Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

April 2022

Content

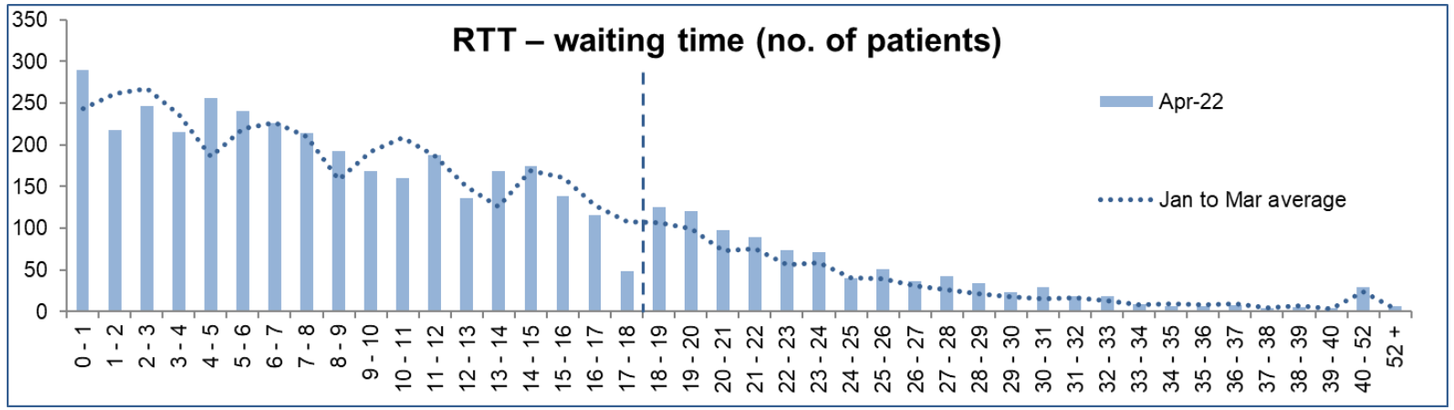
Context:

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	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Trend
Cardiac Surgery	134	156	101	146	187	151	
Cardiology	656	631	618	593	701	524	
ECMO (days)	270	212	247	165	49	45	
ITU (COVID)	0	1	0	1	0	0	
PTE operations	9	10	12	10	18	17	
RSSC	599	517	416	487	596	558	
Thoracic Medicine	318	273	284	284	337	262	
Thoracic surgery (exc PTE)	61	63	57	62	58	58	
Transplant/VAD	51	56	49	36	36	50	
Total Inpatients	**2,098**	**1,919**	**1,784**	**1,784**	**1,982**	**1,665**	
Total Inpatients exc PP	*2,006*	*1,853*	*1,706*	*1,702*	*1,891*	*1,590*	

Outpatient Attendances	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Trend
Cardiac Surgery	387	393	432	415	516	386	
Cardiology	4,225	3,577	3,729	3,683	4,083	3,246	
RSSC	1,925	1,582	1,602	1,501	1,789	1,376	
Thoracic Medicine	2,511	2,201	2,265	2,225	2,769	2,287	
Thoracic surgery (exc PTE)	128	75	116	80	126	59	
Transplant/VAD	276	264	267	250	318	224	
Total Outpatients	**9,452**	**8,092**	**8,411**	**8,154**	**9,601**	**7,578**	
Total Outpatients exc PP	*9146*	*7835*	*8146*	*7914*	*9290*	*7330*	

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

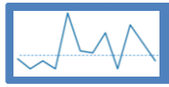
Each category within the Balanced scorecard is given an overall RAG rating based on the rating of the KPIs within the category that appear on the balance scorecard (page 4).

- **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)

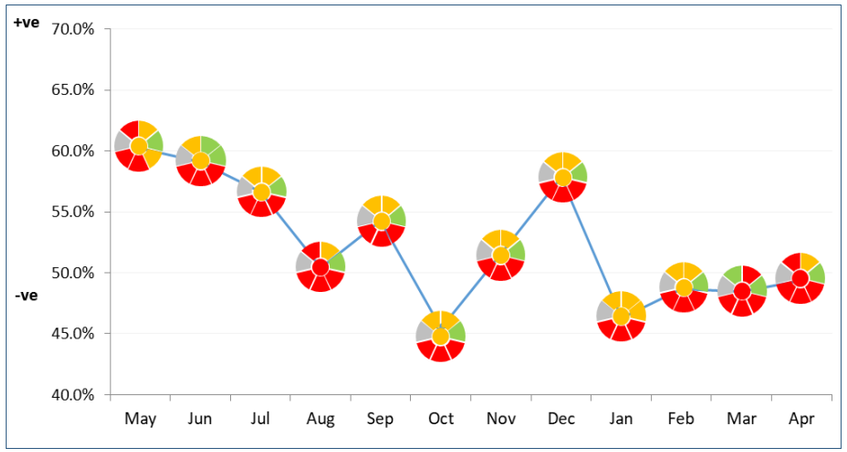
Data Quality Indicator

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



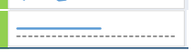
FAVOURABLE PERFORMANCE

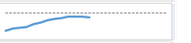
SAFE: Safe Staffing - The Registered Nurse fill rate for April 2022 is an improved position from the previous month. It shows days in green at 91.0% and nights in amber at 88.2% (showing an overall amber position). For CHPPD: there are no areas are in red and two in amber: 5N = 9.30 and 5S = 9.50. There is no indication at the time of writing, of this impacting on quality and safety;
CARING: FFT (Friends and Family Test) - The inpatients positive Experience rate has remained at high level of 99.1% in April 2022 (participation rate 20.9%). Outpatients and the Outpatients positive experience rate has also remained the same in April 2022 at 97.0% (participation rate of 11.6%);
EFFECTIVE: Utilisation of Cath labs and Theatres - The Productivity Project in Theatres and Cath labs continues and Is now in it's final month and it is anticipated that the benefit of the project will be seen in month 2 activity levels. The Critical Care Transformation project is also progressing well with 32 beds consistently available throughout April and 33 beds available in May. Outpatient recovery continues to be strong in spite the fewer number of actual patients seen in month. This is due to fewer working days in April;
RESPONSIVE: 1) Diagnostic Performance - Overall Diagnostic performance remains strong, largely reflecting overachievement in the big imaging modalities of CT and MRI. The Trust continues to deliver cardiac CT on behalf of CUH as an on-going mutual aid initiative. ECHO remains extremely challenged however with significant staffing gaps which are partially filled by agency staff. Nationally there is an issue with insufficient ECHO trained staff and although recruitment is on-going, this issue is unlikely to be resolved quickly. 2) IHU performance - IHU performance improved against the 7 day standard and achieved 100% against the 10 day standard and the backlog of cases caused by a surge in demand in January and February has now been addressed with the number of cases in the pipeline reduced to a more manageable level.

ADVERSE PERFORMANCE

SAFE: Surgical Site Infection (SSI) - this is a new section on PIPR for April 2022 onwards. The Key performance challenges slide expands on this in further detail; following the PIPR Safe 2021/22 M10 report, which also included a 'Spotlight On' SSI. The threshold ("target") for CABG infections is taken from national benchmarking data, set at 2.7%. For Q4 (2021/22) the RPH result was 8.61% (n = 18). The threshold ("target") for Valve infections has been calculated as the average of the previous reporting year (this is because an individual % threshold value is not available for only Valve infections), set at 2.7%. For Q4 (2021/22) the RPH result was 4.35% (n = 6).
EFFECTIVE: Utilisation of Cath labs and Theatres - The latest COVID surge continued through the first half of April, peaking over the Easter bank holiday weekend. This meant that month 1 was a month of two halves with the first half plagued by cancellations due to staff or patients testing positive for COVID or presenting with symptoms, and the second half in which sickness levels revert to closer to the seasonal norm. The former and the impact of two bank holidays in month adversely impacted on utilisation of treatment functions and the bed base. The lower level of utilisation of our facilities in the first part of the month is reflected in the lower volume of month admitted patients when measured against the 104% of 2019/2020 activity set as a target in the 2022/23 Operational plan;
RESPONSIVE: 1) Waiting List Management - There was a further deterioration in RTT performance this month at a Trust aggregate level, however, there was a positive movement in Respiratory RTT performance due to an increased number of CPAP new starters. This reflects the speciality temporarily switching some of it's bed capacity to day case CPAP capacity to address a backlog in patients waiting to start CPAP while waiting for devices to be available. There is now a steady supply of devices both for new starters and to support the Philips device recall programme. The number of 52 week breaches increased to 7 in April and all patients are awaiting Cardiac Surgery. One patient has chosen to delay their treatment but all 7 either have dates for admission planned or have a planned outpatient or diagnostic appointment. There are no patients with a waiting time at risk of breaching 104 weeks or 78 weeks. 2) Cancer Waiting Times - Cancer performance remains a challenge due to a combination of late referrals, patients needing more than one diagnostic and discussion in the MDT and in increase in the number of referrals in to the Trust, particularly in early stage referrals requiring biopsy;
PEOPLE, MANAGEMENT & CULTURE: 1) Turnover - remains over our target of 14% and we are experiencing a 6 month turnover average of 16.62% . It follows that with high rates of turnover and a very challenging job market there will be rising vacancy rates with such vacancies being unfilled for extended periods. This is a challenging time for the NHS in general to recruit and retain staff and the turnover and vacancy rates are broadly similar across other acute sector in the East of England. 2) Vacancy rates- our HCSW vacancy rate remains a concern with 57.14 vacancies at the end of April and we have been running with an average of 51 vacancies in this staff group for 6 months. We have had some success recently as we have opened up again to hosting recruitment events on the hospital site and through these we were able to make offers 17 HCSW roles in March and12 more recently in May. So whilst this vacancy rate is high we have 42 recruits in the pipeline and have another event in June;
FINANCE: 1) The Trust submitted a full year plan of £7.9m (£7.3m on a control total basis) which has been agreed as part of the C&P ICS submission. 2) CIP - The Trust has a CIP plan of £5.8m. The Trust has £4.0m of pipeline schemes identified against this annual target and is currently working to close the gap.

At a glance – Balanced scorecard

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe	Never Events	Apr-22	4	0	0	0		
	Moderate harm incidents and above as % of total PSIs reported	Apr-22	4	3%	0.00%	0.00%		
	Number of Papworth acquired PU (grade 2 and above)	Apr-22	4	35 pa	0	0		
	High impact interventions	Apr-22	3	97%	98.00%	98.00%		
	Falls per 1000 bed days	Apr-22	4	4	1.3	3.2		
	Sepsis - % patients screened and treated (Quarterly)	Apr-22	New	90%	-	-		
	Safer Staffing CHPPD – 5 North	Apr-22	5	9.6	9.3	9.3		
	Safer Staffing CHPPD – 5 South	Apr-22	5	9.6	9.5	9.5		
	Safer Staffing CHPPD – 4 NW (Cardiology)	Apr-22	5	8	9.4	9.4		
	Safer Staffing CHPPD – 4 South (Respiratory)	Apr-22	5	6.7	8.6	8.6		
	Safer Staffing CHPPD – 3 North	Apr-22	5	8.6	10.7	10.7		
	Safer Staffing CHPPD – 3 South	Apr-22	5	8	8.2	8.2		
	Safer Staffing CHPPD – Day Ward	Apr-22	5	4.5	10.3	10.3		
	Safer Staffing CHPPD – Critical Care	Apr-22	5	32.9	37.8	37.8		
Effective	Bed Occupancy (excluding CCA and sleep lab)	Apr-22	4	85% (Green 80%-90%)	70.00%	70.00%		
	CCA bed occupancy	Apr-22	4	85% (Green 80%-90%)	80.30%	80.30%		
	Admitted Patient Care (elective and non-elective)	Apr-22	4	1841	1590	1590		
	Outpatient attendances	Apr-22	4	7282	7330	7330		
	Cardiac surgery mortality (Crude)	Apr-22	3	3%	1.97%	1.97%		
	Theatre Utilisation	Apr-22	3	85%	73.1%	73.1%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	Apr-22	3	85%	75.0%	75.0%		
Responsive	% diagnostics waiting less than 6 weeks	Apr-22	3	99%	96.98%	96.98%		
	18 weeks RTT (combined)	Apr-22	5	92%	78.19%	78.19%		
	Number of patients on waiting list	Apr-22	5	3279	4347	4347		
	52 week RTT breaches	Apr-22	5	0	7	7		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Apr-22	4	85%	78.60%	50.00%		
	31 days cancer waits*	Apr-22	4	96%	100.00%	100.00%		
	104 days cancer wait breaches*	Apr-22	4	0%	4	4		
	Theatre cancellations in month	Apr-22	3	30	34	34		
	% of IHU surgery performed < 7 days of medically fit for surgery	Apr-22	4	95%	97.00%	97.00%		
	Acute Coronary Syndrome 3 day transfer %	Apr-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	Apr-22	4	95%	99.10%	99.10%		
	FFT score - Outpatients	Apr-22	4	95%	97.00%	97.00%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Apr-22	4	12.6	6.1			
	Mixed sex accommodation breaches	Apr-22	4	0	0	0		
	% of complaints responded to within agreed timescales	Apr-22	4	100%	100.00%	100.00%		
People Management & Culture	Voluntary Turnover %	Apr-22	3	14.0%	17.9%	17.9%		
	Vacancy rate as % of budget	Apr-22	4	5.0%	10.1%			
	% of staff with a current IPR	Apr-22	3	90%	73.75%			
	% Medical Appraisals	Apr-22	3	90%	73.04%			
	Mandatory training %	Apr-22	3	90%	84.45%	84.45%		
	% sickness absence	Apr-22	3	3.50%	5.15%	5.15%		
Finance	Year to date surplus/(deficit) exc land sale £000s	Apr-22	5	£(309)k	£(197)k			
	Cash Position at month end £000s	Apr-22	5	n/a	£62,894k			
	Capital Expenditure YTD £000s	Apr-22	5	£144k	£320k			
	In month Clinical Income £000s	Apr-22	5	£21791k	£21,511k	£21,511k		
	CIP – actual achievement YTD - £000s	Apr-22	4	£483.333333333333k	£250k	£250k		
	CIP – Target identified YTD £000s	Apr-22	4	£5,800k	£3,970k	£3,970k		

* 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	0	1		
RTT Waiting Times	% Within 18w ks - Incomplete Pathw ays	5	92%	78.19%		79.62%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	4	96%	100.00%	100.00%	100.0%		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%	78.60%	66.70%	50.00%		Current month provisional as going through verification process. Data is after reallocations
	104 days cancer w ait breaches	4	0	4	4	23		
VTE	Number of patients assessed for VTE on admission	5	95%	83.60%		84.6%		
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. 2022/23 CQUIN*

	Scheme	Total Available 22/23 *		Achievement						Comments	RAG status
				Q1	Q2	Q3	Q4	2022/23			
		£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 2022/23

Board Assurance Framework risks (above risk appetite)

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Status since last month
Safe	Failure to protect patient from harm from hospital aquired infections	675	MS	5	Yes	8	8	8	8	12	16	↑
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	9	9	9	↔
Safe	Failure to meet safer staffing (NICE guidance and NQB)	742	MS	6	Yes	12	12	12	12	12	12	↔
Effective	Delivery of Efficiency Challenges - CIP Board approved Closed at end of financial year	841	EM	8	Yes	12	12	12	12	12	12	↔
Transformation	Lorenzo Optimisation Electronic Patient Record System - benefits	858	AR	6	Yes	8	8	8	8	12	12	↔
Safe + Transformation	Potential for cyber breach and data loss	1021	AR	9	Yes	16	20	20	20	16	16	↔
PM&C	Staff turnover in excess of our target level	1853	OM	6	Yes	15	15	15	15	15	15	↔
Safe + PM&C	Unable to recruit number of staff with the required skills/experience	1854	OM	6	Yes	10	10	12	12	16	16	↔
PM&C	Low levels of Staff Engagement	1929	OM	6	In progress	12	12	12	12	12	12	↔
Finance	Achieving financial balance	2829	TG	8	In progress	16	16	16	16	16	20	↑
Safe	Risk of maintaining safe and secure environment across the organisation	2833	TG	6	In progress	16	16	16	8	16	16	↔
Effective + Finance + PM&C + Responsive + Transformation	Delivery of Trust 5 year strategy	2901	EM	6	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	10	↓
Effective + Finance + Responsive + Transformation	NHS Reforms & ICS strategic risk	3074	TG	8	In progress	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	↔
Safe + Effective + Finance + Responsive	Continuity of supply of consumable or services failure	3009	TG	6	In progress	15	10	10	10	10	10	↔
Safe	M.Abscessus (linked to BAF risk ID675)	3040	MS	10	In progress	15	15	15	15	15	15	↔

Safe: Performance summary

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

		Data Quality	Target	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-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%	1.27%	0.46%	1.40%	0.90%	0.00%	0.00%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	1	1	3	0	0	0
	High impact interventions	3	97.0%	96.7%	98.8%	98.2%	96.4%	96.3%	98.0%
	Falls per 1000 bed days	4	<4	3.1	2.0	2.4	3.1	2.5	1.3
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	-	100.00%	-	-	Await data	-
	Safer Staffing CHPPD – 5 North *	5	>9.6	10.70	11.10	12.00	9.40	8.20	9.30
	Safer Staffing CHPPD – 5 South *	5	>9.6	10.20	9.20	7.90	9.50	8.30	9.50
	Safer Staffing CHPPD – 4 NW (Cardiology) *	5	>8	8.60	9.00	8.60	8.10	8.00	9.40
	Safer Staffing CHPPD – 4 South (Respiratory) *	5	>6.7	7.70	8.00	8.50	7.80	7.10	8.60
	Safer Staffing CHPPD – 3 North *	5	>8.6	9.90	11.60	10.90	9.70	9.60	10.70
	Safer Staffing CHPPD – 3 South*	5	>8	8.00	8.00	8.10	7.60	7.00	8.20
	Safer Staffing CHPPD – Day Ward *	5	>4.5	5.72	7.10	6.20	4.80	5.00	10.30
	Safer Staffing CHPPD – Critical Care *	5	>32.9	31.80	33.20	33.30	35.80	29.90	37.76
Additional KPIs	Safer staffing – registered staff day Safer staffing – registered staff night	3	90-100%	90.0% 89.0%	86.0% 87.0%	86.4% 88.4%	87.2% 86.2%	86.2% 86.0%	91.0% 88.2%
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	4	0	1	1	0	1	0	0
	E coli bacteraemia	5	Monitor only	1	1	0	0	0	2
	Klebsiella bacteraemia	5	Monitor only	0	0	1	1	1	1
	Pseudomonas bacteraemia	5	Monitor only	1	0	1	0	1	0
	Other bacteraemia	4	Monitor only	1	2	0	3	2	0
	Other nosocomial infections	4	Monitor only	2	0	0	0	6	1
	Point of use (POU) filters (M.Abscessus)	4	Monitor only	88%	91%	95%	97%	94%	88%
	Moderate harm and above incidents reported in month (including SIs)	4	Monitor only	3	1	3	2	0	0
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 10	1	0	0	1	1	0
	Number of patients assessed for VTE on admission	5	95.0%	86.00%	82.90%	83.10%	83.20%	87.40%	83.60%
	SSI CABG infections (inpatient/readmissions %)	New	<2.7%	-	8.12%	-	-	8.61%	-
	SSI CABG infections patient numbers	New	n/a	-	16	-	-	18	-
	SSI Valve infections (inc. inpatients/outpatients; %)	New	<2.7%	-	2.40%	-	-	4.35%	-
	SSI Valve infections patient numbers	New	n/a	-	3	-	-	6	-

* 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 March 2022 (accessed 17.05.2022).

Sepsis: the Q4 sepsis data is being reviewed at the time of writing this report 17.05.2022 (it is delayed due to short notice COVID-19 sickness).

Safe Staffing: RN fill rate for April 2022 is an improved position from the previous month. It shows days in green at 91.0% and nights in amber at 88.2% (showing an overall amber position). For CHPPD: there are no areas are in red and two in amber: 5N = 9.30 and 5S = 9.50. For information, average RN to patient ratios in April 2022 for the two areas in CHPPD amber were 5N = 1:4.3; and 5S = 1:4.6. There is no indication at the time of writing, of this impacting on quality and safety.

For information, the 4NW "target" [threshold] has been updated from April 2022 (to '>8') to align to 3S.

Other infections: During April 2022, there were 2x E coli bacteraemia; 1x Klebsiella bacteraemia. There is more narrative on the Spotlight On slide for these 'other' infections for information.

'Other nosocomial infections' (Nosocomial COVID-19): There was one "probable" COVID-19 infection which occurred 12 days after hospital admission during April 2022.

Point of Use (POU) filters (M.Abscessus): For April 2022, overall compliance was 88%. The drop in compliance were "% IPC Admission assessment completed" and/or "Has the patient been given a Patient at Risk Letter on this admission" [category added to audit from March 2022 onwards] 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; patients being provided with bottled water where required; and % alerted on Lorenzo/CIS, was 100% across all wards/departments.

VTE: VTE risk compliance is targeted at 95% for all hospital admissions and compliance for April 2022 has dropped from 87.40% (Mar) to 83.60% (Apr). As part of ongoing VTE review work, the key monthly metric for monitoring VTE assessment on admission has been updated to be simpler, more transparent and easier to interpret for FY2022/23, in line with national guidance. The new metric is: *"The percentage of patients admitted to hospital, who stayed overnight, that had a VTE risk assessment completed within 24 hours of admission".* The rationale for this change is that the previous KPI was not reflective of the Trust Policy. The previous KPI included a number of day cases that did not require risk assessment on admission (as per DN500). Scrutiny over this KPI and focused work with the clinical teams continues as noted in previous PIPR reports.

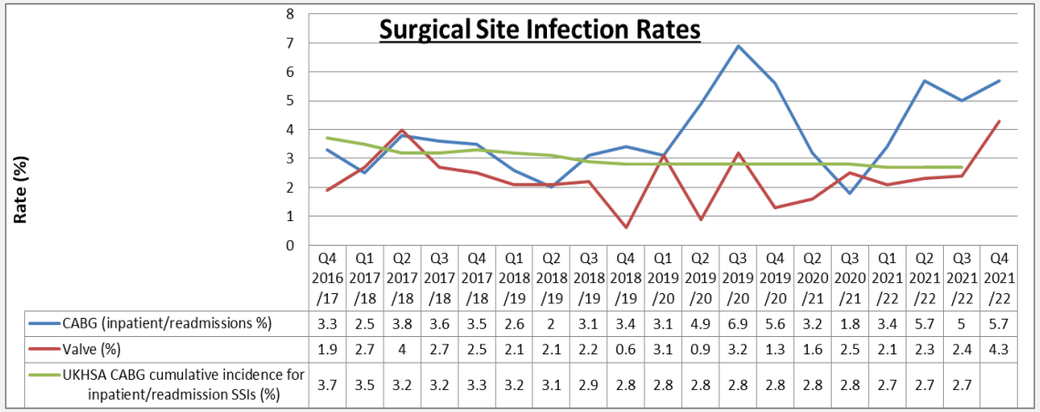
Surgical Site Infection (SSI): this is a new section on PIPR for April 2022 onwards. The Key performance challenges slide expands on this in further detail; following the PIPR Safe 2021/22 M10 report, which also included a 'Spotlight On' SSI. The threshold ("target") for **CABG infections** is taken from national benchmarking data, set at 2.7%. For Q4 (2021/22) the RPH result was 8.61% (n = 18).

The threshold ("target") for **Valve infections** has been calculated as the average of the previous reporting year (this is because an individual % threshold value is not available for only Valve infections), set at 2.7%. For Q4 (2021/22) the RPH result was 4.35% (n = 6).

Safe: Key performance challenges: Surgical Site Infection (SSI) update

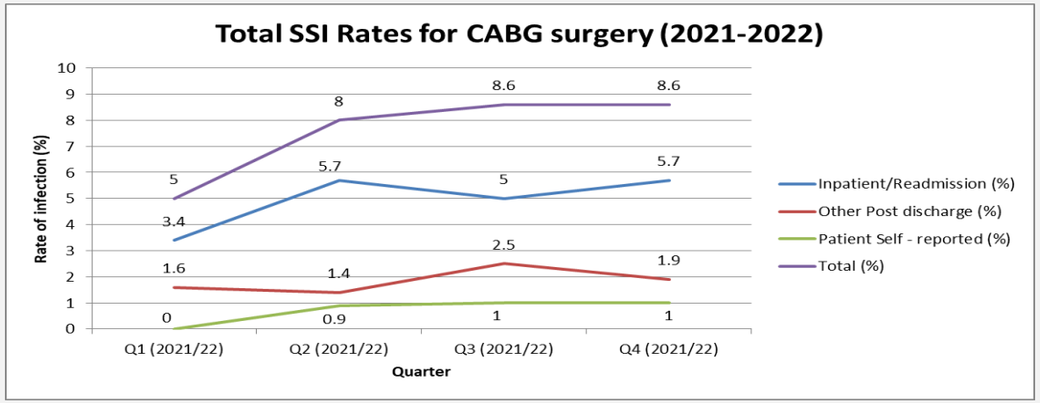
- SSI reporting (internally and to UKHSA) consists of identifying coronary artery bypass graft (CABG) and valve surgery patients with a surgical wound infection that meets the SSI criteria. The PIPR Safe 2021/22 M10 report included a 'Spotlight On' SSI.
- This report provides an update for information on the latest position.
- Graph 1 shows incidence of SSI (inpatient and readmissions only) (2016 to Q4 2021/22) as per UKHSA benchmarking criteria. Graph 2 shows the total SSI incidence for RPH for Q1 to Q4 (2021-2022). This includes patients post discharge and self reported cases.

Graph 1



	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q2 2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
CABG (inpatient/readmissions %)	3.3	2.5	3.8	3.6	3.5	2.6	2	3.1	3.4	3.1	4.9	6.9	5.6	3.2	1.8	3.4	5.7	5	5.7
Valve (%)	1.9	2.7	4	2.7	2.5	2.1	2.1	2.2	0.6	3.1	0.9	3.2	1.3	1.6	2.5	2.1	2.3	2.4	4.3
UKHSA CABG cumulative incidence for inpatient/readmission SSIs (%)	3.7	3.5	3.2	3.2	3.3	3.2	3.1	2.9	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.7	2.7	2.7	

Graph 2



Ongoing actions updates

- SSI stakeholder group have increased frequency of meetings to monthly: *looking at 2 weekly from w/c 16.05.2022. Head of Nursing, Tissue Viability and IPC lead have weekly meeting to ensure action plan is on track. IPCC put on all BU meeting as a standing agenda*
- Decolonisation treatments are available for rescheduled patients including necessary communication for patients: *process in place.*
- Audits of practise across patient pathway including antibiotic administration, scrubbing technique, draping and skin preparation an ANTT: *gowning and gloving audit to take place w/c 16.05.2022*
- Cleaning QC reviewed and action taken at time of audit to rectify non-compliance: *QC's in all areas, Matrons working collaboratively with OCS team to ensure expected standards met. Level 5 (April) had scores below expected standard. OCS team responsive and providing extra training for certain individuals to ensure high standards. Concerns escalated as per process and to IPPC*
- Adherence to 'Antibiotics for Surgical Prophylaxis procedure' (DN027) re-audit: *Audit complete. Some examples of changes in practice following the audit are: there are reminder alerts now set up on Metavision for critical times that require antibiotic administration, i.e.. prior to surgery start and at end of bypass; on the TIME out form on Lorenzo, there is now a mandatory question about time of antibiotic administration; on the SIGN out form on Lorenzo, there is now a mandatory question about time of antibiotic administration.*

New actions since last update:

- Review sternal support and implement best practise
- Weekly led ED environment rounds - theatres with documented report and action plan
- Matron, IPC link practitioner and clinical leads - theatre master classes in performing IPC and quality rounds
- Review of theatre & scrubs dress code policy
- Wider IPC governance action plan includes
- Review of IPC Committee Terms of Reference
- Audit programme review
- Review of IPC reporting from divisions and high-risk areas
- Audit of compliance with hygiene code
- Plan to commence refresher training for all clinical staff of aseptic non touch technique (ANTT). The first task and finish group met 17.05.2022 and there is a follow up meeting planned for 26.05.2022.

Safe: Spotlight On – 'other' infections

Preventing healthcare associated Gram-negative bloodstream infections became a national priority in 2017 after an increase in infections; and thus monitoring of this group of infections became mandatory nationally. Each month PIPR Safe provides an update from Microbiology on the numbers of these 'other infections'. During April 2022, there were 2x E coli bacteraemia; and 1x Klebsiella bacteraemia. This slide provides an overview of the 'other infections' that are reported via PIPR that often don't get a specific mention in narrative. **Table 1** shows the extract from PIPR to help highlight the applicable section; and this slide provides an overview of the national and regional perspective for information.

Table 1

	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
E coli bacteraemia	1	1	0	0	0	2
Klebsiella bacteraemia	0	0	1	1	1	1
Pseudomonas bacteraemia	1	0	1	0	1	0
Other bacteraemia	1	2	0	3	2	0

The Lead Infection Control Doctor writes an Alert Organisms Report that goes to each IPC Committee. The headlines from the report presented at the IPC Committee 12.05.2022 say:
E Coli: 9 cases last year (Apr 2021 to Mar 2022), exceeded the trajectory by 1 case
Klebsiella: 13 cases last year (Apr 2021 to Mar 2022) (28 cases in previous year) – below the trajectory of 14.
Pseudomonas: 5 cases last year (Apr 2021 to Mar 2022) (9 in previous year) – the trajectory was 1 case
The "other bacteraemia" category is all VRE (Vancomycin-resistant enterococci): 12 cases last year (April 2021 to March 2022) (14 in the previous year). There is currently no threshold trajectory set for this measure. RPH monitor this as best practice. VRE is not part of the same national mandatory reporting data set.

Table 2 provides the Healthcare associated infections (HCAI) thresholds for 2022/23

Organisation	C-diff	E. coli	Pseudomonas	Klebsiella
CUHFT	110	157	38	101
NWAFT	114	74	16	36
RPH	12	16	6	16
QEH	60	59	10	24
C&PCCG	232	545	56	204

National context from: *UK Health Security Agency (UKHSA, 7 Apr 2022)*

Quarterly epidemiological commentary: Mandatory Gram-negative bacteraemia, MRSA, MSSA and C. difficile infections (data up to October to December 2021) report (full report available if required):

E. coli bacteraemia

Overall, the percentage between April to June 2020 and October to December 2021, decreased slightly from 69.9% to 65.1% over this period. During the same time period, the percentage of Healthcare Onset – Healthcare Associated (HOHA) and Community Onset – Healthcare Associated (COHA) cases increased from 15.9% to 20.4% and 12.5% to 14.0% of all E. coli bacteraemia cases respectively.

Klebsiella spp. bacteraemia

Between April to June 2017 and October to December 2021, there was a 33.3% increase in the count of all reported Klebsiella spp. bacteraemia cases from 2,348 to 3,131 and a 30.1% increase in the incidence rate from 16.9 to 22.0 cases per 100,000 population, the highest levels seen since surveillance began…There is evidence of seasonality in the incidence trends of all-reported Klebsiella spp. bacteraemia cases, with the highest rates normally observed in July to September of each year.

Pseudomonas aeruginosa bacteraemia

Between April to June 2017 and October to December 2021, there was a 10.1% increase in the count of all reported P. aeruginosa bacteraemia cases from 1,015 to 1,118, and a 7.5% increase in the incidence rate from 7.3 to 7.9 cases per 100,000 population. The count and the incidence rate of community-onset cases increased by 6.1% from 639 to 678 cases and by 3.5% from 4.6 to 4.8 cases per 100,000 population respectively. Over the same period, the count and the incidence rate of hospital-onset cases increased by 17.0% from 376 to 440 cases and by 19.9% from 4.3 to 5.2 cases per 100,000 bed-days respectively. Like Klebsiella spp. cases, increases in counts and rates of hospital-onset P. aeruginosa were also observed during the second wave of the COVID-19 pandemic. The counts and rates of hospital-onset P. aeruginosa increased between July to September 2020 and January to March 2021. During this period, both the counts and rates of hospital-onset cases increased to levels not seen since the initiation of mandatory surveillance of P. aeruginosa bacteraemia. The incidence rate of hospital-onset cases peaked at 7.0 cases per 100,000 bed-days in January to March 2021. The reasons for this increase have been investigated by Sloot and others, 2021, and it was observed that this increase coincided with a rise in the percentage of hospital-onset bacteraemia cases who were also positive for COVID-19.

Caring: Performance summary

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

		Data Quality	Target	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Dashboard KPIs	FFT score- Inpatients	4	95%	98.3%	98.6%	99.5%	98.1%	99.1%	99.1%
	FFT score - Outpatients	4	95%	96.8%	97.7%	98.5%	97.1%	97.0%	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	6.9	6.0	2.5	3.0	4.5	6.1
	% of complaints responded to within agreed timescales	4	100%	100%	100%	50%	100%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 (60% of complaints received)	2	2	2	0	2	1
	Number of complaints (12 month rolling average)	4	5 and below	3.7	3.7	3.3	3.2	3.5	3.9
	Number of complaints	4	5	1	2	2	2	5	5
	Number of informal complaints received per month	New	Monitor only	n/a	n/a	n/a	n/a	n/a	3
	Number of recorded compliments	4	500	1357	1221	1159	1159	1101	994
	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 17.05.2022).

FFT (Friends and Family Test): In summary; **Inpatients**: Positive Experience rate has remained the same in April 2022 (99.1%). Participation Rate has decreased from 25.6% (Mar) to 20.9% (April). **Outpatients**: Positive Experience rate has also remained the same in April 2022, 97.0%. Participation rate has decreased from 12.2% (Mar) to 11.6% (April 2022).
For information: NHS England (latest published data accessed 17.05.2022) is Mar 2022:
Positive Experience rate: 93% (inpatients); and 93% (outpatients). Participation rate 17.6% (inpatients); and 7.6% (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 6.1.
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 17.05.2022): Royal Papworth = 5.72; peer group median = 11.39; national median = 16.65.
% of complaints responded to is 100% for April 2022.
The number of complaints (12 month rolling average): this has remained green for April 2022 at 3.9. We will continue to monitor this in line with the other benchmarking.

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

Informal Complaints: this is a **new category added from April 2022 onwards.** There were 3 Informal Complaints received during April 2022.

Compliments: the number of formally logged compliments received during April 2022 was 994.

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 the PIPR report last month, the SPCT Dashboard was not available for inclusion as part of the Caring Spotlight On (as per the previous quarter); it has therefore been included this month for information.

Caring: Key performance challenges

Complaints

Informal Complaints: From April 2022, Informal Complaints has been added to PIPR Caring. These are defined as an issue that can be resolved quickly often within 15 working days and, without the formal complaint process being followed as expressed by the patient/carer. Resolution of these concerns is usually verbally, in a meeting or via email. During April 2022, there were **three** informal complaints received and we were able to close **six** informal complaints through local resolution.

Formal Complaints are defined as a written or verbal expression of dissatisfaction about staff, facilities or services provided that requires a full investigation and needs to be responded to in writing. During April 2022, there were five new formal complaints.

- We have closed **four** formal complaints in April 2022, one complaint was partially upheld, three were not upheld.
- Three complaints were responded to within the standard 35 working days and the other was within 37 working days (ID:14884), this was extended and agreed by the complainant to enable feedback verbally and ensure all specific concerns were addressed.

Learning from earlier Complaints

This is a summary of the **four** complaints closed in month.

Complaint Datix Reference:14884 Date Closed: 1 April 2022 Extended to 37 working days. Outcome: Partially Upheld.
Family of a Cardiology patient wished to make a formal complaint regarding care and treatment provided around the patient being discharged, in their opinion, without appropriate advice being given. The investigation outcome was that advice was given, but the investigator found that this advice lacked in clarity for the family; and such they were left with unanswered questions. As a result of the complaint, actions were identified 1) The discharge process and how this needs to be communicated clearer, 2) If families are concerned then further time should be given to plan and elevate these concerns before discharge.

Complaint Datix Reference:14987 Date Closed: 13 April 2022 Outcome: Not Upheld
Patient disputes outcome of small claim for lost property and wished to make a formal complaint. Small claim investigation reviewed in accordance with DN207. No evidence that the Trust had failed in its duty to prevent the loss and therefore we are not able to offer any monetary recompense.

Complaint Datix Reference:15002 Date Closed: 28 April 2022 (Lead by CUH - Joint Response) Outcome: Not Upheld
Lead NHS Trust requested information for one concern that the family had raised in relation to email correspondence from the patient to RPH Transplant Team regarding the DGH. The complaint response was shared with the clinical team for awareness.

Complaint Datix Reference:15019 Date Closed: 29 April 2022 Outcome: Not Upheld
Cardiology patient raised a formal complaint regarding the delay in their transfer to RPH from the local general hospital. Patient is becoming increasingly concerned about the impact this will have on their health. The outcome of investigation was that the patient was receiving the correct care and treatment at their local DGH and was unable to be transferred to RPH due to bed capacity. Explanation and apologies around the patient experience and understanding around bed capacity were conveyed to the patient.

Complaints: Key actions and how we share our learning:

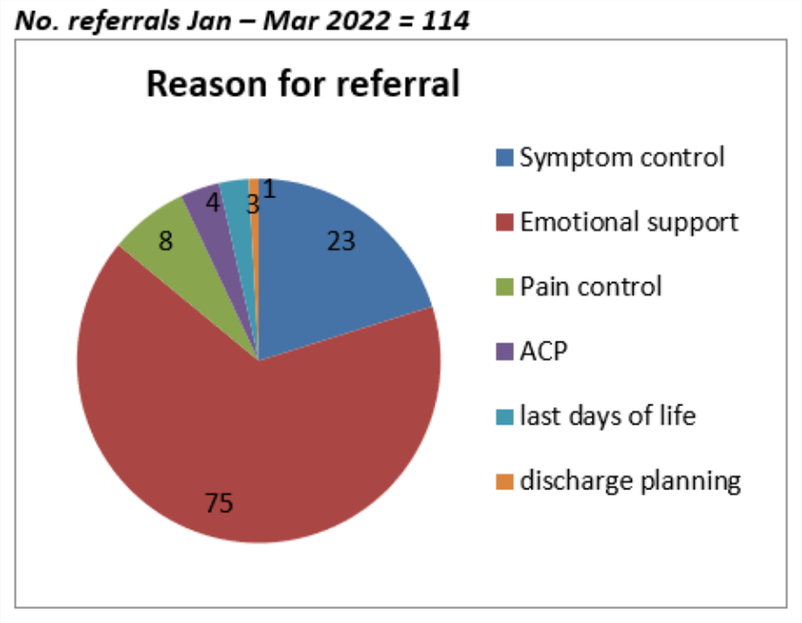
- All complaints are subject to a full investigation. Individual investigations and responses are prepared. Actions are identified.
- Complaints and lessons learned shared at Business Unit and Clinical Division meetings and Trust wide through the Quality and Risk Management Group (QRMG reports) and/or patient stories.
- 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.
- 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 – Supportive and Palliative Care Team

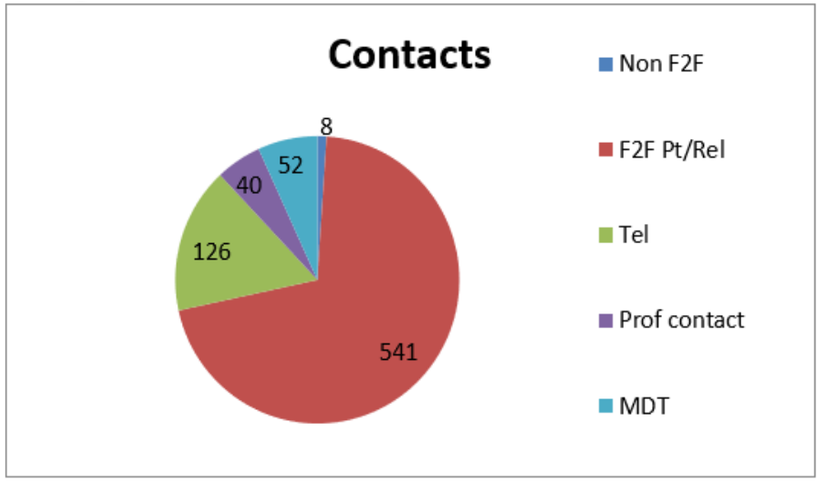
Supportive and Palliative Care Team (SPCT) Dashboard

Every quarter, the SPCT produce a Dashboard. An extract is always included in PIPR (p.10) and it is discussed in the End of Life Steering Group. This PIPR, in line with the quarterly reporting will share some more information from the Q4 2021/22 (Jan to Mar 2022) Dashboard.

This pie chart shows that during Q4, out of 114 referrals, the number one reason for referral remains emotional support (n=75), again followed by symptom control (n=23), then pain control (n=8). [ACP (in the chart below) = advanced care planning]



This generated 768 contacts: *(N=787 Oct-Dec)*



Outcomes

Discharged N = 89	Deceased N = 11	Ongoing (as at 7.4.22) N = 14

This pie chart shows a breakdown by type of the 768 contacts for Q4 (Jan to Mar 2022). The previous quarter (Q3) was 787 contacts.

The highest contact type remains face to face (F2F) at 541. The small table underneath the pie chart shows the outcomes for Q4.

Annual Report for the SPCT: The End of Life Steering Group met on 03.05.2022 where the Royal Papworth Supportive and Palliative Care Team Annual Report (April 2021 – March 2022) was presented by the Consultant lead for the service.
This annual report looks at outcomes of the service in the reporting year and is available to view if required.

As with earlier reports, this is an extract of some of the compliments from the SPCT Dashboard for Q4 2021/22 which helps to visualise some of the work the team undertake:

- Emails from RPH Consultants re their patients: *"Thank you for your help with his care"; "Thanks to the whole team for your help and support".*
- Letter from a patient*: "Thank you for being there throughout my stay, lending an ear when needed and wiping up my tears when needed too"*
- Phone call with bereaved relative: *"She thanked the team and also said that she is pleased that (her loved one) went home for few days before he died which was his wish".*

Effective: Performance summary

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

		Data Quality	Target	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	69.9%	64.2%	65.8%	71.3%	77.2%	70.0%
	CCA bed occupancy	4	85% (Green 80%90%)	92.0%	85.6%	85.6%	78.7%	89.5%	80.3%
	Admitted Patient Care (elective and non-elective)**	4	104% of 19/20 baseline	2006	1853	1706	1702	1891	1590
	Outpatient attendances**	4	104% of 19/20 baseline	9146	7835	8146	7914	9290	7330
	Cardiac surgery mortality (Crude)*	3	<3%	2.50%	2.34%	2.17%	1.99%	1.84%	1.97%
	Theatre Utilisation	3	85%	67.0%	75.6%	76.6%	73.2%	76.7%	73.1%
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	85%	81%	72%	79%	76%	79%	75%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	4	8.20	7.00	9.01	13.18	7.08	8.69	11.20
	Length of stay – Cardiac Elective – valves (days)	4	9.70	8.88	11.19	7.40	9.37	9.25	10.36
	CCA length of stay (LOS) (hours) - mean	4	Monitor only	108	147	188	135	240	93.84
	CCA LOS (hours) - median	4	Monitor only	41	42	44	29	27	41
	Length of Stay – combined (excl. Day cases) days	4	Monitor only	5.94	6.00	5.78	6.02	6.09	6.02
	% Day cases	4	Monitor only	65.7%	63.3%	66.3%	63.6%	63.7%	62.2%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	31.0%	34.9%	24.0%	32.0%	34.1%	31.0%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	15.2%	9.5%	2.1%	7.1%	17.1%	11.1%

* Note - Provisional figure based on discharge data available at the time of reporting ** Excludes PP activity (see page 1 for activity inc PP)

Summary of Performance and Key Messages:

Utilisation of Cath labs and Theatres

The latest COVID surge continued through the first half of April, peaking over the Easter bank holiday weekend. This meant that month 1 was a month of two halves with the first half plagued by cancellations due to staff or patients testing positive for COVID or presenting with symptoms, and the second half in which sickness levels revert to closer to the seasonal norm. The former and the impact of two bank holidays in month adversely impacted on utilisation of treatment functions and the bed base.

The lower level of utilisation of our facilities in the first part of the month is reflected in the lower volume of month admitted patients when measured against the 104% of 2019/2020 activity set as a target in the 2022/23 Operational plan.

The Productivity Project in Theatres and Cath labs continues and Is now in it's final month and it is anticipated that the benefit of the project will be seen in month 2 activity levels. The Critical Care Transformation project is also progressing well with 32 beds consistently available throughout April and 33 beds available in May. Outpatient recovery continues to be strong in spite the fewer number of actual patients seen in month. This is due to fewer working days in April.

Length of stay

The overall length of stay in the Trust has increased over the course of the pandemic. This is for three key reasons: the acutely unwell COVID cases that we treat have a long length of stay, overall increased patient acuity particularly in Respiratory Medicine and inability to repatriation patients to district general hospitals due to acute beds pressures in these organisations.

With the dramatic reduction in COVID patients in the hospital from the end of April and the easing of pressure at local hospitals it is anticipated that length of stay will reduce over the coming months. Increased patient acuity is believed to be a consequence of patients waiting longer for treatment.

Effective: Activity Restoration

Background and purpose

It is intended to provide oversight of referral and activity numbers against the following two benchmarks;

1. 2019/20 activity
2. Planned activity numbers as submitted in the Operational Planning Template for 2022/23. The table below shows the projected delivery rates by POD as a % of 2019/20 activity.

Targets by POD: % of 2019/20 activity	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22 - Mar 23
Elective inpatient	80%	82.50%	85%	90%	95%	100%	100%	102%	104%
Elective daycase	90%	95%	100%	100%	102%	104%	104%	104%	104%
Outpatient	100%	103%	106%	110%	110%	110%	110%	110%	110%
Diagnostics	104%	104%	104%	104%	104%	104%	104%	104%	104%

Dashboard headlines

The tables to the right show how the numbers for M1 compare to 2019/20 numbers at a Trust level and at specialty level and a forward look based on provisional M2 data.

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

M1 activity performance in line with target

- **Referrals** – Cons to Cons referrals met the expected target
- **Non-Admitted Activity** – First and Follow-up activity both exceeded the expected M1 target.
- **Radiology –** CTs met the M1 expected target.
- **Admitted activity** – Elective daycases met the expected M1 NHSI/E target.

M9 activity performance behind target

- **Radiology –** MRIs and Other Radiology exams did not meet the expected M1 target.
- **Admitted activity** – Elective inpatients did not meet the expected M1 NHSI/E target.

Performance Summary:

Table 1: Trust Level

Category		M1 against prior year average for M1 to M1	M2 projection against 2019/20 M2
Referrals	GP	44.2%	66.1%
	Cons-to-Cons	126.7%	116.7%
Non-Admitted	First	120.4%	109.5%
	Follow up	102.6%	145.5%
Radiology	MRI	110.5%	109.7%
	CT	109.3%	132.3%
	Other	90.3%	110.5%
Admitted Activity	Elective Inpatients	69.6%	93.7%
	Daycases	96.8%	135.4%
	Non-Elective Inpatients	88.6%	108.5%

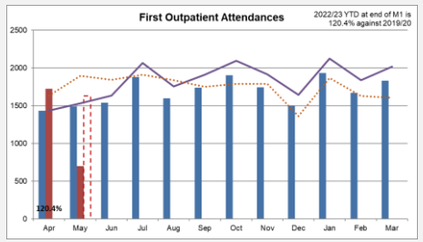
Table 2: M1 activity compared to 2019/20 (Specialty Level)

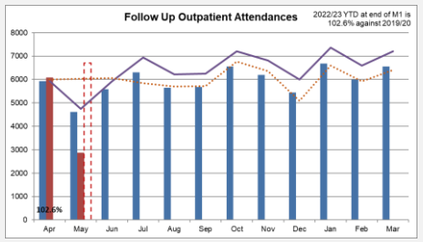
Specialty	EL	DC	NEL	OPFA	OPFU
Cardiac Surgery	84.1%	200.0%	72.1%	67.1%	257.4%
Cardiology	64.4%	88.5%	96.6%	36.8%	117.6%
RSSC	57.4%	149.5%	78.6%	227.8%	77.1%
Thoracic Medicine	67.2%	63.1%	100.0%	74.2%	85.5%
Thoracic Surgery	95.7%	31.3%	66.7%	86.7%	115.3%
Transplant/VAD	142.9%	#DIV/0!	38.5%	218.2%	73.6%
PTE	93.8%	#DIV/0!	0.0%	45.5%	81.1%
Trust	69.6%	96.8%	88.6%	120.4%	102.6%

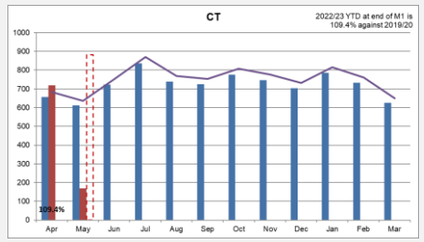
Key:

Above Planned Target
Within 5% of Planned Target
Greater than 5% below Planned Target

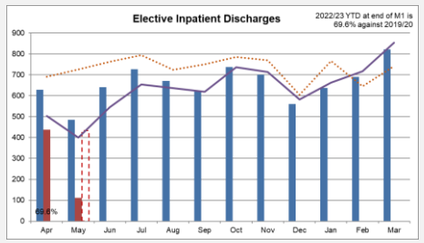
Non-Admitted Activity

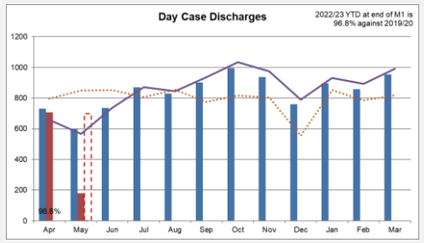


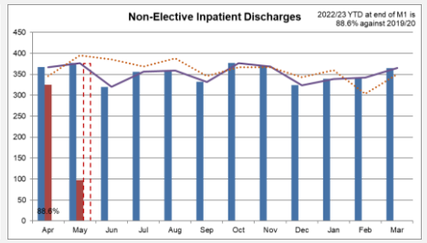


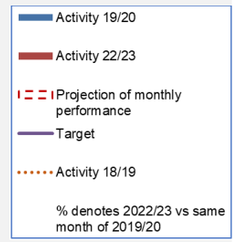


Admitted Activity



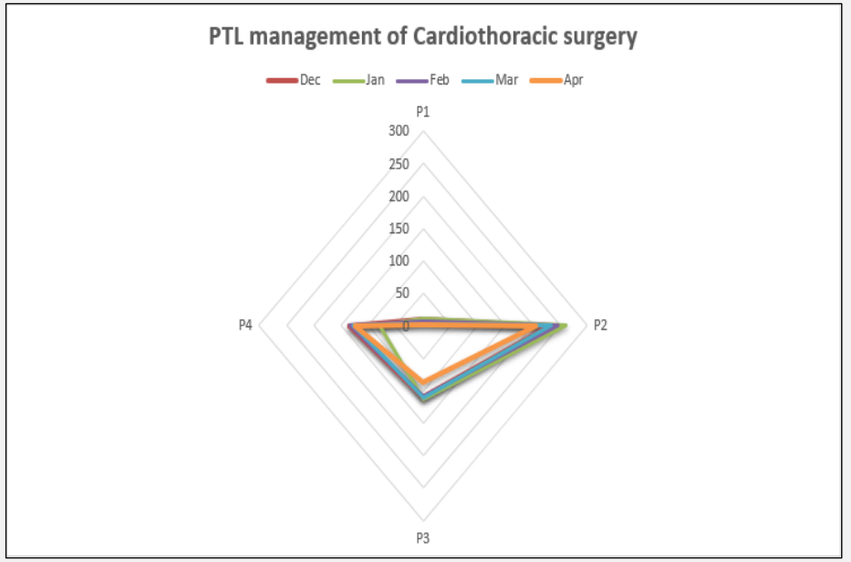


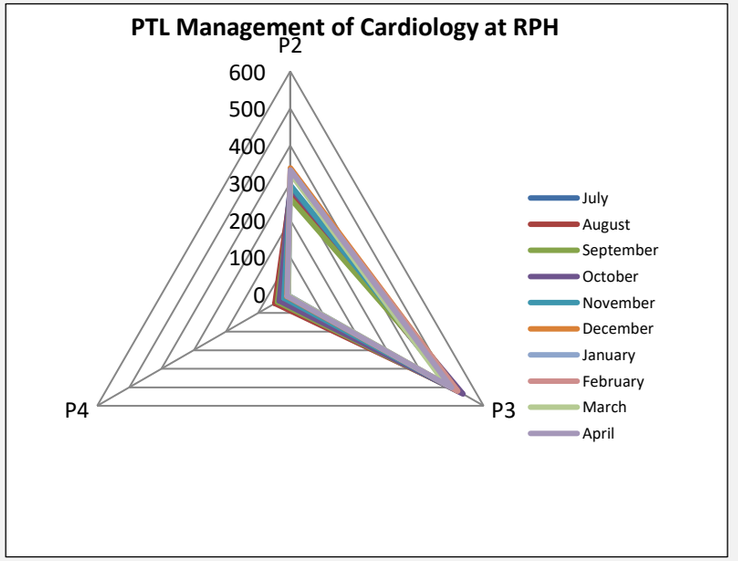


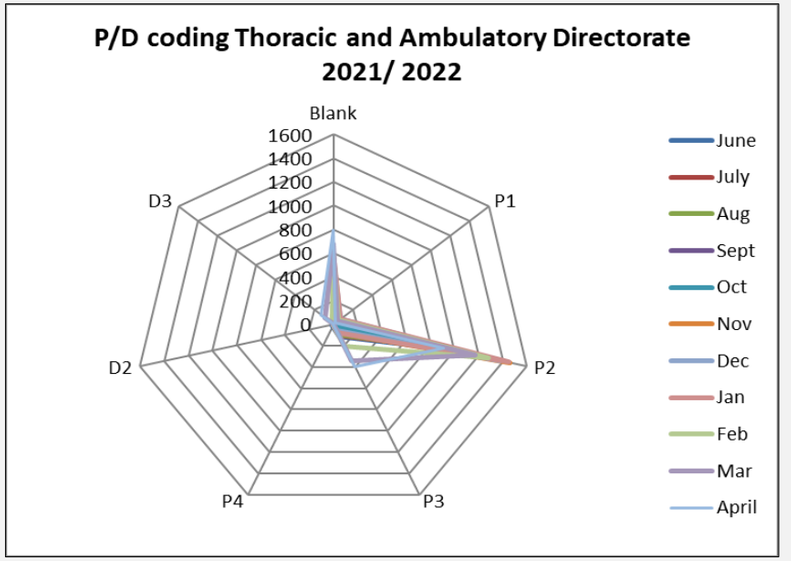


Effective: Spotlight on: Priority Status Management

>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







Cardiothoracic Surgery Waiting List Profile

↓ 516 patients on the waiting list (from 551)
↓ 195 patients over 18 weeks (from 202)
↑ 4 patients over 52 weeks (from 1 – all with planned dates)
↓ RTT performance 62.7% (from 65.1%)

Over 18 weeks
57 - patients with Planned or booked dates
32 – patients with planned OPA/ MDT/ Diagnostics appointment
89 – patients awaiting surgery date (50xP2, 30xP3,8xP4,1xP6)
17 – patients awaiting Administrative update

Cardiology Waiting List Profile

↑ 1399 patients on the waiting list
↑ 329 patients over 18 weeks
↔ 0 patients over 52 weeks
↔ 0 patients over 104 weeks
↑ RTT performance 77.90%

Over 18 weeks
- 171 – Booked for admission
- 35 - Planned OPD / Diagnostic appointment / MDT
- 24 – Clock stops or data quality issues
- 91 – Awaiting dates to come in

Respiratory Waiting List Profile

↑ 2246 patients on waiting list increase of 7% on last month
↑ 419> 18 weeks
↑ 1 > 52 weeks
↑ RTT performance 81.66%

Over 18 weeks
- 149 – Have been in patients or booked as in patients
- 130 – Have had out patients or waiting OP
- 36 – Clock stops
- 1 – DQ errors
- 113 – Awaiting diagnostic

Responsive: Performance summary

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

		Data Quality	Target	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Dashboard KPIs	% diagnostics w aiting less than 6 w eeks	3	>99%	97.86%	97.93%	93.04%	96.68%	97.20%	96.98%
	18 w eeks RTT (combined)	5	92%	86.54%	85.38%	84.25%	81.32%	79.62%	78.19%
	Number of patients on w aiting list	5	3,279	3914	4110	4172	4128	4318	4347
	52 w eek RTT breaches	5	0	3	5	4	6	1	7
	62 days cancer w aits post re-allocation (new 38 day IPT rules from Jul18)*	4	85%	46.2%	54.5%	42.9%	57.1%	50.0%	78.6%
	31 days cancer w aits*	4	96%	96.4%	100.0%	95.8%	95.5%	100.0%	100.0%
	104 days cancer w ait breaches*	4	0	7	5	8	8	7	4
	Theatre cancellations in month	3	30	53	27	22	32	44	34
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	47.00%	85.00%	79.00%	97.00%	83.00%	97.00%
	Acute Coronary Syndrome 3 day transfer %	4	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Additional KPIs	18 w eeks RTT (cardiology)	5	92%	88.33%	88.43%	89.59%	87.30%	82.93%	77.87%
	18 w eeks RTT (Cardiac surgery)	5	92%	67.19%	67.00%	66.01%	65.36%	65.19%	62.45%
	18 w eeks RTT (Respiratory)	5	92%	90.85%	88.61%	85.91%	81.92%	80.96%	81.89%
	Non RTT open pathw ay total	2	Monitor only	37,506	37,467	37,681	38,137	38,484	38,722
	Other urgent Cardiology transfer w ithin 5 days %	4	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	% patients rebooked w ithin 28 days of last minute cancellation	4	100%	73.33%	69.23%	100.00%	88.89%	100.00%	91.30%
	Outpatient DNA rate	4	9%	8.00%	8.10%	7.21%	7.05%	6.38%	7.60%
	Urgent operations cancelled for a second time	4	0	0	0	0	0	0	1
	% of IHU surgery performed < 10 days of medically fit for surgery	4	95%	61.00%	97.00%	91.00%	100.00%	97.00%	100.00%
	% of patients treated w ithin the time frame of priority status	4	Monitor only	43.5%	43.1%	36.4%	41.2%	39.4%	37.2%
	% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	4	Monitor only	44.6%	45.5%	49.9%	47.8%	47.9%	46.1%

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

Summary of Performance and Key Messages:

Diagnostic Performance

Overall Diagnostic performance remains strong, largely reflecting overachievement in the big imaging modalities of CT and MRI. The Trust continues to deliver cardiac CT on behalf of CUH as an on-going mutual aid initiative. ECHO remains extremely challenged however with significant staffing gaps which are partially filled by agency staff. Nationally there is an issue with insufficient ECHO trained staff and although recruitment is on-going, this issue is unlikely to be resolved quickly.

Waiting List Management

There was a further deterioration in RTT performance this month at a Trust aggregate level, however, there was a positive movement in Respiratory RTT performance due to an increased number of CPAP new starters. This reflects the speciality temporarily switching some of it's bed capacity to day case CPAP capacity to address a backlog in patients waiting to start CPAP while waiting for devices to be available. There is now a steady supply of devices both for new starters and to support the Philips device recall programme.

The number of 52 week breaches increased to 7 in April and all patients are awaiting Cardiac Surgery. One patient has chosen to delay their treatment but all 7 either have dates foe admission planned or have a planned outpatient or diagnostic appointment. There are no patients with a waiting time at risk of breaching 104 weeks or 78 weeks.

Cancer Waiting Times

Cancer performance remains a challenge due to a combination of late referrals, patients needing more than one diagnostic and discussion in the MDT and in increase in the number of referrals in to the Trust, particularly in early stage referrals requiring biopsy. Previous challenges around access to PET-CT scanning at CUH have improved since the successful swap out of the static scanner on 12th April. Currently requests are being processed quickly and the mean wait for April dropped to 7.46 days with 31 of the 48 requests in April being dated within 7 days. Patients are also being offered appointments at other sites – namely Northampton and Colchester – but most patients are still opting to attend CUH.

IHU Performance

IHU performance improved against the 7 day standard and achieved 100% against the 10 day standard and the backlog of cases caused by a surge in demand in January and February has now been addressed with the number of cases in the pipeline reduced to a more manageable level.

ACS Performance

ACS performance remained secure throughout the last six months in spite of high levels of emergency demand.

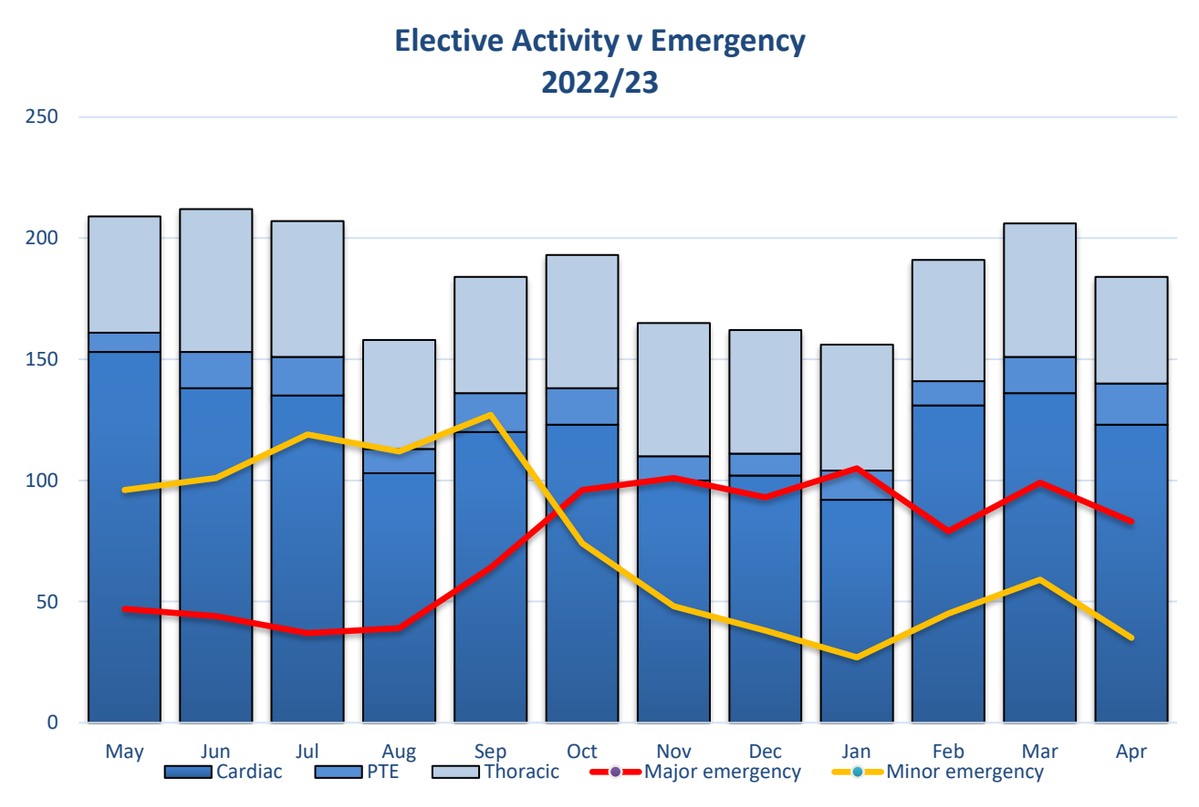
Responsive : Key Challenges: Theatre Cancellations

Theatre Activity Summary

123 Cardiac / 44 Thoracic / 17 PTE / 49 IHU / 14 TX activity

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

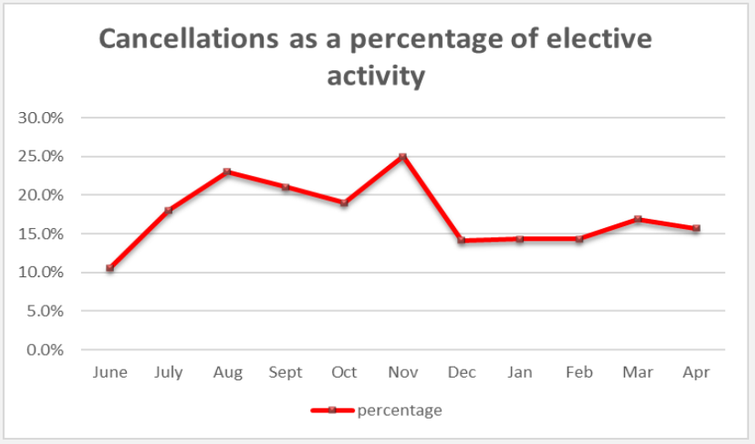
35 additional emergency minor procedures also went through theatre and critical care, utilising the theatre team.



Cancellations

Cancellation reason	Apr-22	Total
1b Patient refused surgery	3	10
1c Patient unfit	6	71
1d Sub optimal work up	1	14
2b No ward bed available to accept transfer from CCA	1	13
3a Critical Care	7	143
3c Consultant Surgeon	2	9
4a Emergency took time	3	40
4b Transplant took time	1	13
4d Additional urgent case added and took slot	3	29
4e Equipment/estate unavailable	1	15
5a Planned case overran	6	55
Total	34	466

Cardiac and Thoracic surgery decreased marginally in April, whilst PTE activity remained consistent. There were a range of cancellation reasons, though staffing in Critical Care was the highest reason, followed by patient unfit and planned case overruns. Cancellations as a percentage of scheduled elective activity reduced to just over 15%

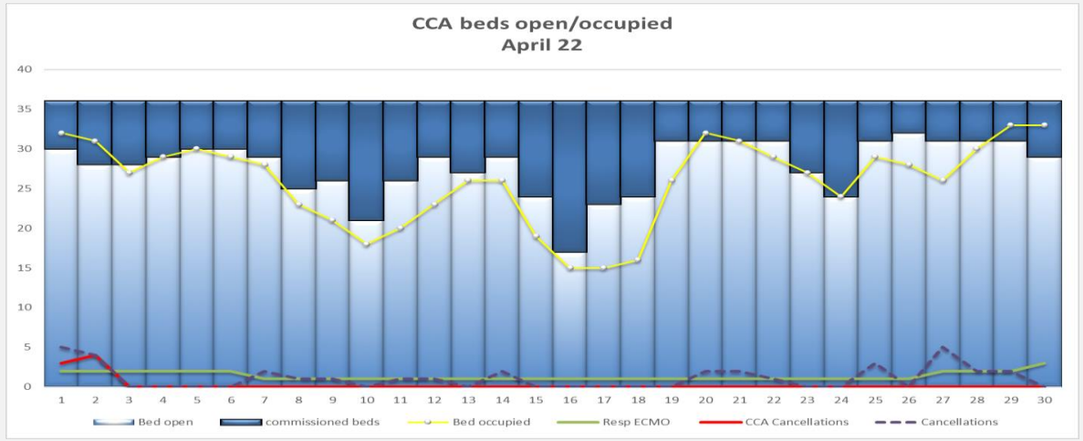


Responsive : Spotlight on Critical Care

Critical Care Performance Summary

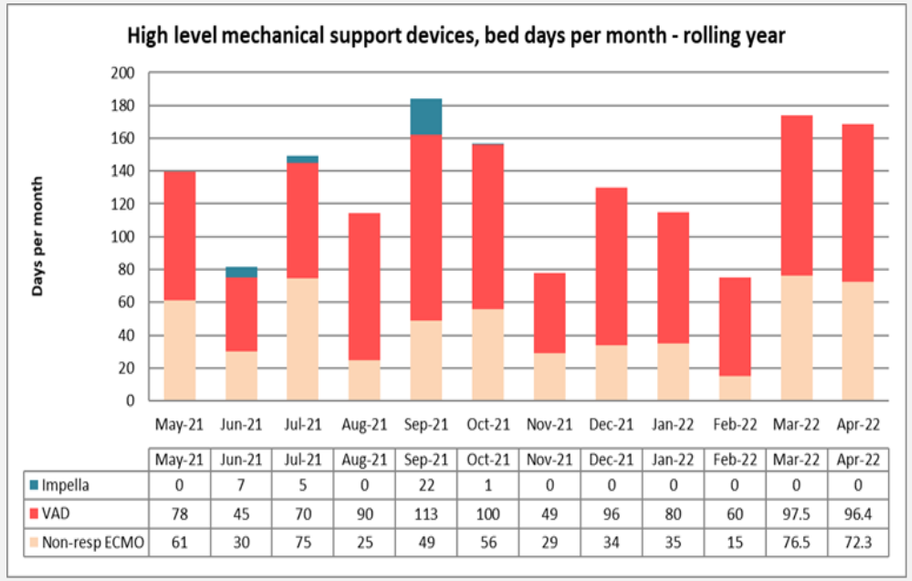
1. CCA bed open/occupied

The percentage of occupancy using a bed state of 36 commissioned beds was 72.8%, whereas using the amount of CCA beds open it was 93%. There were 5 occasions that CCA was oversubscribed, with more patients than staffed beds.



2. ECMO & mechanical devices

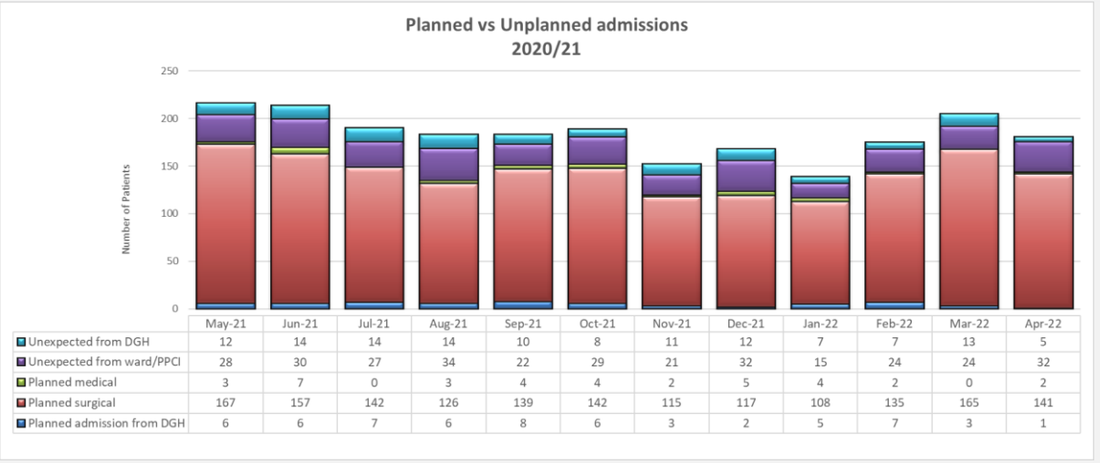
VAD occupancy remain high in April, with just under 95 bed days, and despite respiratory ECMO occupancy dropping to its lowest since the start of Covid, non-respiratory ECMO still accounted for 72.3 bed days.



	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Impella	0	7	5	0	22	1	0	0	0	0	0	0
VAD	78	45	70	90	113	100	49	96	80	60	97.5	96.4
Non-resp ECMO	61	30	75	25	49	56	29	34	35	15	76.5	72.3

3. Planned v Unplanned Admissions

Planned activity remained high, despite the Easter holidays limiting some operating days, but emergencies remained high. Whilst there were 5 unexpected admissions from DGHs to the unit, there were 32 emergencies transferred to CCA from the wards. This is the highest amount since he winter months.



	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Unexpected from DGH	12	14	14	14	10	8	11	12	7	7	13	5
Unexpected from ward/PPCI	28	30	27	34	22	29	21	32	15	24	24	32
Planned medical	3	7	0	3	4	4	2	5	4	2	0	2
Planned surgical	167	157	142	126	139	142	115	117	108	135	165	141
Planned admission from DGH	6	6	7	6	8	6	3	2	5	7	3	1

People, Management & Culture: Performance summary

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

		Data Quality	Target	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Dashboard KPIs	Voluntary Turnover %	3	14.0%	13.55%	19.44%	15.14%	15.97%	17.73%	17.89%
	Vacancy rate as % of budget	4	5.00%	7.19%	7.87%	8.42%	8.40%	9.16%	10.11%
	% of staff with a current IPR	3	90%	71.38%	71.37%	72.94%	74.96%	74.18%	73.75%
	% Medical Appraisals	3	90%	68.64%	71.55%	75.00%	76.07%	75.86%	73.04%
	Mandatory training %	3	90.00%	85.14%	85.02%	84.32%	84.83%	84.56%	84.45%
	% sickness absence	3	3.5%	4.79%	4.95%	5.59%	5.36%	5.58%	5.15%
Additional KPIs	FFT – recommend as place to work	3	70.0%	n/a	70.00%	n/a	n/a	74.00%	n/a
	FFT – recommend as place for treatment	3	90%	n/a	91.00%	n/a	n/a	90.00%	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	3	5.00%	3.22%	4.30%	4.87%	5.50%	6.65%	7.48%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	3	10.00%	23.56%	23.49%	24.52%	24.27%	24.54%	25.09%
	Long term sickness absence %	3	0.80%	1.94%	2.18%	1.56%	1.61%	1.46%	1.39%
	Short term sickness absence	3	2.70%	2.85%	2.78%	4.04%	3.76%	4.12%	3.76%
	Agency Usage (wte) Monitor only	3	Monitor only	29.0	23.7	20.8	22.8	31.1	23.3
	Bank Usage (wte) monitor only	3	Monitor only	60.9	55.9	59.4	56.3	59.2	52.8
	Overtime usage (wte) monitor only	3	Monitor only	59.1	51.2	45.0	49.0	68.1	40.2
	Agency spend as % of salary bill	5	3.36%	1.50%	2.42%	1.63%	0.94%	1.68%	1.96%
	Bank spend as % of salary bill	5	1.71%	2.06%	1.66%	2.46%	2.57%	2.23%	1.85%
	% of rosters published 6 weeks in advance	3	Monitor only	32.40%	38.20%	32.40%	55.90%	55.90%	29.40%
	Compliance with headroom for rosters	3	Monitor only	31.50%	28.50%	34.10%	33.80%	33.50%	34.10%
	Band 5 % White background: % BAME background*	3	Monitor only	n/a	57.17% : 39.93%	n/a	n/a	56.69% : 40.33%	n/a
	Band 6 % White background: % BAME background*	3	Monitor only	n/a	73.13% : 25.23%	n/a	n/a	73.29% : 25.30%	n/a
	Band 7 % White background % BAME background*	3	Monitor only	n/a	85.83% : 12.99%	n/a	n/a	85.34% : 13.16%	n/a
	Band 8a % White background % BAME background*	3	Monitor only	n/a	87.50% : 11.36%	n/a	n/a	87.78% : 11.11%	n/a
	Band 8b % White background % BAME background*	3	Monitor only	n/a	90.32% : 6.45%	n/a	n/a	90.00% : 6.67%	n/a
	Band 8c % White background % BAME background*	3	Monitor only	n/a	92.86% : 7.14%	n/a	n/a	93.33% : 6.67%	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 remains over our target of 14% and we are experiencing a 6 month turnover average of 16.62% . It follows that with high rates of turnover and a very challenging job market there will be rising vacancy rates with such vacancies being unfilled for extended periods. This is a challenging time for the NHS in general to recruit and retain staff and the turnover and vacancy rates are broadly similar across other acute sector in the East of England. We are facing significant competition within a buoyant job market which is driven by low levels of unemployment and rising pay rates. There is much more competition for the type of resource that would otherwise have looked to Health as a career choice.
- There were 30 (28 wte) non-medical leavers in April. The most common reason given for leaving was relocation with 7 staff (23%) giving this as their reason – they were moving to organisations outside of Cambridge and Peterborough, private sector and overseas.
- Our HCSW vacancy rate remains a concern with 57.14 vacancies at the end of April and we have been running with an average of 51 vacancies in this staff group for 6 months. We have had some success recently as we have opened up again to hosting recruitment events on the hospital site and through these we were able to make offers 17 HCSW roles in March and12 more recently in May. So whilst this vacancy rate is high we have 42 recruits in the pipeline and have another event in June.
- We are actively encouraging managers to focus on retaining the staff that they have and are progressing a significant suite of programmes ongoing to improve the employee experience at work, supporting their health and wellbeing, enabling development and providing support through financial hardship.
- Sickness absence remained over the KPI at 5.2%. Sickness absence rates tracked at 5% over the past 6 months which is 1.5% higher than the target of 3.5% but slightly lower than the national average for acute Trusts of 5.73% and acute Trusts in the East of England (5.66%). Covid absence in the first half of April was approximately 50% of absence. This reduced in the second half of the month to covid absence being approximately 25% of absences.
- The IPR rates remain significantly below the KPI with areas still struggling to release staff for appraisals due to the continuing high absence rates. The importance of annual appraisals for staff engagement and wellbeing continues to be emphasised and compliance is discussed at monthly divisional performance meetings.
- Mandatory training is the subject of a our Spotlight On this month and is therefore covered in more detail on the following slide.
- Temporary staffing usage, in particular overtime reduced, as absence rates improved in the latter half of the month.
- It is disappointing that compliance with the roster approval KPI reduced in April. The key reason given by areas for not publishing rotas six weeks in advance is lack of line manager and/or administration time. A monthly rostering review meeting lead by the Heads of Nursing have been established to support areas with rostering practice and compliance with KPIs.

People, Management & Culture : Key performance challenges

Escalated performance challenges:

- Staff health and wellbeing continuing to be 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:

The key actions that will help mitigate our risks are going centre around driving forward our CCL programme, EDI and recruitment and retention agendas.

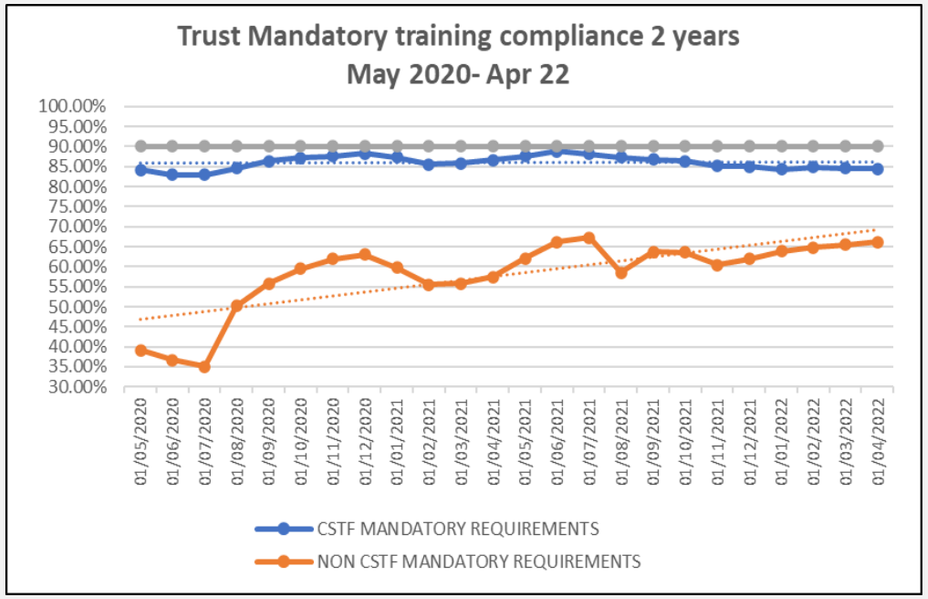
Compassionate and Collective Leadership Programme
Our Compassionate and Collective leadership programme provides the foundation for improving staff engagement and morale and in particular the values and behaviours sessions set out our expectations of behaviours we expect to see and the management development programme will ensure that we have managers with the knowledge and understanding of how to effectively manage teams, motivate and engage their staff. Capacity across the Trust to engage is limited but it remains crucial that staff find the time to do the training and take part in the programme. To date approximately 300 staff have undertaken the V&B training across both sites. In addition we have launched the Line Manager Development Programme with the first session of the first cohort. Their sessions run each throughout the year until December. The places for cohort 2 and 3 have now been finalised and will begin in July and August, respectively.

Added to this we have successfully returned to face to face induction which has given us the opportunity to deliver our values training to our new recruits as well as showcase our health and wellbeing programme and benefits to staff as they start their time with us.

Resourcing
HCSW Recruitment
After the successful ‘apply/offer on the day’ event in March (17 offers), a further highly successful event was held in early May with 12 offers being made to HCSW roles in the following areas:-
5 - Cardiology
4 - 5 South
1 - Cath Labs
1 - Theatres
1 - Temporary Staffing

A further event is scheduled to be held on the 18 June.

People, Management & Culture : Spotlight On – Mandatory Training



The Trust continues to be aligned with the national standard for mandatory training in the NHS, the Core Skills Training Framework (CSTF). Mandatory training has seen a small decrease of 1.42% in overall compliance to 84.45% in the last twelve months to the end of April 2022. Compliance rates tend to be at their lowest at this point of the year but recover over the summer months. 88.81% Trust wide compliance was achieved at the end of June 2021 and we expect compliance rates to improve in Quarter 2.

Information Governance compliance is a risk. The Data Security & Protection Toolkit (DSPT) requirement is for 95% compliance at the end of June 2022. The end of April figure stood at 85.33% including new starters. Numerous actions encouraging and directing staff to achieve compliance have been taken by both the Information Governance team and Education Support teams. 10% of IG non-compliance sits within 20 business areas with the remaining 3.6% spread across 37 business areas. A strategy is in place to engage with these key business areas and we are confident that we can deliver the 95% IG compliance target.

Staff are now accustomed to the eLearning system but some frustration is reported on the multiple locations for mandatory training eLearning, which is a consequence of delivery arrangements established the pandemic. The proposal to move to a single eLearning platform is a core element of the Royal Papworth School project. This will allow staff and managers to view and complete eLearning on a single platform, and provide live compliance reporting for managers. An easy to use eGuide on mandatory training requirements that seeks to offer clear and easy to navigate advice on mandatory training is available on the MyESR home page.

It remains the case that a number of subjects remain under 80% compliance, with the lowest figures for core subjects being in areas delivered by classroom or other face to face delivery. Compliance figures for Resuscitation L2 and Moving & Handling L2 have nonetheless improved significantly since September 2020. At that point compliance for Resuscitation Level 2 was 60.11% and Moving & Handling Level 2 was 65.67%, with Resuscitation Level 2 recovering to 79.96% and Moving & Handling to 83.76% in July 2021. There has been a fall in compliance in both these areas in the intervening winter months but it is expected that compliance will again recover significantly in Quarter 2.

Compliance with Fire Safety training fell as a result of returning to face to face training last year and so we took the decision to return to providing this through e-learning in January and compliance has risen once more to 82.67. Resuscitation Level 3 compliance has remained notably low over the last twelve months and did not improved as planned. During this time the Resus Lead post holder changed and the team have remained under strength for a significant period during a time. Figures in this area can be expected to improve as the Level 3 requirement has been removed from a number of staff. Level 3 compliance is expected to improve from Quarter 2 when the Resus Education team are expected to be at fully staffed. Safeguarding Level 3 for Adults and Children training coverage is being evidenced via a training Passport, launched in November 2019, where staff can readily evidence and coverage. The requirement was reviewed and removed from a significant number of senior medical colleagues in the last year. Despite this overall compliance has not improved. The Level 3 requirements and how they are evidenced are complicated. The Chief Nurse is considering whether there are more effective ways to manage this competency and training.

Prevent Awareness training compliance was a concern in past PIPR reports. Compliance is now established at consistently higher rates. Prevent Awareness compliance has improved from 72.50% in April 2020 to 87.48% in April 2022. This training, the higher level than the Prevent Basic Awareness training, was launched in March 2019. Blood Transfusion, Medicines Management and Medical Gases are Local Mandatory Training (non-CSTF) subjects that moved to eLearning on the temporary Learnzone platform during the pandemic. Compliance for each of these subjects improved by over 20% in the first year after the launch of the eLearning. A review of requirements in Quarter 2 is expected to take a number of staff out of these requirements and improve compliance. Trust wide M.abscessus and Referral to Treatment eLearning programmes (non-CSTF) have been launched in the last year on the temporary Learnzone platform. It is expected that in the next twelve months these will be either presented as requirements via ESR, or delivered via the proposed new Royal Papworth School eLearning platform. The ability for new colleagues to access their MyESR before start date has been piloted for new starters in CCA. Roll out to all new starters will be a project in Quarter 2 of this year. The proposed Royal Papworth School eLearning Platform may affect this plan. The Trust has been accepting both Inter-authority Transfers (IATs), and Multi-Authority Transfers (MATs) on the ESR system for since 2019. IATs allow the Trust to accept current Core Skills Training Framework (CSTF) aligned training competencies from a previous NHS employer. MATs share records between staff with bank contracts in more than one Trust, and updates training records across all employers. This has the potential to significantly reduce the initial training burden on new starters and avoid repeat training for staff working in more than one Trust. However engagement with partner organisations with the NHS Streamlining Project that supports this is not consistent which impacts the effectiveness of this function.

Finance: Performance summary

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

		Data Quality	Target	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Dashboard KPIs	Year to date surplus/(deficit) exc land sale £000s	5	£(309)k	£2,205k	£2,580k	£3,610k	£4,554k	£3,172k	£(197)k
	Cash Position at month end £000s	5	n/a	£60,027k	£61,840k	£62,174k	£65,347k	£59,966k	£62,894k
	Capital Expenditure YTD £000s	5	£144 YTD	£606k	£716k	£733k	£972k	£1,340k	£320k
	In month Clinical Income £000s*	5	£21791k (current month)	£17,198k	£17,605k	£17,660k	£51,655k	£23,670k	£21,511k
	CIP – actual achievement YTD - £000s	4	£483k	£4,450k	£4,920k	£5,290k	£5,630k	£5,920k	£250k
	CIP – Target identified YTD £000s	4	£5800k	£5,390k	£5,390k	£5,390k	£5,390k	£5,390k	£3,970k
Additional KPIs	NHS Debtors > 90 days overdue	5	15%	68.3%	26.9%	7.8%	24.4%	4.5%	69.5%
	Non NHS Debtors > 90 days overdue	5	15%	23.6%	20.6%	27.4%	23.0%	20.5%	24.9%
	Capital Service Rating	5	4	3	3	3	3	3	4
	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	£13,370k	£15,085k	£17,495k	£19,801k	£19,386k	£1,182k
	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	£2,643k	£3,827k	£6,885k	£3,743k	£7,165k	£3,359k
	Better payment practice code compliance - NHS	5	Monitor only	91%	94%	87%	80%	85%	82%
	Better payment practice code compliance - Non NHS	5	Monitor only	95%	97%	94%	96%	96%	92%

Summary of Performance and Key Messages:

- **The Trust submitted a full year plan of £7.9m (£7.3m on a control total basis) which has been agreed as part of the C&P ICS submission.**
- **The Trust YTD financial position as at April is favourable to plan by £0.1m with a reported deficit of £0.2m against a planned deficit of £0.3m.** The favourable variance is mainly driven by lower than plan pay spend due to vacancies which are being actively recruited into.
- **The position includes the continuation of the national funding arrangements** comprising of locally agreed variable and block payments for NHS clinical activity, top-up payments and COVID-19 funding. The plan and actuals include the agreed system allocation distribution and income under the ERF mechanism.
- **The Trust has a CIP plan of £5.8m.** The Trust has £4.0m of pipeline schemes identified against this annual target and is currently working to close the gap. (see CIP report).
- **The cash position closed at £62.9m.** This represents an increase of c£3m from last month and is mainly driven by an decrease in trade receivables and an increase in accruals.
- **The Trust has been notified of a 2022/23 capital allocation of £2.73m** as part of the overall Cambridgeshire and Peterborough Integrated Care System capital budget. In addition to the BAU programme the Trust has been allocated £0.18m Public Dividend Capital (PDC) for the purchase of IT equipment related to Front Line Digitisation. This funding was originally allocated in 2021/22 for Digital aspirants but was deferred to 2022/23.
- The Trust's Business as Usual actual capital expenditure for the month of April was £0.32m against a plan of £0.14m. This expenditure is related to the capital projects delayed from 2021/22.
- **Better Payments Practice Code** performance for M1 across all suppliers is 99% for value and 91% 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 – in month SOCI position

The Trust delivered a performance that is £0.1m better than plan on a control total basis. This is largely as a result of the net effect of underlying underspend on pay due to continued vacancies, lower than planned COVID agency usage. The Homecare pharmacy income under-performance is partly offset by a compensating underspend in homecare Pharmacy drugs expenditure.

	In month £000's Plan	In month £000's Underlying Actual	In month £000's COVID: spend	In month £000's Other Non Recurrent Actual	In month £000's Actual Total	In month £000's Variance	RAG
Clinical income - in national block framework							
Clinical income on PbR basis - activity only	£12,977	£11,102	£0	£0	£11,102	(£1,875)	
Balance to block payment -activity only	£0	£1,680	£0	£0	£1,680	£1,680	
Homecare Pharmacy Income	£4,153	£4,031	£0	£0	£4,031	(£122)	
Drugs and Devices - cost and volume	£1,251	£1,439	£0	£0	£1,439	£188	
Balance to block payment - drugs and devices	£0	(£100)	£0	£0	(£100)	(£100)	
Sub-total	**£18,381**	**£18,152**	**£0**	**£0**	**£18,152**	**(£229)**	
Clinical income - Outside of national block framework							
Drugs & Devices	£100	£100	£0	£0	£100	£0	
Other clinical income	£239	£247	£0	£0	£247	£8	
Private patients	£762	£700	£0	£0	£700	(£62)	
Sub-total	**£1,101**	**£1,048**	**£0**	**£0**	**£1,048**	**(£53)**	
Total clinical income	**£19,482**	**£19,201**	**£0**	**£0**	**£19,201**	**(£282)**	
Other operating income							
Covid-19 funding and ERF	£549	£0	£121	£427	£549	£0	
Top-up funding	£1,761	£1,761	£0	£0	£1,761	£0	
Other operating income	£1,120	£1,412	£0	£0	£1,412	£292	
Total operating income	**£3,429**	**£3,173**	**£121**	**£427**	**£3,721**	**£292**	
Total income	**£22,912**	**£22,373**	**£121**	**£427**	**£22,922**	**£10**	
Pay expenditure							
Substantive	(£9,755)	(£9,452)	£0	£0	(£9,452)	£303	
Bank	(£201)	(£180)	(£1)	£0	(£181)	£21	
Agency	(£146)	(£192)	£0	£0	(£192)	(£46)	
Sub-total	**(£10,102)**	**(£9,823)**	**(£1)**	**£0**	**(£9,824)**	**£278**	
Non-pay expenditure							
Clinical supplies	(£3,682)	(£4,011)	(£30)	£0	(£4,041)	(£359)	
Drugs	(£604)	(£449)	(£0)	£0	(£449)	£155	
Homecare Pharmacy Drugs	(£4,167)	(£3,897)	£0	£0	(£3,897)	£269	
Non-clinical supplies	(£3,167)	(£3,400)	(£128)	£0	(£3,528)	(£361)	
Depreciation (excluding Donated Assets)	(£866)	(£780)	£0	£0	(£780)	£87	
Depreciation (Donated Assets)	(£44)	(£45)	£0	£0	(£45)	(£1)	
Sub-total	**(£12,531)**	**(£12,583)**	**(£158)**	**£0**	**(£12,741)**	**(£210)**	
Total operating expenditure	**(£22,633)**	**(£22,406)**	**(£159)**	**£0**	**(£22,565)**	**£68**	
Finance costs							
Finance income	£0	£35	£0	£0	£35	£35	
Finance costs	(£436)	(£438)	£0	£0	(£438)	(£2)	
PDC dividend	(£151)	(£151)	£0	£0	(£151)	£0	
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	
Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	
Sub-total	**(£587)**	**(£554)**	**£0**	**£0**	**(£554)**	**£33**	
Surplus/(Deficit) including central funding	**(£308)**	**(£587)**	**(£38)**	**£427**	**(£197)**	**£111**	
Surplus/(Deficit) Control Total basis	**(£264)**	**(£542)**	**(£38)**	**£427**	**(£152)**	**£112**	

- **Clinical income** is £0.3m adverse to plan ❶. Income from activity on PbR basis is lower than block levels by £1.9m, this is mainly due to lower than planned activity within ECMO, Cardiology services, Transplant Operations and Cardiac Surgery.
- Private patient income under performed in month by £0.1m mainly due to reduced in cardiology offset by cardiac surgery.
- **Other operating income** is £0.3m favourable to plan ❷ mainly due increase in education and training income and additional staff accommodation rental income.
- **Pay expenditure** is favourable to plan by £0.3m ❸. This is mainly due to vacancies across the Trust which are been actively recruited to. The plan include some use of temporary staffing as the Trust balances recovery and time lag in the recruitment process.
- **Clinical Supplies** is adverse to plan by £0.4m. Included within the.
- **The Homecare backlog has decreased compared to the previous month.** The estimated closing backlog in April was £2.41m, compared to £1.17m in previous month. This is due to continued staff absences and vacancies in the Pharmacy Team. Permanent recruitment has been made and training is now ongoing. Homecare spend in month was £0.3m favourable to plan which is partly matched by an offsetting Homecare income variance.
- **Non-clinical supplies** is adverse to plan by £0.4m ❹. This is mainly driven by COVID costs in relation to ongoing spend on estates and facilities schemes, additional costs of patient monitors and additional costs incurred in response to M Abscessus

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	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Comments
Additional KPIs	**Elective activity as % 19/20 (ICS)**	3	Monitor only	**81.0%**	**54.5%**	**73.4%**	**77.2%**	**68.2%**	**67.8%**	Latest data to w/e 08/05/22
	Papworth - Elective activity as % 19/20	4	Monitor only	78.6%	75.8%	66.2%	57.8%	80.1%	88.6%	
	Non Elective activity as % 19/20 (ICS)	3	Monitor only	**91.1%**	**89.8%**	**92.5%**	**n/a**	**91.5%**	**93.5%**	Latest data to w/e 08/05/22
	Papworth - Non Elective activity as % 19/20	4	Monitor only	175.2%	219.5%	119.7%	115.1%	102.1%	89.0%	
	Day Case activity as % 19/20 (ICS)	3	Monitor only	**96.1%**	**81.1%**	**96.7%**	**100.6%**	**96.8%**	**91.2%**	Latest data to w/e 08/05/22
	Papworth - Day Case activity as % 19/20	4	Monitor only	77.2%	85.1%	72.0%	83.7%	122.5%	93.7%	
	Outpatient - First activity as % 19/20 (ICS)	3	Monitor only	**111.3%**	**84.6%**	**113.3%**	**132.8%**	**110.3%**	**102.9%**	Latest data to w/e 08/05/22
	Papworth - Outpatient - First activity as % 19/20	4	Monitor only	97.8%	91.6%	74.4%	90.9%	117.8%	120.8%	
	Outpatient - Follow Up activity as % 19/20 (ICS)	3	Monitor only	**102.5%**	**80.7%**	**101.6%**	**119.7%**	**95.9%**	**94.6%**	Latest data to w/e 08/05/22
	Papworth - Outpatient - Follow Up activity as % 19/20	4	Monitor only	119.3%	121.0%	99.5%	107.1%	132.5%	100.8%	
	Virtual clinics – % of all outpatient attendances that are virtual (ICS)	3	Monitor only	**26.2%**	**28.3%**	**21.9%**	**25.9%**	**24.9%**	**23.7%**	Latest data to w/e 08/05/22
	Papworth - Virtual clinics – % of all outpatient attendances that are virtual	4	Monitor only	17.3%	15.7%	17.7%	16.7%	15.6%	16.7%	
	Diagnostics < 6 weeks % (ICS)	3	Monitor only	**56.6%**	**52.9%**	**60.7%**	**59.9%**	**57.7%**	**57.6%**	Latest data to w/e 08/05/22
	Papworth - % diagnostics waiting less than 6 weeks	3	99%	97.9%	97.9%	93.0%	96.7%	97.2%	97.0%	
	18 week wait % (ICS)	3	Monitor only	**62.5%**	**60.3%**	**59.2%**	**59.5%**	**59.4%**	**60.5%**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 08/05/22
	Papworth - 18 weeks RTT (combined)	5	92%	86.5%	85.4%	84.3%	81.3%	79.6%	78.2%	
	No of waiters > 52 weeks (ICS)	3	Monitor only	**8,049**	**7,852**	**7,560**	**6,695**	**6,334**	**6,618**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 08/05/22
	Papworth - 52 week RTT breaches	5	0%	3	5	4	6	1	7	
	Cancer - 2 weeks % (ICS)	3	Monitor only	**n/a**	**67.9%**	**n/a**	**67.0%**	**n/a**	**67.0%**	Latest Cancer Performance Metrics available are Mar 2022
	Cancer - 62 days wait % (ICS)	3	Monitor only	**n/a**	**60.5%**	**n/a**	**54.8%**	**n/a**	**54.8%**	Latest Cancer Performance Metrics available are Mar 2022
	Papworth - 62 Day Wait for 1st Treatment including re-allocations	4	85%	46.2%	54.5%	42.9%	57.1%	50.0%	78.6%	
	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	£(309)k	£2,205k	£2,580k	£3,610k	£4,554k	£3,172k	£(197)k	
	Staff absences % C&P (ICS)	3	Monitor only	**4.4%**	**4.8%**	**4.9%**	**4.6%**	**4.6%**	**3.7%**	Latest data for April 22
	Papworth - % sickness absence	3	3.5%	4.8%	5.0%	5.6%	5.4%	5.6%	5.2%	

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 2022 Performance Committee. This has now been included (where available) as additional rows in the table opposite.