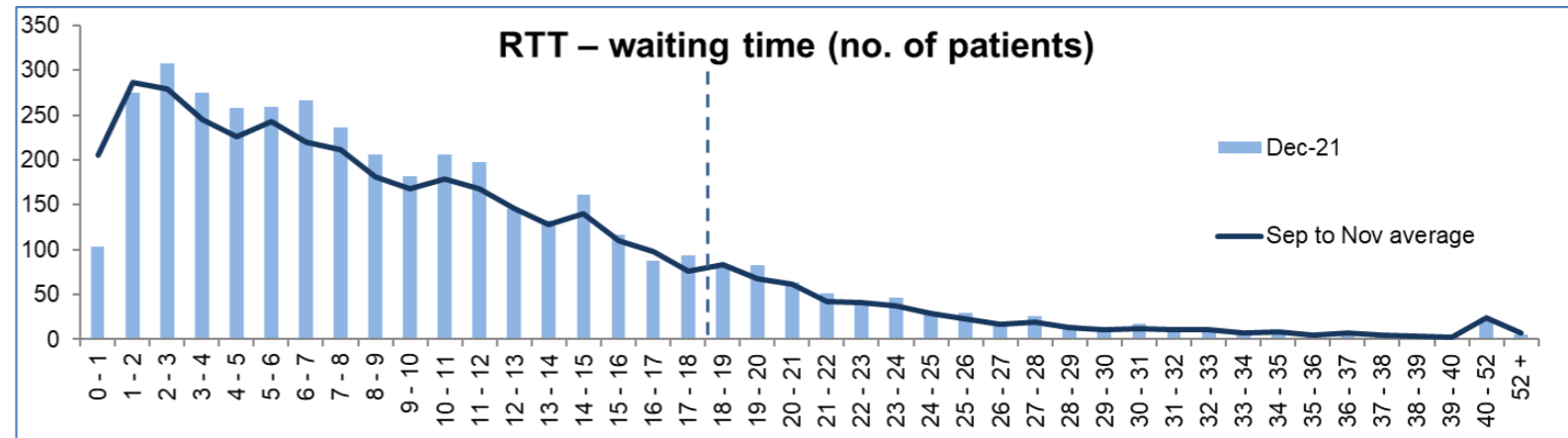
Context:

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	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Trend
Cardiac Surgery	154	161	165	134	156	101	
Cardiology	606	702	603	656	631	618	
ECMO (days)	294	307	234	270	212	247	
ITU (COVID)	1	0	0	0	1	0	
PTE operations	11	18	14	9	10	12	
RSSC	521	665	564	599	517	416	
Thoracic Medicine	303	311	306	318	273	284	
Thoracic surgery (exc PTE)	69	53	52	61	63	57	
Transplant/VAD	45	55	50	51	56	49	
Total Inpatients	2,004	2,272	1,988	2,098	1,919	1,784	

Outpatient Attendances	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Trend
Cardiac Surgery	416	430	381	387	393	432	
Cardiology	3,367	3,760	3,791	4,225	3,577	3,729	
RSSC	1,186	1,472	1,561	1,925	1,582	1,602	
Thoracic Medicine	2,066	2,340	2,120	2,511	2,201	2,265	
Thoracic surgery (exc PTE)	61	128	83	128	75	116	
Transplant/VAD	268	291	257	276	264	267	
Total Outpatients	7,364	8,421	8,193	9,452	8,092	8,411	

Note 1 - Activity figures include Private patients and exclude unbundled radio logy 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)



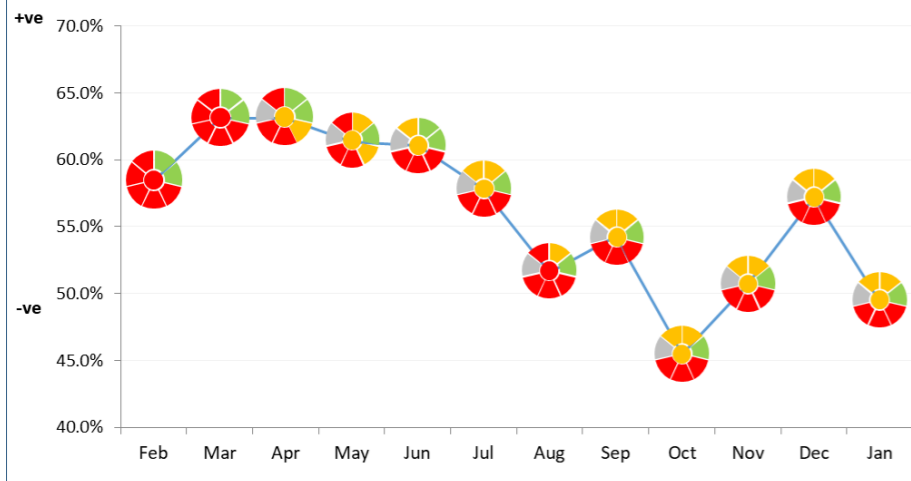
Data Quality Indicator

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: 1) FFT (Friends and Family Test): The Inpatients positive experience rate increased from 98.6% (December) to 99.5% (January). The participation rate however decreased from 35.6% (December) to 28.5% (January). The Outpatients positive experience rate increased from 97.7% (December) to 98.5% (January). Participation rate has decreased from 13.2% (December) to 12.2% (January). 2) Number of written complaints per 1000 staff WTE is a benchmark figure based on the NHS Model Health System to enable national benchmarking. We remain in green at 2.5. The data from Model Health System continues to demonstrate we are in the lowest quartile for national comparison.

PEOPLE, MANAGEMENT & CULTURE: Medical appraisal continues on a very positive trajectory moving from 49% in August to 75% in January 2022. Non medical appraisal rates have also risen in the last month as expected as we return to normal and managers are being asked to refocus on appraisals and mandatory training for their staff. To support managers we have developed a streamlined appraisal process which is being tested prior to a launch in late February/early March 2022.

FINANCE: 1) The YTD position is reported against the Trust's H1 and H2 2021/22 plan and shows a surplus of £4m which is £1.5m 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 partially offset by a number of non recurrent items and provisions. 2) CIP is ahead of plan by £1.3m 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

CARING: % of complaints responded to - One out of two complaints responded during January 2022 were late. The late response was responded to 2 days outside of current agreed timescale and the complainant was kept informed (more details on page 11).

EFFECTIVE: Capacity Utilisation – Although Respiratory ECMO and the numbers of COVID patients within the hospital gradually decreased in month, high levels of staff absence across the Trust due to sickness and self-isolation persisted. The adverse impact of staff availability was seen across utilisation of the commissioned bed base and treatment functions. Green staffing levels were consistently maintained but to achieve this some theatre and cath lab lists were cancelled and a proportion of the bed base could not be staffed. This is reflected in the poor levels of utilisation of the general and acute bed base, theatres and cath labs and a level of admitted activity which was the lowest since the hospital move.

RESPONSIVE: 1) Diagnostic Performance - Staff absence amongst Radiographers due to vacancies, sickness and self isolation constrained imaging capacity. As part of deployment of business continuity plans, some MRI, nuclear medicine and DEXA bone density imaging were stood down to maintain core imaging modalities. This has impacted adversely on the proportion of elective diagnostic investigations undertaken within 6 weeks of referral. 2) Waiting List Performance - Overall RTT performance has continued its slow decline due to the reduced activity through admitted and ambulatory pathways due to workforce constraints. All patient groups continue to be managed on the waiting lists in order of their clinical prioritisation. There has been a slight increase in the overall waiting list size again this month. 2) 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 due to the reduced capacity on site with the swap out of the static scanner which began on 24th January. Patients are also being offered appointments at other CA sites with static scanners;

PEOPLE, MANAGEMENT & CULTURE: 1) Trust Vacancy Rate - The Trust vacancy rate continues to deteriorate increasing from 7.87% in December to 8.42%. There has been a notable shift in the labour market both for permanent and temporary staff. We have seen a decline in the number of applicants for roles within the Trust as well as a decline in the quality of applicants. Added to this is the fact that the number of temporary staff available to us either through the bank or through agencies has significantly declined and where agency staff are available Agencies are seeking rates of pay that exceed our cap. A particular challenge is recruiting to Band 5 and HCSW roles given that fewer staff are coming to us through the IR pipeline and job market is seen to be providing higher paid, more attractive alternatives to jobs in health. 2) Absence rates continue to rise above the 3.3% target for the 4th month in a row. In Q3 9314 wte days were lost to sickness absence. The majority of all absence is short term sickness due to covid related illness and general coughs and colds.

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 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			Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe	Never Events	Jan-22	4	0	0	1			Caring	FFT score- Inpatients	Jan-22	4	95%	99.50%	98.96%		
	Moderate harm incidents and above as % of total PSIs reported	Jan-22	4	3%	1.40%	1.08%				FFT score - Outpatients	Jan-22	4	95%	98.50%	98.08%		
	Number of Papworth acquired PU (grade 2 and above)	Jan-22	4	35 pa	3	16				Number of written complaints per 1000 WTE (Rolling 3 mth average)	Jan-22	4	12.6	2.5			
	High impact interventions	Jan-22	3	97%	98.20%	98.35%				Mixed sex accommodation breaches	Jan-22	4	0	0	0		
	Falls per 1000 bed days	Jan-22	4	4	2.4	3.2				% of complaints responded to within agreed timescales	Jan-22	4	100%	50.00%	95.00%		
	Sepsis - % patients screened and treated (Quarterly)	Jan-22	New	90%	-	90.50%				Voluntary Turnover %	Jan-22	3	12.0%	15.1%	16.6%		
	Safer Staffing CHPPD – 5 North	Jan-22	5	9.6	12.0	10.4			Vacancy rate as % of budget	Jan-22	4	5.0%	8.4%				
	Safer Staffing CHPPD – 5 South	Jan-22	5	9.6	7.9	9.9			% of staff with a current IPR	Jan-22	3	90%	72.94%				
	Safer Staffing CHPPD – 4 NW (Cardiology)	Jan-22	5	9.4	8.6	8.8			% Medical Appraisals	Jan-22	3	90%	75.00%				
	Safer Staffing CHPPD – 4 South (Respiratory)	Jan-22	5	6.7	8.5	8.5			Mandatory training %	Jan-22	3	90%	84.32%	86.60%			
	Safer Staffing CHPPD – 3 North	Jan-22	5	8.6	10.9	10.7			% sickness absence	Jan-22	3	3.50%	5.59%	4.38%			
	Safer Staffing CHPPD – 3 South	Jan-22	5	8	8.1	8.2			Year to date surplus/(deficit) exc land sale £000s	Jan-22	5	£1,984k	£3,610k				
	Safer Staffing CHPPD – Day Ward	Jan-22	5	4.5	6.2	6.2			Cash Position at month end £000s	Jan-22	5	n/a	£62,174k				
	Safer Staffing CHPPD – Critical Care	Jan-22	5	32.9	33.3	34.0			Capital Expenditure YTD £000s	Jan-22	5	£1,097k	£733k				
Effective	Bed Occupancy (excluding CCA and sleep lab)	Jan-22	4	85% (Green 80%-90%)	85.80%	69.85%			In month Clinical Income £000s	Jan-22	5	£16985k	£17,660k	£176,467k			
	CCA bed occupancy	Jan-22	4	85% (Green 80%-90%)	85.60%	90.47%			CIIP – actual achievement YTD - £000s	Jan-22	4	£4030k	£5,290k	£5,290k			
	Admitted Patient Care (elective and non-elective)	Jan-22	4	2187	1784	20177			CIIP – Target identified YTD £000s	Jan-22	4	£5,390k	£5,390k	£5,390k			
	Outpatient attendances	Jan-22	4	8972	8411	83366											
	Cardiac surgery mortality (Crude)	Jan-22	3	3%	2.17%	2.17%											
	Theatre Utilisation	Jan-22	3	85%	76.6%	75.7%											
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	Jan-22	3	85%	79.0%	80.4%											
Responsive	% diagnostics waiting less than 6 weeks	Jan-22	3	99%	93.04%	93.35%											
	18 weeks RTT (combined)	Jan-22	5	92%	84.25%	84.25%											
	Number of patients on waiting list	Jan-22	5	3279	4172	4172											
	52 week RTT breaches	Jan-22	5	0	4	80											
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Jan-22	4	85%	50.00%	50.00%											
	31 days cancer waits*	Jan-22	4	96%	100.00%	100.00%											
	104 days cancer wait breaches*	Jan-22	4	0%	7	44											
	Theatre cancellations in month	Jan-22	3	30	22	35											
	% of IHU surgery performed < 7 days of medically fit for surgery	Jan-22	4	95%	79.00%	69.60%											
Acute Coronary Syndrome 3 day transfer %	Jan-22	4	90%	100.00%	100.00%												

* 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	1		
RTT Waiting Times	% Within 18w ks - Incomplete Pathways	5	92%	84.25%		85.97%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	4	96%	100.00%	100.00%	98.0%		Current month provisional as going through verification process.
	31 Day Wait for 2nd or Subsequent Treatment - surgery	4	94%	100.00%	100.00%	100.0%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	4	85%	50.00%	66.70%	55.80%		Current month provisional as going through verification process. Data is after reallocations
	104 days cancer wait breaches	4	0	7	44	20		
VTE	Number of patients assessed for VTE on admission	5	95%	83.10%		84.3%		
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	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Status since last month
Safe	Failure to protect patient from harm from hospital aquired infections	675	MS	5	Yes	15	8	8	8	8	8	↔
Responsive	Waiting list management	678	EM	8	Yes	16	16	16	16	16	16	↔
Safe	Failure to meet safer staffing (NICE guidance and NQB)	742	MS	6	Yes	12	12	12	12	12	12	↔
Finance + Transformation	Clinical Research Facility Core Grant Funding	3008	TG	9	In progress	12	12	12	12	12	12	↔
Effective	Delivery of Efficiency Challenges - CIP Board approved	841	EM	8	Yes	8	8	8	12	12	12	↔
Safe + Transformation	Potential for cyber breach and data loss	1021	AR	5	Yes	16	16	16	16	20	20	↔
PM&C	Staff turnover in excess of our target level	1853	OM	8	Yes	15	15	15	15	15	15	↔
Safe + PM&C	Unable to recruit number of staff with the required skills/experience	1854	OM	8	Yes	10	10	10	10	10	12	↑
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	↔
Safe + Effective + Finance + Responsive	Continuity of supply of consumable or services failure	3009	TG	6	In progress	15	15	15	15	10	10	↔
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	15	↔
Effective + Finance + Responsive + Transformation	NHS Reforms & ICS strategic risk	3074	TG	8	In progress	-	-	12	12	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	↔
Finance	Achieving financial balance at ICS level	2904	TG	12	In progress	20	20	20	20	20	20	↔
Effective + Responsive	Key Supplier Risk	2985	TG	8	In progress	20	20	20	20	20	20	↔



Safe: Performance summary

Accountable Executive: Chief Nurse

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

	Data Quality	Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	
Dashboard KPIs	Never Events	4	0	0	0	0	0	0	
	Moderate harm incidents and above as % of total PSIs reported	4	<3%	0.89%	0.30%	0.43%	1.27%	0.46%	1.40%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	2	3	1	1	1	3
	High impact interventions	3	97.0%	98.8%	99.3%	98.7%	96.7%	98.8%	98.2%
	Falls per 1000 bed days	4	<4	2.0	3.8	2.8	3.1	2.0	2.4
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	-	97.00%	-	-	Await data	-
	Safer Staffing CHPPD – 5 North *	5	>9.6	10.30	10.40	10.42	10.70	11.10	12.00
	Safer Staffing CHPPD – 5 South *	5	>9.6	9.80	11.30	9.79	10.20	9.20	7.90
	Safer Staffing CHPPD – 4 NW (Cardiology) *	5	>9.4		9.00	8.91	8.60	9.00	8.60
	Safer Staffing CHPPD – 4 South (Respiratory) *	5	>6.7	9.50	8.20	8.78	7.70	8.00	8.50
	Safer Staffing CHPPD – 3 North *	5	>8.6	11.30	9.70	9.99	9.90	11.60	10.90
	Safer Staffing CHPPD – 3 South*	5	>8	7.70	7.90	7.54	8.00	8.00	8.10
	Safer Staffing CHPPD – Day Ward *	5	>4.5	5.60	6.03	7.00	5.72	7.10	6.20
Safer Staffing CHPPD – Critical Care *	5	>32.9	36.50	34.80	32.53	31.80	33.20	33.30	
Additional KPIs	Safer staffing – registered staff day								
	Safer staffing – registered staff night	3	90-100%	89.1%	90.0%	92.0%	90.0%	86.0%	86.4%
	MRSA bacteraemia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	4	0	0	0	1	1	1	0
	E coli bacteraemia	5	Monitor only	2	1	0	1	1	0
	Klebsiella bacteraemia	5	Monitor only	1	0	0	0	0	1
	Pseudomonas bacteraemia	5	Monitor only	1	0	0	1	0	1
	Other bacteraemia	4	Monitor only	0	1	1	1	2	0
	Other nosocomial infections	4	Monitor only	0	0	0	2	0	0
	Point of use (POU) filters (M.Abscessus)	4	Monitor only	96%	95%	95%	88%	91%	95%
	Moderate harm and above incidents reported in month (including SIs)	4	Monitor only	2	1	0	3	1	3
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 0	1	1	0	1	0	0
Number of patients assessed for VTE on admission	5	95.0%		85.2%	84.10%	86.00%	82.90%	83.10%	

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

Summary of Performance and Key Messages:

CQC Model Health System rating for 'Safe' is Outstanding dated Dec 2021 (accessed 07.02.2022).

Pressure ulcers: there were three Papworth acquired pressure ulcers during Jan 2022 (WEB42015-grade 3, Moderate harm-under investigation, WEB42068 and WEB42115 both grade 2-low harm).

Safe Staffing: RN fill rate for Jan 2022, shows days in amber at 86.4% and nights in amber at 88.4%. 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 who are red and 4NW (Cardiology) which continues to be amber. Both areas had reduced activity over this reporting period.

Number of Serious Incidents: During Jan 2022 there were no SIs reported.

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 Jan 2022, overall compliance was 95%. The drop in compliance were "% 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 Jan 2022.

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 Jan 2022 is 83.10%. 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 and Jan 2022 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. In January this trend has continued. A follow up meeting is planned and this will review monitoring of the progress of actions (covered in PIPR M07) with the VTE leads.



Safe: Key performance challenges - Review of Patient Falls

Preventing and Monitoring Falls

Royal Papworth Hospital NHS Foundation Trust is committed to reducing the risk of falling and reducing injuries to patients from falls within the hospital environment. We are also committed to providing effective care, treatment and rehabilitation for those patients who have fallen, and to learning and developing our practice from any such incidents.

Thematic Review Patient Falls April 2020 to March 2021

At the recent Quality Risk Management Group (QRMG) (08/02/2022) – the group received and discussed the Thematic Review Patient Falls from incidents reported between April 2020 to March 2021 provided by the Falls Prevention Specialist Nurse.

- It was noted that during the financial year 2020-2021 that a different pattern of falls had emerged to the previous years, with higher numbers per thousand bed days, and a cluster of Moderate Harm Incidents. The data relates to the period during which Royal Papworth experienced two surges of the COVID-19 virus. The first surge was in the Spring of 2020 and the second, the winter 2020- 2021 (Figure 1 below).
- Numbers of falls overall were higher than the previous year, being 137 falls in 2019-2020 and 146 in 2020-2021 (2.8 falls/1000 bed days). In the year 2019-2020 there were no moderate harm incidents and one severe harm incident. In the year 2020-2021, there were no severe harm incidents and 6 moderate harm incidents, concentrated in the period August 2020- March 2021.
- The number of falls continues to fluctuate month-on-month as per figure 1.

Themes identified in falls overall (April 2020-March 2021)

- Frailty
- Delirium
- Bathrooms
- Trailing ECG Cables
- Unwitnessed falls
- Non adherence to falls policy

Themes identified in the Moderate Harm Incidents (April 2020-March 2021)

- Frailty
- Trailing cables
- 2 patients mobilising independently unattended, 1 of whom had mild dementia
- 2 patients collapsed due to their medical condition
- 1 patient fell out of bed sustaining a head injury having fluctuating delirium
- 1 patient slipped having been incontinent

Accidental falls are the most commonly reported patient safety incident in NHS hospitals (The Health Foundation/ Fall Safe Project 2021). It is unlikely that all falls could be prevented. Falls are multifactorial, and even if a standardised falls prevention strategy was undertaken in an exemplary fashion on every patient, individual patient related risk factors would still be present. The overall total of falls per 1,000 bed days for the **Trust equates to 2.8**, compared to 2015-16 (2.5), 2016-17 (2.5), 2017-18 (2.4), 2018-19 (2.3), 2019-20 (2.2), 2020-21 (2.8); **which is consistently well below the PIPR target point of 4 falls per 1,000 bed days.**

Figure 1 - Falls by Incident Date

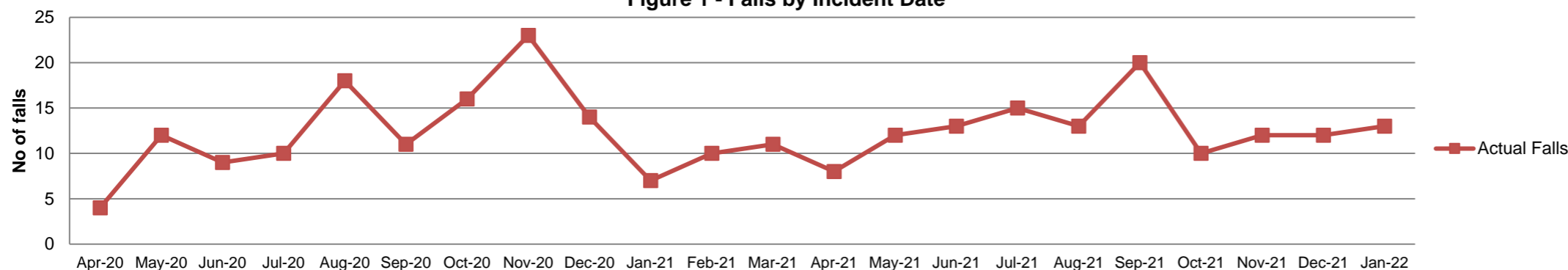


Figure 1-Falls by incident date – April 2020-to Jan 2022

(includes thematic Review for the 12 month period March 2020-April 2021 and up to date figures as reported on PIPR for the rest of 2021 to date (Jan 2022)

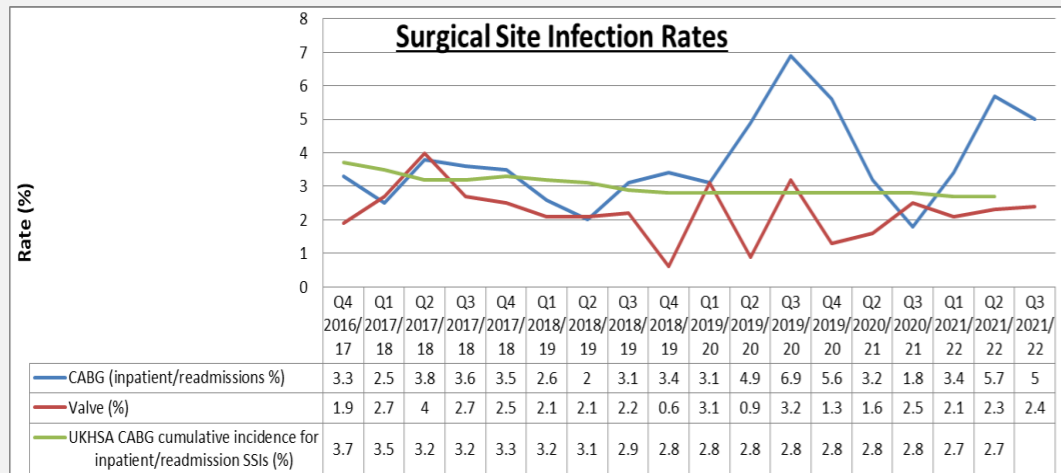
Data source: DATIX As of 15/02/2022.



Safe: Spotlight On – Surgical Site Infections

Surgical Site Infection (SSI) reporting (internally and to UKHSA) consists of identifying coronary artery bypass graft (CABG) and valve surgery patients with a surgical wound infection that meets the SSI criteria. Graph 1 shows incidence of SSI (inpatient and readmissions only) as per UKHSA benchmarking criteria. Graph 2 shows the total SSI incidence for RPH for Q1, Q2 and Q3. This includes patients post discharge and self reported cases. Graph 3 shows that whilst the majority of SSI's are superficial there has been an increase in deeper wound infections in Q3.

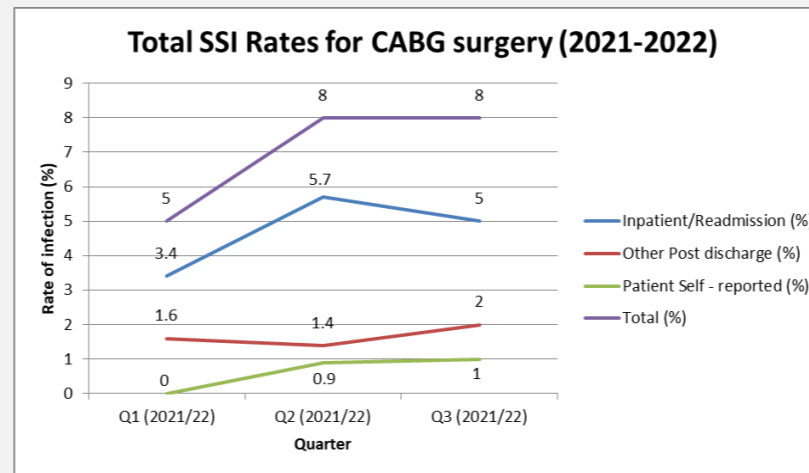
Graph 1



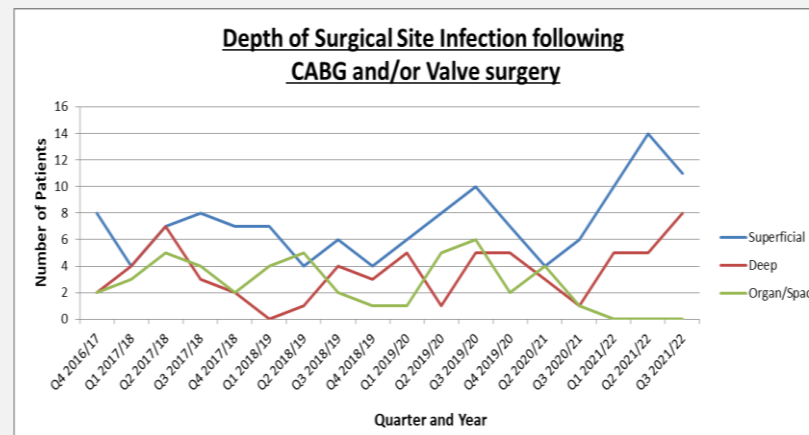
SSI stakeholder group reports to infection prevention and control Committee with highlight report to Quality and Risk Management Group.

Q2 SSI report and associated Datix's were discussed at SIERP on 16/11/2021 and there was no evidence of moderate or severe patient harm in respect to SSI. A further review will be tabled for Q3 to ensure SIERP has oversight of any associated harm.

Graph 2



Graph 3



Summary of ongoing actions

SSI stakeholder group have increased frequency of meetings to monthly.

Ensure decolonisation treatments are available for rescheduled patients including necessary communication for patients

Audits of theatre practise and footfall

Audits of practise across patient pathway including antibiotic administration, scrubbing technique, draping and skin preparation an ANTT.

Hand hygiene audits in all areas

Cleaning QC reviewed and action taken at time of audit to rectify non-compliance

Any change in techniques and products used being carefully evaluated.

Adherence to 'Antibiotics for Surgical Prophylaxis procedure' (DN027) re-audit.

Review of SSI incidence in respect to patient co morbidities and increase in IHU numbers.

IPC champions informing and educating on best practise across patient pathway.



Caring: Performance summary

Accountable Executive: Chief Nurse

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

	Data Quality	Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	
Dashboard KPIs	FFT score- Inpatients	4	95%	99.1%	99.2%	97.8%	98.3%	98.6%	99.5%
	FFT score - Outpatients	4	95%	98.7%	97.2%	95.9%	96.8%	97.7%	98.5%
	Mixed sex accommodation breaches	4	0	0	0	0	0	0	0
	Number of written complaints per 1000 WTE (Rolling 3 mth average)	4	12.6	5.9	3.4	7.4	6.9	6.0	2.5
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	100%	100%	50%
Additional KPIs	Number of complaints upheld / part upheld	4	3 (60% of complaints received)	2	1	1	2	2	2
	Number of complaints (12 month rolling average)	4	5 and below	3.3	3.2	3.8	3.7	3.7	3.3
	Number of complaints	4	5	2	4	9	1	2	2
	Number of recorded compliments	4	500	1251	1501	1475	1357	1221	1159
	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 Health System rating for 'Caring' is Outstanding dated Dec 2021 (accessed 07.02.2022).

FFT (Friends and Family Test): In summary; **Inpatients:** Positive Experience rate has increased from 98.6% (December) to 99.5% (January). Participation Rate has decreased from 35.6% (December) to 28.5% (January). **Outpatients:** Positive Experience rate has increased from 97.7% (December) to 98.5% (January). Participation rate has decreased from 13.2% (December) to 12.2% (January).

Number of written complaints per 1000 staff WTE is a benchmark figure based on the NHS Model Health System to enable national benchmarking. We remain in green at 2.5. The data from Model Health System continues to demonstrate we are in the lowest quartile for national comparison. The Model Health System data period is Mar 2021; accessed 07.02.2022): Royal Papworth = 5.72; peer group median = 11.39; national median = 16.65.

% of complaints responded to: One out of two complaints responded during January 2022, were late. Having only two complaints to respond to and one being late brought our overall percentage to 50% responded to on time. The late response was responded to 2 days outside of out current agreed timescale, complainant kept informed. More details on next slide.

The number of complaints (12 month rolling average): this has remained green for January 2022 at 3.3. We will continue to monitor this in line with the other benchmarking.

Complaints: We have received two new formal complaints during January 2022. The investigations are ongoing and this is within our expected variation of complaints received within the month. We have closed two formal complaints in January 2022. Further information is available on the next slide.

Compliments: the number of formally logged compliments received during January 2022 was 1159, broken down as: compliments from FFT – 1035; and compliments via cards/letters/PALS –124.



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.
- We have closed two formal in January 2022. One formal complaint was partially upheld and one was Upheld.
- One complaint was closed within the Trust designated timeframe and one was closed 2 days late (35 working our current policy for agreed timescales) this was late due to service pressures to respond in time. Complainant kept informed.
- Overall, the primary subject of complaints received at RPH remains clinical care and communication, although we have noticed an increase in the number of concerns relating to appointments and a patient's expectation regarding their appointment.

Learning from earlier Complaints

This is a summary of the two complaints closed in month.

Complaint reference/Datix: 14665 – Date closed 21 January 2022 – Partially Upheld. This complaint related to a Thoracic patient who raised concerns regarding their experience when attending the hospital for an appointment in late 2021. Learning and actions from the complaint were identified; the Infection Prevention and Control Team will remind staff of where to find information regarding managing patients with known infections in an outpatient setting, this will be achieved via the message of the week and will produce guidelines for managing patients with infections in an outpatient setting. The Respiratory Physiology Team will ensure the Clinical Administration Booking Team have patient information leaflets with the correct contact information for the Respiratory Physiology Team. The team will receive updates on the new guidelines being produced to support future patients. We will share the feedback from the complaint with the Respiratory Physiology Team for their learning and reflection.

Complaint reference/Datix: 14717 – Date closed 28 January 2022 – Upheld. Family raised a formal complaint in relation to the care and treatment a family member received on 5 South West ward following their transfer from CCA, specifically communication with the patient relating to their behaviour. The complaint was upheld given the poor communication and management of the patient's alleged behaviour. Learning and actions from the complaint were identified; STA Matron and HON to remind all nursing staff to regularly check skin integrity of their patients and any concerns followed up or reported. All nursing staff involved will attend challenging conversation training. We will also share the feedback and experience with the Surgical Nursing Team for their learning and reflection.

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 – Friends and Family Test

Tables on the right: Royal Papworth Hospital

The last time we looked at national benchmarking for FFT within PIPR was the PIPR M08 report (November 2021 data). It is therefore useful to review the latest position.

The tables and information on the right provide a summary by ward/department of the RPH Inpatient and Outpatient positive experience rate, up to, and including January 2022 (*please note the range for both since April 21 is min 95.9% and max 99.5%*)

Benchmarking

The latest nationally published benchmarking data is **November 2021** (at the time of writing PIPR 08.02.2022), therefore the RPH data from the same month is also included (*NHS England round the %*):

Inpatients

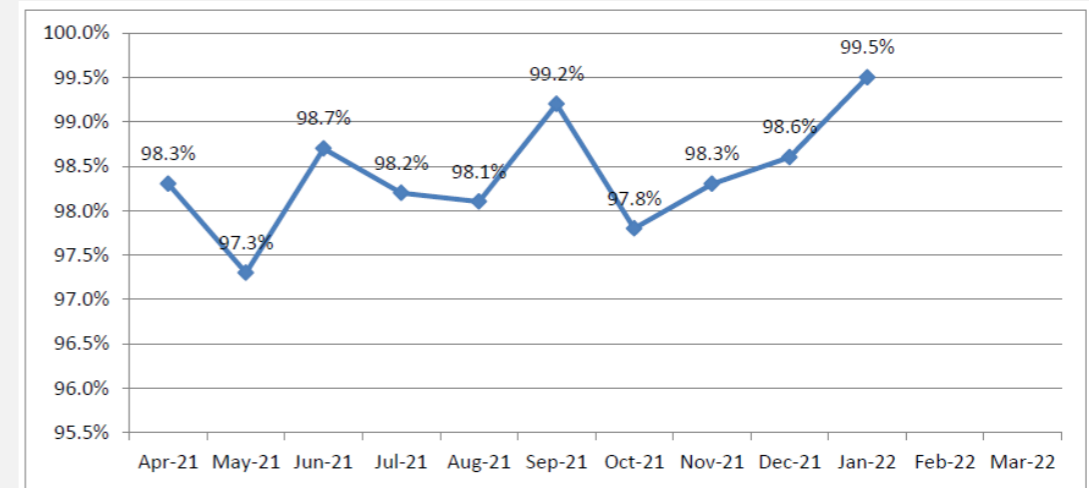
- Liverpool Heart and Chest Hospital NHS Foundation Trust = 100%
- Royal Papworth = 98%
- NWAFT = 97%
- CUH = 96%
- Royal Brompton and Harefield hospitals (part of Guy's and St Thomas NHS Foundation Trust) = 95%
- England NHS = 94%

Outpatients

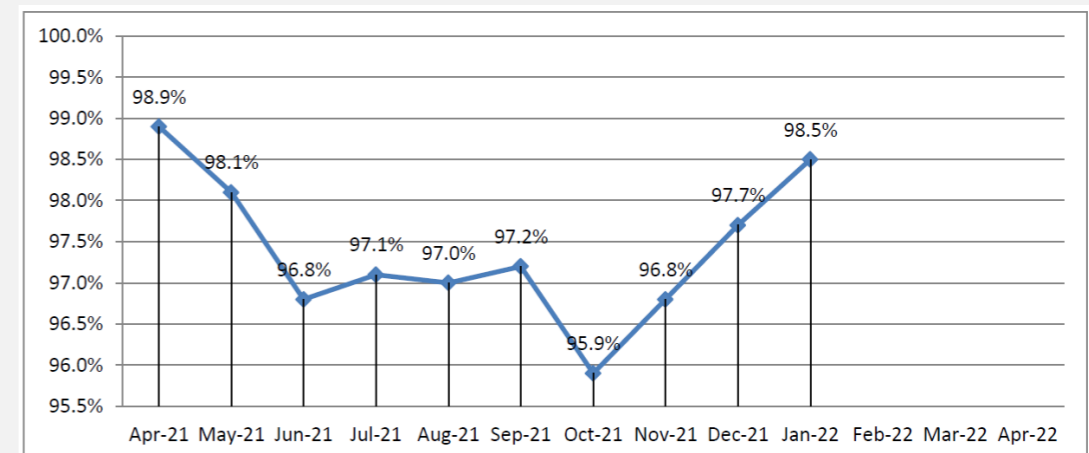
- Royal Papworth = 97%
- NWAFT = 97%
- CUH = 96%
- England NHS = 93%
- Royal Brompton and Harefield hospitals (part of Guy's and St Thomas NHS Foundation Trust) = 92%
- Liverpool Heart and Chest Hospital NHS Foundation Trust = recorded as 'NA'

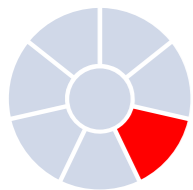
Overview – Royal Papworth Hospital (January 2022)

Inpatients: Positive Experience rate has increased from 98.6% (Dec) to 99.5% (Jan).



Outpatients: Positive Experience rate has increased from 97.7% (Dec) to 98.5% (Jan).





Effective: Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

	Data Quality	Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	69.2%	70.3%	71.4%	69.9%	64.2%	65.8%
	CCA bed occupancy	4	85% (Green 80%90%)	86.8%	91.5%	95.5%	92.0%	85.6%	85.6%
	Admitted Patient Care (elective and non-elective)	4	2187 (in Current Mnth)	2004	2272	1988	2098	1919	1784
	Outpatient attendances	4	8972 (in Current Mnth)	7364	8421	8193	9452	8092	8411
	Cardiac surgery mortality (Crude)*	3	<3%	2.84%	2.99%	2.76%	2.50%	2.34%	2.17%
	Theatre Utilisation	3	85%	63.7%	62.8%	77.0%	67.0%	75.6%	76.6%
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	85%	73%	79%	78%	81%	72%	79%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	4	8.20	7.20	8.27	8.28	7.00	9.01	13.16
	Length of stay – Cardiac Elective – valves (days)	4	9.70	11.42	9.79	9.07	9.84	11.19	8.81
	CCA length of stay (LOS) (hours) - mean	4	Monitor only	100	120	102	108	147	188
	CCA LOS (hours) - median	4	Monitor only	33	25	45	41	42	44
	Length of Stay – combined (excl. Day cases) days	4	Monitor only	6.08	5.82	5.61	5.88	6.00	5.71
	% Day cases	4	Monitor only	65.2%	63.7%	64.1%	65.7%	63.3%	66.4%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	38.0%	17.9%	30.2%	31.0%	34.9%	24.0%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	14.6%	16.7%	6.7%	15.2%	9.5%	2.1%

* 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

Although Respiratory ECMO and the numbers of COVID patients within the hospital gradually decreased in month, high levels of staff absence across the Trust due to sickness and self-isolation persisted. The adverse impact of staff availability was seen across utilisation of the commissioned bed base and treatment functions. Green staffing levels were consistently maintained but to achieve this some theatre and cath lab lists were cancelled and a proportion of the bed base could not be staffed. This is reflected in the poor levels of utilisation of the general and acute bed base, theatres and cath labs and a level of admitted activity which was the lowest since the hospital move.

This was compounded by high levels of patient cancellations both for day case procedures and face to face Outpatient appointments. Emergency activity remained high when compared to previous Januarys but did not reach the level of demand experienced in December.

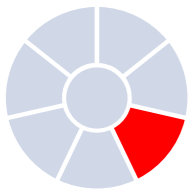
Although Outpatient activity was higher than December by over 300 appointments, a number of clinics needed to be cancelled due to Consultant sickness. Where possible patients were seen by other consultants and virtual appointments were delivered remotely as long as clinician was well enough to see the patients. However, in spite of these mitigations Outpatient activity fell well below January activity levels in 2019/2010.

Length of Stay

As the proportion of elective surgical cases reduced the balance of patient acuity remained high and this increased length of stay further for 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

The proportion of cardiac patients suitable for same day admission declined, with more patients requiring admission for optimisation prior to surgery. Thoracic surgery levels were not constrained by critical care capacity but absence within the small thoracic surgeon team did limit activity and the opportunity for same day thoracic admissions.



Effective: Activity Restoration

Background and Purpose:

The information in this report is intended to provide oversight of referral and activity numbers against the following two benchmarks;

- 2019/20 activity
- The NHSI/E Elective Recovery Fund (ERF) targets relating to the first half of the financial year as set out in the 2021/22 Planning Guidance released in March 2021 along with further guidance released in July 2021. A reminder of the targets by POD for H1 is set out below;

Targets by POD: % of 2019/20 activity	Apr	May	Jun	Jul-Sep
Inpatient elective and day case	70%	75%	80%	95%
Diagnostics	70%	75%	80%	95%
Outpatient	70%	75%	80%	95%

- Thresholds have been set nationally, measured against the value of total activity delivered in 2019/20. This report uses activity as a proxy for value.
- Guidance on the ERF targets for the second half of the financial year was received on 30 Sep. H2 focuses on reported RTT completed pathways, using 2019/20 as the baseline year rather than total activity. This will be monitored through a separate report.
- For the purposes of this report, the target for each month after Sep 2021 has been set at 100% of 2019/20 activity to continue to show current year performance against the baseline year.

Dashboard headlines

The tables to the right show how the numbers for M10 compare to 2019/20 numbers at a Trust level and at specialty level and a forward look based on provisional M11 data.

Green represents where the NHSI/E target has been met, Amber is where performance is within +/-5% of the target.

M10 activity performance in line with target

- None of the activity metrics met the expected M10 target

M10 activity performance behind target

- Referrals** – GP and Cons-to-Cons referrals fell short of the expected target
- Non-Admitted activity** – First and follow-up non-admitted activity did not meet the expected target.
- Radiology** – MRIs, CTs and Other Radiology exams did not meet the expected M10 target.
- Admitted activity** – Elective inpatients and daycases fell short of the expected target.

Performance Summary:

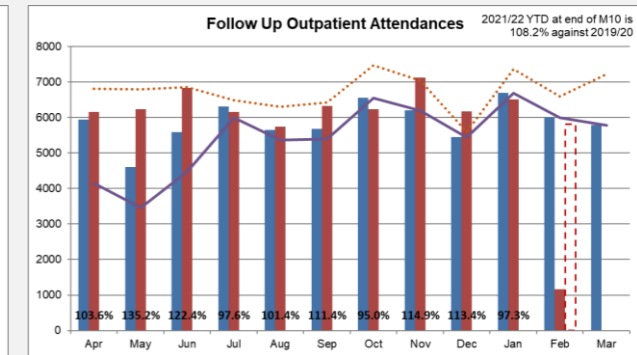
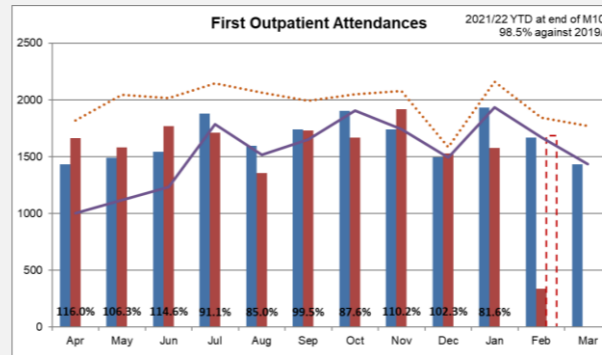
Table 1: Trust Level

Category	M10 against 2019/20 M10 *	M11 projection against 2019/20 M11
Referrals	GP	93.9%
	Cons-to-Cons	95.4%
Non-Admitted	First	101.0%
	Follow up	96.9%
Radiology	MRI	67.0%
	CT	113.4%
	Other	77.6%
Admitted Activity	Elective Inpatients	73.0%
	Daycases	81.0%
	Non-Elective Inpatients	103.7%

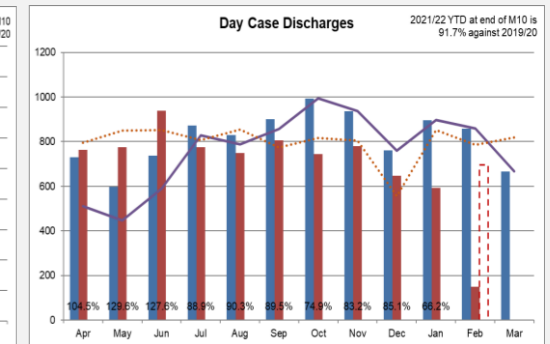
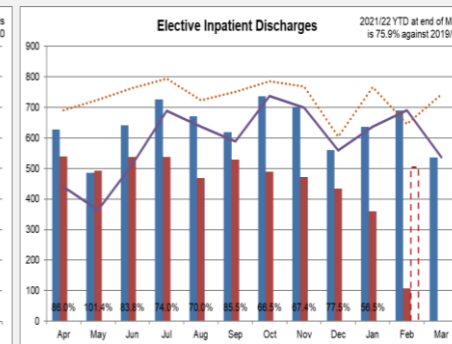
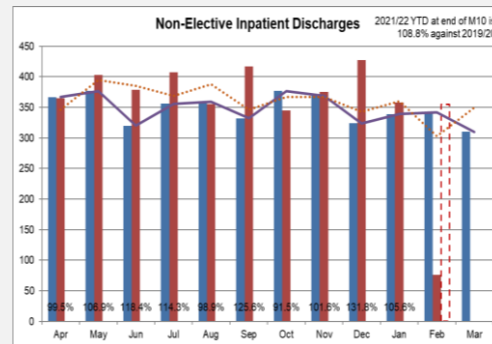
Table 2: M10 activity compared to 2019/20 (Specialty Level)

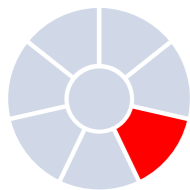
Specialty	EL	DC	NEL	OPFA	OPFU
Cardiac Surgery	34.7%	#DIV/0!	117.5%	84.9%	82.9%
Cardiology	77.9%	73.6%	110.2%	64.3%	112.4%
RSSC	47.8%	74.8%	68.8%	118.2%	68.9%
Thoracic Medicine	67.5%	53.4%	125.0%	77.4%	105.2%
Thoracic Surgery	98.0%	0.0%	35.7%	85.7%	121.2%
Transplant/VAD	104.0%	100.0%	94.1%	90.5%	82.1%
PTE	62.5%	#DIV/0!	#DIV/0!	63.0%	102.1%
Trust	56.5%	66.2%	105.6%	81.6%	97.3%

Non – Admitted Activity



Admitted Activity

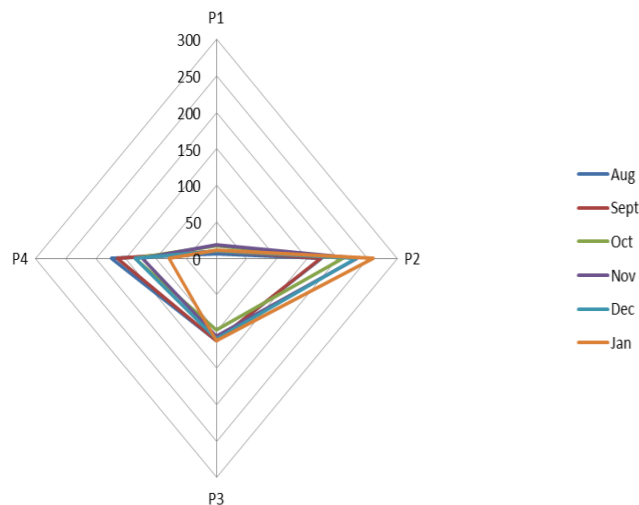




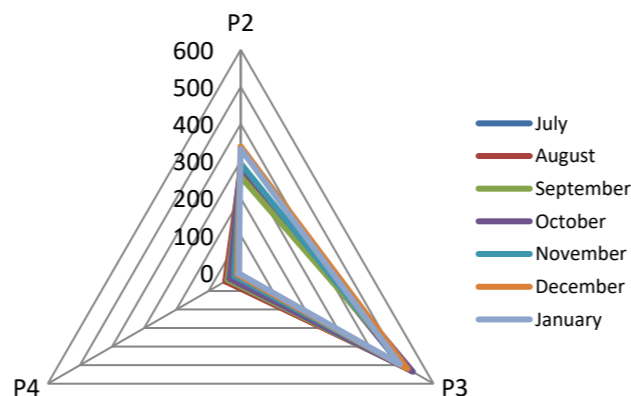
Effective: Spotlight on: Priority Status Management

>24 hours for treatment	PL1a
> 72 hours for treatment	PL1b
<1 month	PL2
<3 months	PL3
>3 months (Delay 3 months possible)	PL4
Patient wishes to postpone surgery because of COVID-19 concerns**	PL5
Patient wishes to postpone surgery due to non-COVID-19 concerns**	PL6

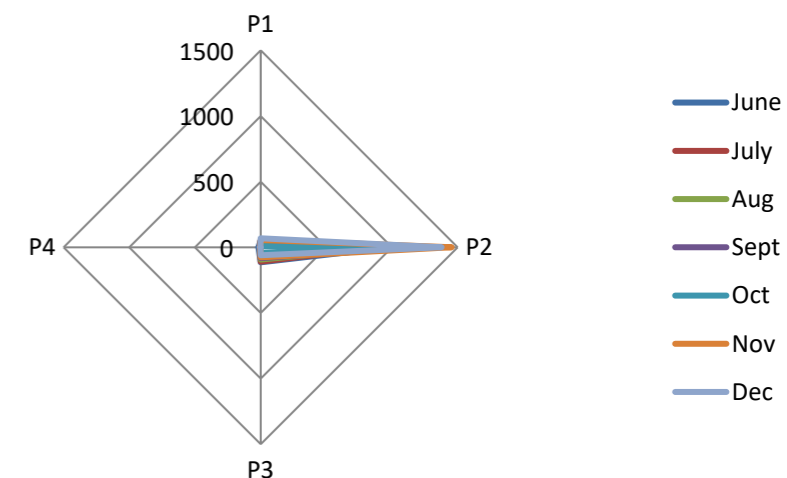
PTL management of Cardiothoracic surgery



PTL Management of Cardiology at RPH



PTL management for Thoracic and Ambulatory



Cardiothoracic Surgery Waiting List Profile

- ↑ 619 patients on the waiting list
- ↑ 216 patients over 18 weeks
- ↔ 3 patients over 52 weeks
- ↔ 0 patients over 104 weeks
- ↓ RTT performance 65.96%

- 50 - Planned or booked for admission
- 92 - Planned OPD / Diagnostic appointment
- 327 - Awaiting action to book varying priority statuses

! Key Concern

This is the waiting list area of highest risk and concern as Critical care capacity is limiting the volume of surgery undertaken and does not match demand.

Cardiology Waiting List Profile

- ↑ 1441 patients on the waiting list
- ↓ 152 patients over 18 weeks
- ↔ 0 patients over 52 weeks
- ↔ 0 patients over 104 weeks
- ↑ RTT performance 89.49%

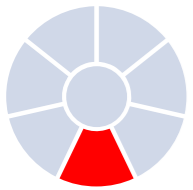
For patients >18weeks

- 80 – Booked for admission
- 13 - Planned OPD / Diagnostic appointment
- 16– Being booked
- 23 - Awaiting ablation capacity (P3 / P4)

Respiratory Waiting List Profile

- ↑ 2200 patients on the waiting list
- ↑ 336 patients over 18 weeks
- ↑ 1 patients over 52 weeks
- ↔ 0 patients over 104 weeks
- ↓ RTT performance 85.93%

- 302 – Booked for admission (35 of which are 18+ weeks)
- 779- Boked OPD / Diagnostic appointment (78 of which are 18+ weeks)
- 114 – Patients on Oncology pathways
- 29 – Remote diagnostic devices awaiting return
- 11 - Awaiting to start CPAP when devices available
- 36 CPAP new starters booked



Responsive: Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

	Data Quality	Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	90.78%	96.03%	97.32%	97.86%	97.93%	93.04%
	18 weeks RTT (combined)	5	92%	86.95%	86.13%	85.99%	86.54%	85.38%	84.25%
	Number of patients on waiting list	5	3,279	3595	3683	3776	3914	4110	4172
	52 week RTT breaches	5	0	9	9	6	3	5	4
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	4	85%	38.5%	50.0%	66.7%	46.2%	54.5%	50.0%
	31 days cancer waits*	4	96%	100.0%	96.2%	100.0%	94.1%	100.0%	100.0%
	104 days cancer wait breaches*	4	0	3	3	8	7	5	7
	Theatre cancellations in month	3	30	50	47	45	53	27	22
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	82.00%	69.00%	39.00%	47.00%	85.00%	79.00%
	Acute Coronary Syndrome 3 day transfer %	4	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Additional KPIs	18 weeks RTT (cardiology)	5	92%	88.40%	85.79%	86.35%	88.33%	88.43%	89.59%
	18 weeks RTT (Cardiac surgery)	5	92%	72.56%	70.91%	68.23%	67.19%	67.00%	66.01%
	18 weeks RTT (Respiratory)	5	92%	90.31%	90.53%	91.03%	90.85%	88.61%	85.91%
	Non RTT open pathway total	2	Monitor only	38,414	36,423	37,020	37,506	37,467	37,681
	Other urgent Cardiology transfer within 5 days %	4	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	% patients rebooked within 28 days of last minute cancellation	4	100%	92.59%	85.00%	66.67%	73.33%	69.23%	100.00%
	Outpatient DNA rate	4	9%	6.72%	8.20%	7.76%	8.00%	8.10%	7.21%
	Urgent operations cancelled for a second time	4	0	0	0	1	0	0	0
	% of IHU surgery performed < 10 days of medically fit for surgery	4	95%	87.00%	86.00%	52.00%	61.00%	97.00%	91.00%
	% of patients treated within the time frame of priority status	4	Monitor only	49.4%	48.8%	47.1%	43.5%	43.1%	36.4%
% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	4	Monitor only	41.5%	39.3%	43.5%	44.6%	45.5%	49.9%	

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

Summary of Performance and Key Messages:

Diagnostic Performance

Staff absence amongst Radiographers due to vacancies, sickness and self isolation constrained imaging capacity. As part of deployment of business continuity plans, some MRI, nuclear medicine and Dexa bone density imaging were stood down to maintain core imaging modalities. This has impacted adversely on the proportion of elective diagnostic investigations undertaken within 6 weeks of referral.

Waiting List Performance

Overall RTT performance has continued its slow decline due to the reduced activity through admitted and ambulatory pathways due to workforce constraints. All patient groups continue to be managed on the waiting lists in order of their clinical prioritisation. There has been a slight increase in the overall waiting list size again this month.

In spite of the capacity constraints, Cardiology RTT performance improved by a percentage point this month. This position was achieved due to a material reduction in patients waiting over 18 weeks for treatment. The team are working on developing a waiting list initiative to address priority 3 and 4 ablation patients which now form the largest group of the longest waiters.

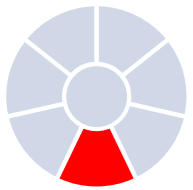
There are no 104+ week risks and the number of 52 week waiters dropped slightly to 4 patients, three of which are awaiting Cardiac Surgery and one patient which is on a Respiratory pathway. All have planned dates for treatment. In addition, there were four surgical and two Cardiology patients who breached 52 weeks but were treated in January.

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 due to the reduced capacity on site with the swap out of the static scanner which began on 24th January. Patients are also being offered appointments at other CA sites with static scanners. Swap out due for completion on 1st April 2022.

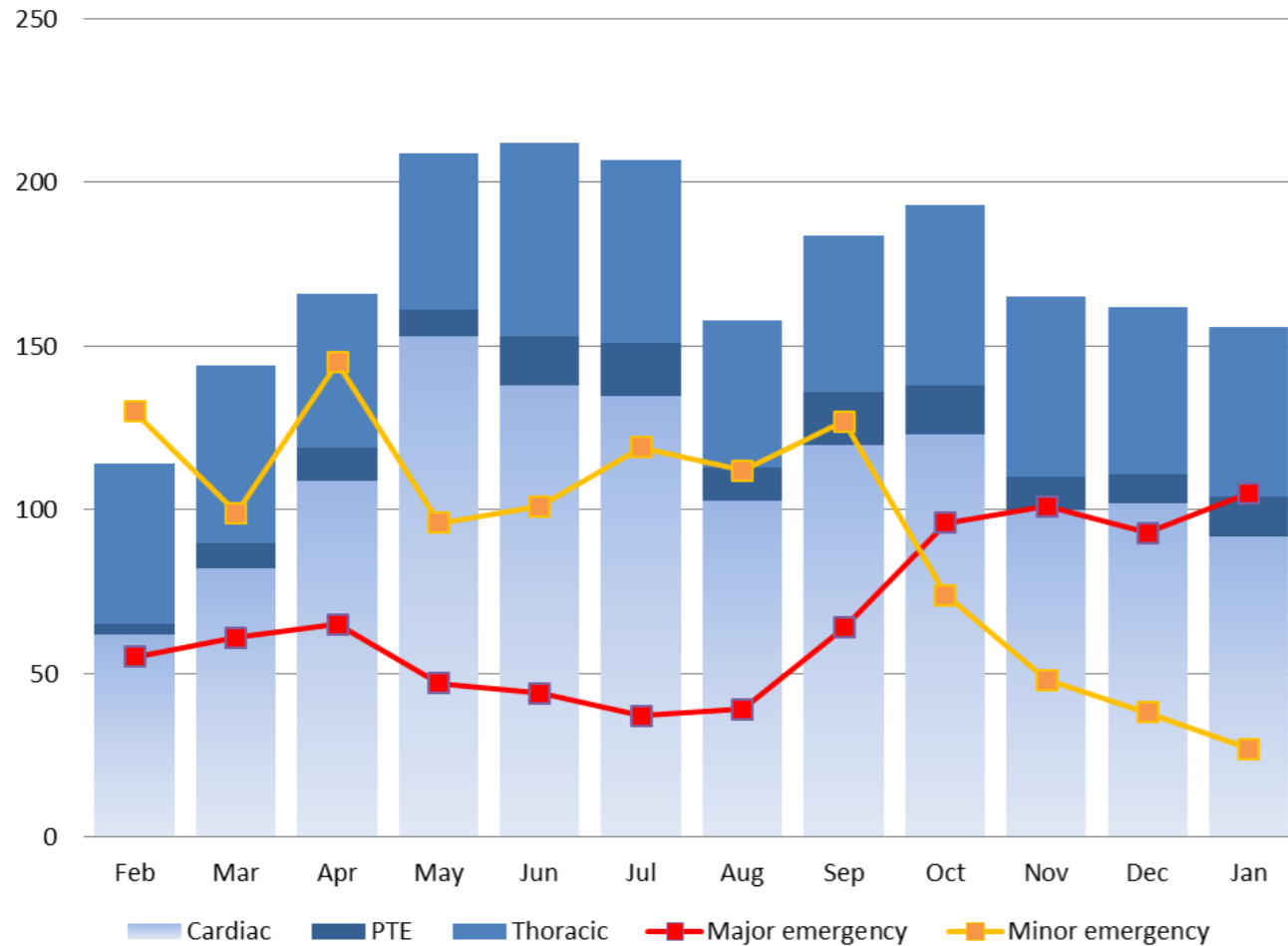
IHU Pathway

There continues to be high levels of pressure on the IHU pathway, with high levels of demand and a number of cancellations as patients present with a higher level of acuity when transferred from other providers in advance of surgery. In addition a number of patients have converted into TAVI patients as a consequence of their frailty on arrival. The IHU team are reviewing the detail provided in IHU referrals with a view to improving the quality of information provided.



Responsive: Elective versus Emergency demand on Theatres

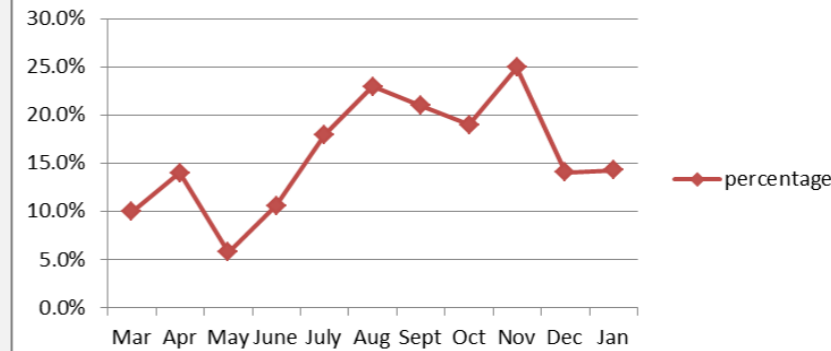
Elective Activity v Emergency 2020/21



92 Cardiac / 52 Thoracic / 12 PTE / 45 IHU / 13 TX activity
 105 emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.
 27 additional emergency minor procedures also went through theatre and critical care, utilising the theatre team.

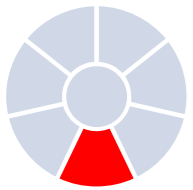
Cancellation reason	Jan-22	Total
1c Patient unfit	4	43
1d Sub optimal work up	3	6
2a All CCA beds full with CCA patients	3	34
3a Critical Care	14	127
4b Transplant took time	1	10
4d Additional urgent case added and took slot	1	26
Total	26	356

Cancellations as a percentage of elective activity



Cardiac activity dropped in January, as a result of both CCA and Theatres sickness which was echoed across the Trust. Therefore there was a reduced cancellation figure of 26, which was just over 14% of all activity.

Major emergency activity that utilised all or part of the Theatre team remained high at 105.



Responsive : Remote Cardiac Monitoring Project

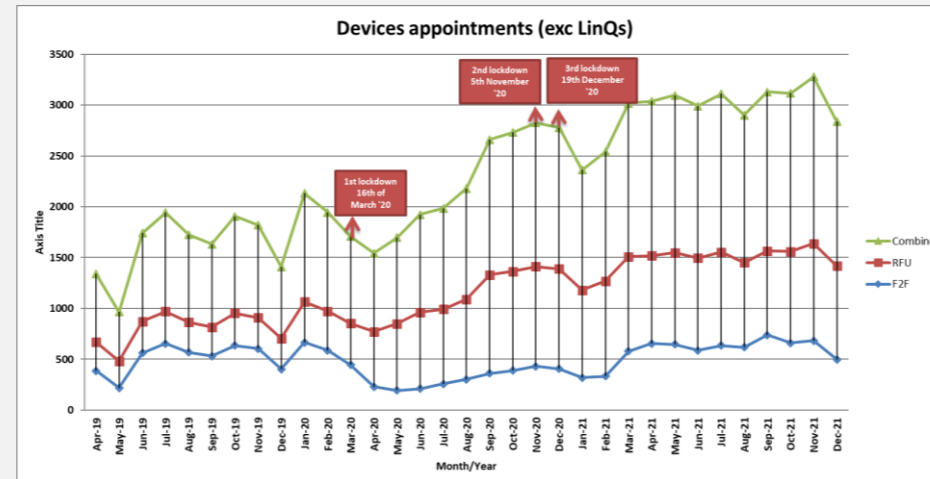
Background and Purpose

Royal Papworth Hospital is a tertiary centre which manages over 7000 pacemaker (PPM), implantable defibrillator (ICD) and biventricular (CRT-P and CRT-D) patients each year, from implants to follow-ups, revisions and extractions for the region. During the COVID pandemic the cardiac devices service was rapidly re-structured to allow safe follow-up of patients with minimal face to face (F2F) appointments (appts), as many were shielding (average age of 75 years).

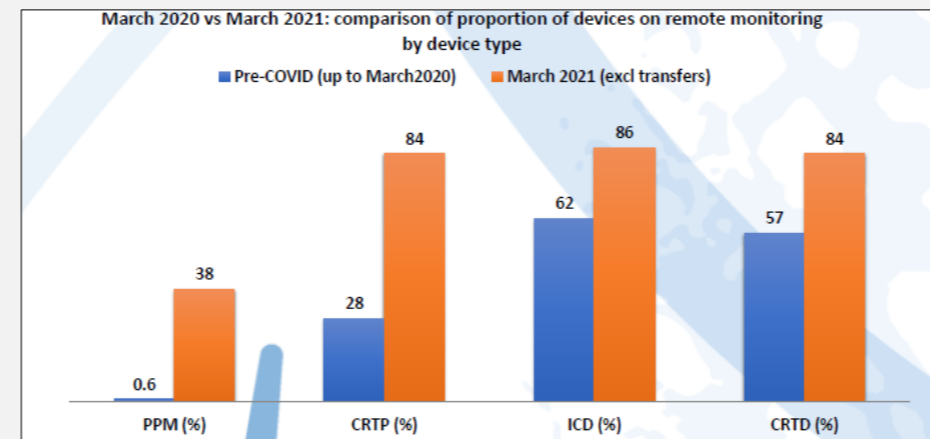
A process was developed by the physiology team to triage patients into low, medium and high risk groups, selecting only the highest risk patients to attend F2F appts for detailed assessment or programming changes. In parallel with this, we embarked on a program of enrolling selected patients into RFU (Remote Follow-up) by posting RFU boxes and offering telephone virtual appts. Patients not suitable for RFU had appts deferred when appropriate. There was also a specialist group of physiologists and cardiologists assessing any possible early generator replacements.

Results

- A total of 7339 patients (1446 via RFU - 19.7%) were followed up pre-COVID, while 7158 patients (4061 via RFU - 56.7%) were followed up in the year after the pandemic started ($p < 0.001$ for RFU use increase);



- The percentage of patients on RFU with each type of device increased significantly ($p < 0.01$):



Benefits

- 93% of patients who were contacted accepted RFU;
- 3% of the patients contacted were deemed unsuitable (factors such as dementia making them unable to set-up RFU);
- 4% of patients refused RFU;
- Failure to attend fell from 9.6 to 8% under the new scheme;
- No significant increase in complications pre and post changes implemented to RFU during COVID: wound revisions/lead revisions 7.2% vs 6.2%; extractions 2.6% vs 1.8% ($p = NS$);
- Generator replacements increased slightly 20.2% vs 26.1% ($p = 0.03$);
- The average time from Atrial Fibrillation (AF) episode to diagnosis and GP letter sent was recorded as 137 days pre and 95 days post implementation of the new scheme;
- Increase in staff allocation for RFU: Increase in workload with increase of RFU monitoring

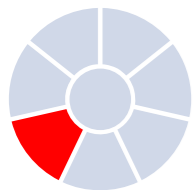
Category	Mean Time from event to diagnose (days)
In-house (Pre)	147
RFU (Pre)	37
In-house (Post)	156
RFU (Post)	62

320 staff/hours per month (Pre) → 380 staff/hours per month (Post)

Over a 10 year period:

- 1,020,600 miles saved
- 281.64 tonnes of CO₂e





People, Management & Culture: Performance summary

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

	Data Quality	Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	
Dashboard KPIs	Voluntary Turnover %	3	12.0%	24.13%	19.01%	16.34%	13.55%	19.44%	15.14%
	Vacancy rate as % of budget	4	5.00%	7.27%	7.57%	7.57%	7.19%	7.87%	8.42%
	% of staff with a current IPR	3	90%	75.15%	73.24%	71.26%	71.38%	71.37%	72.94%
	% Medical Appraisals	3	90%	48.70%	53.91%	63.48%	68.64%	71.55%	75.00%
	Mandatory training %	3	90.00%	87.30%	86.83%	86.31%	85.14%	85.02%	84.32%
	% sickness absence	3	3.5%	3.89%	4.28%	5.27%	4.79%	4.95%	5.59%
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%	2.24%	2.82%	3.05%	3.22%	4.30%	4.87%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	3	5.00%	19.36%	22.43%	24.03%	23.56%	23.49%	24.52%
	Long term sickness absence %	3	0.80%	1.48%	1.55%	1.75%	1.94%	2.18%	1.56%
	Short term sickness absence	3	2.70%	2.41%	2.74%	3.52%	2.85%	2.78%	4.04%
	Agency Usage (wte) Monitor only	3	Monitor only	24.1	28.9	30.6	29.0	23.7	20.8
	Bank Usage (wte) monitor only	3	Monitor only	67.1	61.5	63.4	60.9	55.9	59.4
	Overtime usage (wte) monitor only	3	Monitor only	50.4	58.5	59.1	59.1	51.2	45.0
	Agency spend as % of salary bill	5	3.35%	1.63%	1.27%	1.53%	1.50%	2.42%	1.63%
	Bank spend as % of salary bill	5	2.21%	2.56%	1.83%	1.86%	2.06%	1.66%	2.46%
	% of rosters published 6 weeks in advance	3	Monitor only	26.50%	20.60%	18.20%	32.40%	38.20%	32.40%
	Compliance with headroom for rosters	3	Monitor only	34.00%	33.70%	30.70%	31.50%	28.50%	34.10%
	Band 5 % White background: % BAME background*	3	Monitor only	n/a	57.93% : 39.22%	n/a	n/a	57.17% : 39.93%	n/a
	Band 6 % White background: % BAME background*	3	Monitor only	n/a	73.44% : 24.88%	n/a	n/a	73.13% : 25.23%	n/a
	Band 7 % White background % BAME background*	3	Monitor only	n/a	85.32% : 13.49%	n/a	n/a	85.83% : 12.99%	n/a
	Band 8a % White background % BAME background*	3	Monitor only	n/a	88.89% : 10.00%	n/a	n/a	87.50% : 11.36%	n/a
	Band 8b % White background % BAME background*	3	Monitor only	n/a	88.48% : 7.69%	n/a	n/a	90.32% : 6.45%	n/a
	Band 8c % White background % BAME background*	3	Monitor only	n/a	93.33% : 6.67%	n/a	n/a	92.86% : 7.14%	n/a
	Band 8d % White background % BAME background*	3	Monitor only	n/a	100.00% : 0.00%	n/a	n/a	100.00% : 0.00%	n/a

* - Data available quarterly from June 21

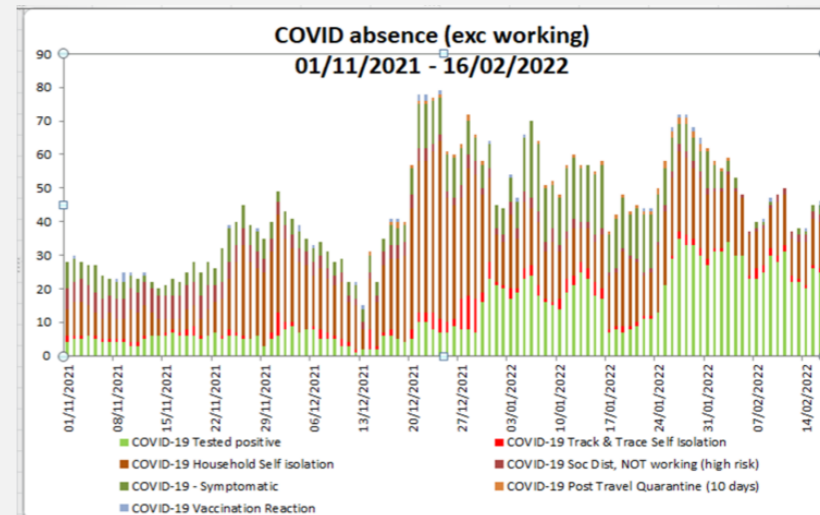
Summary of Performance and Key Messages:

Turnover at 15.14% is over the 12% target again this month. Turnover is considered in more detail on the following “spotlight on” slide.

The Trust vacancy rate continues to deteriorate increasing from 7.87% in December to 8.42%. There has been a notable shift in the labour market both for permanent and temporary staff. We have seen a decline in the number of applicants for roles within the Trust as well as a decline in the quality of applicants. Added to this is the fact that the number of temporary staff available to us either through the bank or through agencies has significantly declined and where agency staff are available Agencies are seeking rates of pay that exceed our cap. A particular challenge is recruiting to Band 5 and HCSW roles given that fewer staff are coming to us through the IR pipeline and job market is seen to be providing higher paid, more attractive alternatives to jobs in health.

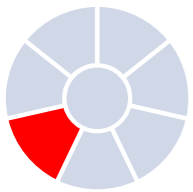
Medical appraisal continues on a very positive trajectory moving from 49% in August to 75% in January 2022. Non medical appraisal rates have also risen in the last month as expected as we return to normal and managers are being asked to refocus on appraisals and mandatory training for their staff. To support managers we have developed a streamlined appraisal process which is being tested prior to a launch in late February/early March 2022.

Absence rates continue to rise above the 3.3% target for the 4th month in a row. In Q3 9314 wte days were lost to sickness absence. The majority of all absence is short term sickness due to covid related illness and general coughs and colds. The chart below shows us that covid infection and isolation due to household covid remains a significant issue for the Trust. The next most prevalent known reason for absence is gastrointestinal ailments with musculoskeletal reasons constituting 6.7% of all absence and mental health illnesses constituting 6.2% of all illnesses.



The decline in Agency and Bank usage in January is not due to a drop in demand but instead is due to a lack of supply as mentioned earlier.

Rosters are for a 4 week period and managers are required to approve them 6 weeks in advance of the date they commence. For areas where shift working is required late approval of rosters causes uncertainty for staff on their working pattern and adversely impacts on wider resource planning. Whilst compliance remains low it is improving and support and training continues to be given to managers to ensure compliance and improved practice.



People, Management & Culture : Key performance challenges

Escalated performance challenges:

Staff health and wellbeing negatively impacted by the demands of the pandemic and the recovery of services leading to fatigue, higher levels of sickness absence, turnover and lower levels of staff engagement.

Ensuring staff are supported and encouraged to take annual leave to rest and recuperate and that activity levels are reduced if necessary to facilitate this.

High levels of short notice staff absence as a result of self-isolation and/or IPC requirements following Covid-19 contact.

Poor rostering practice leading to ineffective workforce utilisation causing activity through services to be constrained, high temporary staffing costs and a poor experience for staff.

Ensuring compliance with induction and mandatory training as a result of the backlog created during the surge periods and 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 of appraisals created appraisals being put on hold through the pandemic.

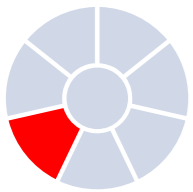
WRES and WDES data and feedback in staff surveys indicates that staff from a BAME background and with a disability have a significantly less positive working experience.

Key risks:

- Staff engagement and morale reduces, leading in turn to higher turnover, absence, reduced efficiency and quality and poor relationships all of which could adversely impact on patient experience.
- Staff experiencing extreme fatigue and burnout as well as negative impact on their mental health. This has a significant detrimental impact on the individual with the potential to result in long term absence as well as all the repercussions set out in the point above.
- Reduction in capacity to maintain safe staffing levels, additional pressures on staff and increased temporary staffing costs.
- The Trust is not able to recruit clinical and non clinical staff in sufficient numbers to meet demand due to labour market shortages through both permanent and temporary staff pipelines.
- Pay costs in excess of budget as a result of the rising cost of temporary staffing used to cover new work and vacancies.
- Managers are unable to release sufficient time to catch up on IPRs.
- Inequalities and discrimination in our processes and practices results in poor talent management and low staff engagement particularly for staff from a BAME background and staff with a disability.
- Uncertainty due to current Govt consultation on mandatory vaccination risks perpetuating anxiety among unvaccinated staff with the potential for complaints and/or staff turnover.

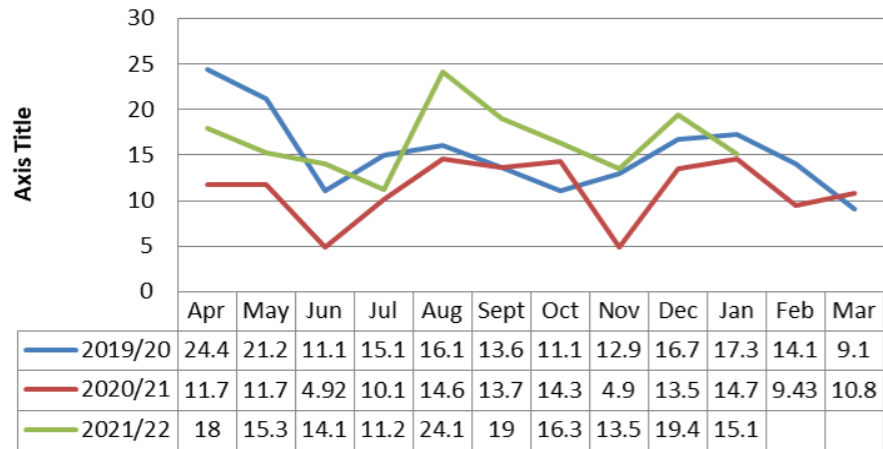
Key Actions:

- Our H&WB programme continues and since the last report we launched our wellness and motivational newsletter on the 16th January. Other in month actions include 83 psychological counselling sessions; the introduction of a staff running group as part of the physical health workstream and a creative break (arts and minds) session was piloted on 9th February as part of our non-physical approach to mindfulness.
- The Trust has started its menopause support programme with the launch of 6 online mini menopause sessions on 13th January. Each session has had 35-40 attendees with more looking at the recording after the event.
- A H&WB facilitator has been appointed specifically to support the H&WB of homeworkers.
- Managers have been actively planning leave with staff resulting in 91% of annual leave entitlements being booked or taken to the end of March. Staff who have been unable to take their leave have been offered the opportunity to sell it or carry forward up to 5 days into 2022/23.
- Launch of values and behaviours training to all staff.
- Launch of Risk Assessment 7 enabling update of individual covid assessments opening up opportunities for more staff to return to their work area.
- New streamlined appraisal process is being developed and due for release in late February 2022.
- Line management development programme content completed with programme due for launch in April 2022.
- Fair recruitment programme development.
- Wide programme of activities to support recruitment including R&S training, provision of templates and “question bank” and refresh of intranet recruitment page. Refer a friend pilot, social media campaign, career coaching workshops for HCSW and Band 5 nurse, promotion of internal transfer scheme. Exploring the talent pipeline by connecting with local 6th form colleges and 19 universities.



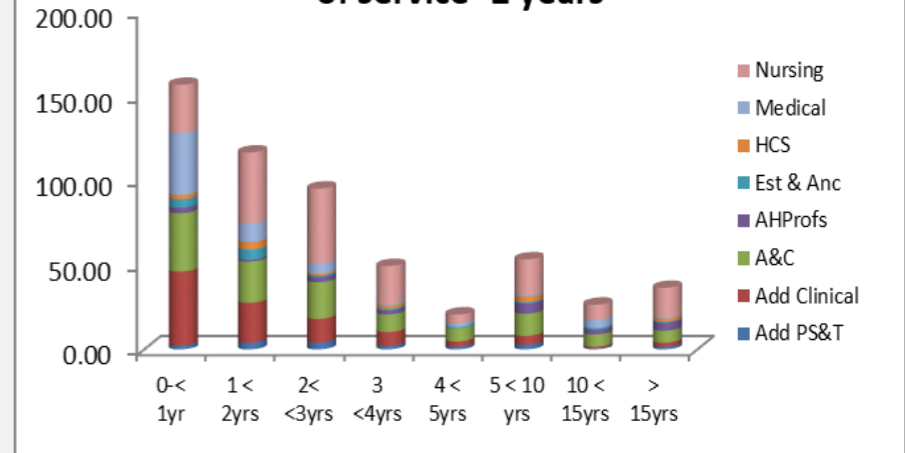
People, Management & Culture : Spotlight On – Staff Turnover

% Turnover by Month (2019-2022)

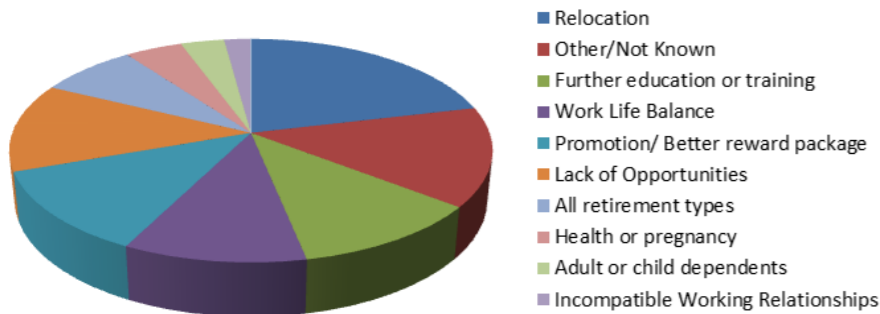


It is difficult to identify any particular trend from the turnover data held for the last three years. With the hospital move in 2018/19 and the coronavirus pandemic that followed from early 2020 it has been some time since we have been able to claim “normal” conditions of employment. We know that the hospital move resulted in high levels of turnover with turnover rates still tracking above 20% into the early part of 2019/20. In that year turnover only dropped below the 14% target for 4 out of the 12 months with an annual average of 15%. In 2020/21 turnover dropped to an annual average of 11% during the pandemic as staff put career plans on hold only to rise back to an annual year to date average of 16% when staff started to get their career plans back on track. We know from our data that the majority of leavers in 2020/21 left us to go to another NHS Trust but reasons for leaving are mixed with no one reason standing out as an area of particular concern.

Voluntary leavers by staff group and length of service- 2 years



Voluntary leaving reasons 2019-2021



We are able to see from our data that we have lost double the number of APST staff (pharmacy technicians, theatre practitioners etc) in 2020/21 than we did in the previous year. We also can see high levels of turnover of ACS staff (Healthcare Support Workers) in 2020/21 (17.6%) which is a particular concern given that this staff group is proving hard to recruit.

One area we have identified for further study is turnover of junior staff grades by length of service. We can see from our data that the majority of leavers (63%) come from Bands 2-5 and have been in post for less than 3 years. Many of these leaver cite lack of career opportunities and access to pay advancement and to promotion as their reason for leaving.

The number of APST staff (Pharmacy Technicians, Theatre Practitioners etc) leaving in 2020/21 was double the number of APST staff leaving in 2019/20 (7.1% rising to 15.88%). In 2020/21 the highest % of leavers came from the ACS staff group (Health Care Support Workers, Phlebotomists etc) rising to 17.6% from 14.7%.



Finance: Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

	Data Quality	Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	
Dashboard KPIs	Year to date surplus/(deficit) exc land sale £000s	5	£1,984k	£4,042k	£2,238k	£2,246k	£2,205k	£2,580k	£3,610k
	Cash Position at month end £000s	5	n/a	£57,425k	£60,142k	£59,081k	£60,027k	£61,840k	£62,174k
	Capital Expenditure YTD £000s	5	£1097 YTD	£206k	£218k	£561k	£606k	£716k	£733k
	In month Clinical Income £000s*	5	£16985k (current month)	£15,434k	£18,543k	£16,873k	£17,198k	£17,605k	£17,660k
	CIP – actual achievement YTD - £000s	4	£4,030k	£1,960k	£2,660k	£3,830k	£4,450k	£4,920k	£5,290k
	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%	51.5%	61.1%	46.7%	68.3%	26.9%	7.8%
	Non NHS Debtors > 90 days overdue	5	15%	16.8%	22.6%	25.6%	23.6%	20.6%	27.4%
	Capital Service Rating	5	4	2	3	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	£10,991k	£10,575k	£11,974k	£13,370k	£15,085k	£17,495k
	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	£2,700k	£2,291k	£2,708k	£2,643k	£3,827k	£6,885k
	Better payment practice code compliance - NHS	5	Monitor only	77%	86%	80%	91%	94%	87%
	Better payment practice code compliance - Non NHS	5	Monitor only	93%	94%	95%	95%	97%	94%

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 £4m which is £1.5m 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 partially 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 M10, 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 £1.3m 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 January: this was in the context of sustained ECMO 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 £62m.** This represents an increase of c£0.2m from last month and is mainly driven by an increase in deferred income. 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. £0.18m of Digital Aspirant funding has been deferred in 22/23.
- **Better Payments Practice Code** performance for M10 across all suppliers is 95% by value and 94% by volume vs the 95% standard. This remains a significant improvement over earlier months. The Trust will continue to follow its action plan with the aim to ensure that the 95% standard is met consistently in future months.



Finance: Key Performance – year to date SOCI

On a YTD basis the Trust delivered £4m surplus against a surplus plan of £2.5m. YTD position reflects the better than planned performance on private patient activity, reduced pay spend due to continued vacancies and other movements on non-clinical supplies due to COVID-19 costs, provisions for clinical perfusion service, DCD and 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	£114,210	£120,213	£0	£0	£120,213	£6,003	●
Balance to block payment - activity only	£0	(£5,634)	£0	£0	(£5,634)	(£5,634)	●
Homecare Pharmacy Income	£40,878	£35,824	£0	£0	£35,824	(£5,054)	●
Drugs and Devices - cost and volume	£10,019	£10,055	£0	£0	£10,055	£36	●
Balance to block payment - drugs and devices	£0	£715	£0	£0	£715	£715	●
Sub-total	£165,107	£161,173	£0	£0	£161,173	(£3,935)	●
Clinical income - Outside of national block framework							
Drugs & Devices	£512	£1,364	£0	£0	£1,364	£852	●
Other clinical income	£1,861	£2,343	£0	£0	£2,343	£482	●
Private patients	£5,000	£6,775	£0	£0	£6,775	£1,775	●
Sub-total	£7,373	£10,482	£0	£0	£10,482	£3,108	●
Total clinical income	£172,480	£171,654	£0	£0	£171,654	(£826)	●
Other operating income							
Covid-19 funding and ERF	£8,646	£0	£3,647	£4,791	£8,439	(£208)	●
Top-up funding	£28,763	£28,779	£0	£0	£28,779	£16	●
Other operating income	£12,328	£13,544	£0	£0	£13,544	£1,216	●
Total operating income	£49,737	£42,323	£3,647	£4,791	£50,761	£1,024	●
Total income	£222,217	£213,977	£3,647	£4,791	£222,415	£198	●
Pay expenditure							
Substantive	(£94,585)	(£91,239)	(£374)	(£3,098)	(£94,710)	(£125)	●
Bank	(£1,985)	(£1,914)	(£124)	£0	(£2,038)	(£53)	●
Agency	(£3,284)	(£1,536)	(£16)	£0	(£1,552)	£1,732	●
Sub-total	(£99,854)	(£94,688)	(£514)	(£3,098)	(£98,301)	£1,553	●
Non-pay expenditure							
Clinical supplies	(£34,325)	(£33,546)	(£104)	(£829)	(£34,478)	(£153)	●
Drugs	(£4,836)	(£4,177)	(£658)	£0	(£4,836)	£0	●
Homecare Pharmacy Drugs	(£40,834)	(£34,952)	£0	£0	(£34,952)	£5,882	●
Non-clinical supplies	(£26,282)	(£26,735)	(£1,681)	(£3,939)	(£32,354)	(£6,072)	●
Depreciation (excluding Donated Assets)	(£7,649)	(£7,576)	£0	£0	(£7,576)	£73	●
Depreciation (Donated Assets)	(£514)	(£436)	£0	£0	(£436)	£78	●
Sub-total	(£114,439)	(£107,421)	(£2,443)	(£4,767)	(£114,631)	(£192)	●
Total operating expenditure	(£214,293)	(£202,109)	(£2,957)	(£7,865)	(£212,932)	£1,361	●
Finance costs							
Finance income	£0	£12	£0	£0	£12	£12	●
Finance costs	(£4,273)	(£4,185)	£0	£0	(£4,185)	£87	●
PDC dividend	(£1,667)	(£1,700)	£0	£0	(£1,700)	(£34)	●
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	●
Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	●
Sub-total	(£5,940)	(£5,874)	£0	£0	(£5,874)	£66	●
Surplus/(Deficit) including central funding	£1,984	£5,994	£690	(£3,074)	£3,610	£1,625	●
Surplus/(Deficit) Control Total basis	£2,498	£6,430	£690	(£3,074)	£4,046	£1,547	●

- **Clinical income** is £0.83m adverse to plan.

- Income from activity on PbR basis is above block levels by £5.6m. 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 £1.8m higher than plan. This is driven by increased activity within Cardiology, Cardiac Surgery and Thoracic Medicine

Other operating income is favorable to plan by £1m, mainly due to Digital aspirant funding and SIFT funding which has an offsetting non-clinical supplies and pay costs element. Better than planned accommodation income also contributed towards the favourable variance.

- **Pay expenditure** is favourable to plan by £1.6m. 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 costs include additional provisions for untaken annual leave, the staff bonus and for an outstanding employment case.

- **Clinical Supplies** is adverse to plan by £0.2m. 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 £5.9m 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 £6.1m. £1.7m 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), DCD devices provision, clinical perfusion costs and 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	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Comments	
Additional KPIs	Elective activity as % 19/20 (ICS)	3	Monitor only	82.10%	76.00%	70.80%	81.00%	54.50%	73.40%	Latest data to w/e 06/02/22
	Non Elective activity as % 19/20 (ICS)	3	Monitor only	86.40%	92.60%	84.20%	91.10%	89.80%	92.50%	Latest data to w/e 06/02/22
	Day Case activity as % 19/20 (ICS)	3	Monitor only	91.90%	98.40%	99.00%	96.10%	81.10%	96.70%	Latest data to w/e 06/02/22
	Outpatient - First activity as % 19/20 (ICS)	3	Monitor only	91.00%	112.10%	127.00%	111.30%	84.60%	113.30%	Latest data to w/e 06/02/22
	Outpatient - Follow Up activity as % 19/20 (ICS)	3	Monitor only	104.70%	105.60%	116.50%	102.50%	80.70%	101.60%	Latest data to w/e 06/02/22
	Virtual clinics – ICS wide % of all outpatient attendances that are virtual	3	Monitor only	27.30%	26.80%	25.70%	26.20%	28.30%	21.90%	Latest data to w/e 06/02/22
	Diagnostics < 6 weeks %	3	Monitor only	50.80%	54.10%	55.20%	56.60%	52.90%	55.10%	Latest data to w/e 06/02/22
	18 week wait %	3	Monitor only	64.60%	63.70%	62.70%	62.50%	60.30%	59.20%	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 06/02/22
	No of waiters > 52 weeks	3	Monitor only	7,149	7,672	8,045	8,049	7,852	7,560	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 06/02/22
	Cancer - 2 weeks % (ICS)	3	Monitor only	n/a	n/a	79.70%	n/a	67.90%	n/a	Latest Cancer Performance Metrics available are November 2021
	Cancer - 62 days wait % (ICS)	3	Monitor only	n/a	n/a	66.20%	n/a	60.50%	n/a	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%	4.20%	4.50%	4.40%	4.80%	4.90%	Latest data to w/e 06/02/22

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.