Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

March 2022

Content

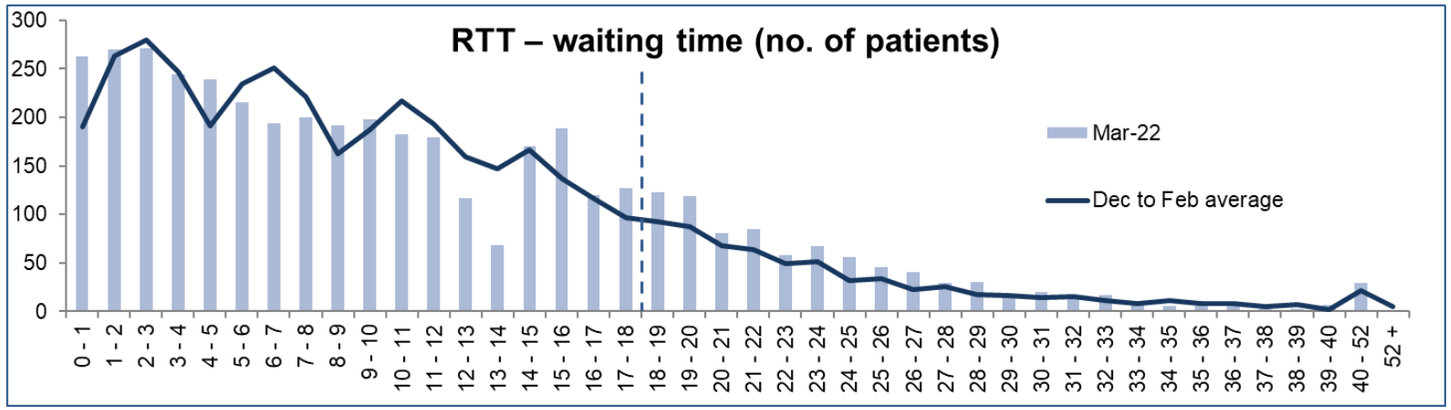
Context:

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	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend
Cardiac Surgery	165	134	156	101	146	187	
Cardiology	603	656	631	618	593	701	
ECMO (days)	234	270	212	247	165	49	
ITU (COVID)	0	0	1	0	1	0	
PTE operations	14	9	10	12	10	18	
RSSC	564	599	517	416	487	596	
Thoracic Medicine	306	318	273	284	284	337	
Thoracic surgery (exc PTE)	52	61	63	57	62	58	
Transplant/VAD	50	51	56	49	36	36	
Total Inpatients	**1,988**	**2,098**	**1,919**	**1,784**	**1,784**	**1,982**	

Outpatient Attendances	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend
Cardiac Surgery	381	387	393	432	415	516	
Cardiology	3,791	4,225	3,577	3,729	3,683	4,083	
RSSC	1,561	1,925	1,582	1,602	1,501	1,789	
Thoracic Medicine	2,120	2,511	2,201	2,265	2,225	2,769	
Thoracic surgery (exc PTE)	83	128	75	116	80	126	
Transplant/VAD	257	276	264	267	250	318	
Total Outpatients	**8,193**	**9,452**	**8,092**	**8,411**	**8,154**	**9,601**	

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

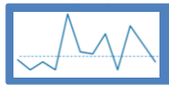
Each category within the Balanced scorecard is given an overall RAG rating based on the rating of the KPIs within the category that appear on the balance scorecard (page 4).

- **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)

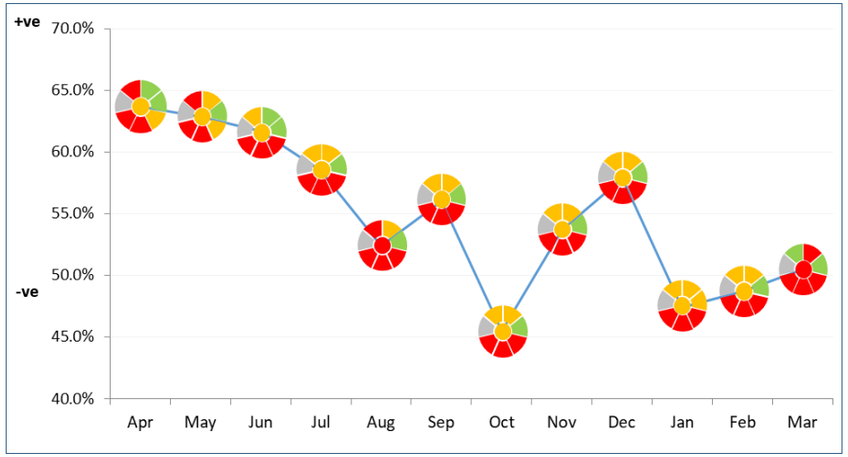
Data Quality Indicator

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 - RED



FAVOURABLE PERFORMANCE

CARING: FFT (Friends and Family Test) – The Inpatients positive experience rate has increased from 98.1% in February to 99.1% in March against the target of 95%. The participation rate has also increased from 25.2% (Feb) to 25.6%;
EFFECTIVE: March saw the highest level of Outpatient activity since before the pandemic and in spite of significant staffing challenges in clinical administration over 11,000 Out-patients appointments were booked, the highest on record. There were a number of short notice cancellations due to consultant sickness and patient uninitiated cancellations due to COVID contact or symptoms but it is clear that Outpatient productivity work is paying dividends. The Meridian supported Productivity Programme in Theatres and Cath labs is now well established and has identified a number of areas of opportunity;
RESPONSIVE: Diagnostic Waiting Lists - Staff sickness in Radiology reduced gradually across the month of March and the team refocused their efforts in addressing diagnostic backlogs. This has resulted in further recovery of diagnostic performance against the DM01 standard.

ADVERSE PERFORMANCE

SAFE: 1) High Impact Interventions - remain in amber at 96.3%. IPC and Audit were in the process in Feb/Mar to transfer to a new digital solution and as 1st April more areas were brought online. It is expected results will return to >97% as required. 2) Care Hours per Patient Day - four areas were in red and one amber. This reflects that although their staffing has remained safe their activity has remained high and on a number of occasions staffing has been challenged because of short notice sickness (often COVID-19 related). 4NW has on occasions had more beds open than commissioned, in order to accommodate the high cardiac activity for patients which has been reviewed as part of annual planning;
EFFECTIVE: Capacity Utilisation – The theme of high levels of staff absence due primarily to COVID continued through March and part way through April. However, all metrics reflect an improving position in terms of productivity and patient throughput for the first month since May 2021;
RESPONSIVE: 1) Open pathways and Waiting List Management - The number of patient on an RTT pathway has stabilised, however patients with on an non-RTT open pathway increased by a further 300 patients. Waiting lists continue to be managed in order of clinical priority. RTT performance continued to decline again this month, with the most noticeable change in Cardiology performance. This was following a number of short notice cancellations in relation to staffing absences caused by COVID. The emergency transfer pathways saw an increase in activity rising by 25% in comparison to M11 requiring conversion of elective lab time to manage demand which has further impacted on the divisions RTT performance in M12. 2) Theatre Cancellations - On the day theatre cancellations increased to 44 this month. The biggest reason for this was that patients were unfit for surgery because of testing positive for COVID or presenting for surgery with COVID symptoms. This also adversely impacted on the 7 day IHU performance standard, with a number of patients testing positive for COVID just prior or on transfer to the Trust. 3) Cancer Waiting Times - continues to be challenged due to a combination of late referrals, patients needing more than one diagnostic and discussion in the MDT and timely access to PET-CT scanning;
PEOPLE, MANAGEMENT & CULTURE: 1) Turnover - at 17.7% is over the 12% KPI again this month. The annual turnover for 21/22 was 16.6%. Anecdotally this is the trend across system partners who all report increased levels of turnover. 2) The Trust vacancy rate increased to 9.2%. 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 particularly in Bands 2-4 as pay rates in retail and hospitality have increased. 3) Absence rates increased further in March driven by increased rates of Covid-19 sick leave combined with normal winter rates of absence. 4) Medical and non-medical appraisal and mandatory training compliance were broadly static. High absence rates impacted on managers ability to release time for appraisals and mandatory training.

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. Comparative data for Royal Papworth has been included in this section for the first time in this months report following a request at last months committee.

At a glance – Balanced scorecard

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe	Never Events	Mar-22	4	0	0	1		
	Moderate harm incidents and above as % of total PSIs reported	Mar-22	4	3%	0.00%	0.98%		
	Number of Papworth acquired PU (grade 2 and above)	Mar-22	4	35 pa	0	16		
	High impact interventions	Mar-22	3	97%	96.30%	98.02%		
	Falls per 1000 bed days	Mar-22	4	4	2.5	3.2		
	Sepsis - % patients screened and treated (Quarterly)	Mar-22	New	90%	Await data	93.67%		
	Safer Staffing CHPPD – 5 North	Mar-22	5	9.6	8.2	10.1		
	Safer Staffing CHPPD – 5 South	Mar-22	5	9.6	8.3	9.8		
	Safer Staffing CHPPD – 4 NW (Cardiology)	Mar-22	5	9.4	8.0	8.6		
	Safer Staffing CHPPD – 4 South (Respiratory)	Mar-22	5	6.7	7.1	8.3		
	Safer Staffing CHPPD – 3 North	Mar-22	5	8.6	9.6	10.5		
	Safer Staffing CHPPD – 3 South	Mar-22	5	8	7.0	8.0		
	Safer Staffing CHPPD – Day Ward	Mar-22	5	4.5	5.0	5.0		
	Safer Staffing CHPPD – Critical Care	Mar-22	5	32.9	29.9	33.8		
Effective	Bed Occupancy (excluding CCA and sleep lab)	Mar-22	4	85% (Green 80%-90%)	77.20%	70.58%		
	CCA bed occupancy	Mar-22	4	85% (Green 80%-90%)	89.50%	89.41%		
	Admitted Patient Care (elective and non-elective)	Mar-22	4	1981	1982	23943		
	Outpatient attendances	Mar-22	4	7409	9601	101121		
	Cardiac surgery mortality (Crude)	Mar-22	3	3%	1.84%	1.84%		
	Theatre Utilisation	Mar-22	3	85%	76.7%	75.6%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	Mar-22	3	85%	79.0%	79.9%		
Responsive	% diagnostics waiting less than 6 weeks	Mar-22	3	99%	97.20%	93.94%		
	18 weeks RTT (combined)	Mar-22	5	92%	79.62%	79.62%		
	Number of patients on waiting list	Mar-22	5	3279	4318	4318		
	52 week RTT breaches	Mar-22	5	0	1	87		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Mar-22	4	85%	50.00%	50.00%		
	31 days cancer waits*	Mar-22	4	96%	100.00%	100.00%		
	104 days cancer wait breaches*	Mar-22	4	0%	7	60		
	Theatre cancellations in month	Mar-22	3	30	44	35		
	% of IHU surgery performed < 7 days of medically fit for surgery	Mar-22	4	95%	83.00%	73.00%		
	Acute Coronary Syndrome 3 day transfer %	Mar-22	4	90%	100.00%	100.00%		

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Caring	FFT score- Inpatients	Mar-22	4	95%	99.10%	98.90%		
	FFT score - Outpatients	Mar-22	4	95%	97.00%	97.91%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Mar-22	4	12.6	4.5			
	Mixed sex accommodation breaches	Mar-22	4	0	0	0		
	% of complaints responded to within agreed timescales	Mar-22	4	100%	100.00%	95.83%		
People Management & Culture	Voluntary Turnover %	Mar-22	3	12.0%	17.7%	16.6%		
	Vacancy rate as % of budget	Mar-22	4	5.0%	9.2%			
	% of staff with a current IPR	Mar-22	3	90%	74.18%			
	% Medical Appraisals	Mar-22	3	90%	75.86%			
	Mandatory training %	Mar-22	3	90%	84.56%	86.28%		
	% sickness absence	Mar-22	3	3.50%	5.58%	4.56%		
Finance	Year to date surplus/(deficit) exc land sale £000s	Mar-22	5	£1,882k	£3,172k			
	Cash Position at month end £000s	Mar-22	5	£47,613k	£59,966k			
	Capital Expenditure YTD £000s	Mar-22	5	£1,421k	£1,340k			
	In month Clinical Income £000s	Mar-22	5	£17052k	£23,670k	£251,792k		
	CIP – actual achievement YTD - £000s	Mar-22	4	£5390k	£5,920k	£5,920k		
	CIP – Target identified YTD £000s	Mar-22	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	1	12	1		
RTT Waiting Times	% Within 18w ks - Incomplete Pathw ays	5	92%	79.62%		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 w ait breaches	4	0	7	60	20		
VTE	Number of patients assessed for VTE on admission	5	95%	87.40%		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
				Q1	Q2	Q3	Q4	2021/22			
		£000s	%	£000s	£000s	£000s	£000s	£000s	%		
NHSE	Scheme 1	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 2	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 3	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 4	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	NHSE	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**		
C&P CCG (& Associates)	Scheme 1	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 2	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 3	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 4	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 5	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	C&P CCG (& Associates)	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**		
Trust Total		**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	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Status since last month
Safe	Failure to protect patient from harm from hospital aquired infections	675	MS	5	Yes	8	8	8	8	8	12	↑
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	8	16	↑
Safe	M.Abscessus (linked to BAF risk ID675)	3040	MS	10	In progress	15	15	15	15	15	15	↔
Safe + Effective + PM&C + Responsive	COVID Pandemic	2532	MS	25	In progress	10	10	15	15	15	15	↔
Safe + Effective + Finance + Responsive	Continuity of supply of consumable or services failure	3009	TG	6	In progress	15	15	10	10	10	10	↔
Safe + PM&C	Unable to recruit number of staff with the required skills/experience	1854	OM	6	Yes	10	10	10	12	12	16	↑
Safe + Transformation	Potential for cyber breach and data loss	1021	AR	9	Yes	16	16	20	20	20	16	↓
Effective	Delivery of Efficiency Challenges - CIP Board approved	841	EM	8	Yes	8	12	12	12	12	12	↔
Effective + Finance + PM&C + Responsive + Transformation	Delivery of Trust 5 year strategy	2901	EM	6	In progress	9	9	9	9	9	9	↔
Effective + Finance + Responsive + Transformation	NHS Reforms & ICS strategic risk	3074	TG	8	In progress	12	12	12	12	12	12	↔
Effective + Responsive	Key Supplier Risk	2985	TG	8	In progress	20	20	20	20	20	20	↔
Responsive	Waiting list management	678	EM	8	Yes	16	16	16	16	16	16	↔
Responsive	R&D strategic direction and recognition	730	RH	8	Yes	6	6	6	6	9	9	↔
PM&C	Staff turnover in excess of our target level	1853	OM	6	Yes	15	15	15	15	15	15	↔
PM&C	Low levels of Staff Engagement	1929	OM	6	In progress	12	12	12	12	12	12	↔
Transformation	Lorenzo Optimisation - Electronic Patient Record System - benefits	858	AR	6	Yes	8	8	8	8	8	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	12	↔

Safe: Performance summary

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

		Data Quality	Target	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Dashboard KPIs	Never Events	4	0	0	0	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	4	<3%	0.43%	1.27%	0.46%	1.40%	0.90%	0.00%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	1	1	1	3	0	0
	High impact interventions	3	97.0%	98.7%	96.7%	98.8%	98.2%	96.4%	96.3%
	Falls per 1000 bed days	4	<4	2.8	3.1	2.0	2.4	3.1	2.5
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	-	-	100.00%	-	-	Await data
	Safer Staffing CHPPD – 5 North *	5	>9.6	10.42	10.70	11.10	12.00	9.40	8.20
	Safer Staffing CHPPD – 5 South *	5	>9.6	9.79	10.20	9.20	7.90	9.50	8.30
	Safer Staffing CHPPD – 4 NW (Cardiology) *	5	>9.4	8.91	8.60	9.00	8.60	8.10	8.00
	Safer Staffing CHPPD – 4 South (Respiratory) *	5	>6.7	8.78	7.70	8.00	8.50	7.80	7.10
	Safer Staffing CHPPD – 3 North *	5	>8.6	9.99	9.90	11.60	10.90	9.70	9.60
	Safer Staffing CHPPD – 3 South*	5	>8	7.54	8.00	8.00	8.10	7.60	7.00
	Safer Staffing CHPPD – Day Ward *	5	>4.5	7.00	5.72	7.10	6.20	4.80	5.00
	Safer Staffing CHPPD – Critical Care *	5	>32.9	32.53	31.80	33.20	33.30	35.80	29.90
Additional KPIs	Safer staffing – registered staff day Safer staffing – registered staff night	3	90-100%	92.0% 91.0%	90.0% 89.0%	86.0% 87.0%	86.4% 88.4%	87.2% 86.2%	86.2% 86.0%
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	4	0	1	1	1	0	1	0
	E coli bacteraemia	5	Monitor only	0	1	1	0	0	0
	Klebsiella bacteraemia	5	Monitor only	0	0	0	1	1	1
	Pseudomonas bacteraemia	5	Monitor only	0	1	0	1	0	1
	Other bacteraemia	4	Monitor only	1	1	2	0	3	2
	Other nosocomial infections	4	Monitor only	0	2	0	0	0	6
	Point of use (POU) filters (M.Abscessus)	4	Monitor only	95%	88%	91%	95%	97%	94%
	Moderate harm and above incidents reported in month (including SIs)	4	Monitor only	0	3	1	3	2	0
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 10	0	1	0	0	1	1
	Number of patients assessed for VTE on admission	5	95.0%	84.10%	86.00%	82.90%	83.10%	83.20%	87.40%

* 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 Mar 2022 (accessed 14.04.2022).

High Impact Interventions: the result for Mar 2022 remains in amber at 96.3%. During Feb to Mar, IPC and Audit were in the process of transfer to a new digital solution for completing these audits as of 01.04.2022 and more areas were brought online. It is expected results will return to >97% as required.

Safe Staffing: RN fill rate for Mar 2022, shows days in amber at 86.2% and nights in amber at 86.0%. For CHPPD: four areas are in red and one amber. This reflects that although their staffing has remained safe (for example their average RN to patient ratios in Mar 2022 are: 5N = 1:4.6; 5S = 1:5; 4NW = 1:5.2; 3S = 1:4.5; and CCA = 1:0.9, their activity has remained high and on a number of occasions staffing has been challenged because of short notice sickness (often COVID-19 related) and 4NW on occasions had more beds open than commissioned, in order to accommodate the high cardiac activity for patients (this has been reviewed as part of annual planning). The next slide looks in detail at the quality and safety metrics for the four areas in red. There is no indication at the time of writing of this impacting on quality and safety.

Nosocomial COVID-19: There were six cases of hospital acquired COVID-19 reported during March 2022 (further to the two patients reported in November 2021). The Spotlight On slide looks at this in further detail.

Point of Use (POU) filters (M.Abscessus): For Mar 2022, overall compliance was 94%. 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 was one case of C.difficile in Mar 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 = 12. We are aware that we have breached the annual ceiling figure and we have liaised closely with our CCG colleagues about this. No concerns have been raised. There is no correlation with any of the C.difficile types reported at RPH. There has also been an increase in the community.

VTE: VTE risk compliance is targeted at 95% for all hospital admissions and compliance for Mar 2022 was an improvement from 83.2% (Feb) to 87.40% (Mar). Work continues to make improvements with compliance in partnership with the clinical teams, Divisions and the VTE working group, which is being led by Consultant Dr Karen Sheares and Head of Nursing Sandra Mulrennan.

Safe: Key performance challenges: red CHPPD areas – March 2022

Care Hours Patient Day (CHPPD) – March 2022 red areas

During March 2022, there were four wards/departments in red for their CHPPD, as shown in the PIPR extract below (**top table, lower left**). They are 5 North; 5 South; 4 Northwest (Cardiology), and 3 South.

Datix incidents: While each of these areas is just under the amber threshold, we have run a report from Datix for March 2022 (and inclusive of the full reporting year Apr 2021 to Mar 2022 for reference), looking at all patient and staff incidents for these areas to see if there are any indications of impact on safety and/or quality.

- In summary, there were 125 incidents in **Mar 2022** across the four areas, broken down as: 5N = 39; 5S = 38; 4NW = 9; 3S = 39.
- Of the 125 incidents, there are no reported incidents graded moderate harm or above in these areas. The **bottom table (lower left)** shows a count of severity (further information is available if required).
- The **bottom right chart** provides a visual overview of the top five incidents Apr 2021 to Mar 2022. The chart also includes organisational issues/staffing for context ("organisational issues/staffing" includes bed issues, staffing or other related incidents).
- Trend analysis of incident reporting also shows there is continued evidence of a healthy reporting culture, with a month on month increase in reporting during this quarter (i.e. there is no evidence that increased activity has resulted in reduced incident reporting).

Care Hours Patient Day (CHPPD) – March 2022 red areas (continued)

Complaints: Of the five formal complaints received during March 2022, there was one from 5 North (a joint complaint with CUH and the RPH Transplant Team). There were eight informal complaints received during March 2022; one of which was 5 North (this was a letter with feedback and questions over the patients previous admission). Both these complaints (x1 formal, x1 informal) are not linked thematically. There were no formal or informal complaints during March 2022 for 5 South, 4 Northwest or 3 South.

Friends and Family Test (March 2022) – Positive Patient Experience: 5 North (100%); 5 South (97%); 4 Northwest (100%); and 3 South (100%).

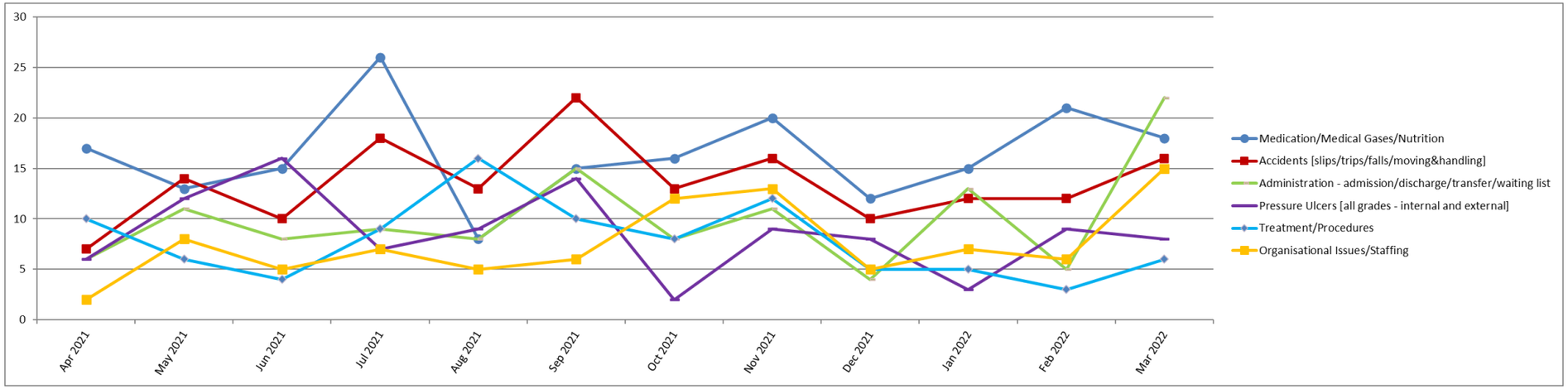
Red flags: HealthRoster has been checked for red flags raised during Mar 2022. There were 60 red flags raised in total across the four areas referred on this slide; broken down as follows: 5N = 6; 5S = 16; 4NW = 11; 3S = 27. Out of the 60: 42 were for *"Shortfall in RN time - 8 hours or more"*; 5 were for *"Missed intentional rounding"*; 10 were for *"missed breaks"*; 1 was for *"Delay in providing pain relief (30mins)"*; and x2 had a CCA flag applied (only intended for use in CCA) *"CCA - unplanned overtime"*. Further detail on the breakdown of this is available if required.

Actions being taken:

- Review of HealthRoster, SafeCare-Live and roster templates is in progress with the Head of Nursing for Safe Staffing, in partnership with the eRostering Manager, clinical teams and Divisions.
- In line with roster reviews – benchmarking with staffing acuity and dependency scoring continues.
- Continued use of red flags – this is also reassuring for the staff who feel they have a way of escalating their concerns and this is being acknowledged (for example, the weekly Chief Nurse report to EDs also includes red flags).

		Target	Mar-22
Dashboard KPIs	Safer Staffing CHPPD – 5 North *	>9.6	8.20
	Safer Staffing CHPPD – 5 South *	>9.6	8.30
	Safer Staffing CHPPD – 4 NW (Cardiology) *	>9.4	8.00
	Safer Staffing CHPPD – 3 South*	>8	7.00

Row Labels	Count of Severity
Low harm	50
Near Miss	10
No harm	65
Grand Total	125



Safe: Spotlight On – COVID-19 nosocomial cases March 2022

During March 2022, there were six nosocomial COVID-19 infections of RPH patients. This followed the reduction in national restrictions which led to a general increase in community COVID prevalence.

The summary of dates and locations can be seen in table 1 below

TABLE1

14/3/22	CCA 5S	surgical
15/3/22	3S	cardiology
17/3/22	5N	surgical
19/3/22	5S	surgical
20/3/22	4SW	respiratory
28/3/22	5N	transplant

Total incidence of nosocomial COVID-19 infections at RPH can be seen in table 2 below

TABLE 2

2020-21	0%
2021-22	5.6%

This remains considerably lower than other trusts in the EoE where the rates have varied from 9 – 22% during the most recent COVID wave. Our single room environment has been a major contributory factor in the lower rate seen at RPH. Root cause analysis has identified that staff to patient transmission (due to breaches in compliance with IPC measures) has been the primary cause of these nosocomial infections.

All patients have recovered from their COVID infections.

Actions

- Communication to staff about the need to remain away from work if symptomatic and adhering to testing guidance.
- IPC daily walk arounds for support and educate.
- IPC training to housekeeping and OCS staff.
- All clinical staff supported and communicated with in respect to importance of adhering to strict IPC measures through line managers and clinical forums.
- Communications to security regarding importance of visitors wearing fluid resistant face masks
- Liaise with Comms regarding signage regarding changing masks.
- Audit on use of PPE in clinical areas identifying areas for improvement
- Measure put in place to accurately record COVID status of staff on health roster

All outbreaks and nosocomial infections are reported externally and monitored for the following 28 days. This is completed by the IPC team who will continuously monitor and update.

There has been no further cases of COVID nosocomial since supportive implementation of actions above.

Caring: Performance summary

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

		Data Quality	Target	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Dashboard KPIs	FFT score- Inpatients	4	95%	97.8%	98.3%	98.6%	99.5%	98.1%	99.1%
	FFT score - Outpatients	4	95%	95.9%	96.8%	97.7%	98.5%	97.1%	97.0%
	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	6.9	6.0	2.5	3.0	4.5
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	50%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 (60% of complaints received)	1	2	2	2	0	2
	Number of complaints (12 month rolling average)	4	5 and below	3.8	3.7	3.7	3.3	3.2	3.5
	Number of complaints	4	5	9	1	2	2	2	5
	Number of recorded compliments	4	500	1475	1357	1221	1159	1159	1101
	Supportive and Palliative Care Team – number of referrals (quarterly)	4	0	-	-	84	-	-	114
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	4	0	-	-	5	-	-	3
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	4	Monitor only	-	-	787	-	-	768
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	3	Monitor only	-	-	46	-	-	23
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	3	Monitor only	-	-	8	-	-	12

Summary of Performance and Key Messages:

CQC Model Health System rating for 'Caring' is Outstanding dated Mar 2022 (accessed 14.04.2022).

FFT (Friends and Family Test): In summary; **Inpatients**: Positive Experience rate has increased from 98.1% (Feb) to 99.1% (Mar). Participation Rate has increased from 25.2% (Feb) to 25.6% (Mar). **Outpatients**: Positive Experience rate has decreased from 97.1% (Feb) to 97.0% (Mar). Participation rate has decreased from 13.5% (Feb) to 12.2% (Mar).
For information: NHS England (latest published data accessed 14.04.2022) is Feb 2022: Positive Experience rate: 94% (inpatients); and 93% (outpatients). Participation rate 18.3% (inpatients); and 6.9% (outpatients).

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 4.5.
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 14.04.2022): Royal Papworth = 5.72; peer group median = 11.39; national median = 16.65.
% of complaints responded to is 100% for March 2022.
The number of complaints (12 month rolling average): this has remained green for March 2022 at 3.5. We will continue to monitor this in line with the other benchmarking.
Complaints: We have received five new formal complaints during March 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 March 2022. Further information is available on the next slide.

Compliments: the number of formally logged compliments received during March 2022 was 1101.

Supportive and Palliative Care Team (SPCT): During Q4 2021/22 there were 114 referrals to the SPCT. This generated 768 contacts. Of the 114 referrals, three were for last days of life. At the time of writing this report, the SPCT Dashboard is not available for inclusion as part of the Caring Spotlight On (as per the previous quarter).

Bereavement Follow Up Service: During Q4 2021/22 the service sent out 23 letters and they had 12 follow up enquiries.

Caring: Key performance challenges

Formal Complaints

During March 2022, there were five formal complaints.

- Our complaint numbers remain overall low at RPH on a 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 complaints in March 2022, both complaints were partially upheld.
- One complaint was responded to within 35 working days and the other was within 37 working days, the response time was extended from 35 working days with the patients consent to ensure we discussed the complaint investigation with the complainant to ensure all specific concerns were addressed.
- 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 discharge and follow up care following discharge from RPH.

Learning from earlier Complaints - This is a summary of the two complaint closed in month.

Complaint Datix Reference:14904 Date closed: 29 March 2022 Outcome: partially upheld.
This complaint related to a Thoracic patient whose family had raised concerns regarding the patient's discharge from RPH. Learning and actions from the complaint were identified; staff to be reminded to be clear around the explanation around any clinical deterioration or hospital related confusion, so that family members are clear on their love ones health. Another area of learning was nursing teams were reminded that the District Nurses should be directly contacted to visit after patients discharge and we have re-shared the information on how to contact the District Nurses in the region.

Complaint Datix Reference:14884 Date closed: 31 March 2022 Outcome: partially upheld.
This complaint related to a Cardiology patient whose family raised concerns regarding the care and treatment provided and poor communication at discharge. It was concluded from the complaint investigation, that communication with the family could have been clearer and the family should have been given time to discuss their concerns. Learning and actions from the complaint were identified; feedback from the complaint will be shared with the Cardiology division for their learning and reflection around the discharge process and how this needs to be communicated. Raise awareness across the Trust that patient's under the age of 18 years can be admitted to Royal Papworth Hospital and this should be explained to families.

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.
- Starting from the M05 21/22 PIPR; Caring has included "Learning from earlier complaints" feedback as part of sharing learning.
- The M11 21/22 PIPR Caring also included a Spotlight On Informal complaints and local resolutions.

Caring: Spotlight On – Bereavement Follow Up Service

Bereavement Process and Follow Up Service

The Patient Advice and Liaison Service (PALS) is the main point of contact for families who have experienced the death of a loved one at Royal Papworth Hospital. The PALS team aim to guide and support families through the necessary steps they need to take following a bereavement.

Six to eight weeks after the death of a loved one, the PALS team will contact the next of kin or named contact in writing to provide information about accessing the Royal Papworth Hospital follow up service. This is entirely optional and if the next of kin or named contact would like to access the follow up service they can call the PALS team or simply complete and return the reply slip.

Further information regarding the Bereavement process at RPH can be found on the intranet: **http://papsvrintra/papworthonline/bereavement/index.asp?id=3052**

Bereavement at Royal Papworth Hospital

In 2021/22, sadly 182 patients have passed away at Royal Papworth Hospital. At RPH we seek to meet the needs of all members of our community when someone close to them has died and we have supported 9 families in their request to have the body of their loved one removed from the hospital through the Rapid Release process to support religious or cultural wishes of the family.

The PALS team, to achieve these rapid releases work closely with staff in the relevant clinical areas and the medical examiners team to ensure that the appropriate procedures are followed in enable the rapid release of bodies for those patients who died at RPH in a caring and respectful way. Whilst ensuring the religious and cultural needs of the deceased patient and their families are supported and respected.

Bereavement Follow Up Service

We recognise that grief is a very personal, complicated and often frightening experience for families. We appreciate that for some families they may experience feelings of anger, denial or unfairness especially if the death of a loved one is unexpected or sudden.

We therefore contact families approximately six to eight weeks after the death of their loved one to offer advice or support as it can sometimes be easier for families to speak to a stranger rather than a person who they are close to.

The Bereavement Follow Up Service is available to all families who have experienced the death of a loved one at Royal Papworth Hospital. If the family have questions that they would like to raise about the care of their loved one the PALS team can help the family to liaise with the relevant clinicians to find the answers or arrange for the family to meet with one of the ME's, the doctors who looked after their loved one or the nurses involved in the patient's care.

In 2021/22, the PALS team sent 134 bereavement follow up letters to families, 48 families requested that they were not contacted during the follow up process. Of the 134 families contacted, 22 requested a follow up from the PALS team.

When the PALS team contacted the 22 families who had requested a follow up:

- 8 requested a face to face or virtual meeting with the clinical and/or nursing team
- 12 requested a telephone follow up to address questions regarding clinical or patient care
- 2 sought additional information or requested information regarding how to make a formal complaint

Effective: Performance summary

Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

		Data Quality	Target	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	71.4%	69.9%	64.2%	65.8%	71.3%	77.2%
	CCA bed occupancy	4	85% (Green 80%90%)	95.5%	92.0%	85.6%	85.6%	78.7%	89.5%
	Admitted Patient Care (elective and non-elective)	4	1981(in Current Mnth)	1988	2098	1919	1784	1784	1982
	Outpatient attendances	4	7409 (in Current Mnth)	8193	9452	8092	8411	8154	9601
	Cardiac surgery mortality (Crude)*	3	<3%	2.76%	2.50%	2.34%	2.17%	1.99%	1.84%
	Theatre Utilisation	3	85%	77.0%	67.0%	75.6%	76.6%	73.2%	76.7%
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	85%	78%	81%	72%	79%	76%	79%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	4	8.20	8.28	7.00	9.01	13.18	7.08	8.69
	Length of stay – Cardiac Elective – valves (days)	4	9.70	9.07	8.88	11.19	7.40	9.37	9.25
	CCA length of stay (LOS) (hours) - mean	4	Monitor only	102	108	147	188	135	240
	CCA LOS (hours) - median	4	Monitor only	45	41	42	44	29	27
	Length of Stay – combined (excl. Day cases) days	4	Monitor only	5.61	5.94	6.00	5.78	6.02	6.09
	% Day cases	4	Monitor only	64.1%	65.7%	63.3%	66.3%	63.6%	63.7%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	30.2%	31.0%	34.9%	24.0%	32.0%	34.1%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	6.7%	15.2%	9.5%	2.1%	7.1%	17.1%

* 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
The theme of high levels of staff absence due primarily to COVID continued through March and part way through April. However, all metrics reflect an improving position in terms of productivity and patient throughput for the first month since May 2021.

March saw the highest level of Outpatient activity since before the pandemic and in spite of significant staffing challenges in clinical administration over 11,000 Out-patients appointments were booked, the highest on record. There were a number of short notice cancellations due to consultant sickness and patient uninitiated cancellations due to COVID contact or symptoms but it is clear that Outpatient productivity work is paying dividends.

The admitted activity target was achieved in month but higher levels of emergency activity that anticipated (115.6% of 2019/2020 levels) meant that this was achieved at the expense of elective activity.

Productivity Improvement Programme
The Meridian supported Productivity Programme in Theatres and Cath labs is now well established and has identified a number of areas of opportunity. These include standardisation of procedure timings to support scheduling, re-alignment of shift times of multi-professional groups within the treatment functions, focus on accurate real time data collection of an agreed data set and it's subsequent review to drive out lost theatre time and a re-fresh of roles and expectations across the teams.

Due to unexpected absence of key Trust and Meridian resource the programme has been reprofiled to run for a further 4 weeks beyond the 12 weeks originally planned.

Length of Stay
A slightly higher length of stay for CABG cases this month reflects an step up in theatre capacity to the 6 theatre model and efforts to draw through longer waiting patients with higher levels of acuity. This movement is within the normal variation of this metric.

Effective: Activity Restoration

Background and purpose

The purpose of this report is to provide team oversight of referral and activity numbers against the following two benchmarks;

1. 2019/20 activity
2. 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 M12 compare to 2019/20 numbers at a Trust level and at specialty level. It should be noted that as March 2020 was a low activity month due to the start of the Covid-19 pandemic the figures shown in the tables, and in the charts on the remaining slides, reflect the NHSI/E adjusted figure for March 2020 rather than the actual. The specialty level targets have been calculated using the historic percentage splits by specialty.

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

M12 activity performance in line with target

- **Referrals** – Cons-to-Cons referrals exceeded the expected target.
- **Non-Admitted activity** – Follow-up non-admitted activity met the expected target.
- **Radiology –** CTs and Other Radiology exams met the expected M12 target.

M12 activity performance behind target

- **Non-Admitted activity** – First non-admitted activity missed the expected target by less than 1%.
- **Radiology –** MRIs did not meet the expected M12 target.
- **Admitted activity** – Elective inpatients and daycases fell short of the expected target.

Activity Summary:

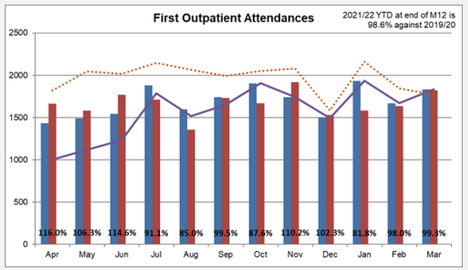
Table 1: Trust Level

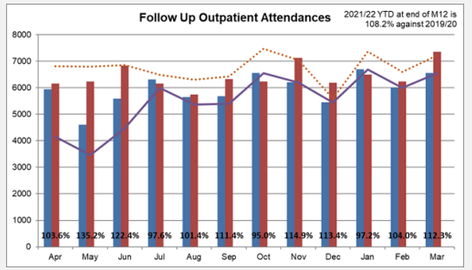
Category		M12 against 2019/20 M12 *
Referrals	GP	71.6%
	Cons-to-Cons	126.7%
Non-Admitted	First	99.3%
	Follow up	112.3%
Radiology	MRI	96.7%
	CT	139.5%
	Other	128.7%
Admitted Activity	Elective Inpatients	59.1%
	Daycases	84.7%
	Non-Elective Inpatients	115.6%

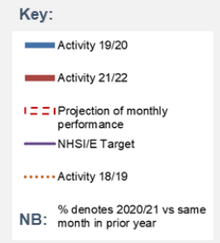
Table 2: M12 activity compared to 2019/20 (Specialty Level)

Specialty	EL	DC	NEL	OPFA	OPFU
Cardiac Surgery	77.0%	#DIV/0!	91.4%	89.3%	88.6%
Cardiology	73.7%	92.7%	96.9%	76.5%	114.5%
RSSC	51.7%	97.2%	155.6%	135.9%	70.9%
Thoracic Medicine	64.3%	59.7%	85.7%	97.4%	101.1%
Thoracic Surgery	128.9%	20.0%	42.1%	100.0%	117.0%
Transplant/VAD	71.4%	100.0%	93.3%	156.3%	101.1%
PTE	100.0%	#DIV/0!	0.0%	62.5%	113.8%
Trust	66.1%	82.1%	94.2%	98.0%	104.0%

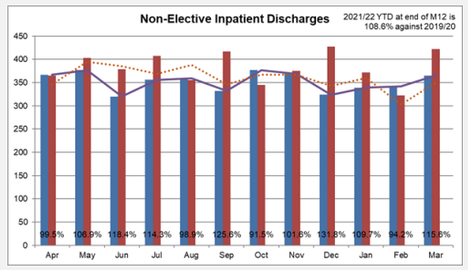
Non Admitted Care:

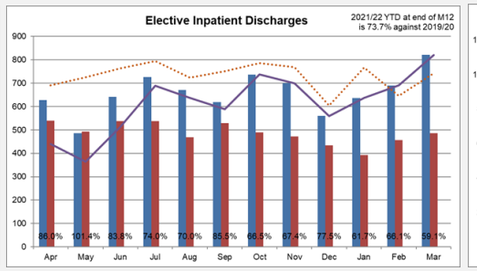


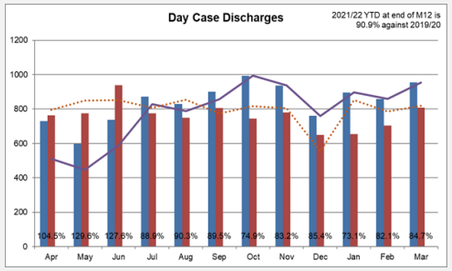




Admitted Care

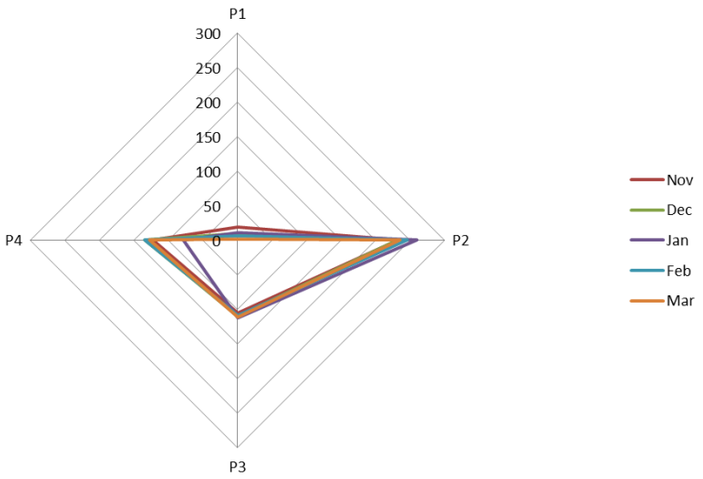


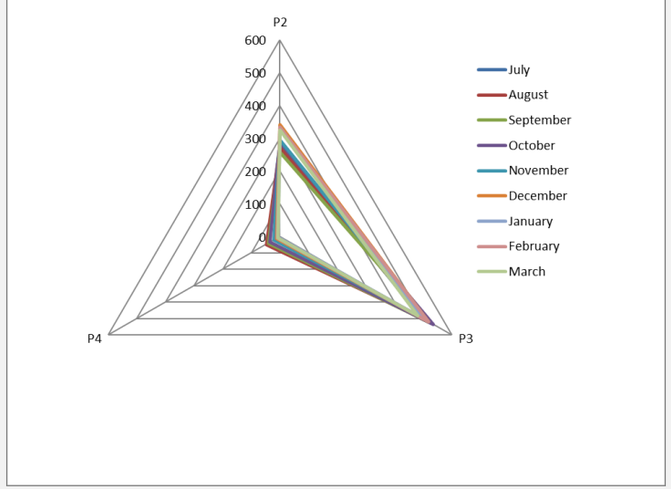


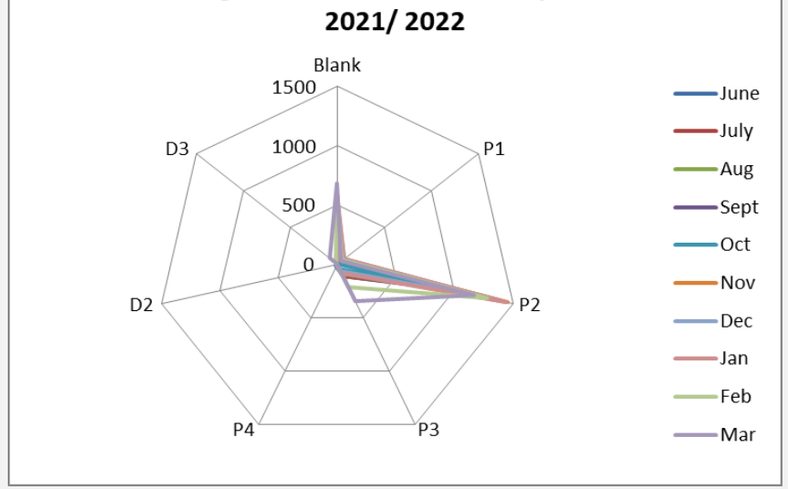


Effective: Spotlight on: Priority Status Management

>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







Cardiothoracic Surgery Waiting List Profile

↓ 551 patients on the waiting list (from 579)
↔ 201 patients over 18 weeks
↓ 1 patients over 52 weeks (from 5)
↓ RTT Performance 65.1% (from 66%)

Over 18 weeks
- 58 Planned/ Booked
- 56 P2 to book
- 39 P3 to book
- 12 P4 to book
- 13 with OPA or OPA Diagnostic booked
- 3 awaiting Diagnostic at DGH
- 5 have non surgical clock stops
- 1 patient awaiting TAVI date

Cardiology Waiting List Profile

↓ 1385 patients on the waiting list
↑ 278 patients over 18 weeks
↔ 0 patients over 52 weeks
↔ 0 patients over 104 weeks
↑ RTT performance 82.43%

Over 18 weeks
- 110 – Booked for admission
- 16 - Planned OPD / Diagnostic appointment
- 32 – Clock stops or data quality issues
- 96 – Awaiting dates to come in

Respiratory Waiting List Profile

↑ 2320 patients on waiting list increase of 7% on last month
↑ 421 > 18 weeks
↔ 0 > 52 weeks
↓ RTT performance 79.72%

Over 18 weeks
- 107 – Have been in patients or booked as in patients
- 105 – Have had out patients or waiting OP
- 16 – Clock stops
- 2 – DQ errors
- 207 – Awaiting diagnostic

Responsive: Performance summary

Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

		Data Quality	Target	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	97.32%	97.86%	97.93%	93.04%	96.68%	97.20%
	18 weeks RTT (combined)	5	92%	85.99%	86.54%	85.38%	84.25%	81.32%	79.62%
	Number of patients on waiting list	5	3,279	3776	3914	4110	4172	4128	4318
	52 week RTT breaches	5	0	6	3	5	4	6	1
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	4	85%	66.7%	46.2%	54.5%	42.9%	57.1%	50.0%
	31 days cancer waits*	4	96%	100.0%	96.4%	100.0%	95.8%	95.5%	100.0%
	104 days cancer wait breaches*	4	0	8	7	5	8	8	7
	Theatre cancellations in month	3	30	45	53	27	22	32	44
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	39.00%	47.00%	85.00%	79.00%	97.00%	83.00%
	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%	86.35%	88.33%	88.43%	89.59%	87.30%	82.93%
	18 weeks RTT (Cardiac surgery)	5	92%	68.23%	67.19%	67.00%	66.01%	65.36%	65.19%
	18 weeks RTT (Respiratory)	5	92%	91.03%	90.85%	88.61%	85.91%	81.92%	80.96%
	Non RTT open pathway total	2	Monitor only	37,020	37,506	37,467	37,681	38,137	38,484
	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%	66.67%	73.33%	69.23%	100.00%	88.89%	100.00%
	Outpatient DNA rate	4	9%	7.76%	8.00%	8.10%	7.21%	7.05%	6.38%
	Urgent operations cancelled for a second time	4	0	1	0	0	0	0	0
	% of IHU surgery performed < 10 days of medically fit for surgery	4	95%	52.00%	61.00%	97.00%	91.00%	100.00%	97.00%
	% of patients treated within the time frame of priority status	4	Monitor only	47.1%	43.5%	43.1%	36.4%	41.2%	39.4%
	% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	4	Monitor only	43.5%	44.6%	45.5%	49.9%	47.8%	47.9%

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

Summary of Performance and Key Messages:

Diagnostic Waiting Lists

Staff sickness in Radiology reduced gradually across the month of March and the team refocused their efforts in addressing diagnostic backlogs. This has resulted in further recovery of diagnostic performance against the DM01 standard.

Open pathways and Waiting List Management

The number of patient on an RTT pathway has stabilised, however patients with on an non-RTT open pathway increased by a further 300 patients. Waiting lists continue to be managed in order of clinical priority.

The number of patients waiting over 52 weeks at the end of the month has reduced to one cardiac surgery patient who has decided to delay their treatment until May 2022. In month there were 3 further patients who breached 52 weeks but were treated in month. There are no 104 week or 78 week waiting risks at present.

RTT performance continued to decline again this month, with the most noticeable change in Cardiology performance.
This was following a number of short notice cancellations in relation to staffing absences caused by COVID. The emergency transfer pathways saw an increase in activity rising by 25% in comparison to M11 requiring conversion of elective lab time to manage demand which has further impacted on the divisions RTT performance in M12.

Theatre Cancellations

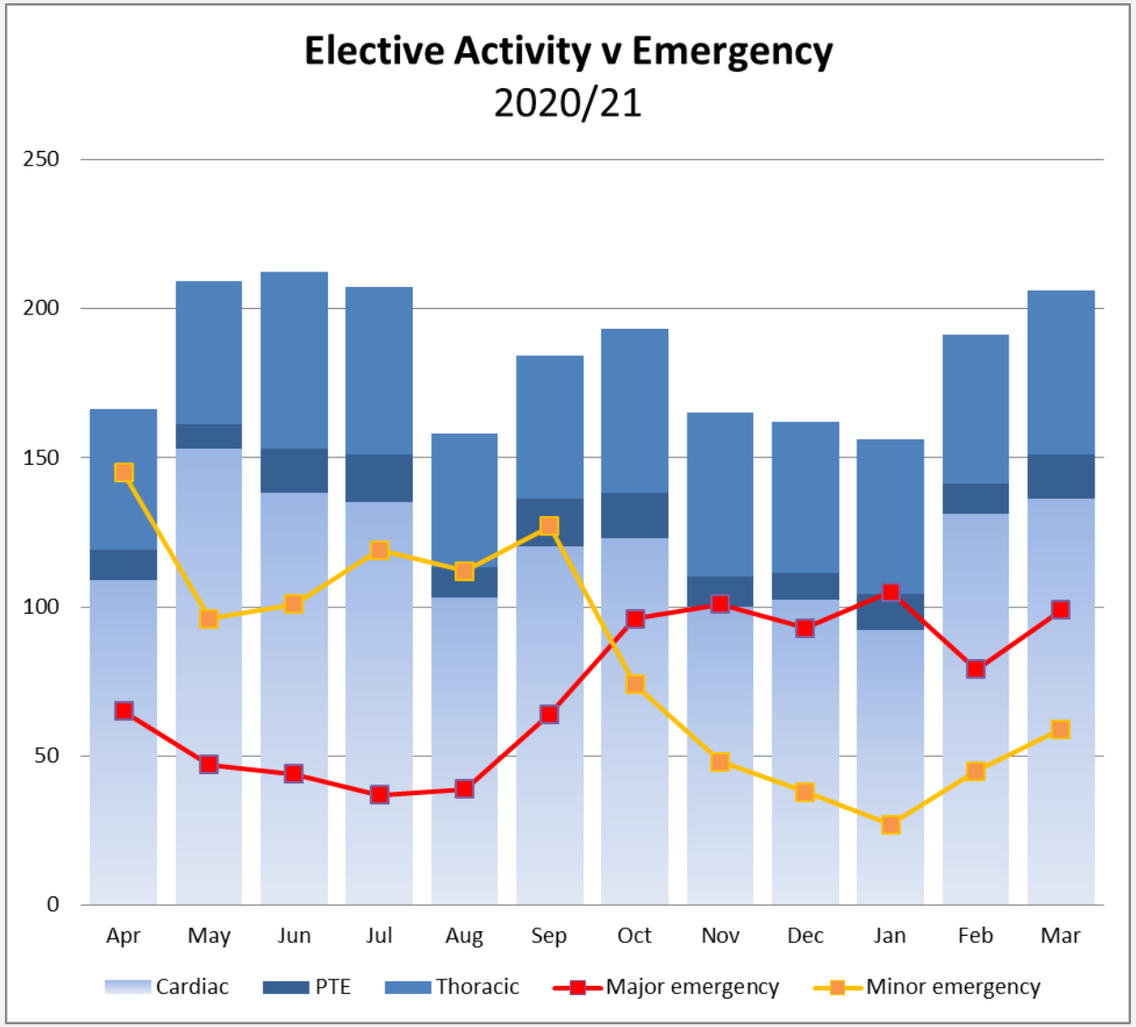
On the day theatre cancellations increased to 44 this month. The biggest reason for this was that patients were unfit for surgery because of testing positive for COVID or presenting for surgery with COVID symptoms. This also adversely impacted on the 7 day IHU performance standard, with a number of patients testing positive for COVID just prior or on transfer to the Trust.

Cancer Waiting Times

Cancer performance continues to be challenged due to a combination of late referrals, patients needing more than one diagnostic and discussion in the MDT and timely access to PET-CT scanning. Meetings with the CUH delivered PET-CT service and the Cancer Alliance have continued 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 sites with static scanners – namely Northampton and Colchester. Swap out was due for completion on 1st April 2022 has been moved out to 12th April due to some early challenges in the building works which have since been resolved. All patient pathways with delays have been subject to review to tease out common themes which will become areas for focused improvement work.

Responsive: Theatre activity and cancellations

Performance Challenges:



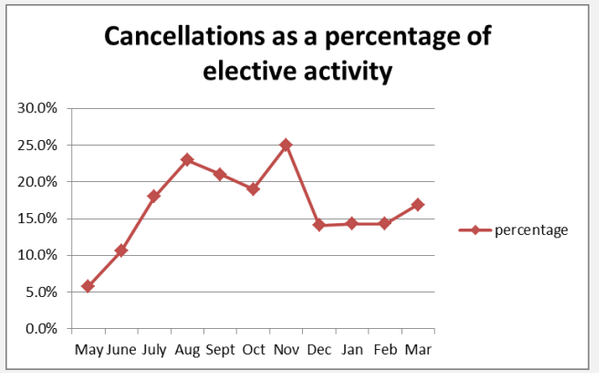
Activity Summary:

136 Cardiac / 55 Thoracic / 15 PTE / 36 IHU / 13 Transplant events
99 emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.
59 additional emergency minor procedures also went through theatre and critical care, utilising the theatre team.

Cancellation Summary:

Cancellation reason	Mar-22	Total
1b Patient refused surgery	1	7
1c Patient unfit	12	65
1d Sub optimal work up	2	13
2a All CCA beds full with CCA patients	2	36
2b No ward bed available to accept transfer from CCA	2	12
3a Critical Care	9	136
3b Theatre Staff	1	4
3c Consultant Surgeon	1	7
4a Emergency took time	5	37
4b Transplant took time	1	12
4e Equipment/estate unavailable	1	14
5a Planned case overran	6	49
5b Additional urgent case added and took slot	1	1
Total	44	432

Cardiac activity increased to 136 in Month 12 – 36 of which were IHU cases.. Though physical numbers of cancellations increased by 12, in terms of percentage of booked cases it was only a marginal increase to 17%. Emergency activity remained high, with 99 additional cases that utilised all or part of a Theatre team.



Responsive : Deep dive into out-sourced diagnostics: PET, Histology and Genomics

PET CT Performance

Background

Since April 2021 significant challenges have been seen in the turnaround time for PET-CT scans. Issues identified contributing to this were:

- patients only wanting to attend CUH
- short staffing within the team at CUH as well as some identified training needs in the team
- Isotope failures which is a national issue

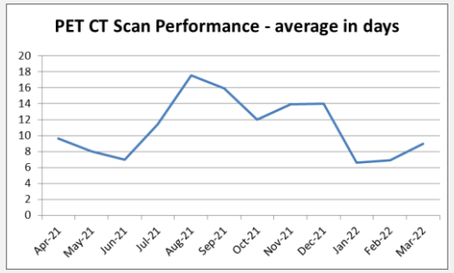
Action Plans

Regular meetings were set up with CUH and the Cancer Alliance to focus on:

- CUH recruiting to their vacancies
- CUH providing training for staff
- RPH and CUH consistently offering patients alternative scanner sites other than CUH – mainly at Colchester and Northampton
- CA adding additional lists at Northampton
- CA to look at reducing down time during isotope failures especially around deliveries

There was an improvement in the turnaround times from 9.67 days in April to 7 days in June however with the continuing challenges around staffing over the summer this rose again to 15.88 days in September. Challenges with increased sickness absence within the team at CUH due to continuing variants of COVID saw this figure remain in the mid-teens until the end of 2021.

The planned swap out of the scanner started on 6th January and as they were not completing vasculitis, research or infectious cases there was increased capacity for lung oncology patients and there was a significant improvement in the turnaround times down to 6.6 days for January and 6.87 for February. The static scanner was successfully replaced and has been live since 8th April. Colchester and Northampton remain an option for patients to have their scans at and regular meetings will continue with the team at CUH.



Forward Look

There is good communication between CUH, the CA and RPH so that issues can be addressed together and delays in patient pathways can be reduced through:

- prompt requests from RPH
- timely processing of requests
- patients being offered alternative CA sites

Histology

Histology for biopsies have a turn around time [TAT] of three days. Please see current TAT below.

	TAT	Total Cases	Met TAT
Papworth Biopsies	80% - 3 Working Days	85	97.65%

Concerns have been raised with the TAT for the Postsurgical resections which should have the same priority as the original biopsy [these should be turned around in 14 days, currently taking up to 4 weeks]. This can have a detriment to the patients in terms of clinical options available to the patients. The longer the biopsy takes the less options we can offer the patients for treatment.

[Audit of those timings currently in process]

Genomes

The Molecular Genomics should be back in 14 days and are taking up to 3 or more weeks. This should form part of the post surgical resection timings so patients only need to present once for their post operative review. The current contract is 21 days these can take up to 4 weeks for return.

[Awaiting feedback from CUH on TAT. A further audit will be considered as a full assessment of the service]

GIRFT Report implications

Diagnostic Histopathology	Since the pathology and in particular genomics testing has moved to the Cambridge Biomedical Campus, there has been a deterioration on turnaround times which impacts upon the time to precise diagnosis and start of treatment.	The pathology provider should review their current resources and processes and take steps to ensure that the turnaround times sit within the ambitions of the NOLCP, these being 3 days for an initial pathological diagnosis and 10 days for a panel of molecular tests. The team at Papworth could consider process mapping and auditing those parts of the pathway that are within their control to see if any small improvement scan be realised
Pathways	The team are in the process of developing patient and tumour-stratified follow up	If proven to be efficient and effective this should be shared nationally to help standardise practice across England
Treatment Surgery	Readmission rates within the two most recent National Lung cancer audits are significantly higher than the national average	The Surgical team should explore this in more detail to fully understand the reasons behind this

People, Management & Culture: Performance summary

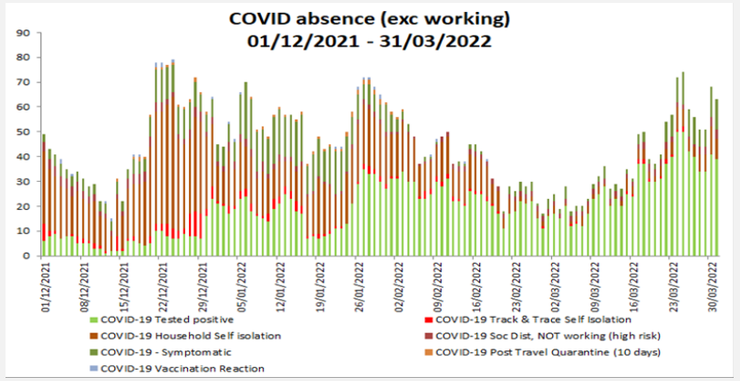
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*

		Data Quality	Target	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Dashboard KPIs	Voluntary Turnover %	3	12.0%	16.34%	13.55%	19.44%	15.14%	15.97%	17.73%
	Vacancy rate as % of budget	4	5.00%	7.57%	7.19%	7.87%	8.42%	8.40%	9.16%
	% of staff with a current IPR	3	90%	71.26%	71.38%	71.37%	72.94%	74.96%	74.18%
	% Medical Appraisals	3	90%	63.48%	68.64%	71.55%	75.00%	76.07%	75.86%
	Mandatory training %	3	90.00%	86.31%	85.14%	85.02%	84.32%	84.83%	84.56%
	% sickness absence	3	3.5%	5.27%	4.79%	4.95%	5.59%	5.36%	5.58%
Additional KPIs	FFT – recommend as place to work	3	67.0%	n/a	n/a	70.00%	n/a	n/a	74.00%
	FFT – recommend as place for treatment	3	80%	n/a	n/a	91.00%	n/a	n/a	90.00%
	Registered nursing vacancy rate (including pre-registered nurses)	3	5.00%	3.05%	3.22%	4.30%	4.87%	5.50%	6.65%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	3	5.00%	24.03%	23.56%	23.49%	24.52%	24.27%	24.54%
	Long term sickness absence %	3	0.80%	1.75%	1.94%	2.18%	1.56%	1.61%	1.46%
	Short term sickness absence	3	2.70%	3.52%	2.85%	2.78%	4.04%	3.76%	4.12%
	Agency Usage (wte) Monitor only	3	Monitor only	30.6	29.0	23.7	20.8	22.8	31.1
	Bank Usage (wte) monitor only	3	Monitor only	63.4	60.9	55.9	59.4	56.3	59.2
	Overtime usage (wte) monitor only	3	Monitor only	59.1	59.1	51.2	45.0	49.0	68.1
	Agency spend as % of salary bill	5	3.36%	1.53%	1.50%	2.42%	1.63%	0.94%	1.68%
	Bank spend as % of salary bill	5	2.20%	1.86%	2.06%	1.66%	2.46%	2.57%	2.23%
	% of rosters published 6 weeks in advance	3	Monitor only	18.20%	32.40%	38.20%	32.40%	55.90%	55.90%
	Compliance with headroom for rosters	3	Monitor only	30.70%	31.50%	28.50%	34.10%	33.80%	33.50%
	Band 5 % White background: % BAME background*	3	Monitor only	n/a	n/a	57.17% : 39.93%	n/a	n/a	56.69% : 40.33%
	Band 6 % White background: % BAME background*	3	Monitor only	n/a	n/a	73.13% : 25.23%	n/a	n/a	73.29% : 25.30%
	Band 7 % White background % BAME background*	3	Monitor only	n/a	n/a	85.83% : 12.99%	n/a	n/a	85.34% : 13.16%
	Band 8a % White background % BAME background*	3	Monitor only	n/a	n/a	87.50% : 11.36%	n/a	n/a	87.78% : 11.11%
	Band 8b % White background % BAME background*	3	Monitor only	n/a	n/a	90.32% : 6.45%	n/a	n/a	90.00% : 6.67%
	Band 8c % White background % BAME background*	3	Monitor only	n/a	n/a	92.86% : 7.14%	n/a	n/a	93.33% : 6.67%
	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:

- Turnover at 17.7% is over the 12% KPI again this month. The annual turnover for 21/22 was 16.6%. There were 29 non-medical leavers in March. The most common reason given for leaving was relocation (6 staff). There were 5 staff citing work/life balance as the reason which is higher than normal. There were 3 leavers who gave better pay as a reason – all of whom have gone to organisations outside of the NHS. There were 13 administrative and clerical leavers of which 7 have gone to the private sector. We have seen turnover increasing steadily over this financial year. Anecdotally this is the trend across system partners who all report increased levels of turnover.
- The Trust vacancy rate increased to 9.2%. 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 particularly in Bands 2-4 as pay rates in retail and hospitality have increased. Registered nurse vacancy rates have increased to 6.7%. We have seen areas like Critical Care and Surgery reduce their vacancy rates however areas such as Cardiology and Cath Labs have seen turnover after very stable periods and we are actively recruiting to these and believe that we will be able to fill these vacancies. The overseas nurses campaign for Critical Care has progressed well with the first cohort of staff arriving at the end of April. HCSW vacancy rates remain very high at 24.5% across Bands 2-4. We have increased capacity in the Nurse Recruitment Team to focus on HSCW recruitment and retention. The Spotlight section provides more information on non-nursing vacancy rates.
- Absence rates increased further in March driven by increased rates of Covid-19 sick leave combined with normal winter rates of absence.



- Medical and non-medical appraisal and mandatory training compliance were broadly static. High absence rates impacted on managers ability to release time for appraisals and mandatory training.
- 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. The Rostering Check and Support Programme focuses on improving rostering practice and support and training continues to be given to managers to ensure compliance and improved practice.
- Temporary staffing usage increased significantly as a result of the high level of sickness absence.

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.
- Increasing turnover and vacancy rates as the labour market both locally and nationally becomes more competitive.
- High levels of short notice staff absence as a result of self-isolation and/or IPC requirements following Covid-19 contact and high infection rates.
- 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 by appraisals being put on hold through the pandemic.
- WRES and WDES data and feedback in staff surveys indicates that staff from a BAME background or 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 patience 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 workforce 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.

Key Actions:

Nurse Recruitment:
Critical Care recruitment remains buoyant with a very healthy pipeline.
We are anticipating the arrival of the first cohort of overseas nurses on 22 April . They arrive two weeks ahead of their induction to enable TB screening requirements to be met. We are experiencing major delays with visa issue due to the Ukrainian , which is likely to affect Cohort 2. We are aiming for all of the 21 nurses to have arrived by August 2022. Plans are in place to ensure that there is good pastoral support for these staff.
Proactive recruitment is underway for Cardiology B5 staff nurse to recruit to current vacancies and the increased establishment from April 22.
B5 Staff Nurse recruitment Saturdays planned for 9th July and 24th September.
There are 52 RNs in the pipeline.

HCSW Recruitment
After the successful ‘apply/offer on the day’ event in March (17 offers), further events will take place in May and June. There are still very low numbers applying to adverts and social media campaigns are going to be the focus for coming months. There are plans to run futher “apply/offer on the day’ events on the 14 May and 24 September and capacity permitting in June. There are currently 26 new recruits in the pipeline.

Admin services
The administrative leads will be running a campaign to recruit, at pace to support high vacancies, essential administrative staff (bookings, reception etc)

National BAME Health and Care Awards 2022
Three of our staff have been shortlisted for awards in the National BAME Health & Care Awards which was introduced as a positive response to harassment, bullying, lack of career progression and the absence of targeted interventions to help BAME talent reach new heights in the health sector. Our staff who have been shortlisted are
Clinical Champion
Judith Machiwenyika, Royal Papworth Hospital
Digital Champion
Christy Varghese, Royal Papworth Hospital
Inspiring Diversity and Inclusion Lead
Onika Patrick-Redhead, Royal Papworth Hospital NHS Foundation Trust

People, Management & Culture : Spotlight On – AHP/Scientific Vacancies

Staff Group	POSITION AT 1/4/2021 FTE Budgeted	FTE Actual	FTE Variance	% Vacs	POSITION AT 31/3/2022 FTE Budgeted	FTE Actual	FTE Variance	% Vacs	SHIFT from start to end year 2021-2022	
Add Prof Scientific and Technic	100.30	85.80	-14.50	-14%	92.43	90.58	-1.85	-2%	12.65	12%
Administrative and Clerical	464.34	433.27	-31.07	-7%	472.33	429.08	-43.25	-9%	-12.18	-2%
Allied Health Professionals	88.47	90.31	1.84	2%	104.48	86.86	-17.62	-17%	-19.46	-19%
Estates and Ancillary	97.81	86.73	-11.08	-11%	90.85	83.51	-7.34	-8%	3.74	3%
Healthcare Scientists	94.12	77.91	-16.21	-17%	86.71	73.22	-13.49	-16%	2.72	2%

	STARTERS	LEAVERS	
Staff Group	**Total**	**Total**	NET CHANGE
175 Pharmacy (145050)	5.60	7.40	-1.80
175 Dietetics (145104)	0.00	1.40	-1.40
175 Occupational Therapy (145102)	3.60	1.37	2.23
175 Physiotherapy (145100)	4.43	4.80	-0.37
175 Radiography (145462)	2.67	7.60	-4.93
175 Speech Therapy (145103)	1.00	0.00	1.00
175 Cardiac Physiology (145200)	4.00	4.93	-0.93
175 Echo Specialists (145212)	1.00	4.00	-3.00
175 Respiratory Physiology (145800)	2.00	0.91	1.09

Role	Vacancy position March 21 (wte)	Vacancy position March 22 (wte)
Cardiac Physiologist	-6.8	-5.5
Echo Physiologist	-1.9	-5.7
Radiographer	-1.8	-8.3
Physiotherapist	-0.8	-3.5
Pharmacy Technician	-1.3	-4

The tables provide an overview of vacancy rates in key AHP/Scientific staff groups at the end of March 2022 compared to March 2021. It is important when looking at vacancy rates to also consider the staffing establishment as in some cases e.g. AHPs, an increase in establishment is the key driver for the increase in the vacancy rate.

Overall we have seen a deterioration in the number of vacancies in key roles as set out in the third table. These are primarily roles where there are local and national shortages. Pharmacy technician vacancy rates and turnover has increased over the last year as competition for staff has grown across both NHS and non-NHS providers.

AHP

The Trust has benefited from temporary funding from HEE to support recruitment and retention. A strategy is in development.

Pharmacy Technicians

The department plans to focus on the following areas:

- Recruit at least one student technician per year
- Aim to retain student technicians once qualified
- Continue band 4 to 5 development programme
- Explore clinical pharmacy technician roles to maximise skills and provide new career opportunities
- Develop a senior technician leadership role to oversee all the pharmacy technicians

Pharmacists

- Consider a partnership with a PCN or community pharmacy to explore a cross sector pre-registration placement
- Provide structured programme to support our band 6 foundation pharmacists
- Employ a pharmacist to oversee the education and training and support of pharmacy staff
- Proactively recruit in March/April for band 6 pharmacists
- Retain flexibility to switch between recruitment of band 6 and 7 pharmacists depending on time of year vacancies come up.

Cardiac Physiologists

There is a shortfall in Cardiac Physiologist trainees coming through the national training scheme. The Cardiology GIRFT report released in 2021 estimates that 460 new cardiac physiologists are required nationally within echo in the next 10 years. This has been a persistent problem for many years. This shortage has lead to unhelpful competition between employers and it is common for staff to undertake agency work at premium rates alongside their directly employed contracts. The Cardiology leadership team are leading work to develop a system approach to recruitment and retention. They have proposed the following areas to be explored.

- A standardisation of R&R across the ICS to make posts more attractive within the C&P area.
- Creation of a system-wide bank to eliminate/reduce agency usage particularly in the case of substantive workforce undertaking shifts at alternate trusts.
- Engage wider workforce productivity / rostering expertise in order to identify tools and processes which may already be in use that could be applied to Cardiac Physiology.
- System-wide planning of staffing expectations for next 5-10 years in order that we can create and support the corresponding number of training opportunities across the ICS.
- System-wide bid for ETP programme trainees or improved opportunities for sharing trainees across the ICS to increase their exposure to different complexities of service.

Following a review of the leadership of this important professional staff group the Division have introduced and appointed to a lead Cardiac Physiologist role to drive the development of the profession and improve recruitment and retention.

Finance: Performance summary

Accountable Executive: *Chief Finance Officer* ***Report Author:*** *Deputy Chief Finance Officer*

		Data Quality	Target	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Dashboard KPIs	Year to date surplus/(deficit) exc land sale £000s	5	£1,882k	£2,246k	£2,205k	£2,580k	£3,610k	£4,554k	£3,172k
	Cash Position at month end £000s	5	n/a	£59,081k	£60,027k	£61,840k	£62,174k	£65,347k	£59,966k
	Capital Expenditure YTD £000s	5	£1421 YTD	£561k	£606k	£716k	£733k	£972k	£1,340k
	In month Clinical Income £000s*	5	£17052k (current month)	£16,873k	£17,198k	£17,605k	£17,660k	£51,655k	£23,670k
	CIP – actual achievement YTD - £000s	4	£5,390k	£3,830k	£4,450k	£4,920k	£5,290k	£5,630k	£5,920k
	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%	46.7%	68.3%	26.9%	7.8%	24.4%	4.5%
	Non NHS Debtors > 90 days overdue	5	15%	25.6%	23.6%	20.6%	27.4%	23.0%	20.5%
	Capital Service Rating	5	4	3	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	£11,974k	£13,370k	£15,085k	£17,495k	£19,801k	£19,386k
	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	£2,708k	£2,643k	£3,827k	£6,885k	£3,743k	£7,165k
	Better payment practice code compliance - NHS	5	Monitor only	80%	91%	94%	87%	80%	85%
	Better payment practice code compliance - Non NHS	5	Monitor only	95%	95%	97%	94%	96%	96%

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 M12, the additional funding against system baseline which has been included in the Trust's YTD position is c.£4.8m.
- **The in month deficit includes national non-recurrent adjustments** for DHSC donated PPE and the 6.3% centrally funded additional pension contribution, The impact of the donated assets is removed in the Control Total adjusted bottom line, in line with national guidance.
- **CIP is ahead of plan by £0.5m 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. (see CIP report).
- **The Trust fell short of the national activity targets in March: 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 £60m.** This represents a decrease of c£5m from last month and is mainly driven by an increase in trade receivables and a reduction in trade payables. The Trust's Business as Usual actual capital expenditure to March 2022 increased to £1.23m against the full year plan of £1.24m. £0.18m of Digital Aspirant funding has been deferred to 22/23.
- **Better Payments Practice Code** performance for M12 across all suppliers is 95% for value and 84% for 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 Plan	YTD £000's Underlying Actual	YTD £000's COVID: spend	YTD £000's Other Non Recurrent Actual	YTD £000's Actual Total	YTD £000's Variance	RAG
Clinical income - in national block framework							
Clinical income on PbR basis - activity only	£137,308	£143,794	£0	£0	£143,794	£6,486	
Balance to block payment -activity only	£0	(£5,384)	£0	£0	(£5,384)	(£5,384)	
Homecare Pharmacy Income	£49,434	£43,275	£0	£0	£43,275	(£6,159)	
Drugs and Devices - cost and volume	£12,020	£10,838	£0	£0	£10,838	(£1,182)	
Balance to block payment - drugs and devices	£0	£2,038	£0	£1,853	£3,891	£3,891	
Sub-total	**£198,762**	**£194,561**	**£0**	**£1,853**	**£196,414**	**(£2,348)**	
Clinical income - Outside of national block framework							
Drugs & Devices	£614	£1,616	£0	£0	£1,616	£1,002	
Other clinical income	£2,234	£2,777	£0	£0	£2,777	£543	
Private patients	£6,000	£8,061	£0	£0	£8,061	£2,061	
Sub-total	**£8,849**	**£12,454**	**£0**	**£0**	**£12,454**	**£3,605**	
Total clinical income	**£207,611**	**£207,015**	**£0**	**£1,853**	**£208,868**	**£1,257**	
Other operating income							
Covid-19 funding and ERF	£9,036	£0	£4,036	£4,791	£8,827	(£209)	
Top-up funding	£34,087	£32,003	£0	(£2,400)	£29,603	(£4,484)	
Other operating income	£14,823	£16,482	£0	£5,136	£21,618	£6,795	
Total operating income	**£57,946**	**£48,485**	**£4,036**	**£7,527**	**£60,048**	**£2,102**	
Total income	**£265,557**	**£255,500**	**£4,036**	**£9,380**	**£268,917**	**£3,360**	
Pay expenditure							
Substantive	(£113,201)	(£110,580)	(£345)	(£4,746)	(£115,671)	(£2,471)	
Bank	(£2,416)	(£2,421)	(£127)	£0	(£2,549)	(£133)	
Agency	(£3,941)	(£1,833)	(£16)	£0	(£1,850)	£2,091	
Sub-total	**(£119,557)**	**(£114,834)**	**(£489)**	**(£4,746)**	**(£120,070)**	**(£513)**	
Non-pay expenditure							
Clinical supplies	(£41,028)	(£39,893)	(£119)	(£1,924)	(£41,935)	(£908)	
Drugs	(£5,546)	(£5,025)	(£728)	£0	(£5,753)	(£206)	
Homecare Pharmacy Drugs	(£49,351)	(£42,189)	£0	£0	(£42,189)	£7,163	
Non-clinical supplies	(£31,269)	(£33,564)	(£2,212)	(£3,783)	(£39,560)	(£8,290)	
Depreciation (excluding Donated Assets)	(£9,178)	(£9,083)	£0	£0	(£9,083)	£95	
Depreciation (Donated Assets)	(£618)	(£522)	£0	£0	(£522)	£96	
Sub-total	**(£136,990)**	**(£130,275)**	**(£3,059)**	**(£5,707)**	**(£139,041)**	**(£2,051)**	
Total operating expenditure	**(£256,547)**	**(£245,110)**	**(£3,549)**	**(£10,453)**	**(£259,111)**	**(£2,564)**	
Finance costs							
Finance income	(£0)	£60	£0	£0	£60	£60	
Finance costs	(£5,127)	(£5,020)	£0	£0	(£5,020)	£108	
PDC dividend	(£2,000)	(£1,651)	£0	£0	(£1,651)	£349	
Revaluations/(Impairments)	£0	(£26)	£0	£0	(£26)	(£26)	
Gains/(losses) on disposals	£0	£2	£0	£0	£2	£2	
Sub-total	**(£7,127)**	**(£6,634)**	**£0**	**£0**	**(£6,634)**	**£493**	
Surplus/(Deficit) including central funding	**£1,882**	**£3,756**	**£487**	**(£1,072)**	**£3,171**	**£1,289**	
Surplus/(Deficit) Control Total basis	**£2,500**	**£4,623**	**£487**	**(£1,072)**	**£4,038**	**£1,540**	

- **Clinical income** is £1.3m favourable to plan.
  - Income from activity on PbR basis is above block levels by £5.4m. 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 £2.1m higher than plan. This is driven by increased activity within Cardiology, Pump and Thoracic Medicine
- **Other operating income** is favourable plan by £2.1m, mainly due to the net movement in top-up funding recognised, DHSC funding for 6.3% additional pension costs, Digital aspirant funding and SIFT funding. Better than planned accommodation income also contributed towards the position.
- **Pay expenditure** is adverse to plan by £0.5m. 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 fully funded 6.3% additional pension costs which is offset by release of centrally held pay provision.
- **Clinical Supplies** is adverse to plan by £0.9m. Included within the clinical supplies spend is the full year effect of donated PPE usage. The effect of donated PPE usage is normalised in the “Control Total basis” bottom line figure, reflecting national guidance. In addition, incremental costs in respect of the CPAP recall and provision for long term VADs that are within the expiry threshold are also recognised.
- **The Homecare backlog has continued to be monitored.** YTD Homecare spend was £7.2m 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 £8.3m. £2.0m of this is COVID-19 spend on schemes that have continued longer than expected. The remaining variance is driven by non-recurrent items including provision for staff benefit, M Abscessus costs (purchase of additional water filters and provision for legal cost), provision to cover R&D grant, 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	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Comments
Additional KPIs	**Elective activity as % 19/20 (ICS)**	3	Monitor only	**70.8%**	**81.0%**	**54.5%**	**73.4%**	**77.2%**	**68.2%**	Latest data to w/e 10/04/22
	Papworth - Elective activity as % 19/20	4	Monitor only	67.0%	78.6%	75.8%	66.2%	57.8%	80.1%	
	Non Elective activity as % 19/20 (ICS)	3	Monitor only	**84.2%**	**91.1%**	**89.8%**	**92.5%**	**n/a**	**91.5%**	Latest data to w/e 10/04/22
	Papworth - Non Elective activity as % 19/20	4	Monitor only	147.1%	175.2%	219.5%	119.7%	115.1%	102.1%	
	Day Case activity as % 19/20 (ICS)	3	Monitor only	**99.0%**	**96.1%**	**81.1%**	**96.7%**	**100.6%**	**96.8%**	Latest data to w/e 10/04/22
	Papworth - Day Case activity as % 19/20	4	Monitor only	76.7%	77.2%	85.1%	72.0%	83.7%	122.5%	
	Outpatient - First activity as % 19/20 (ICS)	3	Monitor only	**127.0%**	**111.3%**	**84.6%**	**113.3%**	**132.8%**	**110.3%**	Latest data to w/e 10/04/22
	Papworth - Outpatient - First activity as % 19/20	4	Monitor only	80.9%	97.8%	91.6%	74.4%	90.9%	117.8%	
	Outpatient - Follow Up activity as % 19/20 (ICS)	3	Monitor only	**116.5%**	**102.5%**	**80.7%**	**101.6%**	**119.7%**	**95.9%**	Latest data to w/e 10/04/22
	Papworth - Outpatient - Follow Up activity as % 19/20	4	Monitor only	98.0%	119.3%	121.0%	99.5%	107.1%	132.5%	
	Virtual clinics – % of all outpatient attendances that are virtual (ICS)	3	Monitor only	**25.7%**	**26.2%**	**28.3%**	**21.9%**	**25.9%**	**24.9%**	Latest data to w/e 10/04/22
	Papworth - Virtual clinics – % of all outpatient attendances that are virtual	4	Monitor only	16.3%	17.3%	15.7%	17.7%	16.7%	15.6%	
	Diagnostics < 6 weeks % (ICS)	3	Monitor only	**55.2%**	**56.6%**	**52.9%**	**60.7%**	**59.9%**	**59.4%**	Latest data to w/e 10/04/22
	Papworth - % diagnostics waiting less than 6 weeks	3	99%	97.3%	97.9%	97.9%	93.0%	96.7%	97.2%	
	18 week wait % (ICS)	3	Monitor only	**62.7%**	**62.5%**	**60.3%**	**59.2%**	**59.5%**	**59.4%**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 10/04/22
	Papworth - 18 weeks RTT (combined)	5	92%	86.0%	86.5%	85.4%	84.3%	81.3%	79.6%	
	No of waiters > 52 weeks (ICS)	3	Monitor only	**8,045**	**8,049**	**7,852**	**7,560**	**6,695**	**6,334**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 10/04/22
	Papworth - 52 week RTT breaches	5	0%	6	3	5	4	6	1	
	Cancer - 2 weeks % (ICS)	3	Monitor only	**79.7%**	**n/a**	**67.9%**	**n/a**	**67.0%**	**n/a**	Latest Cancer Performance Metrics available are Feb 2022
	Cancer - 62 days wait % (ICS)	3	Monitor only	**66.2%**	**n/a**	**60.5%**	**n/a**	**54.8%**	**n/a**	Latest Cancer Performance Metrics available are Feb 2022
	Papworth - 62 Day Wait for 1st Treatment including re-allocations	4	85%	66.7%	46.2%	54.5%	42.9%	57.1%	50.0%	
	Finance – bottom line position (ICS)	3	Monitor only	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	Latest financial update is for June 21
	Papworth - Year to date surplus/(deficit) exc land sale £000s	5	£1,882k	£2,246k	£2,205k	£2,580k	£3,610k	£4,554k	£3,172k	
	Staff absences % C&P (ICS)	3	Monitor only	**4.5%**	**4.4%**	**4.8%**	**4.9%**	**4.6%**	**4.6%**	Latest data to w/e 10/04/22
	Papworth - % sickness absence	3	3.5%	5.3%	4.8%	5.0%	5.6%	5.4%	5.6%	

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.

Comparative metric data for Royal Papworth was requested at the March Performance Committee. This has now been included (where available) as additional rows in the table opposite.