Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

May 2022

Content

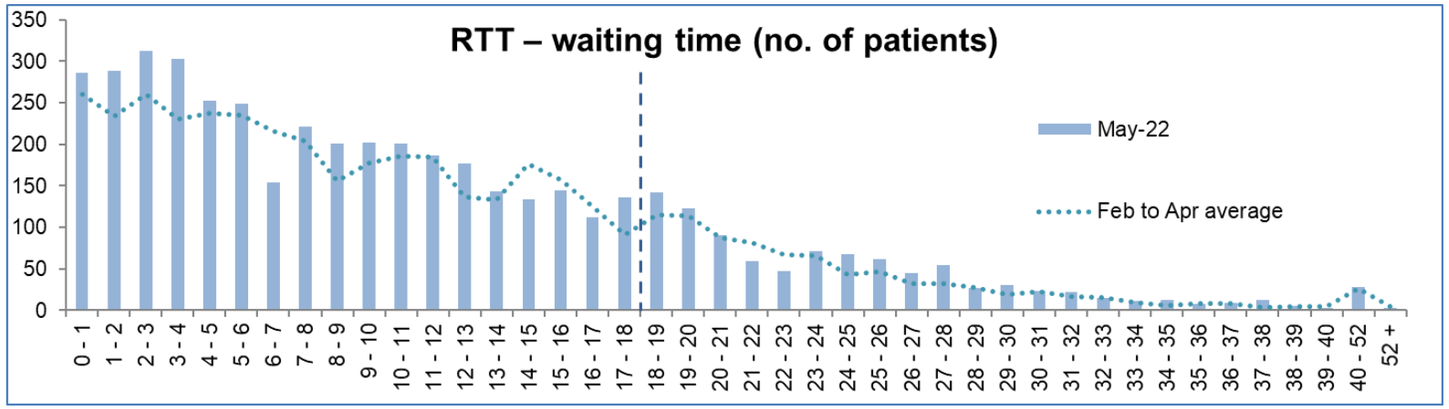
Context:

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	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Trend
Cardiac Surgery	156	101	146	187	151	183	
Cardiology	631	618	593	701	524	634	
ECMO (days)	212	247	165	49	138	54	
ITU (COVID)	1	0	1	0	0	0	
PTE operations	10	12	10	18	17	14	
RSSC	517	416	487	596	558	571	
Thoracic Medicine	273	284	284	337	262	345	
Thoracic surgery (exc PTE)	63	57	62	58	58	59	
Transplant/VAD	56	49	36	36	50	42	
Total Inpatients	**1,919**	**1,784**	**1,784**	**1,982**	**1,758**	**1,902**	
Total Inpatients exc PP	1,853	1,706	1,702	1,891	1,683	1,813	
Total Inpatients exc PP ***plan*** *(104% 19/20 baseline)*					*1,861*	*1,673*	

Outpatient Attendances	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Trend
Cardiac Surgery	393	432	415	516	386	400	
Cardiology	3,577	3,729	3,683	4,083	3,243	3,692	
RSSC	1,582	1,602	1,501	1,789	1,376	1,773	
Thoracic Medicine	2,201	2,265	2,225	2,769	2,200	2,539	
Thoracic surgery (exc PTE)	75	116	80	126	59	94	
Transplant/VAD	264	267	250	318	224	291	
Total Outpatients	**8,092**	**8,411**	**8,154**	**9,601**	**7,488**	**8,789**	
Total Outpatients exc PP	7835	8146	7914	9290	7240	8499	
Total Outpatients exc PP ***plan*** *(104% 19/20 baseline)*					*7002*	*6282*	

Note 1 - Activity figures include Private patients and exclude unbundled radiology scan activity and ALK test activity;
Note 2 - ECMO activity shows billed days (rather than billed episodes) up to March 22 and billed episodes from April 22 onwards;
Note 3 - Inpatient episodes include planned procedures not carried out.



Reading guide

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

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

Key

KPI 'RAG' Ratings

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

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

Overall Scoring within a Category

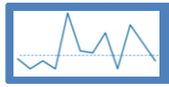
Each category within the Balanced scorecard is given an overall RAG rating based on the rating of the KPIs within the category that appear on the balance scorecard (page 4).

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

Overall Report Scoring

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

Trend graphs



Within the balanced scorecard, each KPI has a trend graph which summarises performance against target from April 2020 (where data is available)

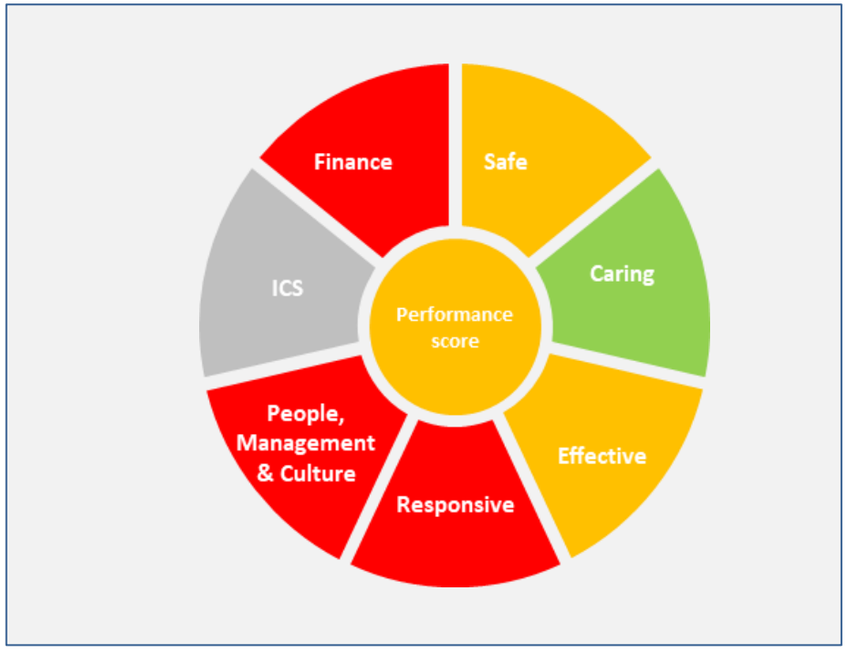
Data Quality Indicator

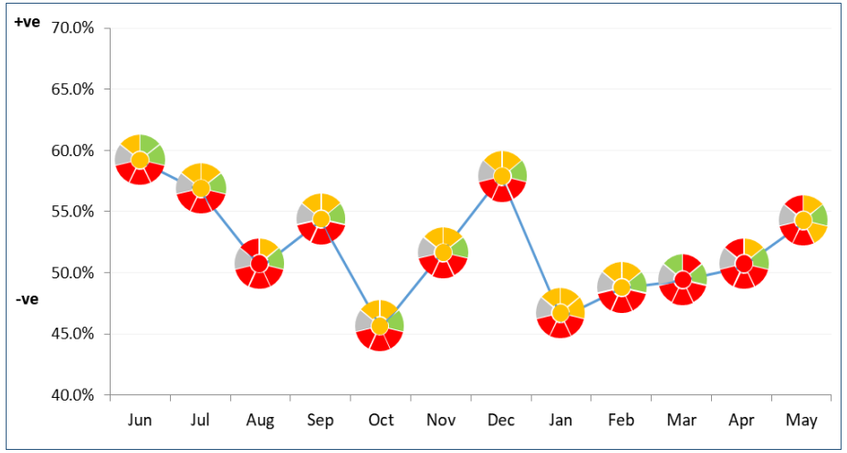
The data quality ratings for each of the KPIs included within the 'at a glance' section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI's is based on the views and judgement of the business owner for that KPI, and has not been subject to formal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

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

Trust performance summary

Overall Trust rating - AMBER





FAVOURABLE PERFORMANCE

SAFE: Safe Staffing - The Registered Nurse fill rate for May 2022 shows days in green at 92.0% and nights in green at 94.2% (showing an overall green position). For information, the last time fill rate days and nights was green on PIPR was Oct 2021. For CHPPD: there are no areas in red and four in amber: 5N = 8.80; 5S = 8.90; 4NW = 7.40; and 3S = 7.60. RN to patient ratios (monthly average) for May 2022 in these amber areas were: 5N = 1:4.6; 5S = 1:4.7; 4NW = 1:4.9; and 3S = 1:4.4. There is no indication at the time of writing, of this impacting on quality and safety;
CARING: FFT (Friends and Family Test) - Inpatients: The Positive Experience rate has increased in May 2022 to 99.3% from 99.1% in April 2022. Participation Rate has increased from 20.9% (April 2022) to 28.6% (May 2022). Outpatients: Positive Experience rate has also remained the same in May 2022, 97.0%. Participation rate has increased from 11.6% (April 2022) to 13.9% (May 2022).For information: NHS England (latest published data accessed 20.06.2022) is April 2022:Positive Experience rate: 94% (inpatients); and 93% (outpatients);
EFFECTIVE: Activity and Utilisation - May proved to be a much more stable month and with COVID prevalence dropping in the community after Easter, patient DNAs and cancellations and staff sickness returned to the seasonal norm. The Critical Care Transformation programme is on track and delivered 33/34 beds throughout the month as per recovery trajectory and there were no cancellations due to critical care capacity. This meant that utilisation of theatres, cath labs and the general and acute bed base increased across the board and admitted levels of care met the levels described in this years annual plan;
PEOPLE, MANAGEMENT & CULTURE: 1) Turnover reduced in May to 12.1% which is below our KPI. There were 23 leavers in May and the biggest driver for leavers was lack of opportunities, with approximately a third of leavers giving this as their primary reason for leaving. This is a reoccurring theme and whilst as a relatively small organisation we will have more limited opportunities for staff to progress their careers wholly within the Trust there is undoubtedly improvements we need to make to supporting staff develop their career within the Trust;
FINANCE: In April the Trust submitted a draft full year plan of £7.9m deficit (£7.3m on a control total basis). The Trust submitted a final plan on the 20th June in resulting in a breakeven position which has been agreed as part of the C&P ICS submission. The Trust YTD financial position as at May is favourable to the draft plan by £0.3m with a reported deficit of £ 0.2m against a planned deficit of £0.5m. The deficit is mainly driven by continued impact of COVID in April and May.

ADVERSE PERFORMANCE

SAFE: Moderate harm and above incidents - there was four moderate harm or above incidents during May 2022 (one of which is the SI). The incidents remain under investigation in partnership with the clinical teams and each will be reported via the QRMG governance process;
CARING: Complaints - We have received 11 new formal complaints during May 2022 and investigations are ongoing. This is slightly above the expected variation of complaints received within the month but overall our number of complaints remain low. We have closed two formal complaints in May 2022. Further information is available on the Caring key performance challenges slide;
RESPONSIVE: 1) Diagnostic Performance - Diagnostic performance dipped by over a percentage point in May as a consequence of staff absence and equipment failures. It is expected that this will be recovered in June based on current activity throughput. The Trust continues to deliver mutual aid for CUH by undertaking some cardiac CT imaging for their patients. 2) Waiting List Management - The waiting list has continued to grow in size across all three specialities in spite of higher activity levels through our treatment functions. Although the proportion of patients waiting over 18 weeks reduced as reflected in improved RTT performance at an aggregate, Cardiology and Cardiac Surgery level, the number of patients waiting over 18 weeks increased from 948 in April to 971 in May. The apparent improvement in RTT performance was driven by higher levels of consultant to consultant referrals which in month has increased the number of patients waiting less than 18 weeks. 3) Cancer Waiting Times - Late referrals, patients needing more than one diagnostic and discussion in the MDT and the number of referrals in to the Trust (particularly in early stage referrals requiring biopsy) continue to impact on our cancer performance;
PEOPLE, MANAGEMENT & CULTURE: 1) Vacancy rate - there was a significant increase in May. The reason for this increase is an increase in budgeted establishments of 66.9 WTE as the 22/23 budgets were updated in ESR. This resulted in an increase in the number of vacant posts from 219 to 291. This increase includes the staffing linked to the additional Cardiology beds on 4 North West. This is a challenging time for the NHS 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 2) Sickness absence reduced to 4% as levels of Covid absence reduced from the second half of April. This is still over our KPI and higher than normal at this time of the year. Although Covid absence has reduced we have continued to experience approximately 1% covid sickness absence on an ongoing basis.

At a glance – Balanced scorecard

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe	Never Events	May-22	4	0	0	0		
	Moderate harm incidents and above as % of total PSIs reported	May-22	4	3%	1.39%	0.70%		
	Number of Papworth acquired PU (grade 2 and above)	May-22	4	35 pa	1	1		
	High impact interventions	May-22	3	97%	98.00%	98.00%		
	Falls per 1000 bed days	May-22	4	4	1.8	3.2		
	Sepsis - % patients screened and treated (Quarterly)	May-22	New	90%	-	-		
	Safer Staffing CHPPD – 5 North	May-22	5	9.6	8.8	9.1		
	Safer Staffing CHPPD – 5 South	May-22	5	9.6	8.9	9.2		
	Safer Staffing CHPPD – 4 NW (Cardiology)	May-22	5	8	7.4	8.4		
	Safer Staffing CHPPD – 4 South (Respiratory)	May-22	5	6.7	7.9	8.3		
	Safer Staffing CHPPD – 3 North	May-22	5	8.6	10.2	10.5		
	Safer Staffing CHPPD – 3 South	May-22	5	8	7.6	7.9		
	Safer Staffing CHPPD – Day Ward	May-22	5	4.5	n/a	n/a		
	Safer Staffing CHPPD – Critical Care	May-22	5	32.9	35.1	36.4		
Effective	Bed Occupancy (excluding CCA and sleep lab)	May-22	4	85% (Green 80%-90%)	77.50%	73.75%		
	CCA bed occupancy	May-22	4	85% (Green 80%-90%)	87.50%	83.90%		
	Admitted Patient Care (elective and non-elective)	May-22	4	1673	1813	3496		
	Outpatient attendances	May-22	4	6282	8499	15739		
	Cardiac surgery mortality (Crude)	May-22	3	3%	2.06%	1.97%		
	Theatre Utilisation	May-22	3	85%	75.3%	74.2%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	May-22	3	85%	83.0%	79.0%		
Responsive	% diagnostics waiting less than 6 weeks	May-22	3	99%	95.02%	96.00%		
	18 weeks RTT (combined)	May-22	5	92%	79.21%	79.21%		
	Number of patients on waiting list	May-22	5	3279	4675	4675		
	52 week RTT breaches	May-22	5	0	3	10		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	May-22	4	85%	41.70%	50.00%		
	31 days cancer waits*	May-22	4	96%	100.00%	100.00%		
	104 days cancer wait breaches*	May-22	4	0%	5	9		
	Theatre cancellations in month	May-22	3	30	41	38		
	% of IHU surgery performed < 7 days of medically fit for surgery	May-22	4	95%	89.00%	93.00%		
	Acute Coronary Syndrome 3 day transfer %	May-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	May-22	4	95%	99.30%	99.20%		
	FFT score - Outpatients	May-22	4	95%	97.00%	97.00%		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	May-22	4	12.6	10.7			
	Mixed sex accommodation breaches	May-22	4	0	0	0		
	% of complaints responded to within agreed timescales	May-22	4	100%	100.00%	100.00%		
People Management & Culture	Voluntary Turnover %	May-22	3	14.0%	12.1%	15.0%		
	Vacancy rate as % of budget	May-22	4	5.0%	13.1%			
	% of staff with a current IPR	May-22	3	90%	75.41%			
	% Medical Appraisals	May-22	3	90%	67.83%			
	Mandatory training %	May-22	3	90%	85.61%	85.03%		
	% sickness absence	May-22	3	3.50%	4.06%	4.60%		
Finance	Year to date surplus/(deficit) exc land sale £000s	May-22	5	£(608)k	£(274)k			
	Cash Position at month end £000s	May-22	5	n/a	£62,241k			
	Capital Expenditure YTD £000s	May-22	5	£288k	£333k			
	In month Clinical Income £000s	May-22	5	£21791k	£21,729k	£43,458k		
	CIP – actual achievement YTD - £000s	May-22	4	£966.6666666667k	£1,020k	£1,020k		
	CIP – Target identified YTD £000s	May-22	4	£5,800k	£5,360k	£5,360k		

* 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	2		
RTT Waiting Times	% Within 18w ks - Incomplete Pathw ays	5	92%	79.21%		79.62%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	4	96%	100.00%	100.00%	97.1%		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%	41.70%	66.70%	50.00%		Current month provisional as going through verification process. Data is after reallocations
	104 days cancer w ait breaches	4	0	5	9	23		
VTE	Number of patients assessed for VTE on admission	5	95%	82.40%		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	Shared decision making	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Priority categorisation of patients	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	NHSE	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**		
C&P CCG (& Associates)	Flu Vaccinations	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Recording of NEWS2 score	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Timely communication of changes to medicines to community pharmacists via the discharge medicines service	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 reintroduced for 2022/23 w ith 100% achievement included w ithin the national tariff prices.

Board Assurance Framework risks (above risk appetite)

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Status since last month
Safe	Failure to protect patient from harm from hospital aquired infections	675	MS	4	Yes	8	8	8	12	16	16	↔
Safe	Failure to meet safer staffing (NICE guidance and NQB)	742	MS	6	Yes	12	12	12	12	12	12	↔
Safe	Risk of maintaining safe and secure environment across the organisation	2833	TG	6	In progress	16	16	8	16	16	16	↔
Safe	M.Abscessus (linked to BAF risk ID675)	3040	MS	10	In progress	15	15	15	15	15	15	↔
Safe + Effective + Finance + Responsive	Continuity of supply of consumable or services failure	3009	TG	6	In progress	10	10	10	10	10	12	↑
Safe + PM&C	Unable to recruit number of staff with the required skills/experience	1854	OM	6	Yes	10	12	12	16	16	16	↔
Safe + Transformation	Potential for cyber breach and data loss	1021	AR	9	Yes	20	20	20	16	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	↔
Effective + Finance + Responsive + Transformation	NHS Reforms & ICS strategic risk	3074	TG	8	In progress	12	12	12	12	12	12	↔
Effective + Responsive	Key Supplier Risk	2985	TG	8	In progress	20	20	20	20	10	10	↔
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	9	9	9	9	↔
PM&C	Low levels of Staff Engagement	1929	OM	6	In progress	12	12	12	12	12	16	↑
PM&C	Staff turnover in excess of our target level	1853	OM	6	Yes	15	15	15	15	15	15	↔
Transformation	Lorenzo Optimisation Electronic Patient Record System - benefits	858	AR	6	Yes	8	8	8	12	12	16	↑
Finance	Achieving financial balance at ICS level	2904	TG	12	In progress	20	20	20	20	20	20	↔
Finance	Achieving financial balance	2829	TG	8	In progress	16	16	16	16	20	20	↔

Safe: Performance summary

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

		Data Quality	Target	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Dashboard KPIs	Never Events	4	0	0	0	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	4	<3%	0.46%	1.40%	0.90%	0.00%	0.00%	1.39%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	1	3	0	0	0	1
	High impact interventions	3	97.0%	98.8%	98.2%	96.4%	96.3%	98.0%	98.0%
	Falls per 1000 bed days	4	<4	2.0	2.4	3.1	2.7	2.4	1.8
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	100.00%	-	-	100.00%	-	-
	Safer Staffing CHPPD – 5 North	5	>9.6	11.10	12.00	9.40	8.20	9.30	8.80
	Safer Staffing CHPPD – 5 South	5	>9.6	9.20	7.90	9.50	8.30	9.50	8.90
	Safer Staffing CHPPD – 4 NW (Cardiology)	5	>8	9.00	8.60	8.10	8.00	9.40	7.40
	Safer Staffing CHPPD – 4 South (Respiratory)	5	>6.7	8.00	8.50	7.80	7.10	8.60	7.90
	Safer Staffing CHPPD – 3 North	5	>8.6	11.60	10.90	9.70	9.60	10.70	10.20
	Safer Staffing CHPPD – 3 South	5	>8	8.00	8.10	7.60	7.00	8.20	7.60
	Safer Staffing CHPPD – Day Ward *	5	>4.5	7.10	6.20	4.80	5.00	10.30	n/a
	Safer Staffing CHPPD – Critical Care	5	>32.9	33.20	33.30	35.80	29.90	37.76	35.10
Additional KPIs	Safer staffing – registered staff day Safer staffing – registered staff night	3	90-100%	86.0% 87.0%	86.4% 88.4%	87.2% 86.2%	86.2% 86.0%	91.0% 88.2%	92.0% 94.2%
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	4	0	1	0	1	0	0	1
	E coli bacteraemia	5	Monitor only	1	0	0	0	2	1
	Klebsiella bacteraemia	5	Monitor only	0	1	1	1	1	1
	Pseudomonas bacteraemia	5	Monitor only	0	1	0	1	0	0
	Other bacteraemia	4	Monitor only	2	0	3	2	0	0
	Other nosocomial infections	4	Monitor only	0	0	0	6	1	0
	Point of use (POU) filters (M.Abscessus)	4	Monitor only	91%	95%	97%	94%	88%	79%
	Moderate harm and above incidents reported in month (including SIs)	4	Monitor only	1	3	2	0	0	4
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 10	0	0	1	1	0	0
	Number of patients assessed for VTE on admission	5	95.0%	82.90%	83.10%	83.20%	87.40%	83.60%	82.40%
	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 not captured on Day Ward from May 2022 (not an IP area).

Summary of Performance and Key Messages:

CQC Model Health System rating for 'Safe' is Outstanding dated May 2022 (accessed 20.06.2022).

Safe Staffing: RN fill rate for May 2022 shows days in green at 92.0% and nights in green at 94.2% (showing an overall green position). For information, the last time fill rate days and nights was green on PIPR was Oct 2021. For CHPPD: there are no areas in red and four in amber: 5N = 8.80; 5S = 8.90; 4NW = 7.40; and 3S = 7.60. RN to patient ratios (monthly average) for May 2022 in these amber areas were: 5N = 1:4.6; 5S = 1:4.7; 4NW = 1:4.9; and 3S = 1:4.4. There is no indication at the time of writing, of this impacting on quality and safety. The next slide shows the Required vs Actual CHPPD SafeCare analysis graphs for the four wards where the CHPPD was amber.

Other infections: During May 2022, there was 1x E coli bacteraemia; 1x Klebsiella bacteraemia.
'Other nosocomial infections' (Nosocomial COVID-19): There was zero during May 2022.

Point of Use (POU) filters (M.Abscessus): For May 2022, overall compliance was 79%. 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]; and/or "% alerted on Lorenzo/CIS". Where there are gaps in compliance, each occasion is followed up by the IPC Team to help with education and sustaining compliance. Filters in place where required; and patients being provided with bottled water where required were 100% across all wards/departments.

Serious incidents: there was one serious incident during May 2022 (SUI-WEB43470) which remains under investigation in partnership with the clinical teams.

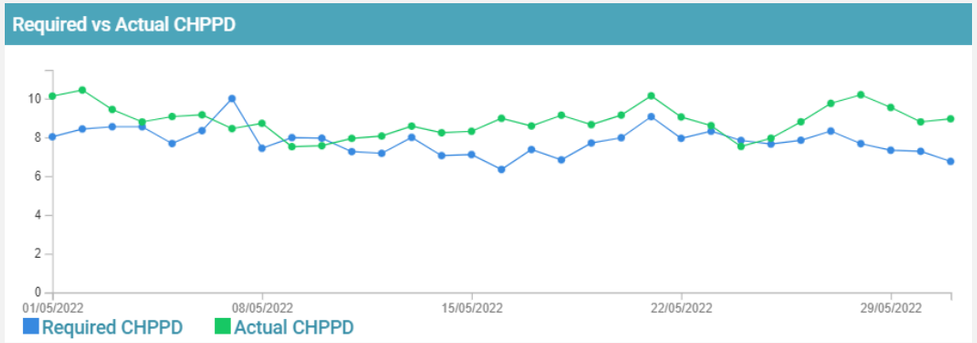
Moderate harm and above incidents: there was four moderate harm or above incidents during May 2022 (one of which is the SI as noted above; WEB43285, WEB43297, WEB43523 and SUI-WEB43470). The incidents remain under investigation in partnership with the clinical teams and each will be reported via the QRMG governance process.

VTE: VTE risk compliance is targeted at 95% for all hospital admissions. The result for May 2022 is 82.4% compared to 83.60% for April. Following the metric change (as reported in last months PIPR) the % has remained fairly stable. Scrutiny over this KPI and focused work with the clinical teams continues as noted in previous PIPR reports, led by Consultant Dr Karen Shears, and Head of Nursing Sandra Mulrennan. In addition to previous work reported through PIPR, the VTE leads are also developing a communications strategy and reviewing the education provision for staff. It is expected that we should start to see an improvement in compliance % results through the next quarter.

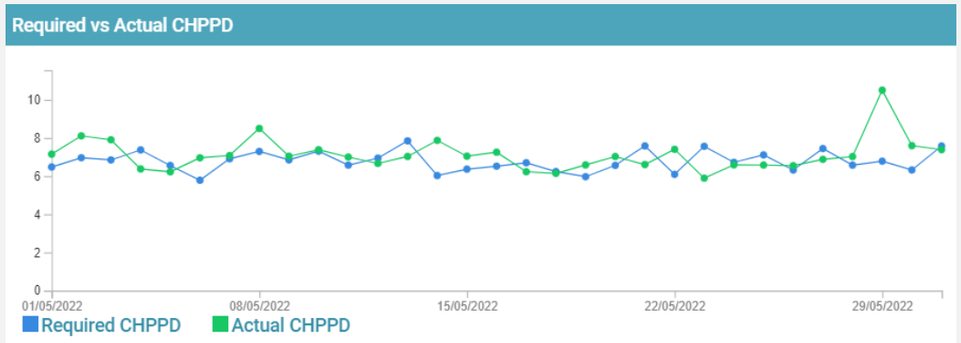
Safe: Key performance challenges

Safe Staffing – CHPPD amber areas: As noted on the first PIPR Safe slide, there were four wards on the NHS Digital submission for May 2022, where the CHPPD were Amber. These were: 5N = 8.80; 5S = 8.90; 4NW = 7.40; and 3S = 7.60. The following four SafeCare analysis graphs, show the Required vs Actual CHPPD for the four wards where the CHPPD was amber. The blue line is Required CHPPD and the green line Actual CHPPD. As a reminder to readers: the amber results in the grid (first slide) are taken from the NHS Digital upload (where CHPPD is calculated from the 23:59 hours bed count as per the NHS Digital submission rules); and the data in these graphs below are produced from the SafeCare-Live data where the CHPPD is informed by the 3xdaily census periods on the wards. This helps to triangulate the information. The data in the graphs below (and how close the amber areas are to their target in the first slide), helps to show a good balanced position.

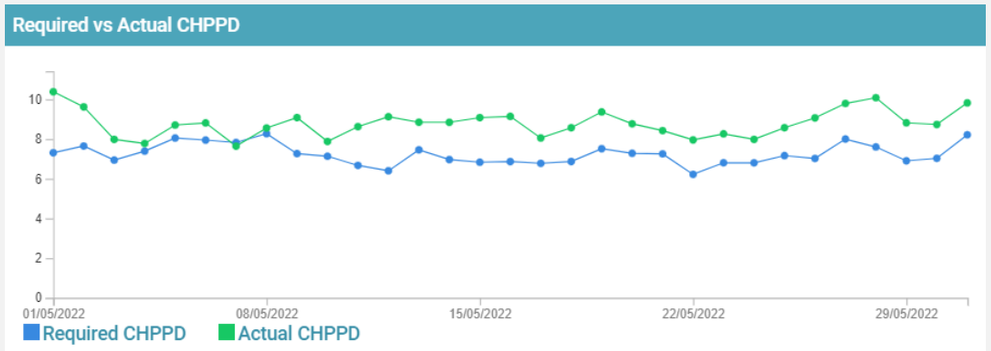
5 North (chart below): the spike to the left of the chart represents missing census data. Overall, this represents a fairly balanced position across the month for safe staffing; supporting that the CHPPD at 8.80 was just under the internal benchmark threshold of 9.6.



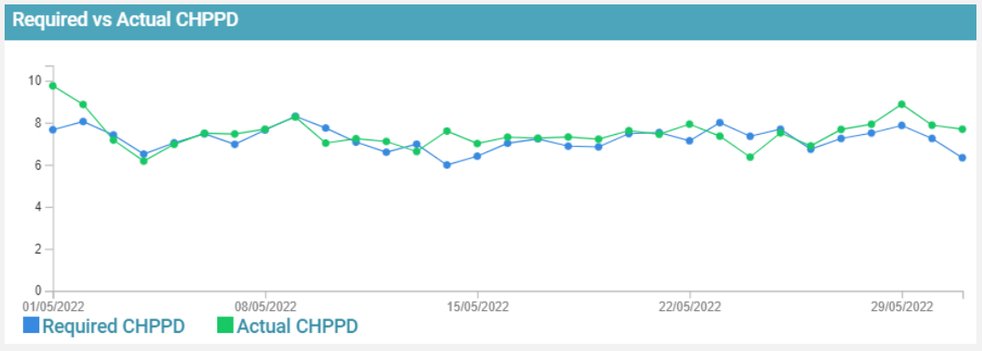
4 North-West (chart below): Overall, this represents a balanced position across the month for safe staffing; supporting that the CHPPD at 7.40 was just under the internal benchmark threshold of 8. The spike to the right of the chart represents a missing census period.



5 South (chart below): Overall, this represents a fairly balanced position across the month for safe staffing; supporting that the CHPPD at 8.90 was just under the internal benchmark threshold of 9.6.



3 South (chart below): Overall, this represents a balanced position across the month for safe staffing; supporting that the CHPPD at 7.60 was just under the internal benchmark threshold of 8.



Safe: Spotlight On: Aseptic Non-Touch Technique (ANTT)

Aseptic technique is the method that has been developed to ensure that only uncontaminated objects/fluids make contact with sterile/susceptible sites. **Aseptic Non-Touch Technique (ANTT)** is achieved by preventing direct and indirect contact of key parts using a non-touch method and other appropriate infection control precautions.
As part of the work we are doing across Royal Papworth Hospital, focusing on Surgical Site Infection (SSI), we are refreshing key clinical staff groups (Theatres, Critical Care, Surgical wards) regards best practice ANTT. Royal Papworth Hospital has a procedural document (recently reviewed: Dec 2021 Infection Prevention and Control Committee): DN561 Aseptic Non-Touch Technique (ANTT) Procedure.

A detailed ANTT Training and Assessment Plan was presented and discussed at Infection Control and Pre and Peri-Operative Care Committee 16.06.2022. The summary is shown in the grey box on the right of this slide. This work is being jointly led by the Assistant Director for Clinical Education, with the Lead Nurse for Infection Prevention and Control; and delivered by the Clinical Education teams in Theatres, Critical Care and Surgery. An initial ANTT task and finish group meeting was held 17.05.2022 with a follow up meeting occurring 26.05.2022.
W/C 23.05.2022 refresher training had started across Theatres, Critical Care and Surgical wards (5N and 5S). Theatres have also reviewed and made changes to their gloving and gowning processes.

The table below shows the overall numbers of staff who have been trained (as of 17.06.2022). 141 (97+44) staff have had ANTT refresher training. 97 (18%) of these are from the target group (n=548). 44 additional staff have also been trained (not included in the target group). The clinical teaching team are also training staff as 'trainers' to increase the number of staff who can deliver the training in the clinical environment. This is helping with the week on week increase in numbers of staff who are being trained. These training numbers were discussed at the Clinical Decision Cell 17.06.2022 and the Trust Leadership briefing 20.06.2022, with applicable staff being supported to take part in the training as required.

Total Staff (target group)	548		
Total Trained (target group)		97	
Total compliance (target group)			18%
Additional staff trained		44	
Overall total (target group & additional)		141	

ANTT Training and Assessment Plan – General Principles:

- All training will align to the principles of DN561 – ANTT Procedure
- Target Groups for reported/recorded training/assessment: All medical staff in Theatre, CCA and surgical wards; Theatre ODPs; Theatre Perfusionists; All nurses in Theatre, CCA and surgical wards; All B4 HCSWs in Theatre, CCA and surgical wards; All B2+3 in Theatre; Appropriate associated specialty staff, e.g. ALERT, ANP
- Training/assessment will be delivered at local level with local trainers utilising a variety of approaches but adhering to a common set of learning objectives (Lesson Plan)
- Frequency for refresh training/assessment to be confirmed pending best approach to skills/knowledge assurance – this includes monitoring system
- ANTT principles training to form part of Clinical Induction capturing all substantive clinical staff
- Frequent and regular audit through IPC team will support monitoring of compliance and retaining of standards/triggering of targeted support

Theatre specifics:
Use of audit mornings for June/July; Focusing on teaching of hand hygiene and assessments, ANTT, Scrub / Gown / Glove & change of contaminated glove technique, and prepping and draping of patients for surgery, line insertion, spinal catheter insertion and catheterisation; sessions to be provided as training and information with additional assessment of technique; annual reassessment of core skills for all staff proposed through Theatre Teaching Team

CCA specifics:
Bedside teaching and online training sessions through May/June; Focus on hand hygiene, ANTT, isolation procedures/ barrier nursing, care bundles and documentation, swabbing of patients; sessions to be provided as training and information in first instance; ANTT annual assessment required for HCSWs/RNs as part of pre-IPR checks supported by IPC link nurses and CCA Teaching Team; medical staff training/assessment tbc

Surgical wards: Training delivered via 'tea trolley' at bedside with ward staff, additional clinical skills training via established/existing training days; focus on hand hygiene, ANTT, surgical wound care basic principles; sessions to be provided as training and information in first instance; proposal for annual training on demand supported through IPC audit

Caring: Performance summary

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

		Data Quality	Target	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Dashboard KPIs	FFT score- Inpatients	4	95%	98.6%	99.5%	98.1%	99.1%	99.1%	99.3%
	FFT score - Outpatients	4	95%	97.7%	98.5%	97.1%	97.0%	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	6.0	2.5	3.0	4.5	6.1	10.7
	% of complaints responded to within agreed timescales	4	100%	100%	50%	100%	100%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 (60% of complaints received)	2	2	0	2	1	0
	Number of complaints (12 month rolling average)	4	5 and below	3.7	3.3	3.2	3.5	3.9	4.8
	Number of complaints	4	5	2	2	2	5	5	11
	Number of informal complaints received per month	New	Monitor only	n/a	n/a	n/a	n/a	3	6
	Number of recorded compliments	4	500	1221	1159	1159	1101	994	1278
	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 May 2022 (accessed 20.06.2022).

FFT (Friends and Family Test): In summary; **Inpatients**: The Positive Experience rate has increased in May 2022 to 99.3% from 99.1% in April 2022. Participation Rate has increased from 20.9% (April 2022) to 28.6% (May 2022). **Outpatients**: Positive Experience rate has also remained the same in May 2022, 97.0%. Participation rate has increased from 11.6% (April 2022) to 13.9% (May 2022).
For information: NHS England (latest published data accessed 20.06.2022) is April 2022: Positive Experience rate: 94% (inpatients); and 93% (outpatients). Participation rate 17.9% (inpatients); and 6.6% (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 10.7.
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 20.06.2022): Royal Papworth = 5.72; peer group median = 11.39; national median = 16.65.

% of complaints responded to within agreed timescales is 100% for May 2022.

The number of complaints (12 month rolling average): this has remained green for May 2022 at 4.8.

Complaints: We have received 11 new formal complaints during May 2022 and investigations are ongoing. This is slightly above the expected variation of complaints received within the month but overall our number of complaints remain low. We have closed two formal complaints in May 2022. Further information is available on the next slide.

Informal Complaints: this is a new category added from April 2022 onwards. There were 6 Informal Complaints received during May 2022.

Compliments: the number of formally logged compliments received during May 2022 was 1278.

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 May 2022, there were **six** informal complaints received and we were able to close **five** 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 May 2022, there were 11 new formal complaints. These are currently being reviewed.
- We have closed **two** formal complaints in May 2022, one of which was a joint complaint with a local DGH who was leading the complaint investigation. These complaints were responded to within the standard 35 working days and both were not upheld.

Learning from earlier Complaints

This is a summary of the **two** complaints closed this month.

Complaint Datix Reference:15043 Date Closed: 17 May 2022. Outcome: Not Upheld
A cardiology patient raised a formal complaint in relation to the poor communication and lack of post-operative appointments they had experienced. The outcome of the complaint investigation revealed there was no delay in the patient receiving their follow up appointments following their cardiology procedures. Details of the patient feedback regarding communication and managing expectations was shared with the clinical team for their learning. Complaint closed, no further action identified.

Complaint Datix Reference:15046 Date Closed: 27 May 2022 Outcome: Not Upheld
A joint complaint received from local DGH for which they were leading. Family raised some questions regarding the patient's appointment at RPH and the information provided during the appointment. The outcome of the complaint investigation confirmed that appropriate decisions had been made at the time, these were discussed with the MDT and a detailed explanation was provided during the consultation with the family at the time. Complaint closed, no further action identified.

Complaints:
Key actions and how we share our learning:

- All complaints are subject to a full investigation. Individual investigations and responses are prepared. Actions are identified.
- Complaints and lessons learned shared at Business Unit and Clinical Division meetings and Trust wide through the Quality and Risk Management Group (QRMG reports) and/or patient stories.
- Continued monitoring of further complaints and patient and public feedback.
- Staff, Sisters/Charge Nurses and Matrons proactively respond to and address concerns when raised. This helps to ensure that concerns are heard and where possible handled in a positive way, often avoiding the need for a formal complaint. An apology is given where necessary.
- From live feedback, feedback from complaints and/or lessons learned, changes are made to improve the experience for patients going forward.
- Where applicable, You Said We Did feedback is displayed in boards in each ward / department for patients and other staff and visitors to see.
- Starting from the M05 21/22 PIPR; Caring has included "Learning from earlier complaints" feedback as part of sharing learning.
- The M11 21/22 PIPR Caring also included a Spotlight On Informal complaints and local resolutions.

Caring: Spotlight On – Volunteers

In Autumn of 2021 we were successful as a Trust to bid for and receive funding through the NHS England and Improvement Volunteering Services.

As a part of this funding, we were able to employee a volunteer co-ordinator to be able to support the Trusts volunteer recovery programme over the winter period.

With this additional role we have been able to support the Patient Advice and Liaison Service (PALS) Team to be able to maintain contact with all volunteers via email throughout the pandemic and together they are working to ensure volunteers can return to the organisation safely.

During December 2021, with the support of our volunteer coordinator, we were able to recruit and return some of our existing volunteers to support the Trusts Covid Booster Campaign programme in line with the NHS response. These volunteers were a core part of the success of the running of the vaccination hub and contributed to 655 of volunteer hours in quarter 4.

Although we had limited availability for volunteers to work with our hospital teams during 2021/2022, we still had an amazing **1,974 volunteers hours worked** in the hospital.

To date, we currently have 36 active hospital volunteers who are looking forward to returning to their work supporting clinics, wards, patient/carer meetings, Pharmacy, IT, Charity, proof reading and administration. We have also developed and refreshed 5 new and existing roles within the Trust that volunteers can start to return to once all mandatory training and other risk assessments have been completed.

What's next?

We now have a variety of different roles within the Trust, from befriending, peer support, hospitality activities and collecting survey data. We hope that volunteers can start to return to previous and these new roles from July 2022 once all mandatory training and risk assessments have been completed.

Our new and existing volunteers are to be invited to a attend a volunteer Afternoon Tea Party, with a meet and greet session in July 2022. During this they will have the opportunity to meet with individuals across the organisation, the PALS team, have a orientation tour and discuss the variety of different volunteer roles available.

We hope that following these sessions, our volunteers will be able to start in their roles or return to previous roles whilst supporting the clinical team and once again become an integral part of Royal Papworth Hospital.

During June, was the annual National Volunteers Week. Volunteers' Week, a time to celebrate the contribution millions of people make across the UK through volunteering. It is a chance for organisations to say thank you in a different way to volunteers who give their time to support others.

Although, volunteering patterns have changed substantially at Royal Papworth Hospital during the pandemic, we have continued to reach out to all our volunteers to say thank you. We are looking forward to July when we can say thank you in person during at our Afternoon Tea Party, which will mark the start of our volunteers returning to the Trust and the amazing contribution they make to our patients and staff.

Effective: Performance summary

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

		Data Quality	Target	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	64.2%	65.8%	71.3%	77.2%	70.0%	77.5%
	CCA bed occupancy	4	85% (Green 80%90%)	85.6%	85.6%	78.7%	89.5%	80.3%	87.5%
	Admitted Patient Care (elective and non-elective)**	4	104% of 19/20 baseline	1853	1706	1702	1891	1683	1813
	Outpatient attendances**	4	104% of 19/20 baseline	7835	8146	7914	9290	7240	8499
	Cardiac surgery mortality (Crude)*	3	<3%	2.34%	2.17%	1.99%	1.84%	1.97%	2.06%
	Theatre Utilisation	3	85%	75.6%	76.6%	73.2%	76.7%	73.1%	75.3%
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	85%	72%	79%	76%	79%	75%	83%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	4	8.20	9.01	13.18	7.08	8.69	11.20	10.24
	Length of stay – Cardiac Elective – valves (days)	4	9.70	11.19	7.40	9.37	9.25	10.36	11.73
	CCA length of stay (LOS) (hours) - mean	4	Monitor only	147	188	135	240	93.84	83
	CCA LOS (hours) - median	4	Monitor only	42	44	29	27	41	29
	Length of Stay – combined (excl. Day cases) days	4	Monitor only	6.00	5.78	6.02	6.09	6.02	6.11
	% Day cases	4	Monitor only	63.3%	66.3%	63.6%	63.7%	62.2%	66.5%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	34.9%	24.0%	32.0%	34.1%	31.0%	27.4%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	9.5%	2.1%	7.1%	17.1%	11.1%	24.4%

* 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:

Activity and Utilisation

May proved to be a much more stable month and with COVID prevalence dropping in the community after Easter, patient DNAs and cancellations and staff sickness returned to the seasonal norm. The Critical Care Transformation programme is on track and delivered 33/34 beds throughout the month as per recovery trajectory and there were no cancellations due to critical care capacity.

This meant that utilisation of theatres, cath labs and the general and acute bed base increased across the board and admitted levels of care met the levels described in this years annual plan. In particular, Cardiology and RSSC day case levels are out performing the plan by a considerable margin. RSSC day case levels are being achieved as a consequence of a divisional decision to switch some admitted capacity to day case to address the backlog of CPAP new starters.

Cardiology is supporting CUH with mutual aid in Cardiology as part of plans to address their backlog of patients over 52 weeks.

It should be noted that direct comparison with 2019/2020 levels of activity in April and May can be misleading as this was the hospital move period and activity was ramped down deliberately to facilitate a safe move and minimise the number of patients that needed to be transferred between the old hospital and the new.

Outpatients

Outpatient recovery remains strong and the target was once again exceeded this month. The hospital move in 2019/2020 had no impact on Outpatient activity levels in that period as Outpatients moved over a weekend.

CPAP Repair and Replace Programme

The CPAP Repair and Replace programme is now running at a steady business as usual pace with a good supply of new devices to service the replace arm of the programme. The Trust is supporting Philips by working with them to trial processes on the repair arm of the programme.

Effective: Activity Restoration

Background and purpose

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

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 M2 compare to 2019/20 numbers at a Trust level and at specialty and a forward look based on provisional M3 data

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

M2 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 M2 target.
- **Radiology –** CTs, MRIs and Other Radiology met the M2 expected target.
- **Admitted activity** – Elective inpatients and daycases met the expected M2 NHSI/E target.

Activity Summary

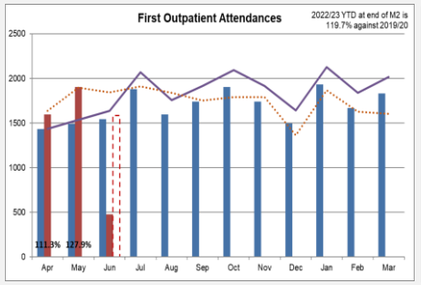
Table 1: Trust Level

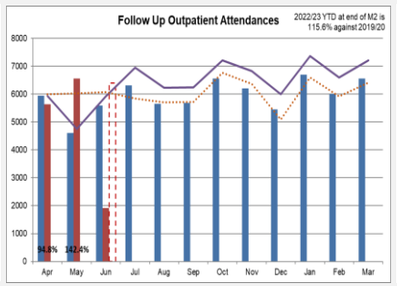
Category		M2 against 2019/20 M2 *	M3 projection against 2019/20 M3
Referrals	GP	61.3%	68.1%
	Cons-to-Cons	122.4%	92.6%
Non-Admitted	First	127.9%	102.7%
	Follow up	142.4%	114.5%
Radiology	MRI	112.8%	93.5%
	CT	129.4%	110.7%
	Other	117.7%	114.7%
Admitted Activity	Elective Inpatients	93.4%	68.6%
	Daycases	139.7%	80.8%
	Non-Elective Inpatients	109.5%	107.0%

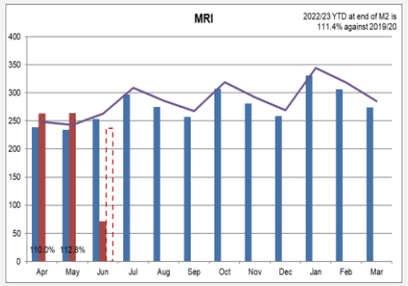
Table 2: M2 activity compared to 2019/20 (Specialty Level)

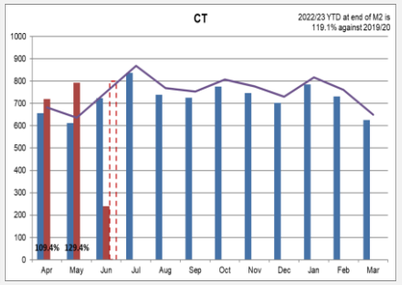
Specialty	EL	DC	NEL	OPFA	OPFU
Cardiac Surgery	101.3%	#DIV/0!	143.6%	85.3%	95.1%
Cardiology	89.7%	143.2%	110.4%	40.6%	152.7%
RSSC	72.1%	228.8%	115.4%	490.2%	146.1%
Thoracic Medicine	92.3%	90.2%	70.6%	53.6%	108.3%
Thoracic Surgery	144.8%	166.7%	100.0%	97.9%	191.9%
Transplant/VAD	230.8%	#DIV/0!	63.6%	414.3%	136.8%
PTE	200.0%	#DIV/0!	#DIV/0!	36.8%	87.1%
Trust	93.4%	139.7%	109.5%	127.9%	142.4%

Non- Activity

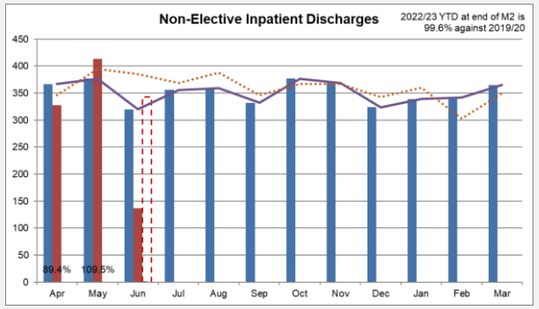


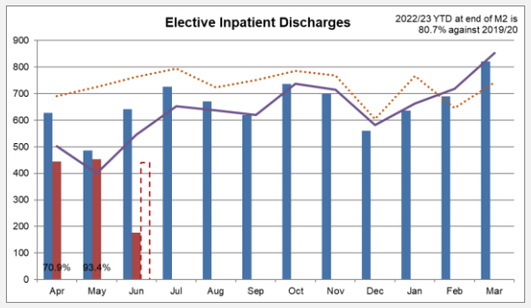


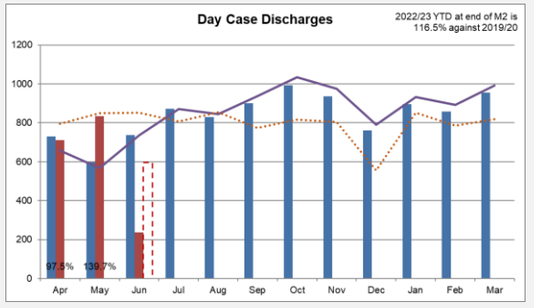




Admitted Activity

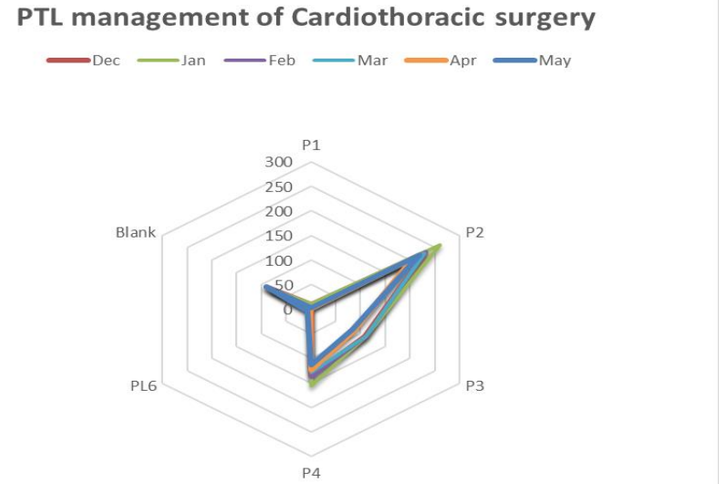


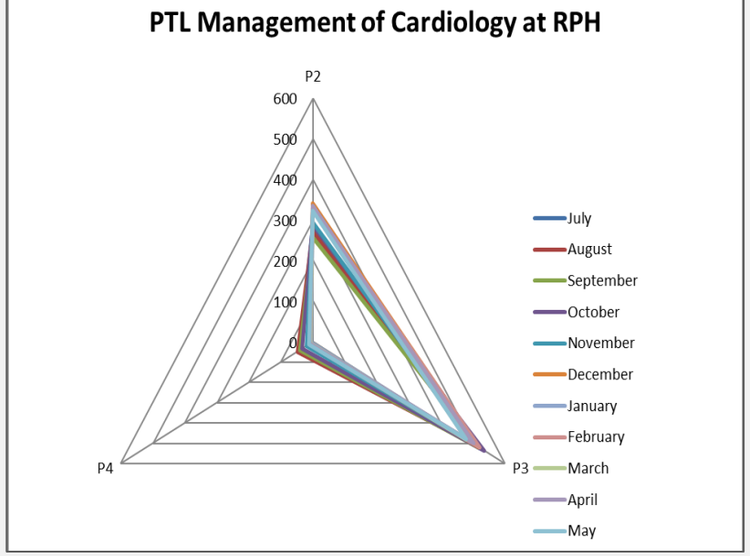


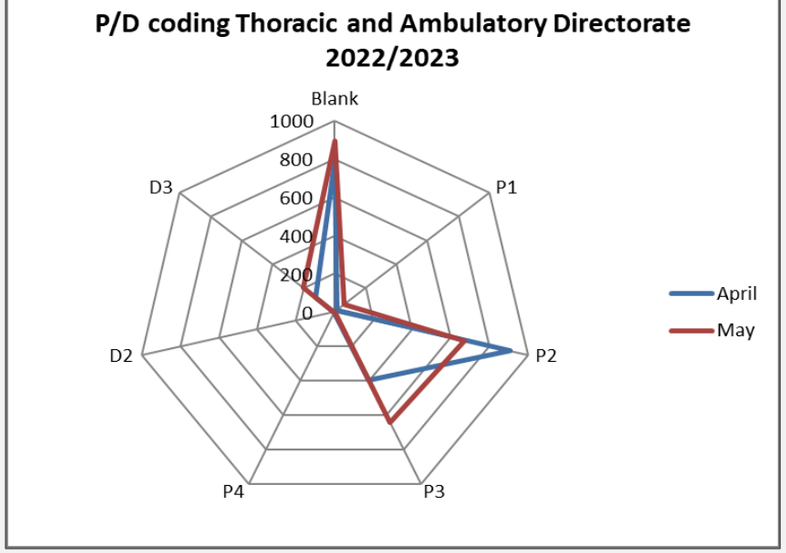


Effective: Spotlight on: Priority Status Management

>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

↑ 520 patients on the waiting list (from 516)
↓ 181 patients over 18 weeks (from 195)
↑ 6 patients over 52 weeks (from 4) 1 DQ, 1 Dental in June, 4 planned
↑ RTT performance 64.6% (from 62.7%)

Over 18 weeks
1 – DQ showing as 93 weeks but pathway opened in error
73 - patients with Planned or booked dates
18 – patients with planned OPA/ MDT/ Diagnostics appointment
57 – patients awaiting surgery date (29xP2, 13xP3,9xP4,6xP6)
32 – patients awaiting Administrative update

Cardiology Waiting List Profile

↑ 1519 patients on the waiting list (up 123 from last month)
↑ 312 over 18 weeks
↔ 0 waiting more than 52 weeks
↑ RTT Performance 79.46%

Over 18 weeks
All patients being monitored with a plan in place;
- 114 TCI booked
- 47 OPA booked
- 22 under MDT or diagnostic review
- 110 awaiting date TCI

Respiratory Waiting List Profile

↑ 2481 patients on waiting list increase of 9% on last month
↑ 440> 18 weeks
↔ 0 > 52 weeks
↑ RTT performance 80.43%

Over 18 weeks
- 437 all have a plan and actively monitored through PTL all have a diagnostic or treatment commenced.
- 3 no plan or diagnostic arranged on the PTL but evident on Lorenzo.

Responsive: Performance summary

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

		Data Quality	Target	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Dashboard KPIs	% diagnostics w aiting less than 6 w eeks	3	>99%	97.93%	93.04%	96.68%	97.20%	96.98%	95.02%
	18 w eeks RTT (combined)	5	92%	85.38%	84.25%	81.32%	79.62%	78.19%	79.21%
	Number of patients on w aiting list	5	3,279	4110	4172	4128	4318	4347	4675
	52 w eek RTT breaches	5	0	5	4	6	1	7	3
	62 days cancer w aits post re-allocation (new 38 day IPT rules from Jul18)*	4	85%	54.5%	42.9%	57.1%	50.0%	75.0%	41.7%
	31 days cancer w aits*	4	96%	100.0%	95.8%	95.5%	100.0%	100.0%	100.0%
	104 days cancer w ait breaches*	4	0	5	8	8	7	4	5
	Theatre cancellations in month	3	30	27	22	32	44	34	41
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	85.00%	79.00%	97.00%	83.00%	97.00%	89.00%
	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%	88.43%	89.59%	87.30%	82.93%	77.87%	80.25%
	18 w eeks RTT (Cardiac surgery)	5	92%	67.00%	66.01%	65.36%	65.19%	62.45%	67.40%
	18 w eeks RTT (Respiratory)	5	92%	88.61%	85.91%	81.92%	80.96%	81.89%	81.08%
	Non RTT open pathw ay total	2	Monitor only	37,467	37,681	38,137	38,484	38,722	39,155
	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%	69.23%	100.00%	88.89%	100.00%	91.30%	94.74%
	Outpatient DNA rate	4	9%	8.10%	7.21%	7.05%	6.38%	7.60%	7.00%
	Urgent operations cancelled for a second time	4	0	0	0	0	0	1	1
	% of IHU surgery performed < 10 days of medically fit for surgery	4	95%	97.00%	91.00%	100.00%	97.00%	100.00%	97.00%
	% of patients treated w ithin the time frame of priority status	4	Monitor only	43.1%	36.4%	41.2%	39.4%	37.2%	36.6%
	% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	4	Monitor only	45.5%	49.9%	47.8%	47.9%	46.1%	64.3%

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

Summary of Performance and Key Messages:

Diagnostic Performance

Diagnostic performance dipped by over a percentage point in May as a consequence of staff absence and equipment failures. It is expected that this will be recovered in June based on current activity throughput. The Trust continues to deliver mutual aid for CUH by undertaking some cardiac CT imaging for their patients.

Waiting list management

The waiting list has continued to grow in size across all three specialities in spite of higher activity levels through our treatment functions. Although the proportion of patients waiting over 18 weeks reduced as reflected in improved RTT performance at an aggregate, Cardiology and Cardiac Surgery level, the number of patients waiting over 18 weeks increased from 948 in April to 971 in May. The apparent improvement in RTT performance was driven by higher levels of consultant to consultant referrals which in month has increased the number of patients waiting less than 18 weeks.

52 week breaches

There were 3 patients waiting more than 52 weeks at the end of May. All were cardiac surgery patients, one of which was awaiting dental treatment prior to surgery and the remaining patients had planned admission dates.

Cancer Waiting Times

Late referrals, patients needing more than one diagnostic and discussion in the MDT and the number of referrals in to the Trust (particularly in early stage referrals requiring biopsy) continue to impact on our cancer performance. Turnaround times for PET-CT scans remains good with 44 of the 50 scans in May having dates within 7 days of the request being made and most patients being seen at CUH. There were 4 patients who exceeded 104 days on their pathway and this was due to a combination of very late referrals, patients needing input from other specialties before a decision to treat could be made and also COVID + status of patients.

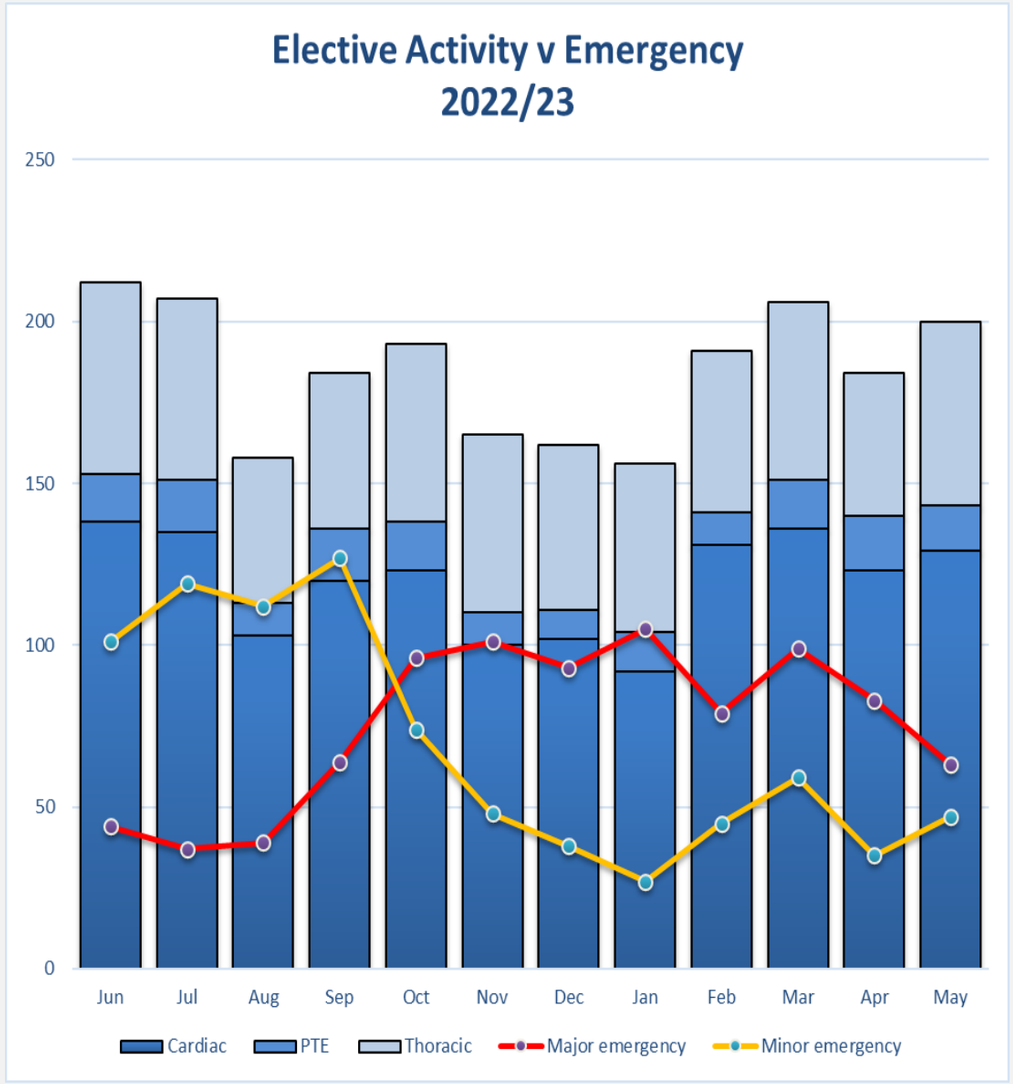
IHU and Theatre Performance

The theatre schedule expanded to provide additional operating capacity at the beginning of May, but IHU performance and the number of cancellations deteriorated. This was due to planned activity being displaced by high levels of emergency cases and cases over running their allotted time on the schedule due to complexity. Of the 41 cancellations, 25 resulted from cases being displaced by other activity. This happened to one patient on two occasions and the patient was kept in hospital and operated on in an emergency slot subsequently.

ACS performance

Cardiology emergency activity remains very high but the team have managed to maintain 100% performance on the ACS pathway and delivered some treatments for long waiting CUH Cardiology patients as mutual aid.

Responsive : Elective vs Emergency Theatres



129 Cardiac / 57 Thoracic / 14 PTE / 56 IHU / 14 TX activity

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

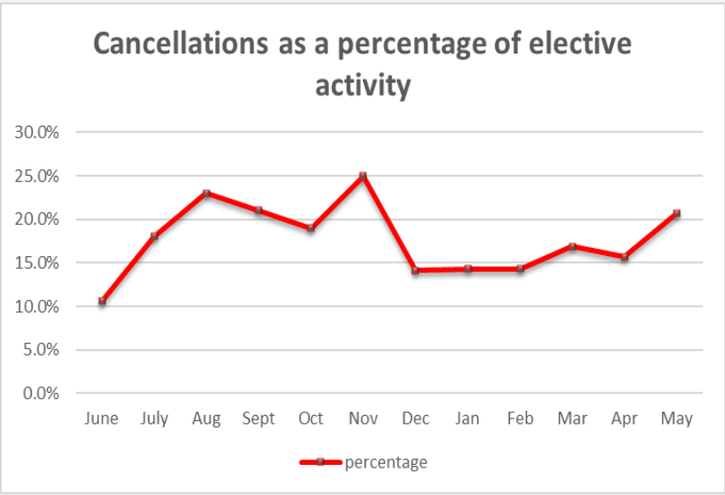
47 additional emergency minor procedures also went through theatre and critical care, utilising the theatre team.

Cardiac and Thoracic surgery both increased in May, whilst PTE activity reduced slightly.

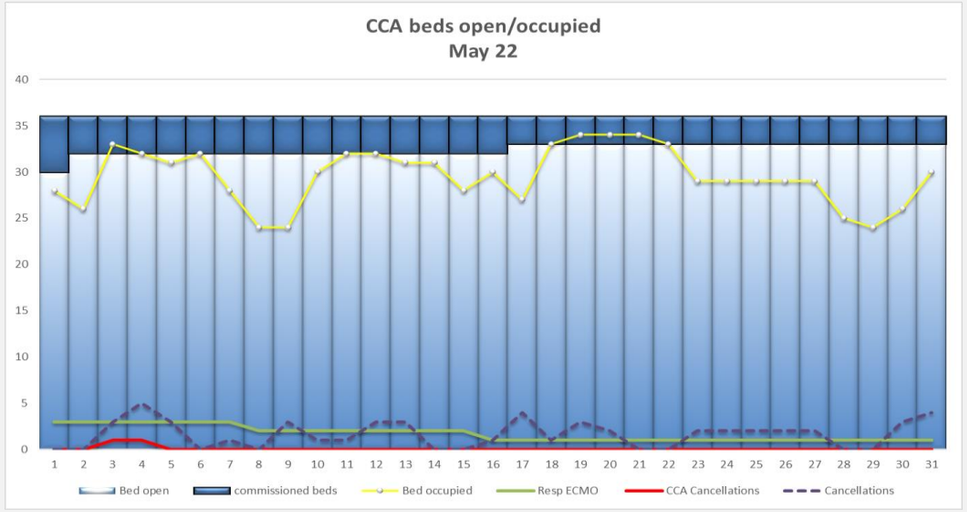
There were a range of cancellation reasons, though planned case overran was the highest reason, followed by patient unfit, transplant took time and additional urgent case added. Promising to note that there were no cancellations due to lack of critical care staffing.

Cancellations as a percentage of scheduled elective activity reduced to just over 15%

Cancellation reason	May-22	Total
1c Patient unfit	6	77
1d Sub optimal work up	1	15
2a All CCA beds full with CCA patients	2	38
2b No ward bed available to accept transfer from CCA	1	14
3c Consultant Surgeon	5	14
4a Emergency took time	4	44
4b Transplant took time	6	19
4d Additional urgent case added and took slot	6	35
5a Planned case overran	8	63
6a Scheduling issue	1	2
7b – Additional case – Dissection	1	1
Total	41	507



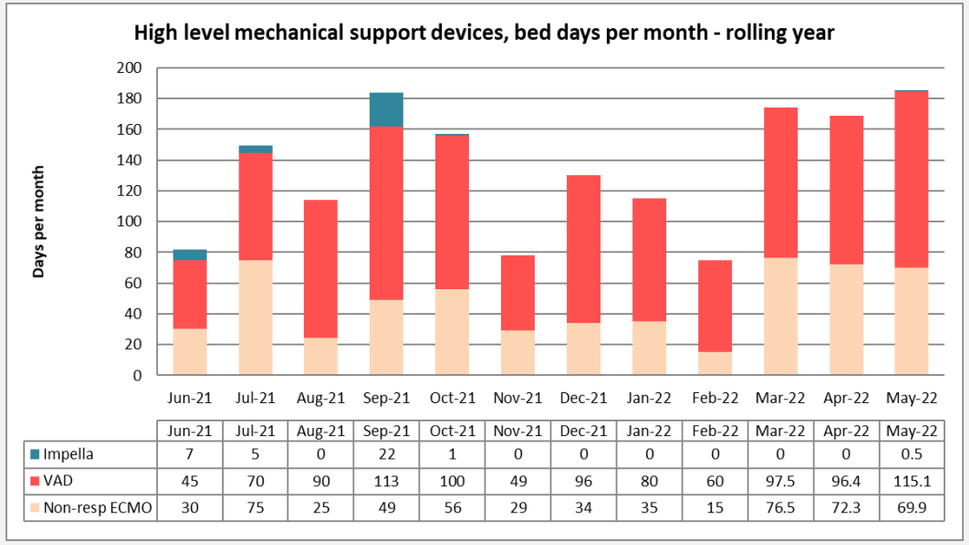
Responsive: Spotlight – Critical Care beds



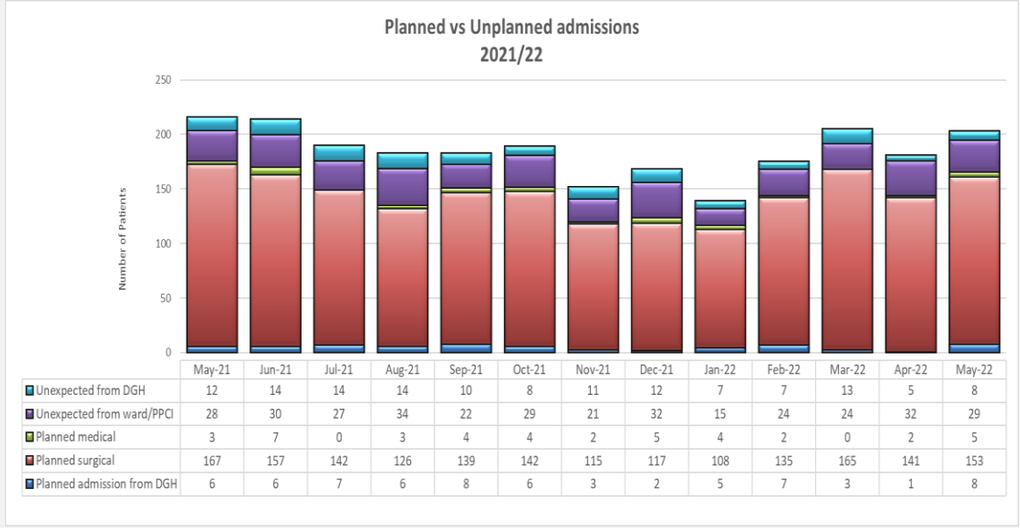
CCA bed open/occupied – The percentage of occupancy using a bed state of 36 commissioned beds was 80.6%, whereas using the amount of CCA beds open it was 90.6%. There were 4 occasions that CCA was oversubscribed, with more patients than opened beds.

ECMO & mechanical devices– VAD occupancy increased in May, with just over 115 bed days, and despite respiratory ECMO remaining low compared to recent history, non-respiratory ECMO accounted for 69.9 bed days.

Planned v Unplanned Admissions – Both planned and emergency activity remained high. Whilst there were 8 unexpected admissions from DGHs to the unit, there were 29 emergencies transferred to CCA from the wards. Planned medical admissions increased on April's numbers.



	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Impella	7	5	0	22	1	0	0	0	0	0	0	0.5
VAD	45	70	90	113	100	49	96	80	60	97.5	96.4	115.1
Non-resp ECMO	30	75	25	49	56	29	34	35	15	76.5	72.3	69.9



	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Unexpected from DGH	12	14	14	14	10	8	11	12	7	7	13	5	8
Unexpected from ward/PPCI	28	30	27	34	22	29	21	32	15	24	24	32	29
Planned medical	3	7	0	3	4	4	2	5	4	2	0	2	5
Planned surgical	167	157	142	126	139	142	115	117	108	135	165	141	153
Planned admission from DGH	6	6	7	6	8	6	3	2	5	7	3	1	8

People, Management & Culture: Performance summary

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

		Data Quality	Target	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Dashboard KPIs	Voluntary Turnover %	3	14.0%	19.44%	15.14%	15.97%	17.73%	17.89%	12.13%
	Vacancy rate as % of budget	4	5.00%	7.87%	8.42%	8.40%	9.16%	10.11%	13.05%
	% of staff with a current IPR	3	90%	71.37%	72.94%	74.96%	74.18%	73.75%	75.41%
	% Medical Appraisals	3	90%	71.55%	75.00%	76.07%	75.86%	73.04%	67.83%
	Mandatory training %	3	90.00%	85.02%	84.32%	84.83%	84.56%	84.45%	85.61%
	% sickness absence	3	3.5%	4.95%	5.59%	5.36%	5.58%	5.15%	4.06%
Additional KPIs	FFT – recommend as place to work	3	70.0%	70.00%	n/a	n/a	74.00%	n/a	n/a
	FFT – recommend as place for treatment	3	90%	91.00%	n/a	n/a	90.00%	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	3	5.00%	4.30%	4.87%	5.50%	6.65%	7.48%	9.26%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	3	10.00%	23.49%	24.52%	24.27%	24.54%	25.09%	26.31%
	Long term sickness absence %	3	0.80%	2.18%	1.56%	1.61%	1.46%	1.39%	1.54%
	Short term sickness absence	3	2.70%	2.78%	4.04%	3.76%	4.12%	3.76%	2.52%
	Agency Usage (wte) Monitor only	3	Monitor only	23.7	20.8	22.8	31.1	23.3	30.1
	Bank Usage (wte) monitor only	3	Monitor only	55.9	59.4	56.3	59.2	52.8	55.3
	Overtime usage (wte) monitor only	3	Monitor only	51.2	45.0	49.0	68.1	40.2	44.0
	Agency spend as % of salary bill	5	3.37%	2.42%	1.63%	0.94%	1.68%	1.96%	2.01%
	Bank spend as % of salary bill	5	1.72%	1.66%	2.46%	2.57%	2.23%	1.85%	1.75%
	% of rosters published 6 weeks in advance	3	Monitor only	38.20%	32.40%	55.90%	55.90%	29.40%	23.50%
	Compliance with headroom for rosters	3	Monitor only	28.50%	34.10%	33.80%	33.50%	34.10%	28.20%
	Band 5 % White background: % BAME background*	3	Monitor only	57.17% : 39.93%	n/a	n/a	56.69% : 40.33%	n/a	n/a
	Band 6 % White background: % BAME background*	3	Monitor only	73.13% : 25.23%	n/a	n/a	73.29% : 25.30%	n/a	n/a
	Band 7 % White background % BAME background*	3	Monitor only	85.83% : 12.99%	n/a	n/a	85.34% : 13.16%	n/a	n/a
	Band 8a % White background % BAME background*	3	Monitor only	87.50% : 11.36%	n/a	n/a	87.78% : 11.11%	n/a	n/a
	Band 8b % White background % BAME background*	3	Monitor only	90.32% : 6.45%	n/a	n/a	90.00% : 6.67%	n/a	n/a
	Band 8c % White background % BAME background*	3	Monitor only	92.86% : 7.14%	n/a	n/a	93.33% : 6.67%	n/a	n/a
	Band 8d % White background % BAME background*	3	Monitor only	100.00% : 0.00%	n/a	n/a	100.00% : 0.00%	n/a	n/a

* - Data available quarterly from June 21

Summary of Performance and Key Messages:

- Turnover reduced in May to 12.1% which is below our KPI. There were 23 leavers in May and the biggest driver for leavers was lack of opportunities, with approximately a third of leavers giving this as their primary reason for leaving. This is a reoccurring theme and whilst as a relatively small organisation we will have more limited opportunities for staff to progress their careers wholly within the Trust there is undoubtedly improvements we need to make to supporting staff develop their career within the Trust.
- There was a significant increase in vacancy rates in May. The reason for this increase is an increase in budgeted establishments of 66.9 WTE as the 22/23 budgets were updated in ESR. This resulted in an increase in the number of vacant posts from 219 to 291. This increase includes the staffing linked to the additional Cardiology beds on 4 North West. This is a challenging time for the NHS 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.
- Nurse vacancy rates increased to 9.26% which is the highest rate since February 2020. The increase from April to May is primarily as a result in the increase in budgeted establishment of 11.9 WTE. There are 33 band 5 nurses in the pipeline. The highest levels of vacancies are in Cardiology as a result of the increased staffing establishment and turnover in the Cath Lab and Level 3 after stable staffing levels for a long period. Cardiology generally is successful when they recruit.
- Our HCSW vacancy rate remains a concern with 69 vacancies reported at the end of May which includes a 6.9wte increase in budgeted posts in this staff group. There is a healthy pipeline with 35 recruits going through the pre-employment checking process. In addition we had another successful recruitment event the hospital in June with 20 staff being recruited.
- Sickness absence reduced to 4% as levels of Covid absence reduced from the second half of April. This is still over our KPI and higher than normal at this time of the year. Although Covid absence has reduced we have continued to experience approximately 1% covid sickness absence on an ongoing basis.
- The IPR rates improved from the previous month although remains significantly below the KPI with areas still struggling to release staff for appraisals. The importance of annual appraisals for staff engagement and wellbeing continues to be emphasised and compliance is discussed at monthly divisional performance meetings. The deterioration in medical appraisal rates is due to problems during May with the electronic system used for managing the medical appraisal process. This issue has been rectified.
- Mandatory training compliance improved to 85.61% and the focus is on those competencies with lower than the average level of compliance such as Safeguarding Level 3. .
- Temporary staffing usage is the subject of the Spotlight section.
- It is disappointing that compliance with the roster approval KPI reduced further in May. The key reason given by areas for not publishing rotas six weeks in advance is lack of line manager and/or administration capacity. 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 after effect of 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.
- Staff engagement and wellbeing negatively impacted by the increased cost of living and the reductions in take home pay as a result of increased NI contributions.
- 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 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:

Staff Recognition and Appreciation

- The new improved version of our postive reporting tool, Laudit, was launched at the beginning of May. This improved version is easier to use and access, is aligned with the Trust values and enables staff and managers to have a record of Laudit's given which is useful for performance reviews and revalidation. In the first month 513 staff registered with the new version and 342 laudits, recognising and appreciating colleagues, were sent in May, which is double the monthly average under the old system.
- The 2022 Staff Awards was launched at the start of June after a two year hiatus. The award categories have been updated to align with our values and our focus on sustainability and a greener way of working. Staff and patients are being encouraged to nominate colleagues and also colleagues working in partner organisations. The awards ceremony will be held on the 8th September in Homerton College.

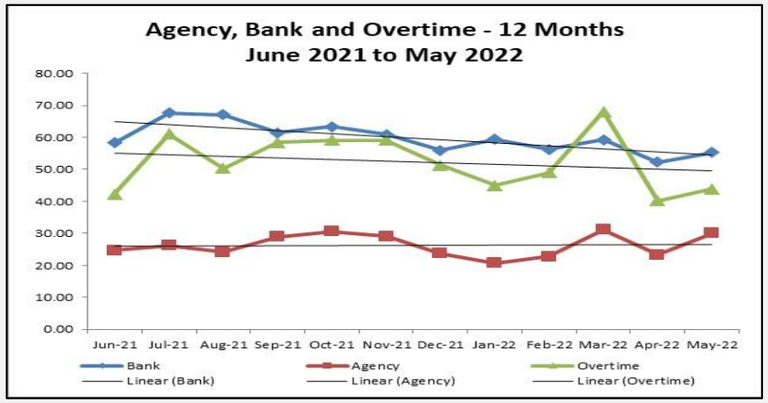
Staff Health and Wellbeing

- In May the Wellbeing Team and the RPH Charity ran two Scavenger Hunts, one at the hospital and one at Royal Papworth House, to mark Mental Health month and National Walking month. More than 350 staff participated in the event and there was lots of positive feedback about the impact on mental wellbeing of participants.

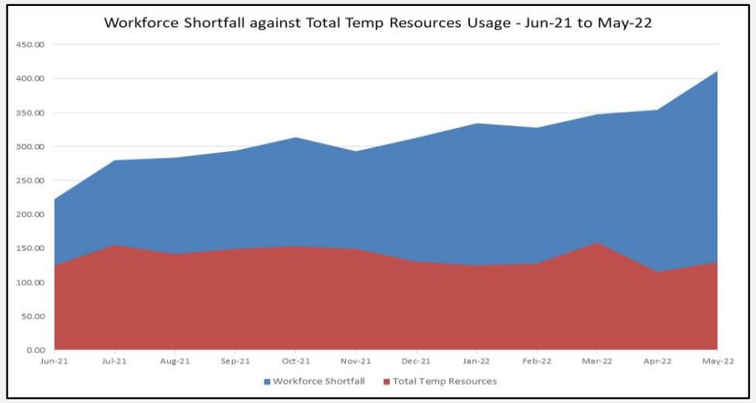
People, Management & Culture : Spotlight On – Temporary Staffing Usage

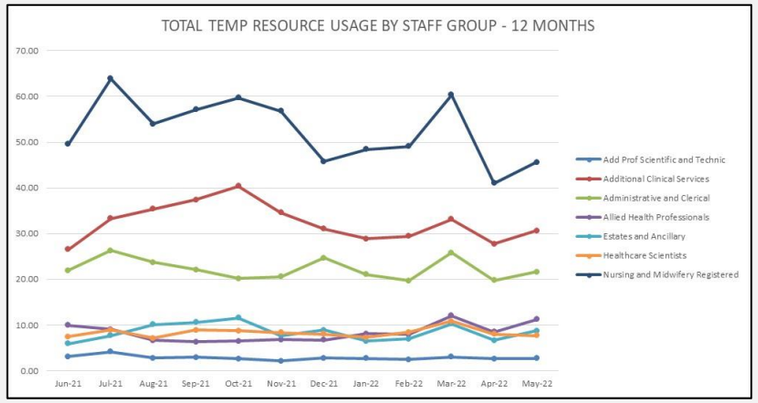
Type and features of temporary staffing:

- Temporary staffing is the umbrella term for staffing capacity provided by agency workers, bank workers and staff working overtime.
- Bank workers are paid on the same terms and conditions as substantive employees.
- Overtime for non-clinical staff is paid in line with Agenda for Change terms and conditions of service. There is an enhanced overtime rate that is paid to non-medical clinical staff.
- Agency Workers rates are determined by the agency and some degree of negotiation. There is a national framework and caps on the rates that should be paid for agency workers and breaching these caps requires executive level authorisation. Those agency workers in roles were there are particular local and national shortages eg Operating Department Practitioners and Cardiac Physiologists, are on rates over the national capped rates. Band 5 and Band 2 nursing agency workers are paid at capped rates.
- Vacancy Panel approval is required for the use of agency workers with the exception of Band 5 Nursing and Band 2 HCSW workers which are approved at Matron level. The approval for the use of bank workers and overtime is approved at Divisional/Directorate level.
- Temporary staffing is necessary and supports the efficient use of workforce resources. The goal is to use the most cost effective form of temporary staffing. A CIP is being developed to reduce the cost of temporary staffing by increasing bank capacity and usage and reducing the use and pay rates for overtime. Key underpinning factors in the effective use of temporary staffing is good rostering practice, reducing vacancy rates and clear controls on the booking of temporary staffing. There is a preference to use internal bank and overtime for temporary staffing due to the specialist nature of our work.



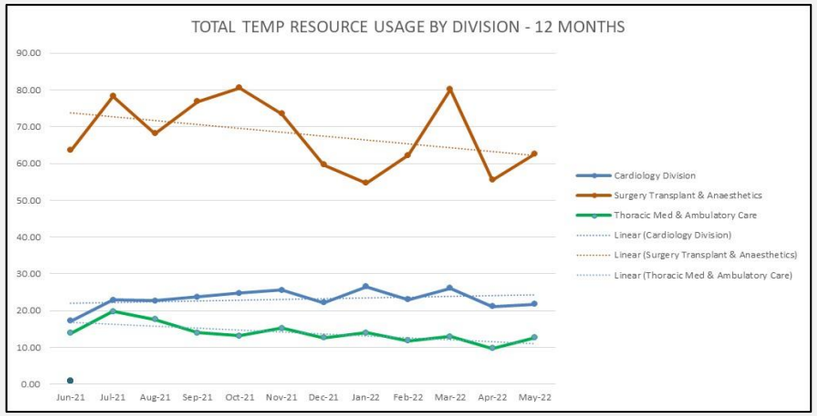
- Over the last 12 months there has been a downward trend in the overall use of temporary staffing. There has been a slight increase in the use of agency and a decrease in overtime and bank usage. This decrease is most likely to be as a result of decreasing availability of temporary staffing rather than specific action taken by departments.
- Over the last 12 months the has been high levels of absence and increasing vacancy rates which combined with constrained supply of temporary staffing has increased the overall shortfall in the staffing resources available.





Temporary Staffing Usage by Staff Group:

- Nursing – this is the biggest staff group and given the 24/7 nature of the majority of nursing working patterns this staff group has the highest use of temporary staffing. Approx. 50% of usage is agency, 30% bank and 20% overtime but this does vary across divisions
- Admin and Clerical – has slightly decreased and is primarily bank
- Estates and Ancillary – usage over the 12 months is flat and primarily overtime
- HCS – usage has been flat and is primarily agency. These are shortage occupations and rates are over cap.
- AHP – it was an equal mix of overtime, bank and agency but in the last 6 mths use of agency has increased due to vacancies and insufficient bank/overtime capacity
- Additional Clinical Services – usage has decreased but this is due to a reduction in supply rather than demand. Approximately 60% is bank, 20% is overtime, 20% agency



Temporary Staffing Usage by Clinical Division:

- Cardiology –use a fairly even mix of overtime, agency and bank. Their usage has marginally increased over the last 12 months.
- Thoracic Medicine – also use a fairly even mix of overtime, agency and bank. Their usage has decreased .
- STA – by far the biggest user of temporary staffing with high levels of usage in Critical Care, Theatres and Surgical Wards. Overtime is the most commonly used form of temporary staffing with approximately 50% temporary staffing being overtime. There is a decreasing trend with bank and overtime down and agency up.

Finance: Performance summary

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

		Data Quality	Target	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Dashboard KPIs	Year to date surplus/(deficit) exc land sale £000s	5	£(608)k	£2,580k	£3,610k	£4,554k	£3,172k	£(137)k	£(274)k
	Cash Position at month end £000s	5	n/a	£61,840k	£62,174k	£65,347k	£59,966k	£62,894k	£62,241k
	Capital Expenditure YTD £000s	5	£288 YTD	£716k	£733k	£972k	£1,340k	£320k	£333k
	In month Clinical Income £000s*	5	£21791k (current month)	£17,605k	£17,660k	£51,655k	£23,670k	£21,729k	£21,729k
	CIP – actual achievement YTD - £000s	4	£967k	£4,920k	£5,290k	£5,630k	£5,920k	£250k	£1,020k
	CIP – Target identified YTD £000s	4	£5800k	£5,390k	£5,390k	£5,390k	£5,390k	£3,970k	£5,360k
Additional KPIs	NHS Debtors > 90 days overdue	5	15%	26.9%	7.8%	24.4%	4.5%	69.5%	79.0%
	Non NHS Debtors > 90 days overdue	5	15%	20.6%	27.4%	23.0%	20.5%	24.9%	20.6%
	Capital Service Rating	5	4	3	3	3	3	4	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	£15,085k	£17,495k	£19,801k	£19,386k	£1,328k	£1,328k
	Use of Resources rating	5	Monitor only	n/a	n/a	n/a	n/a	n/a	n/a
	Total debt £000s	5	Monitor only	£3,827k	£6,885k	£3,743k	£7,165k	£3,359k	£3,692k
	Better payment practice code compliance - NHS	5	Monitor only	94%	87%	80%	85%	82%	80%
	Better payment practice code compliance - Non NHS	5	Monitor only	97%	94%	96%	96%	92%	95%

Summary of Performance and Key Messages:

- **In April the Trust submitted a draft full year plan of £7.9m deficit (£7.3m on a control total basis). The Trust submitted a final plan on the 20th June in resulting in a breakeven position which has been agreed as part of the C&P ICS submission. This report shows variances against the draft plan, performance against the final plan will be reported against from month 3**.
- **The Trust YTD financial position as at May is favourable to the draft plan by £0.3m with a reported deficit of £ 0.2m against a planned deficit of £0.5m.** The deficit is mainly driven by continued impact of COVID in April and May.
- **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 £5.4m 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 a slight reduction of c£0.6m from last month and is mainly driven by the increase in accrued income and the increase in stock levels, this is partly offset by the increase in accruals, deferred income and provisions.
- **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 YTD as at May was £0.33m against a plan of £0.29m. This expenditure is related to the capital projects delayed from 2021/22.

Finance: Key Performance – Year to date SOCI position

The Trust delivered a performance that is £0.3m better than the draft 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 offset by a compensating underspend in homecare Pharmacy drugs expenditure. The Final plan will be updated in the month 3 reporting.

	YTD £000's Plan	YTD £000's Underlying Actual	YTD £000's COVID: spend	YTD £000's Other Non Recurrent Actual	YTD £000's Actual Total	YTD £000's 22/23 plan	YTD £000's Variance	RAG
Clinical income - in national block framework								
Clinical income on PbR basis - activity only	£25,953	£23,406	£0	£0	£23,406	£25,953	(£2,547)	
Balance to block payment -activity only	£0	£2,399	£0	£0	£2,399	£0	£2,399	
Homecare Pharmacy Income	£8,306	£7,974	£0	£0	£7,974	£8,306	(£332)	
Drugs and Devices - cost and volume	£2,503	£2,971	£0	£0	£2,971	£2,503	£468	
Balance to block payment - drugs and devices	£0	(£160)	£0	£0	(£160)	£0	(£160)	
Sub-total	**£36,762**	**£36,590**	**£0**	**£0**	**£36,590**	**£36,762**	**(£172)**	
Clinical income - Outside of national block framework								
Drugs & Devices	£200	£302	£0	£0	£302	£200	£101	
Other clinical income	£478	£459	£0	£0	£459	£478	(£19)	
Private patients	£1,524	£1,488	£0	£0	£1,488	£1,524	(£36)	
Sub-total	**£2,202**	**£2,249**	**£0**	**£0**	**£2,249**	**£2,202**	**£46**	
Total clinical income	**£38,964**	**£38,838**	**£0**	**£0**	**£38,838**	**£38,964**	**(£126)**	
Other operating income								
Covid-19 funding and ERF	£1,097	£0	£243	£855	£1,097	£1,097	£0	
Top-up funding	£3,521	£3,521	£0	£0	£3,521	£3,521	£0	
Other operating income	£2,240	£2,712	£0	£0	£2,712	£2,240	£472	
Total operating income	**£6,859**	**£6,233**	**£243**	**£855**	**£7,330**	**£6,859**	**£472**	
Total income	**£45,823**	**£45,072**	**£243**	**£855**	**£46,169**	**£45,823**	**£345**	
Pay expenditure								
Substantive	(£19,504)	(£18,845)	£0	£0	(£18,845)	(£19,504)	£659	
Bank	(£402)	(£340)	(£1)	£0	(£341)	(£402)	£61	
Agency	(£291)	(£392)	£0	£0	(£392)	(£291)	(£101)	
Sub-total	**(£20,198)**	**(£19,577)**	**(£1)**	**£0**	**(£19,578)**	**(£20,198)**	**£620**	
Non-pay expenditure								
Clinical supplies	(£7,364)	(£8,185)	(£19)	£0	(£8,205)	(£7,364)	(£841)	
Drugs	(£1,209)	(£915)	(£0)	£0	(£915)	(£1,209)	£294	
Homecare Pharmacy Drugs	(£8,333)	(£7,741)	£0	£0	(£7,741)	(£8,333)	£592	
Non-clinical supplies	(£6,333)	(£6,890)	(£184)	£0	(£7,074)	(£6,333)	(£741)	
Depreciation (excluding Donated Assets)	(£1,731)	(£1,714)	£0	£0	(£1,714)	(£1,731)	£17	
Depreciation (Donated Assets)	(£89)	(£91)	£0	£0	(£91)	(£89)	(£2)	
Sub-total	**(£25,059)**	**(£25,536)**	**(£203)**	**£0**	**(£25,740)**	**(£25,059)**	**(£681)**	
Total operating expenditure	**(£45,257)**	**(£45,114)**	**(£204)**	**£0**	**(£45,318)**	**(£45,257)**	**(£61)**	
Finance costs								
Finance income	£0	£84	£0	£0	£84	£0	£84	
Finance costs	(£871)	(£906)	£0	£0	(£906)	(£871)	(£35)	
PDC dividend	(£303)	(£303)	£0	£0	(£303)	(£303)	(£0)	
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	£0	
Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	£0	
Sub-total	**(£1,174)**	**(£1,125)**	**£0**	**£0**	**(£1,125)**	**(£1,174)**	**£49**	
Surplus/(Deficit) including central funding	**(£608)**	**(£1,167)**	**£38**	**£855**	**(£274)**	**(£608)**	**£334**	
Surplus/(Deficit) Control Total basis	**(£519)**	**(£1,076)**	**£38**	**£855**	**(£183)**	**(£519)**	**£336**	

- **Clinical income** is £0.1m adverse to plan ❶. Income from activity on a PbR basis is lower than planned levels by £2.4m, risk against this has been mitigated through commissioner contract blocks. YTD adverse variances to plan within ECMO, Transplant Operations, Thoracic Surgery and Cardiac Surgery are offset in part by favourable variances in VAD, PTE, Thoracic Medicine and RSSC services.
- **Private patient income** under performed YTD by £0.01m mainly due Thoracic medicine.
- **Other operating income** is above plan by £0.5m ❷ mainly due increase in education and training income and additional staff accommodation rental income.
- **Pay expenditure** is favourable to plan by £0.6m 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 £0.8m.
- **The Homecare backlog has decreased compared to the previous month.** The estimated closing backlog in May was £2.18m, compared to £2.41m 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 YTD was £0.6m favourable to plan which is offset by the Homecare income variance.
- **Non-clinical supplies** is adverse to plan by £0.7m ❹. This is mainly driven by COVID costs in relation to ongoing spend on estates and facilities schemes, additional costs incurred in response to M Abscessus, and an adjustment to provisions

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	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Comments
Additional KPIs	**Elective activity as % 19/20 (ICS)**	3	Monitor only	**54.5%**	**73.4%**	**77.2%**	**68.2%**	**67.8%**	**86.4%**	Latest data to w/e 12/06/22
	Papworth - Elective NHS activity as % 19/20 baseline plan	4	Monitor only	n/a	n/a	n/a	n/a	89.3%	119.5%	
	Non Elective activity as % 19/20 (ICS)	3	Monitor only	**89.8%**	**92.5%**	**n/a**	**91.5%**	**93.5%**	**96.5%**	Latest data to w/e 12/06/22
	Papworth - Non NHS Elective activity as % 19/20 baseline plan	4	Monitor only	n/a	n/a	n/a	n/a	97.7%	81.6%	
	Day Case activity as % 19/20 (ICS)	3	Monitor only	**81.1%**	**96.7%**	**100.6%**	**96.8%**	**91.2%**	**103.4%**	Latest data to w/e 12/06/22
	Papworth - Day NHS Case activity as % 19/20 baseline plan	4	Monitor only	n/a	n/a	n/a	n/a	98.4%	136.4%	
	Outpatient - First activity as % 19/20 (ICS)	3	Monitor only	**84.6%**	**113.3%**	**132.8%**	**110.3%**	**102.9%**	**117.1%**	Latest data to w/e 12/06/22
	Papworth - Outpatient - First activity NHS as % 19/20 baseline plan	4	Monitor only	n/a	n/a	n/a	n/a	114.1%	121.3%	
	Outpatient - Follow Up activity as % 19/20 (ICS)	3	Monitor only	**80.7%**	**101.6%**	**119.7%**	**95.9%**	**94.6%**	**109.9%**	Latest data to w/e 12/06/22
	Papworth - Outpatient - Follow Up & Non face to face NHS activity as % 19/20 baseline plan	4	Monitor only	n/a	n/a	n/a	n/a	106.2%	145.8%	
	Virtual clinics – % of all outpatient attendances that are virtual (ICS)	3	Monitor only	**28.3%**	**21.9%**	**25.9%**	**24.9%**	**23.7%**	**22.9%**	Latest data to w/e 12/06/22
	Papworth - Virtual clinics – % of all outpatient attendances that are virtual	4	Monitor only	15.7%	17.7%	16.7%	15.6%	16.8%	15.5%	
	Diagnostics < 6 weeks % (ICS)	3	Monitor only	**52.9%**	**60.7%**	**59.9%**	**57.7%**	**57.6%**	**61.5%**	Latest data to w/e 12/06/22
	Papworth - % diagnostics waiting less than 6 weeks	3	99%	97.9%	93.0%	96.7%	97.2%	97.0%	95.0%	
	18 week wait % (ICS)	3	Monitor only	**60.3%**	**59.2%**	**59.5%**	**59.4%**	**60.5%**	**60.9%**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 12/06/22
	Papworth - 18 weeks RTT (combined)	5	92%	85.4%	84.3%	81.3%	79.6%	78.2%	79.2%	
	No of waiters > 52 weeks (ICS)	3	Monitor only	**7,852**	**7,560**	**6,695**	**6,334**	**6,618**	**7,267**	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 12/06/22
	Papworth - 52 week RTT breaches	5	0%	5	4	6	1	7	3	
	Cancer - 2 weeks % (ICS)	3	Monitor only	**67.9%**	**n/a**	**67.0%**	**n/a**	**67.0%**	**67.8%**	Latest Cancer Performance Metrics available are Apr 2022
	Cancer - 62 days wait % (ICS)	3	Monitor only	**60.5%**	**n/a**	**54.8%**	**n/a**	**54.8%**	**67.5%**	Latest Cancer Performance Metrics available are Apr 2022
	Papworth - 62 Day Wait for 1st Treatment including re-allocations	4	85%	54.5%	42.9%	57.1%	50.0%	75.0%	41.7%	
	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	£(608)k	£2,580k	£3,610k	£4,554k	£3,172k	£(137)k	£(274)k	
	Staff absences % C&P (ICS)	3	Monitor only	**4.8%**	**4.9%**	**4.6%**	**4.6%**	**3.7%**	**3.4%**	Latest data for May 22
	Papworth - % sickness absence	3	3.5%	5.0%	5.6%	5.4%	5.6%	5.2%	4.1%	

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.