



Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

May 2023



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Context:

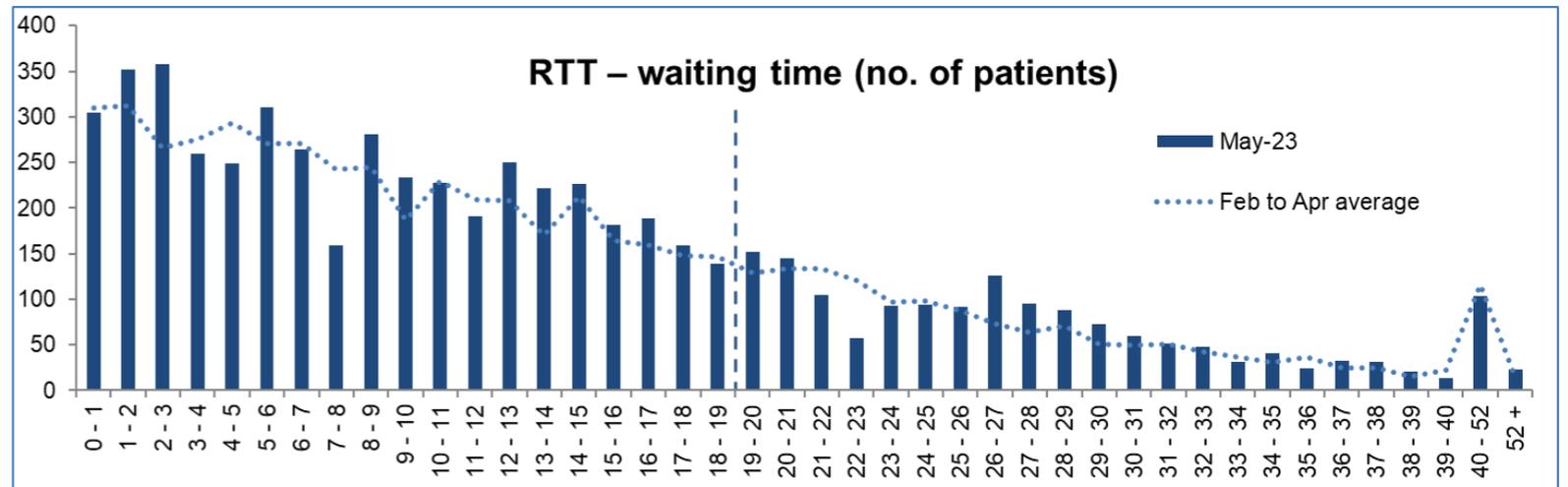
Context - The activity table and RTT waiting time curve below sets out the context for the operational performance of the Trust and should be used to support constructive challenge from the committee:

All Inpatient Spells (NHS only)	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Trend
Cardiac Surgery	112	98	132	115	53	110	
Cardiology	565	653	584	660	499	652	
ECMO (days)	5	7	1	3	1	2	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	6	7	7	11	6	5	
RSSC	393	506	478	597	475	495	
Thoracic Medicine	255	309	269	328	356	464	
Thoracic surgery (exc PTE)	57	64	51	62	37	57	
Transplant/VAD	37	26	34	36	31	27	
Total Admitted Episodes	1,430	1,670	1,556	1,812	1,458	1,812	
<i>Baseline (2019/20 adjusted for working days)</i>	<i>1690</i>	<i>1847</i>	<i>1940</i>	<i>1626</i>	<i>1679</i>	<i>1500</i>	
<i>%Baseline</i>	<i>85%</i>	<i>90%</i>	<i>80%</i>	<i>11%</i>	<i>87%</i>	<i>12%</i>	

Outpatient Attendances (NHS only)	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Trend
Cardiac Surgery	345	408	379	431	325	437	
Cardiology	3,135	3,775	3,443	3,814	3,495	3,729	
RSSC	1,387	2,319	2,233	1,901	1,708	2,192	
Thoracic Medicine	2,096	2,379	2,075	2,370	1,783	2,066	
Thoracic surgery (exc PTE)	81	120	94	98	95	122	
Transplant/VAD	254	309	255	306	247	273	
Total Outpatients	7,298	9,310	8,479	8,920	7,653	8,819	
<i>Baseline (2019/20 adjusted for working days)</i>	<i>6,943</i>	<i>8,231</i>	<i>7,666</i>	<i>7,552</i>	<i>7,003</i>	<i>6,097</i>	
<i>%Baseline</i>	<i>105%</i>	<i>113%</i>	<i>11%</i>	<i>18%</i>	<i>109%</i>	<i>145%</i>	

Note 1 - Activity per SUS billing currency, includes patient counts for ECMO and PCP (not bedday)

Note 2 - NHS activity only



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.
- **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). **From April 23 the Effective and Responsive Performance Summaries have been redesigned to use Statistical process control (SPC) which is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action. SPC is a good technique to use when implementing change as it enables you to understand whether changes you are making are resulting in improvement — a key component of the Model for Improvement widely used within the NHS.**

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

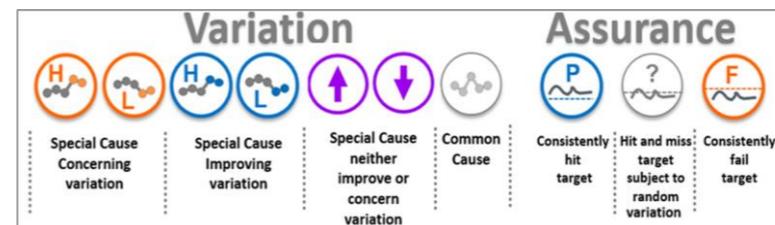
- **Red** = 4 or more red KPI categories
- **Amber** = Up to 3 red categories
- **Green** = No reds and 3 or less amber

Trend graphs



Within the balanced scorecard, each KPI has a trend graph which summarises performance against target from April 2021 (where data is available)

Statistical process control (SPC) key to icons used:



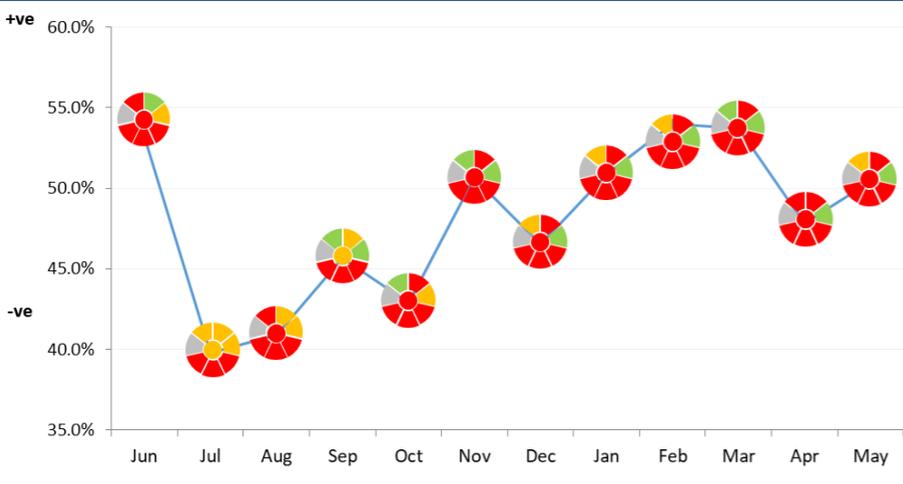
Data Quality Indicator

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 <i>quality of reported data</i> . <i>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.</i>
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: VTE – the compliance with performing VTE risk assessments has increased to 92.1% in May, the highest reported over last year.

CARING: Number of written complaints per 1000 staff WTE - is a benchmark figure based on the NHS Model Health System to enable national benchmarking. We remain in green at 2.5 and 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 11.05.2023): Royal Papworth = 5.72; peer group median = 11.39; national median = 16.65.

EFFECTIVE: 1) Activity - Elective Inpatient performance was above plan and will be into June. Key challenges in month have been linked to strike action and strike recovery, but focus has been given to recovery. 5.5 theatres have been open in month to support IP recovery. Outpatients New - demand has been the focus on our RTT recovery and continues to be driven by our STA CI programme. This work is supported by the focused work from Clinical Administration re DNA reduction and digital letter reminders. Outpatient F/U - Above plan in month driven by our flow programme focus across OP and ambulatory care. 2) Cath lab performance was up through focused work from division on clearing the cardiology PTL.

PEOPLE, MANAGEMENT & CULTURE: Turnover remained below KPI at 9.7%. There were 16 wte non-medical leavers in month. There were six leavers in the Additional Clinical Services staff group with 3 of them leaving to return to education/further training. The most common reasons given for staff leaving was promotion/lack of opportunities.

FINANCE: The Trust submitted a breakeven plan for the 2023/24 financial year, as part of the C&P ICS overall breakeven plan. Year to date (YTD), the position is favourable to plan by £1.6m with a reported surplus of £0.4m. The favourable position is due to the phasing of reserves and central items that are expected to be utilised later in the year.

ADVERSE PERFORMANCE

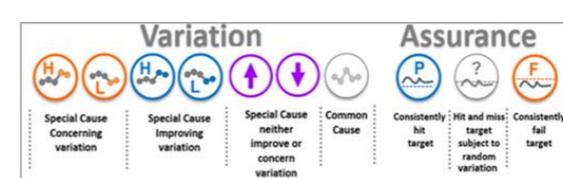
SAFE: Safe Staffing fill rates - Nursing roster fill rates for May had increased for registered nurses on the day shift and night shift to 79% and 84% respectively. Unregistered fill rates in May for day shifts is 68%, an unchanged position from April. Unregistered fill rates for night shifts declined slightly from 74% in April to 73% in May. Surgery, Cardiology & Critical Care had the most unfilled shifts. High levels of sickness, high patient acuity and maternity leave have placed the most demand for shift cover. Fill rates are mitigated with staff working overtime, specialist nurses and sisters filling gaps on shifts and redeployment of staff. Nurse to patient ratios have not exceeded 1 RN to 6 patients. Overall CHPPD (Care Hours Per Patient Day) for May was 12.50.

EFFECTIVE: 1) Bed Occupancy - has reduced in month from 71.9% to 71.5% driven by lost capacity at the start of the month due to strike action. June is showing bed occupancy increase in line with plan to 75%. 2) Theatre Utilisation - down in month due to strike impact (2 days at the start of the month). Whilst performance remains in line with plan, we know that the stretch on this should be closer to the 88% mark. June's data shows a predicted 88% utilisation across 5.5 theatres.

RESPONSIVE: 1) 52 Week RTT breaches - 23 breaches in total in month, which represents an increase of 8 in month. 12 of these breaches occurred due to delays in other providers and late referrals to RPH, 9 breaches because of elective cancellations due to strike action. 2) Performance below target due to 313 patients being cancelled and bulk rebooked, but this data didn't make the cut ahead of the PTL report being closed, thus this is showing as or our numerator. These will go into our report close for June and the data will be corrected. This will bring performance to 98.6% 3) Theatre cancellations - 36 cancellations in month, 21 of which were linked to strike action on the first weekend of the month, due to late changes to strike plan (RCN). 9 cancellations were because of clinical urgency on the day or day prior.

PEOPLE, MANAGEMENT & CULTURE: 1) Total sickness absence remained just over the KPI at 3.54%. Workforce Business Partners work with line managers to review sickness absence management processes within departments and ensure that staff are supported to have good attendance at work. 2) IPR compliance rate reduced to 79%. There has been an issue this month with the recording of medical appraisals which has contributed to the reduction in the compliance rate for medical staff and the overall compliance rate. This will be rectified next month. 3) The recommender scores in the Q1 Pulse survey reduced to 50% of staff recommending the Trust as a place to work and 75% of staff recommending the Trust as a place to be treated. These scores are very low for this Trust. Themes from the free text feedback are insufficient staff, overwork and the culture.

At a glance – Balanced scorecard



		Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Forecast YE **	Trend / SPC Variation & Assurance
Safe	Never Events	May-23	4	0	0	0		
	Number of serious incidents reported to commissioners in month	May-23	4	0	0	0		
	Moderate harm incidents and above as % of total PSIs reported	May-23	4	3%	1.20%	1.07%		
	Number of Trust acquired PU (Category 2 and above)	May-23	4	35 pa	2	4		
	Falls per 1000 bed days	May-23	4	4	3.1	3.2		
	VTE - Number of patients assessed on admission	May-23	5	95%	92%	90%		
	Sepsis - % patients screened and treated (Quarterly)	May-23	3	90%	-	81.25%		
	Trust CHPPD	May-23	5	9.6	12.5	12.3		
	Safer staffing: fill rate – Registered Nurses day	May-23	5	90%	79.0%	78.5%		
	Safer staffing: fill rate – Registered Nurses night	May-23	5	90%	84.0%	83.0%		
	Safer staffing: fill rate – HCSWs day	May-23	5	90%	68.0%	68.0%		
	Safer staffing: fill rate – HCSWs night	May-23	5	90%	73.00%	73.50%		
Caring	FFT score- Inpatients	May-23	4	95%	98.00%	98.40%		
	FFT score - Outpatients	May-23	4	95%	96.00%	96.25%		
	Number of written complaints per 1000 WTE (Rolling 3 mnt average)	May-23	4	12.6	2.5			
	Mixed sex accommodation breaches	May-23	4	0	0	0		
	% of complaints responded to within agreed timescales	May-23	4	100%	100.00%	100.00%		
Effective	Bed Occupancy (excluding CCA and sleep lab)	May-23	4	85% (Green)	71.50%	71.65%		
	CCA bed occupancy	May-23	4	85% (Green)	85.90%	83.90%		
	Elective inpatient and day cases (NHS only)****	May-23	4	2645	1437	2621		
	Outpatient First Attends (NHS only)****	May-23	4	3079	1970	3787		
	Outpatient FUPs (NHS only)****	May-23	4	11069	6849	12685		
	Cardiac surgery mortality (Crude)	May-23	3	3%	2.94%	2.85%		
	Theatre Utilisation	May-23	3	85%	83%	86%		
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	May-23	3	85%	94%	86%		

		Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Forecast YE **	Trend / SPC Variation & Assurance	
Responsive	% diagnostics waiting less than 6 weeks	May-23	3	99%	94.9%	96.7%			
	18 weeks RTT (combined)	May-23	5	92%	71.80%	71.80%			
	Number of patients on waiting list	May-23	5	3851	6152	6152			
	52 week RTT breaches	May-23	5	0	23	38			
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	May-23	4	85%	38%	50%			
	31 days cancer waits*	May-23	4	96%	97%	97%			
	104 days cancer wait breaches*	May-23	4	0%	8	14			
	Theatre cancellations in month	May-23	3	15	36	38			
	% of IHU surgery performed < 7 days of medically fit for surgery	May-23	4	95%	52%	53%			
	Acute Coronary Syndrome 3 day transfer %	May-23	4	90%	90%	89%			
	People Management & Culture	Voluntary Turnover %	May-23	3	12.0%	9.7%	10.3%		
		Vacancy rate as % of budget	May-23	4	9.0%	10.5%			
% of staff with a current IPR		May-23	3	90%	79.00%				
% Medical Appraisals		May-23	3	90%	65.04%				
Mandatory training %		May-23	3	90%	87.24%	86.62%			
% sickness absence		May-23	3	3.50%	3.54%	3.77%			
Finance	Year to date surplus/(deficit) adjusted £000s	May-23	4	£(1,200)k	£403k				
	Cash Position at month end £000s	May-23	5	£61,487k	£67,129k				
	Capital Expenditure YTD (BAU from System CDEL) - £000s	May-23	4	£235k	£2k				
	Elective Variable Income YTD £000s	May-23	4	£8500k	£7,807k				
	CIP – actual achievement YTD - £000s	May-23	4	£1132k	£1,600k				
	CIP – Target identified YTD £000s	May-23	4	£6,793k	£6,670k				

* Latest month of 62 day and 31 cancer wait metric is still being validated ** Forecasts updated M03, M06 and M09 ***Data Quality scores re-assessed M03 and M08 **** Plan based on 108% of 19/20 activity adjusted for working days in month

Board Assurance Framework risks (where above risk appetite)

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Status since last month
Safe	Failure to protect patient from harm from hospital aquired infections	675	MS	4	16	16	16	16	16	16	↔
Safe	Failure to meet safer staffing (NICE guidance and NQB)	742	MS	6	12	12	12	12	12	12	↔
Safe	M.Abscessus	3040	MS	10	15	15	15	15	15	15	↔
Safe + Effective + Finance + Responsive	Activity recovery and productivity	3223	HM	4	16	16	16	16	16	16	↔
Safe + PM&C	Unable to recruit number of staff with the required skills/experience	1854	HM	6	16	16	16	16	16	16	↔
Safe + Transformation	Potential for cyber breach and data loss	1021	AR	9	16	16	16	16	16	16	↔
Effective + Finance + PM&C + Responsive + Transformation	Delivery of Trust 5 year strategy	2901	HM	6	9	9	9	9	9	9	↔
Effective + Finance + Responsive + Transformation	NHS Reforms & ICS strategic risk	3074	TG	8	12	12	12	12	12	12	↔
Effective + PM&C + Responsive	Industrial Action	3261	OM	6	20	20	20	20	20	20	↔
Effective + Responsive	Key Supplier Risk	2985	TG	8	10	10	10	10	10	10	↔
Responsive	Waiting list management	678	HM	8	20	20	20	20	20	20	↔
PM&C	Staff turnover in excess of our target level	1853	OM	6	20	20	20	15	15	15	↔
PM&C	Low levels of Staff Engagement	1929	OM	6	20	20	20	20	20	20	↔
Finance + Transformation	Electronic Patient Record System	858	HM	6	16	16	12	12	16	16	↔
Safe + Effective + Finance + Responsive	Continuity of supply of consumable or services failure	3009	TG	6	12	12	9	9	9	12	↑



Safe: Performance Summary

Accountable Executive: Chief Nurse

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



Royal Papworth Hospital
NHS Foundation Trust

	Data Quality	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	
Dashboard KPIs	Never Events	4	0	0	0	0	0	0	
	Number of serious incidents reported to commissioners in month	4	0	0	0	1	0	0	
	Moderate harm incidents and above as % of total PSIs reported	4	<3%	0.00%	0.88%	1.98%	1.84%	0.94%	1.20%
	Number of Trust acquired PU (Category 2 and above)	4	<35	0	0	0	1	2	2
	Falls per 1000 bed days	4	<4	2.4	1.8	3.4	2.5	2.4	3.1
	VTE - Number of patients assessed on admission	5	95%	84.8%	91.0%	91.7%	88.1%	90.2%	92.1%
	Sepsis - % patients screened and treated (Quarterly)	3	90.0%	81.0%	-	-	81.25%	-	-
	Trust CHPPD	5	>9.6	12.20	12.20	12.00	12.00	12.00	12.50
	Safer staffing: fill rate – Registered Nurses day	5	90%	79.0%	78.0%	80.0%	78.0%	78.0%	79.0%
	Safer staffing: fill rate – Registered Nurses night	5	90%	79.0%	61.0%	61.0%	83.0%	82.0%	84.0%
	Safer staffing: fill rate – HCSWs day	5	90%	64.0%	82.0%	83.0%	61.0%	68.0%	68.0%
Safer staffing: fill rate – HCSWs night	5	90%	71.0%	72.0%	71.0%	77.0%	74.0%	73.0%	
Additional KPIs	% supervisory ward sister/charge nurse time	New	90%	-	-	-	-	38.0%	47.0%
	MRSA bacteremia	3	0	0	0	0	0	0	1
	E coli bacteraemia	5	Monitor only	0	1	2	1	1	1
	Klebsiella bacteraemia	5	Monitor only	2	3	2	1	1	2
	Pseudomonas bacteraemia	5	Monitor only	0	0	0	0	0	0
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 7	2	0	0	0	2	2
	Other bacteraemia	4	Monitor only	0	0	0	4	0	0
	Moderate harm and above incidents in month (including SIs)	4	Monitor only	0	2	5	5	2	3
	% of medication errors causing harm (Low Harm and above)	New	Monitor	-	-	-	-	15.6%	9.5%
	All patient incidents per 1000 bed days (inc.Near Miss incidents)	New	Monitor only	-	-	-	-	38.0	42.1
	SSI CABG infections (inpatient/readmissions %)	3	<2.7%	7.10%	-	-	7.40%	-	-
	SSI CABG infections patient numbers (inpatient/readmissions)	3	n/a	14	-	-	14	-	-
	SSI Valve infections (inc. inpatients/outpatients; %)	3	<2.7%	4.90%	-	-	1.60%	-	-
SSI Valve infections patient numbers (inpatient/outpatient)	3	n/a	6	-	-	2	-	-	

Summary of Performance and Key Messages:

Serious Incidents: There were no reported serious incident reported in May 2023.

Moderate harm incidents and above: There were three moderate harm incidents (WEB47517, WEB47640 & WEB47803), graded through the Serious Incident Executive Response Panel (SIERP) in May. All incidents are monitored via the Quality Risk Management Group (QRMG) governance process.

Pressure ulcers: (Category 2 and above): There were 2 acquired PU of category 2 (WEB47744 & WEB47894) reported in May, this are currently awaiting final review Scrutiny Panel to confirm grading.

Falls: For May there were 3.1 falls per 1000 bed days and slips/trips/falls were all graded as no harm/low harm.

VTE: Compliance with performing VTE risk assessments has increased to 92.1% in May, highest reported over last year.

Medication errors causing harm: This is a NEW metric to monitor for 23/24, a target KPI to be set next year. For the month of May this was 9.5% of medication incidents were graded as low harm or above. There were 42 in medication incidents in total and of these there were 4 all graded as low harm.

All patient incidents per 100 bed days: This is a NEW metric for 23/24 and is a monitoring review of the % of all patient safety incidents per 1000 bed days, helping to monitor incident reporting against capacity. This was 42.1 per 1000 bed days for May.

Safe staffing fill rates: Nursing roster fill rates for May has increased for registered nurses on the day shift and night shift to 79% and 84% respectively. Unregistered (UR) fill rates in May for day shifts is 68%, an unchanged position from April. Unregistered (UR) fill rates for night shifts declined slightly from 74% in April to 73% in May. Surgery, Cardiology & Critical Care have the most unfilled shifts. High levels of sickness, high patient acuity and maternity leave have placed the most demand for shift cover. Fill rates are mitigated with staff working overtime, specialist nurses and sisters filling gaps on shifts and redeployment of staff. Nurse to patient ratios have not exceeded 1 RN to 6 patients. Overall CHPPD (Care Hours Per Patient Day) for May was 12.50.

Ward supervisory sister/ charge nurse: This a NEW metric for 23/34, the average supervisory sister (SS) / charge nurse (CN) has a target of 90%. We are aiming for a phased, sustained, incremental increase towards >90% ward supervisory sister (SS) time per month. The average SS time has increased from 38% in April to 47% in May. SS time is rostered in/ being planned on rotas at 50% and above. There has been increased SS time noted in Cardiology, 5S (Surgery), 3N (Thoracic) and Day Ward compared to a decreased SS time in 4S (Thoracic) for this month.

A workshop with sisters, matrons and HoNs was held on 16th June 2023 looking at KPIs to support planning and sustaining incremental increases in sister/CN supervisory time towards attaining the target of >90%. Moving forward, SS time will be prioritised at the monthly check and challenge Roster Meetings, next scheduled on 29th June with sisters, matrons and HoNs.

Alert Organisms: There was 2 Klebsiella bacteraemia and 1 case of E Coli bacteraemia in May. There was 1 cases of MRSA bacteraemia that is currently under review and awaiting final review Scrutiny Panel. 2 cases of C. Difficile have been reported for May and are awaiting Scrutiny Panel.



Safe: Spotlight on Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia

Accountable Executive: Chief Nurse

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

Background: Staphylococcus aureus (S.aureus) is a bacterium that commonly colonises human skin and mucosa without causing problems. However, if the bacterium breaches the skin and enters the body, either through a skin breach, e.g. surgical wound, or via a medical procedure, it can lead to illness. Bacteraemia means the presence of the bacteria in the bloodstream. Methicillin Sensitive Staphylococcus Aureus (MSSA), unlike MRSA which is difficult to treat due to resistance to some antibiotics, is a type of S.aureus that is sensitive to an antibiotic called Methicillin.

Reporting of MSSA bacteraemia to the UKHSA Health through the MESS system has been compulsory since January 2011. This data period covers the two hospital sites (19/20 onwards at the current RPH site). There is no ceiling threshold set by external regulators for MSSA. The numbers given below include cases where the blood cultures were taken within 48 hours of admission to the hospital which could indicate community acquired infection.

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Methicillin sensitive <i>Staphylococcus aureus</i> bacteraemias (MSSA)	18	9	16	21	17	14	22	9	16	17	12	19

2022/23 Methicillin Sensitive Staphylococcus Aureus (MSSA), patient reviews:

Month ►	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Year total
Organism ▼													
MSSA bact.	2	3	1	1	2	1	0	2	0	1	2	4	19

The increase in MSSA in March raised concerns and a decision was made that full RCA on all 4 patients would be completed. These have been reviewed at a MSSA Scrutiny Panel on 7th June 2023. Of those 4 patients

- 2 patients had undergone elective cardiac surgery, presenting with MSSA bacteraemia following discharge - one remains as an inpatient, now at CUH, the other has been discharged home.
- 2 patients were admitted as emergencies – one under the Severe Respiratory Failure service, requiring ECMO (Extra corporeal membrane oxygenator) support, and one under Transplant/Heart Failure service, requiring Biventricular Ventricular Assist devices – one remains on Critical Care and sadly the other has recently died of his presenting condition.

Initial leaning of Scrutiny Panel (full outcome being reviewed):

- Two patients have had extended admissions to CCA (3 months plus) – it was noted that all antibiotics were appropriately prescribed with documented reasons and no deficiencies in line/device care found (all care bundles in place). The acquisition of MSSA bacteraemia was recognised as a known complication of VAD/ECMO.
- Ultrasound audits and High Impact Interventions audits were noted to be below accepted standards, and work continues to ensure processes in place, whilst recognising the robust nature of audits within Critical Care.
- Of the elective surgical patients, concerns were raised on the gaps in administration of MRSA decolonisation treatment pre-operatively and action has been taken to address this. Monthly audit is already in place.
- Incidence of Red Flags, as an indicator of staffing levels/skill mix on Critical Care, were included in reviews and this is an area that continues to be monitored and mitigated against.



Safe: Key Performance Focus on Diabetes Mellitus

Accountable Executive: Chief Nurse

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



Royal Papworth Hospital
NHS Foundation Trust

What is Diabetes Mellitus?

Diabetes Mellitus (DM) results in too much glucose in the blood, either because the body cannot produce insulin needed to regulate blood sugar (Type 1), or because the body becomes resistant to insulin (Type 2). If not well managed diabetes can lead to complications including amputation, sight loss, kidney failure, stroke, heart disease and death.

What Diabetic Guidelines inform best practice?

- NICE Guidelines (NG19) Diabetic foot problems prevention and management (2015).
- Getting It Right First Time (GIRFT) review of the Diabetes Programme National Speciality Report (2020) – recommendations to focus on **3 key areas (as listed below)**. As a tertiary specialist centre we do not tend to see new onset Type 1 DM. Type 2 DM (diagnosed or undiagnosed) are more likely to present in cardiothoracic centres due to heart disease and obesity. Below is how we work towards the NG19 guidelines to support our diabetic patients:

1. Type 1 Diabetes

- A lifelong condition whereby patients require support to manage their diabetes and reduce risk of serious complications (as above).
- Transition services for young adults with a clear pathway (*we have for CF patients*).
- Technology, training and education (*recommended continuous glucose monitoring (CGM) for Type 1 DM, not initiated at RPH as not a Diabetes Centre*).

2. Inpatient Care

- Dedicated inpatient diabetic nurses (*yes*) and a multi-disciplinary team (*support provided by our own MDTs*).
- Identifying diabetes on admission (*yes via Lorenzo*).
- Reducing insulin errors (*via training on safe use of insulin e-learning - not mandatory*).
- Perioperative diabetes care (*no audited pathways for perioperative surgical preadmission, we do HbA1C which gives 3-month average picture of glucose control. If HbA1C is above 69 mmols/mol, the recommendation is to reschedule surgery*).
- Self-management while in hospital (*insulin form given for patient self-administration of insulin*).

3. Diabetic Footcare

- Effective footcare services (*referrals to community footcare protection service*).
- Vascular services (*referrals to CUH foot service where appropriate*).

What is the staffing model at Royal Papworth Hospital (RPH)?

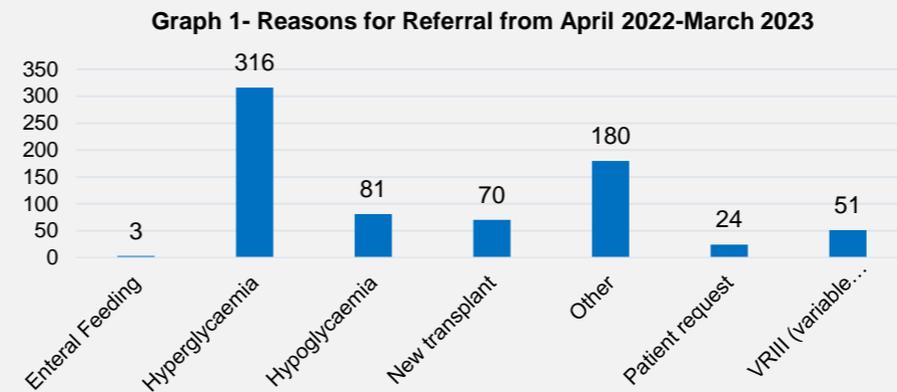
RPH has an inpatient Diabetes Service with exception of Critical Care and the Diabetes Service also covers Outpatient Cystic Fibrosis patients. There are 2 WTE Diabetic Specialist Nurses (DSN, 1 Band 7 & 1 Band 6) Monday to Friday who lead and manage the service with medical support provided via the referring teams.

Referrals and activity supported by our inpatient Diabetes team:

April 2022 to March 2023, the received a total of **725 referrals**, the time spent with each patient can vary between 10-90 minutes. Referrals are mainly from Cardiology, Thoracic Medicine, Surgery and Transplant. Out of 725 referrals, 540 were from nursing and 52 referrals from doctors.

Referral and activity for Diabetes

In Graph 1 (below) it shows that the highest reason for referral to our service is for Hyperglycaemia (level of sugar in blood is too high) and Other consists of CF inpatients & staff referrals for DSN review e.g., education as the highest activity/ reason for referral.



Clinical Audit: In June we reported to QRMG our annual clinical audit against the four compliance criteria as in NG19 guidelines. There was average standard of compliance for the 3 out of the 4 areas audited and for standard 4, this was unable to be audited due to data documentation. There is a full action plan in place to improve standards. In relation to standard 4, there is a review underway of the documentation of infusions on Lorenzo to support clearer documentation and auditing of VRII (Variable Rate Intravenous Infusion) management more accurately. Alongside this communications has gone to our clinical teams and we are currently looking at a Clinical Message of the Week (MoW), to aid improvement. VRII management and insulin types are also regularly taught at clinical skills sessions by DSNs

Table 1: Diabetes Audit- Compliance to Nice NG19 (Data from Feb 2023).		Standard expected	Standard achieved	Numbers
Criteria				
1	Has the patient got a diabetic care plan?	100%	69%	9/13
2	Was a diabetic foot assessment questionnaire completed within 24 hours?	100%	54%	7/13
3	Does the patient have a separate foot assessment completed?	100%	46%	6/13
4	Was VRII stopped at an appropriate time?	100%	Unable to complete	

Key actions underway currently

- To encourage staff to complete the Diabetic Care Plan and diabetic foot assessments within 24 hours of patient arrival to ward. Audits and action plans are shared at QRMG and disseminated to ward sisters, charge nurses and matrons.
- 'Tea-trolley' as a hands on education tool is employed in clinical areas for diabetes care.
- A planned relaunch of diabetic link nurses to refresh link roles e.g., Diabetic Workshop scheduled, 22nd June 2023.
- Aim to 'train the trainer' in clinical areas – key focuses include Hypoglycaemia (low blood sugar in blood), VRII and DKA (Diabetic Ketoacidosis – serious complication when body does not have enough insulin to allow blood sugar into cells for use as energy).
- Annual Insulin Safety Week held 15-21 May 2023. This week is held every year at RPH with strong staff engagement.
- Diabetic specialist nurses now attending new doctor induction in support of diabetes education for medical staff.
- To encourage completion of Safe Use of Insulin e-learning model - now on ESR and available for all staff.
- Band 3 Diabetes Assistant post planned to support Diabetic education across the Trust.
- MoW planned for VRII (see NICE Standard 4).
- Surgical Site Infections (SSIs) pre-surgery optimisation work underway to support diabetes patients and to aid blood sugar control to reduce the risk of developing SSI's.

Key recommendations

- Dedicated time for a Diabetic Consultant to support the very complex diabetic cases.
- Early referral is advocated for all patients, but especially those post surgery to prevent the risk of SSI. A push for early referrals for patient with BG >11 mmol/L for >24 hours is needed.



Caring: Performance summary

Accountable Executive: Chief Nurse

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

		Data Quality	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Dashboard KPIs	FFT score- Inpatients	4	95%	98.3%	99.4%	98.7%	98.6%	98.8%	98.0%
	FFT score - Outpatients	4	95%	96.7%	97.6%	95.6%	96.4%	96.5%	96.0%
	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	5.7	5.2	5.1	4.6	2.5	2.5
% of complaints responded to within agreed timescales		4	100%	100%	100%	100%	100%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 pm (60% of complaints closed)	1	4	1	0	1	1
	Number of complaints (12 month rolling average)	4	5 and below	5.0	5.0	5.2	4.8	4.4	3.5
	Number of complaints	4	5	3	4	3	2	0	3
	Number of informal complaints received per month	4	Monitor only	6	4	5	9	2	9
	Number of recorded compliments	4	Monitor only	1251	1705	1508	1797	1518	1512
	Supportive and Palliative Care Team – number of referrals (quarterly)	4	Monitor only	146	-	-	149	-	-
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	4	Monitor only	3	-	-	5	-	-
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	4	Monitor only	625	-	-	715	-	-
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	3	Monitor only	25	-	-	25	-	-
Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	3	Monitor only	2	-	-	4	-	-	

Summary of Performance and Key Messages:

CQC Model Health System rating for 'Caring' is Outstanding dated Dec 2021 (accessed 11.05.2023).

FFT (Friends and Family Test): In summary; **Inpatients:** Positive Experience rate was 98.0% in May 2023 for our recommendation score. Participation Rate had an increase from 38.7% in April 2023 to 41.1% in May 2023. For **outpatients** the positive experience rate was 96.0% (May 2023) and above our 95% target. Participation rate decreased from 13.5% in April 2023 to 11.7% in May 2023.

For information: NHS England (latest published data accessed 11.05.2023) is February 2023: Positive Experience rate: 95% (inpatients); and 94% (outpatients). Since September 2021 NHS England does not calculate a response rate for services.

Number of written complaints per 1000 staff WTE: is a benchmark figure based on the NHS Model Health System to enable national benchmarking. **We remain in green at 2.5.**

The data from Model Health System continues to demonstrate we are in the lowest quartile for national comparison. The Model Health System data period is Mar 2021 (accessed 11.05.2023): Royal Papworth = 5.72; peer group median = 11.39; national median = 16.65.

% of complaints responded to: is 100% for May 2023.

The number of complaints (12 month rolling average): is green at 3.5 for May 2023. We will continue to monitor this in line with the other benchmarking.

Complaints: We received three new formal complaints during May 2023. This number is within our expected variation of complaints received over the year. We closed one formal complaints in May 2023. Further information is available on the next slide.

Compliments: the number of formally logged compliments received during May 2023 was 1,512. Of these 1476 were from compliments from FFT surveys and 36 compliments via cards/letters/PALS captured feedback.



Caring: Key performance challenges

Accountable Executive: Chief Nurse

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

Informal Complaints closed in the month:

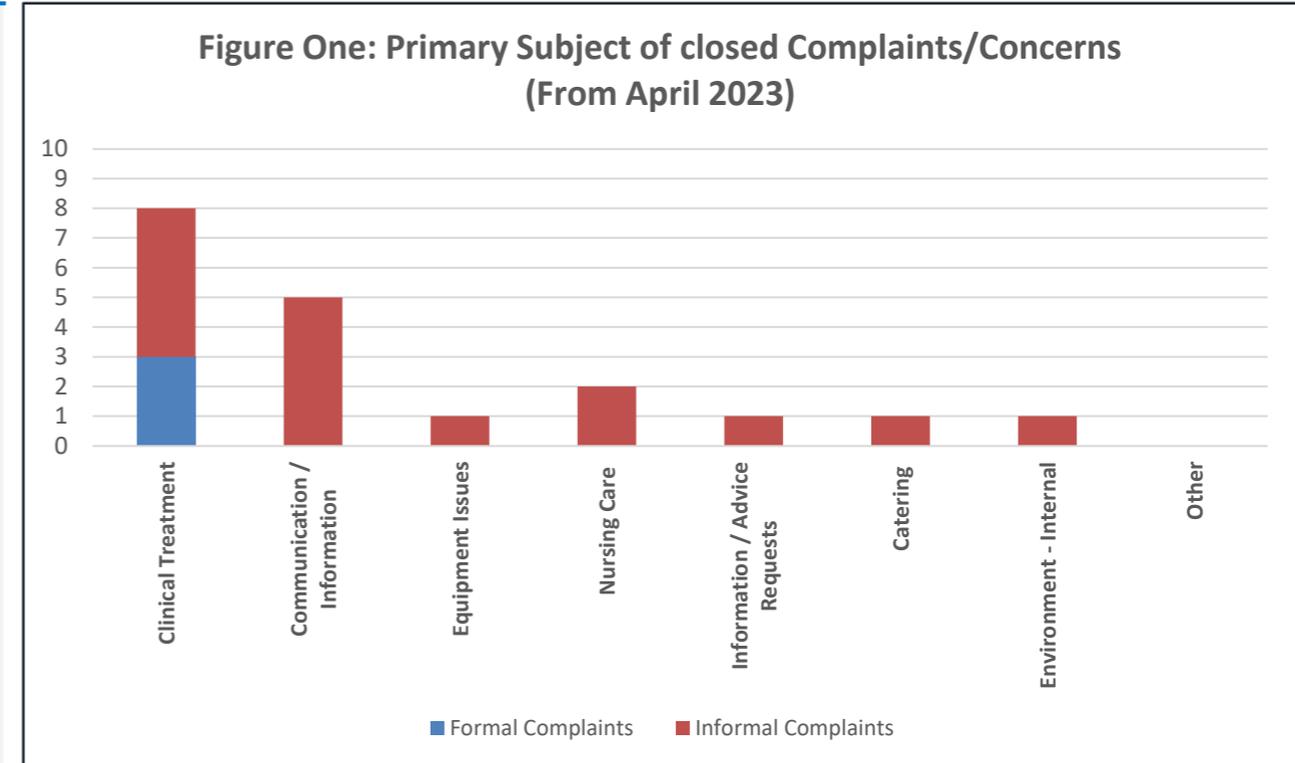
During May 2023, we were able to close **seven informal complaints** through local resolution and verbal feedback. Staff, Ward Sisters/Charge Nurses and Matrons proactively respond to and addressed concerns when raised. This helps to ensure that concerns are heard and where possible handled in a positive way, often avoiding the need for a formal complaint.

Cardiology: 3 were closed. Two were related to concerns regarding clinical care and one was related to concerns regarding post operative care.

Thoracic/Ambulatory care: 2 were closed. One of these related to nursing care provided and one was regarding concerns relating to a CPAP device.

Surgical, Transplant and Anaesthetics: 2 were closed. One concern related to lack or poor communication with the clinical team, and one was related to the temperature on the ward.

Figure one (right) shows the primary subject of both closed informal and formal complaints for the Trust from April onwards for 2023/24, Total to date; 3 formal closed and 16 Informal (9 April and 7 May). For PIPR we will capture this information on a monthly basis and show a breakdown per division on a quarterly basis



Learning and Actions Agreed from Formal; Complaints Closed:

During May 2023, we closed **one formal complaint**.

Complaint 1: A thoracic patient raised concerns regarding the incorrect information shared with the DVLA which has resulted in their licence being revoked. The complaint investigation revealed that the clinicians' actions were appropriate given the information received. However, the patient did experience a delay in receiving their appointment and documentation of conversations with the patient were not documented clearly in the patient medical record. A full explanation and apology was given to the patient. Learning and actions were identified following the complaint, the patient's feedback was shared with the RSSC and Clinical Administration team for their learning and the need for improved audit trails/record keeping following discussion with a patient was discussed with the administration team. The complaint was responded to on time and was partially upheld. Lessons learned and actions identified through complaints are monitored monthly through the Quality and Risk Management Group.



Volunteers at Royal Papworth Hospital

At Royal Papworth Hospital, the PALS team are currently progressing with the onboarding process for 19 new volunteers to join the existing team. Once completed this will bring our total number of volunteers to 43. On 1 April 2023, the Better Impact Database went live. This system enables volunteers to manage their schedules, create a profile, access online mandatory training and regular updates. Going forward, the Better Impact Database will also enable the PALS team to improve reporting of the volunteer service such as volunteer hours and user feedback.



The 39th national Volunteers Week was held on 1 – 7 June 2023.

Royal Papworth Hospital joined thousands of charities and voluntary organisations in recognising the contribution volunteers make by marking Volunteers Week 2023.

With this year’s theme of ‘Celebrate and Inspire’ we looked to raise awareness of the contribution our volunteers make every day and presented our existing volunteers with a small token to show our appreciation. In addition staff were asked to share their feedback of the volunteers working in their areas. This is some of the feedback we received;

“Our volunteer is always chatting to patients and will go above and beyond to help both staff and patients”.

“Thanks to all our volunteers, you do a great job!”.

“By sharing his personal experience of having the same surgery, his support is valuable to our patients and most patients report that he has helped them alleviate their anxiety and fear”.

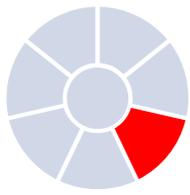
Since our volunteers returned back into the hospital in September 2022, our volunteers have contributed an amazing 1,997 hours in supporting our staff to make a real difference to the experience of our patients, their families, friends and relatives. A breakdown of the volunteering hours since September is shown in the table below:

Volunteer Hours - Total of 1,997 hours			
Month	Volunteer Hours	Chaplaincy Volunteer	Monthly Total
September 2022	239	23	262
October 2022	251	21	272
November 2022	262	23	285
December 2022	150	5	155
January 2023	197	8	205
February 2023	221	5	226
March 2023	196	0	196
April 2023	152	0	152
May 2023	244	0	244

Going forward, we are keen to explore how we might encourage more people to get involved in Volunteering, boosting opportunities and making the recruitment process easier. We are currently updating our volunteer strategy and this will encompass our vision and plans for the next 3 years. It will include similar aspirations to the NHS Volunteering Taskforce which was set up to encourage new opportunities for volunteering and provide Trust’s with support to tackle current challenges.

The NHS Volunteering Taskforce report published in June 2023 sets the agenda for volunteering in the NHS for the next three years. Case studies in the report demonstrate how volunteers are helping the NHS to address some of the key challenges. For further information go to:

<https://www.england.nhs.uk/publication/nhs-volunteering-taskforce-report-and-recommendations/>



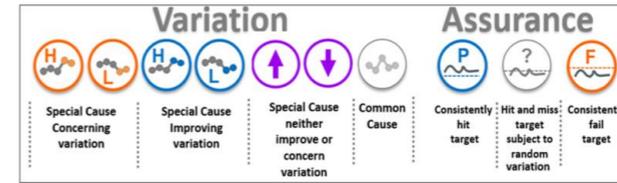
Effective: Summary

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

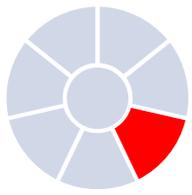


Royal Papworth Hospital
NHS Foundation Trust



	Metric	Latest Performance			Previous			Action and Assurance		
		Trust target	Most recent position	Date	Trust target	Position	Date	Variation	Assurance	Escalation trigger
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	85%	71.5%	May-23	85%	71.8%	Apr-23			Action plan
	CCA bed occupancy	85%	85.9%	May-23	85%	81.9%	Apr-23			Review
	Elective inpatient and day case (NHS only)*	1124 (108% 19/20)	1437	May-23	1325 (108% 19/20)	1184	Apr-23			Review
	Outpatient First Attends (NHS only)*	1489 (108% 19/20)	1970	May-23	1362 (108% 19/20)	1817	Apr-23			Review
	Outpatient FUPs (NHS only)*	4608 (108% 19/20)	6849	May-23	5641 (108% 19/20)	5836	Apr-23			Review
	Cardiac surgery mortality (Crude)	3.00%	2.94%	May-23	3.00%	2.85%	Apr-23			Review
	Theatre Utilisation	85%	83%	May-23	85%	88%	Apr-23			Review
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	85%	94%	May-23	85%	77%	Apr-23			Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	375	May-23	Monitor	274	Apr-23			Monitor
	CCA length of stay (LOS) (hours) - mean	Monitor	87	May-23	Monitor	101	Apr-23			Monitor
	CCA LOS (hours) - median	Monitor	42	May-23	Monitor	44	Apr-23			Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	6.4	May-23	Monitor	6.6	Apr-23			Monitor
	% Day cases	Monitor	74%	May-23	Monitor	71%	Apr-23			Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	49%	May-23	50%	42%	Apr-23			Review
	Same Day Admissions - Thoracic (eligible patients)	40%	51%	May-23	40%	38%	Apr-23			Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	8.0	May-23	8.2	10.0	Apr-23			Review
	Length of stay – Cardiac Elective – valves (days)	9.7	10.4	May-23	9.7	9.6	Apr-23			Review

*per SUS billing currency, includes patient counts for ECMO and PCP (not beddays)



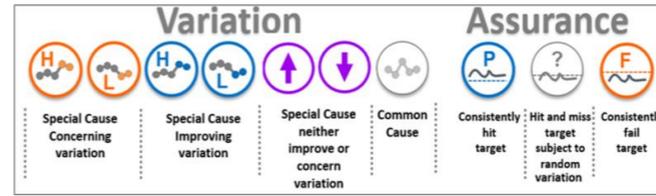
Effective: Activity

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

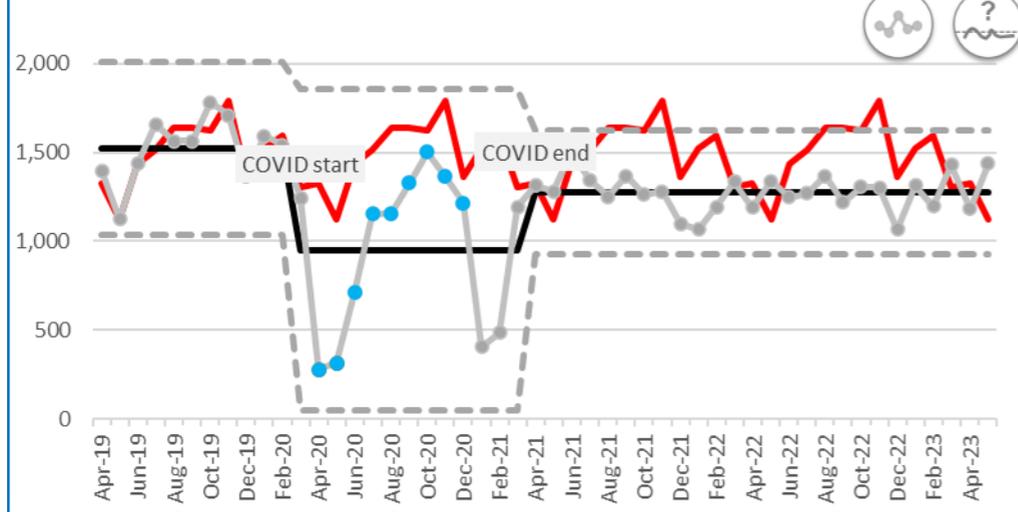


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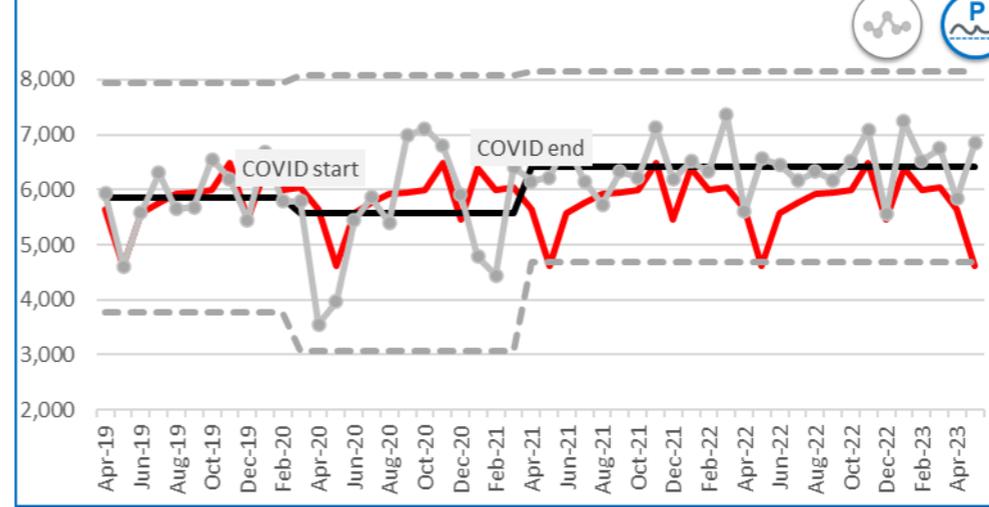
1. Historic trends & metrics

Elective inpatient and day case (NHS only)*



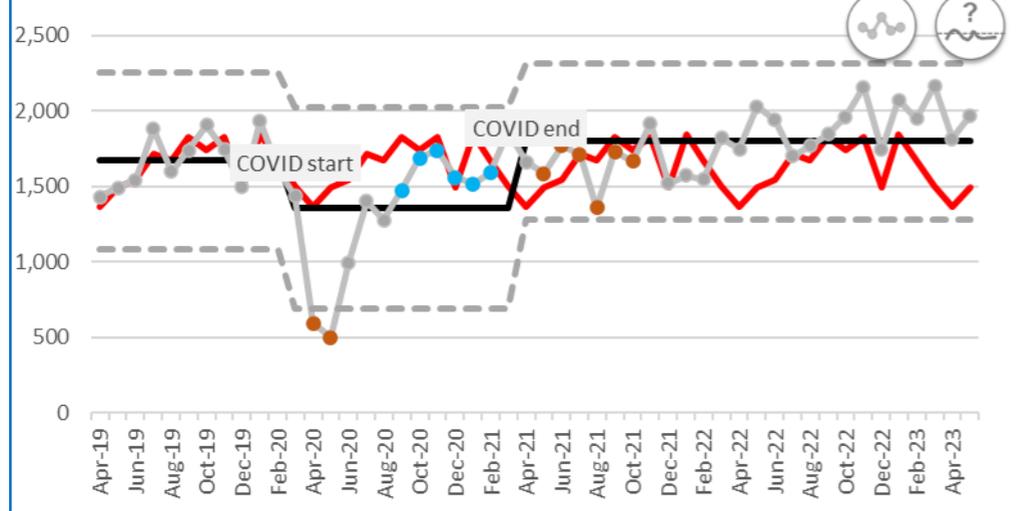
May-23	1437
Target*	1124
Variation	Common cause variation
Assurance	Hit and miss on achieving target subject to random variation

Outpatient FUPs (NHS only)*



May-23	6849
Target*	4608
Variation	Common cause variation
Assurance	Consistently hit target

Outpatient First Attends (NHS only)*



May-23	1970
Target*	1489
Variation	Common cause variation
Assurance	Hit and miss on achieving target subject to random variation

2. Action plans / Comments

Elective IP

- Performance above plan and will be into June.
- Key challenges in month have been linked to strike action and strike recovery, but focus has been given to recovery.
- 5.5 theatres have been open in month to support IP recovery.

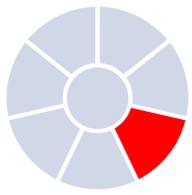
Outpatients New

- New outpatient demand has been the focus on our RTT recovery and continues to be driven by our STA CI programme.
- This work is supported by the focused work from Clinical Administration re DNA reduction and digital letter reminders.

Outpatient F/U

- Above plan in month driven by our flow programme focus across OP and ambulatory care.

* 108% of 19/20 activity (working day adjusted)



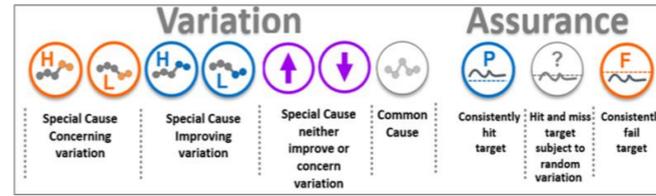
Effective: Occupancy

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

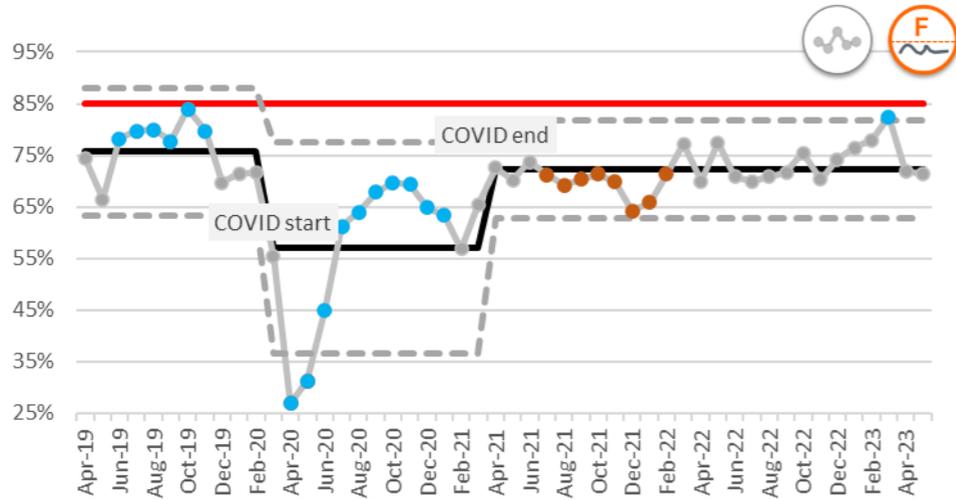


Royal Papworth Hospital
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1. Historic trends & metrics

Bed Occupancy (excluding CCA and sleep lab)



May-23

71.5%

Target

85%

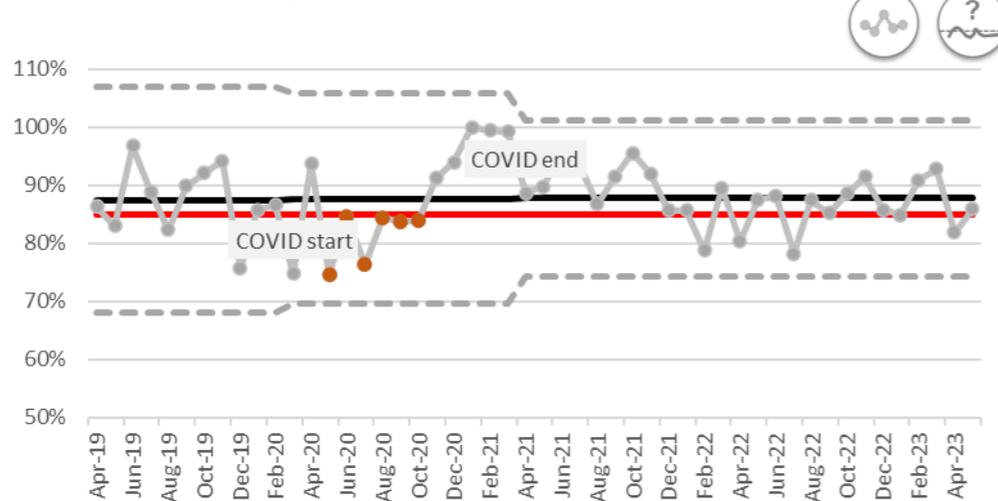
Variation

Common cause variation

Assurance

Has consistently failed the target

CCA bed occupancy



May-23

85.9%

Target

85%

Variation

Common cause variation

Assurance

Hit and miss on achieving target subject to random variation

2. Action plans / Comments

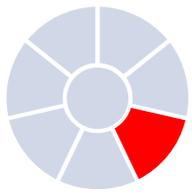
Bed occupancy and capacity utilisation:

Bed Occupancy

- Bed occupancy has reduced in month from 71.9% to 71.5% driven by lost capacity at the start of the month due to strike action.
- June is showing bed occupancy increase in line with plan to 75%.

CCA bed occupancy

- 33 beds open on average through the month.
- Occupancy driven by our strike planning which meant we reduced our CCA demand for the first two days of the month, to assist with reducing acuity.



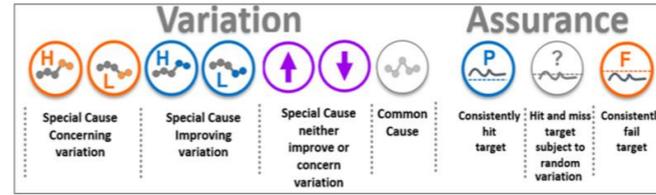
Effective: Utilisation

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

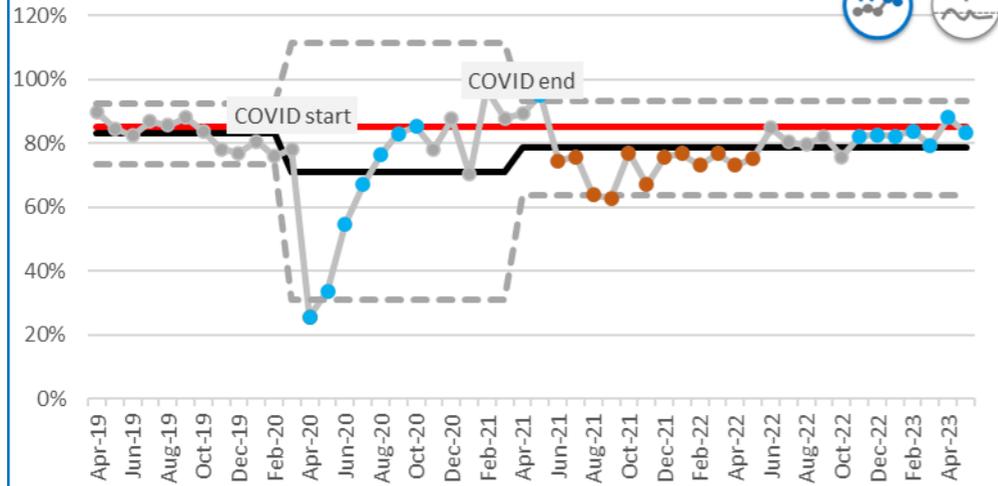


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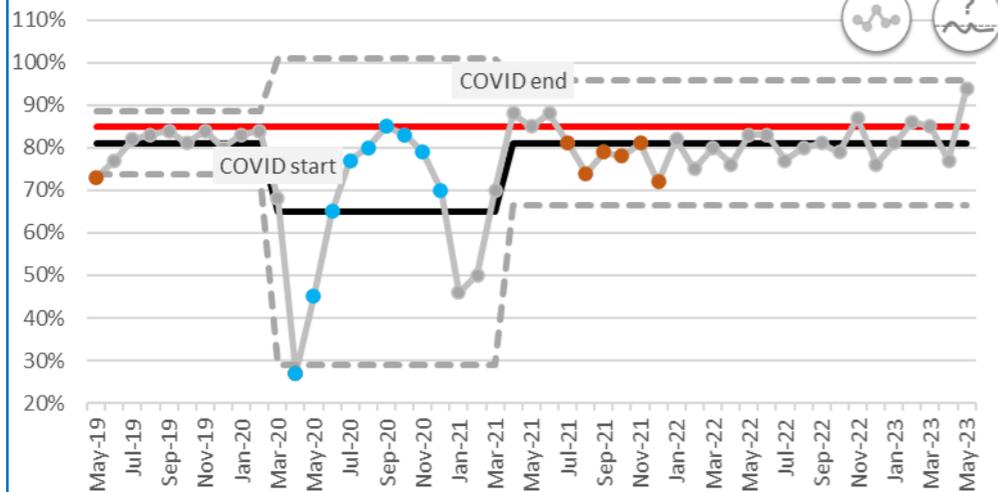
1. Historic trends & metrics

Theatre Utilisation



May-23
83%
Target
85%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)



May-23
94%
Target
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

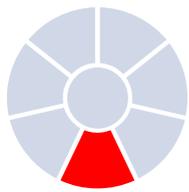
2. Action plans / Comments

Theatre Utilisation:

- Down in month due to strike impact (2 days at the start of the month).
- Whilst performance remains in line with plan, we know that the stretch on this should be closer to the 88% mark.
- June's data shows a predicted 88% utilisation across 5.5 theatres.

Cath Lab Utilisation:

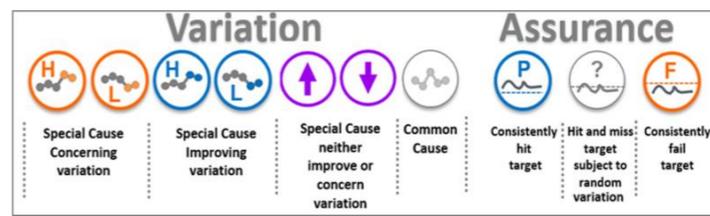
- Cath lab performance up through focused work from division on clearing the cardiology PTL.



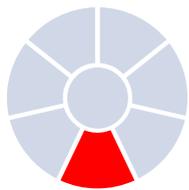
Responsive: Summary

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer



	Metric	Latest Performance			Previous			Action and Assurance		
		Trust target	Most recent position	Date	Trust target	Position	Date	Variation	Assurance	Escalation trigger
Dashboard KPIs	% diagnostics waiting less than 6 weeks	99%	95%	May-23	99%	99%	Apr-23			Review
	18 weeks RTT (combined)	92%	72%	May-23	92%	71%	Apr-23			Action plan
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)	85%	38%	May-23	85%	62%	Apr-23			Review
	104 days cancer wait breaches	0	8	May-23	0	6	Apr-23			Action plan
	31 days cancer waits	96%	97%	May-23	96%	96%	Apr-23			Review
	Theatre cancellations in month	15	36	May-23	15	40	Apr-23			Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	52%	May-23	95%	54%	Apr-23			Review
	Acute Coronary Syndrome 3 day transfer %	90%	90%	May-23	90%	87%	Apr-23			Review
	Number of patients on waiting list	3851	6152	May-23	3851	6009	Apr-23			Action plan
	52 week RTT breaches	0	23	May-23	0	15	Apr-23			Review
Additional KPIs	Outpatient DNA rate	6%	8.2%	May-23	6%	6.8%	Apr-23			Review
	% of IHU surgery performed < 10 days of medically fit for surgery	95%	55%	May-23	95%	62%	Apr-23			Review
	18 weeks RTT (cardiology)	92%	75%	May-23	92%	74%	Apr-23			Review
	18 weeks RTT (Cardiac surgery)	92%	68%	May-23	92%	67%	Apr-23			Action plan
	18 weeks RTT (Respiratory)	92%	71%	May-23	92%	70%	Apr-23			Action plan
	Other urgent Cardiology transfer within 5 days %	92%	87%	May-23	92%	84%	Apr-23			Monitor
	% patients rebooked within 28 days of last minute cancellation	100%	43%	May-23	100%	50%	Apr-23			Review
	Urgent operations cancelled for a second time	0	1	May-23	0	0	Apr-23			Review
	Non RTT open pathway total	Monitor	43208	May-23	Monitor	43088	Apr-23			Review
	% of patients on an open elective access plan that have gone by the suggested time frame of their priority status	Monitor	49.0%	May-23	Monitor	50.3%	Apr-23			Monitor



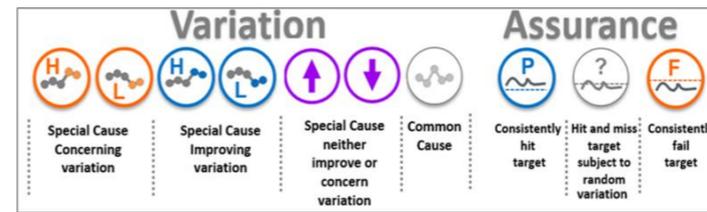
Responsive: RTT

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

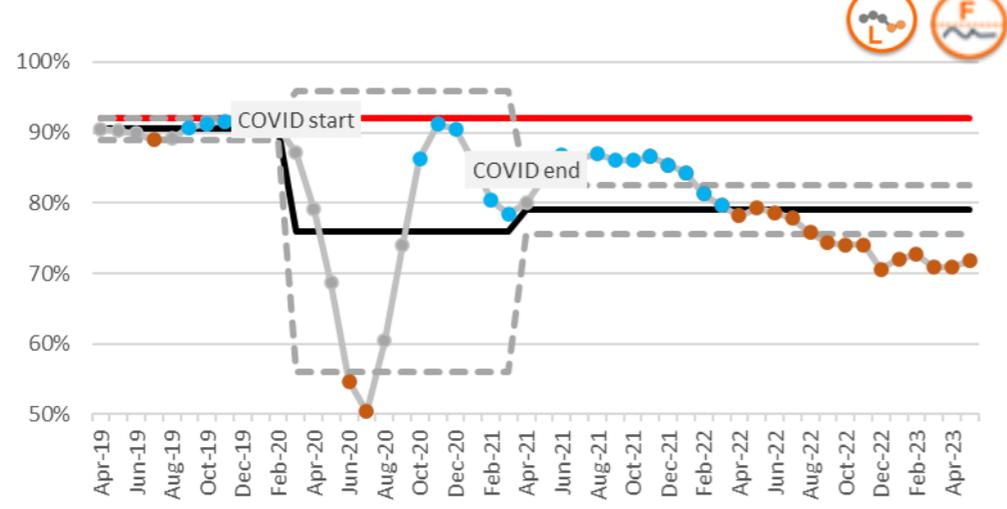


Royal Papworth Hospital
NHS Foundation Trust



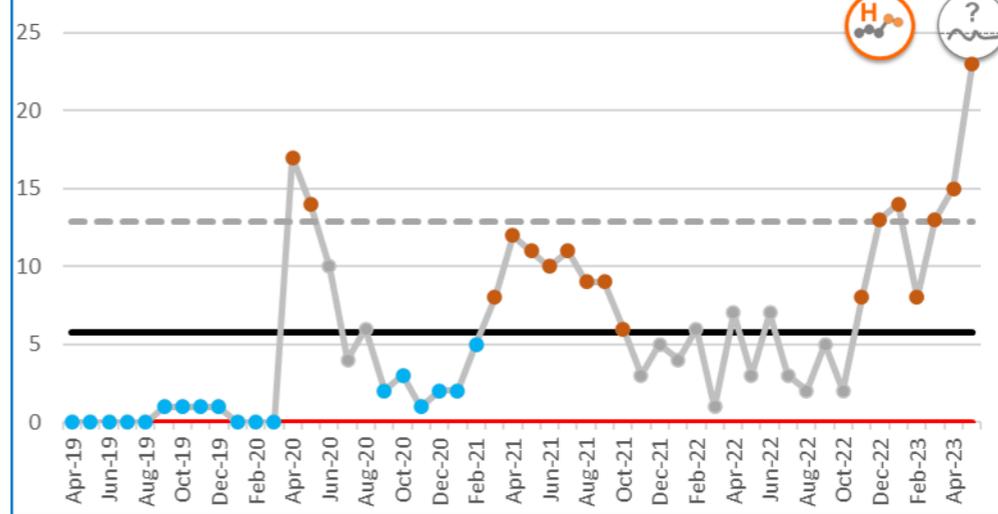
1. Historic trends & metrics

18 weeks RTT (combined)



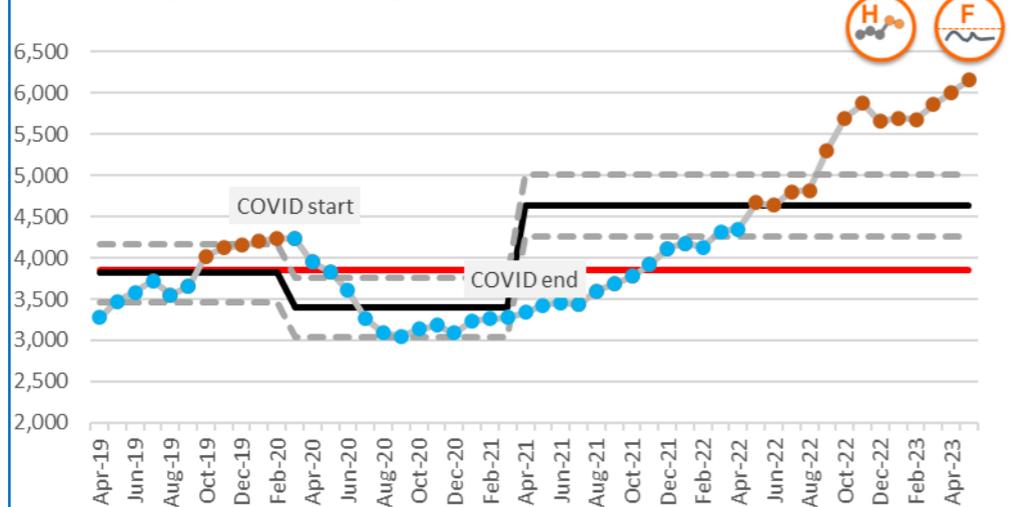
May-23	72%
Target	92%
Variation	Special cause variation of a concerning nature
Assurance	Has consistently failed the target

52 week RTT breaches



May-23	23
Target	0
Variation	Special cause variation of a concerning nature
Assurance	Hit and miss on achieving target subject to random variation

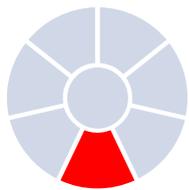
Number of patients on waiting list



May-23	6152
Target	3279
Variation	Special cause variation of a concerning nature
Assurance	Has consistently failed the target

2. Action plans / Comments

- 52 weeks – 23 breaches in total in month, which represents an increase of 8 in month.
- 12 breaches occurred due to delays in other providers and late referrals to RPH.
- 9 breaches because of elective cancellations due to strike action.
- 3 breaches as a result of internal delays linked to diagnostic pathway and MDT review.



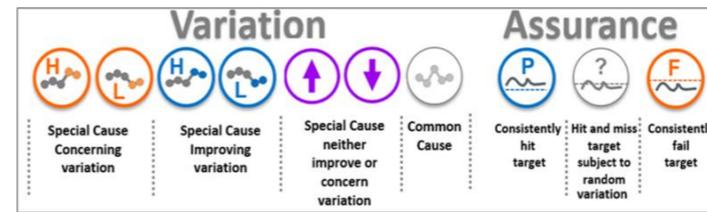
Responsive: Cancer

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

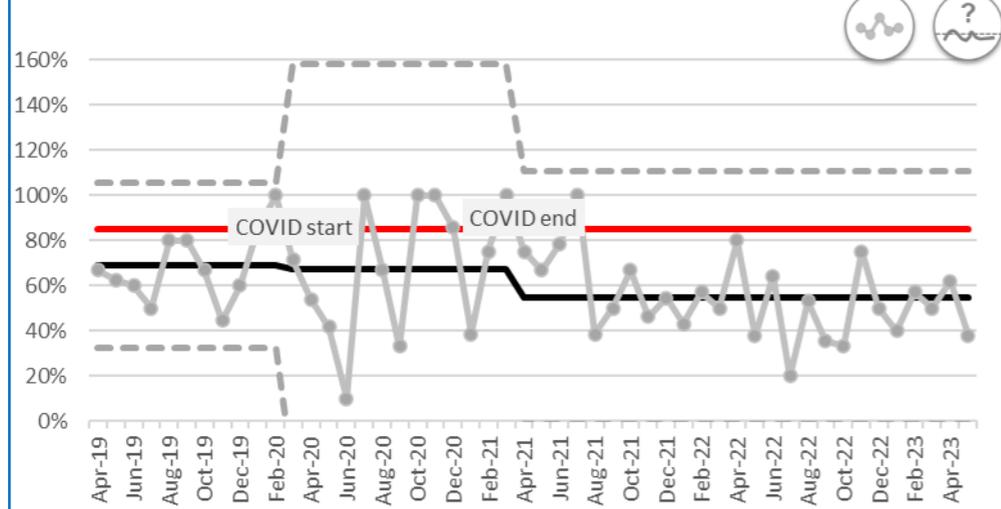


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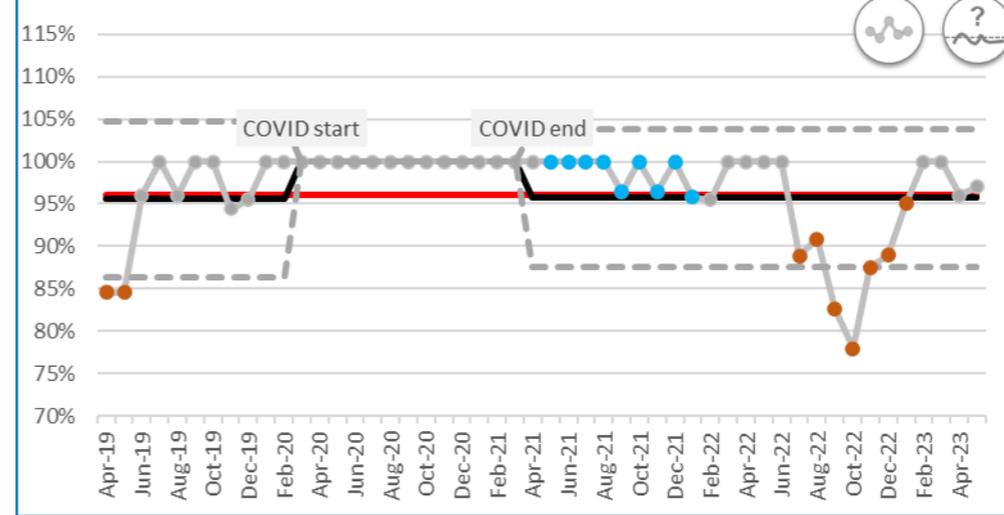
1. Historic trends & metrics

62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)



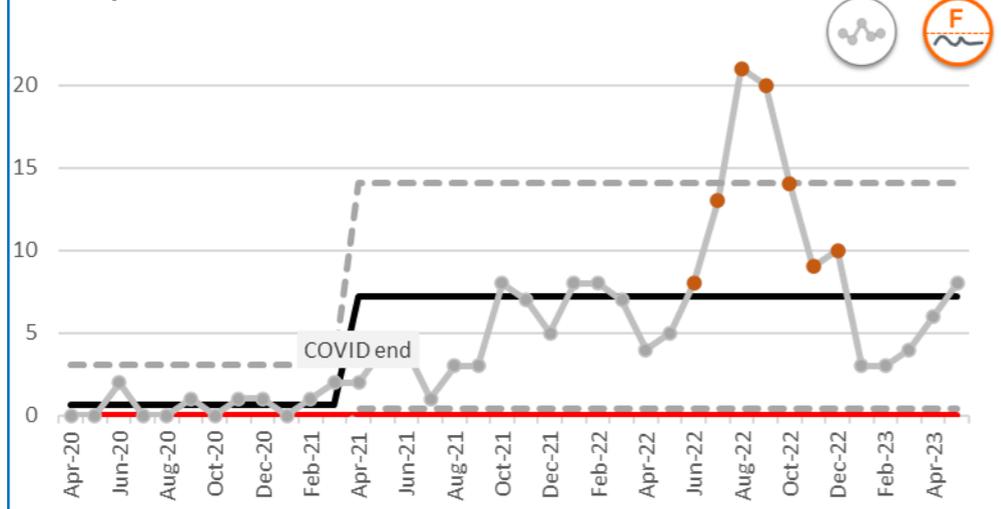
May-23
38%
Target
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

31 days cancer waits



May-23
97%
Target
96%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

104 days cancer wait breaches



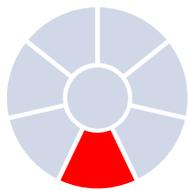
May-23
8
Target
0
Variation
Common cause variation
Assurance
Has consistently failed the target

2. Action plans / Comments

- 62 day – 7 patient treated with 4 breaches
- Upgraded – 14 patients treated with 5 breaches
- 31 day – 1 patient breached (also a 62-day breach)
- 104 days – 8 patients

Action Plan

- Thoracic Operations manager to attend surgical business unit meeting
- Audit to look at the diagnostic part of pathway and action plan improvements
- Surgical secretaries to add Decision to Treat to Somerset system to ensure that all 31-day pathways are captured
- Additional surgical follow up clinic capacity to be added to free up new patient slots
- Meeting with ENH 02/06/2023 regarding pathway improvements
- Oncology away day 21st June



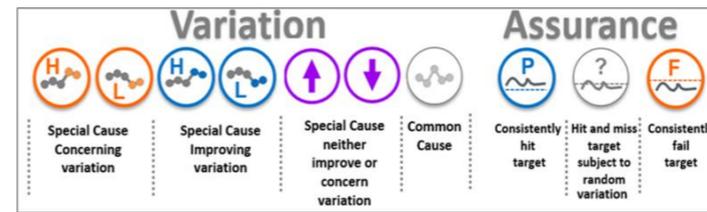
Responsive: Other metrics

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

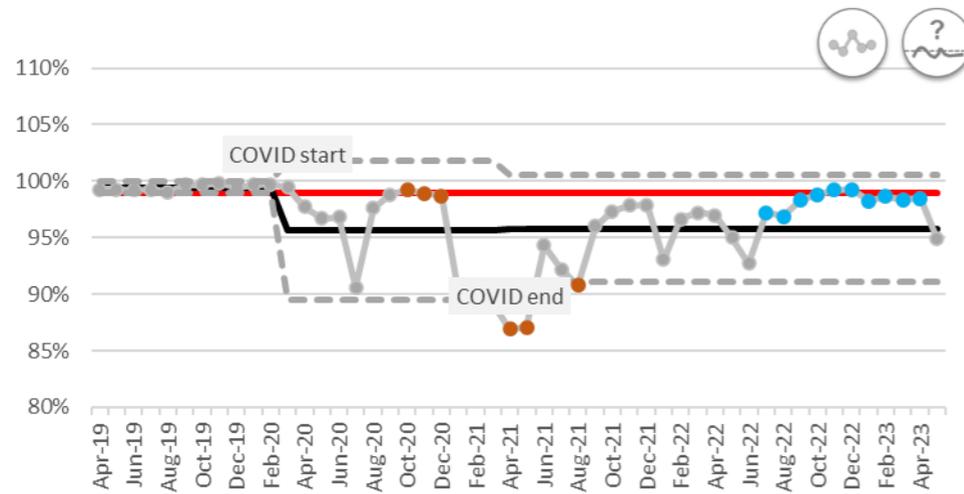


Royal Papworth Hospital
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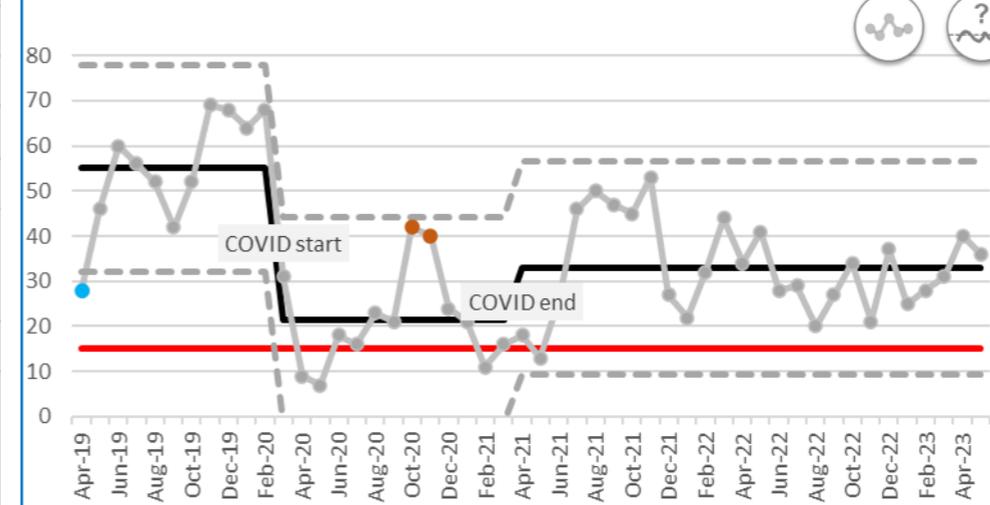
1. Historic trends & metrics

% diagnostics waiting less than 6 weeks



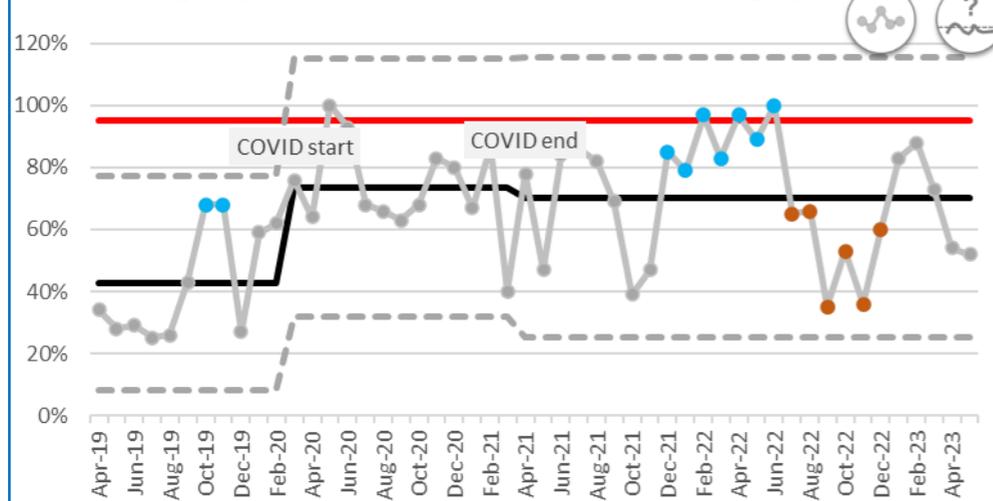
May-23
94.9%
Target
99%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Theatre cancellations in month



May-23
36
Target
15
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

% of IHU surgery performed < 7 days of medically fit for surgery



May-23
52%
Target
95%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

DM01

Performance showing at 94% due to 313 patients being cancelled and bulk rebooked, but this data didn't make the cut ahead of the PTL report being closed, thus this is showing as or our numerator. These will go into our report close for June and the data will be corrected. This will bring performance to 98.6%

Theatre cancellations

- 36 cancellations in month, 21 of which were linked to strike action on the first weekend of the month, due to late changes to strike plan (RCN).
- 9 cancellations were because of clinical urgency on the day or day prior.
- 1 cancellation because of not fit proceed.



People, Management & Culture: Summary

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

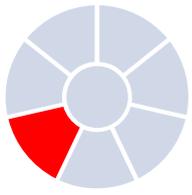


Royal Papworth Hospital
NHS Foundation Trust

	Data Quality	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	
Dashboard KPIs	Voluntary Turnover %	3	12.0%	10.45%	13.90%	7.07%	13.16%	10.94%	9.68%
	Vacancy rate as % of budget	4	9.00%	14.33%	13.85%	12.72%	12.16%	11.93%	10.47%
	% of staff with a current IPR	3	90%	74.38%	75.63%	77.67%	78.83%	80.64%	79.00%
	% Medical Appraisals	3	90%	78.07%	75.65%	72.41%	74.14%	75.83%	65.04%
	Mandatory training %	3	90.00%	84.92%	84.65%	84.32%	85.50%	85.99%	87.24%
	% sickness absence	3	3.5%	5.43%	5.32%	4.05%	4.14%	4.02%	3.54%
Additional KPIs	FFT – recommend as place to work	3	70.0%	n/a	n/a	58.90%	n/a	n/a	50.00%
	FFT – recommend as place for treatment	3	90%	n/a	n/a	85.00%	n/a	n/a	75.00%
	Registered nursing vacancy rate (including pre-registered nurses)	3	5.00%	13.38%	12.04%	11.91%	11.69%	12.52%	11.44%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	3	10.00%	19.77%	16.11%	13.02%	12.76%	12.33%	15.92%
	Long term sickness absence %	3	1.00%	1.91%	2.23%	1.54%	1.44%	1.59%	1.18%
	Short term sickness absence	3	2.50%	3.52%	3.08%	2.51%	2.69%	2.43%	2.35%
	Agency Usage (wte) Monitor only	3	Monitor only	24.0	24.8	25.5	34.6	31.4	29.4
	Bank Usage (wte) monitor only	3	Monitor only	62.1	70.2	63.2	70.4	58.9	63.5
	Overtime usage (wte) monitor only	3	Monitor only	41.0	55.4	65.6	75.0	47.4	39.6
	Agency spend as % of salary bill	5	1.42%	1.77%	1.81%	2.57%	1.29%	1.85%	1.61%
	Bank spend as % of salary bill	5	1.96%	2.10%	2.07%	2.06%	1.28%	2.47%	2.12%
	% of rosters published 6 weeks in advance	3	Monitor only	41.20%	35.30%	30.30%	63.60%	42.40%	42.40%
	Compliance with headroom for rosters	3	Monitor only	34.50%	31.20%	35.00%	35.40%	34.60%	28.50%
	Band 5 % White background: % BAME background	3	Monitor only	53.62% : 45.06%	n/a	n/a	55.65% : 42.92%	n/a	n/a
	Band 6 % White background: % BAME background	3	Monitor only	70.72% : 28.57%	n/a	n/a	68.87% : 30.46%	n/a	n/a
	Band 7 % White background % BAME background	3	Monitor only	82.13% : 15.36%	n/a	n/a	81.98% : 15.90%	n/a	n/a
	Band 8a % White background % BAME background	3	Monitor only	84.91% : 13.21%	n/a	n/a	85.42% : 13.54%	n/a	n/a
	Band 8b % White background % BAME background	3	Monitor only	92.31% : 3.85%	n/a	n/a	88.46% : 7.69%	n/a	n/a
	Band 8c % White background % BAME background	3	Monitor only	100% : 0%	n/a	n/a	93.75% : 6.25%	n/a	n/a
	Band 8d % White background % BAME background	3	Monitor only	100% : 0%	n/a	n/a	100% : 0%	n/a	n/a
Time to hire (days)	3	48	57.0	61.0	57.0	49.0	44.0	55.0	

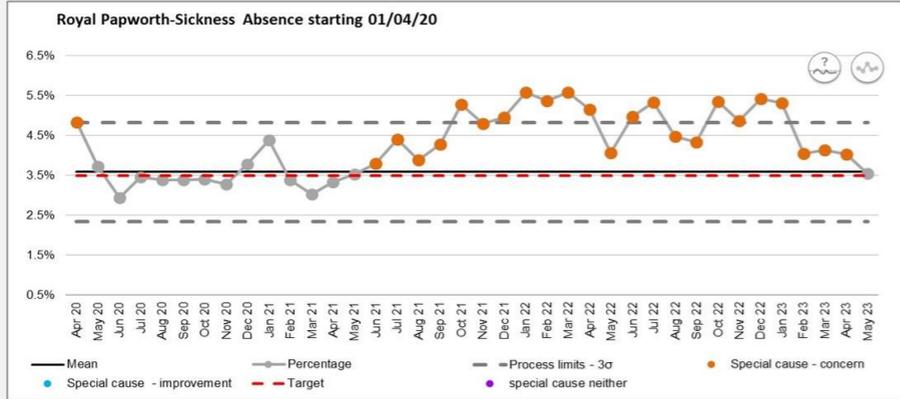
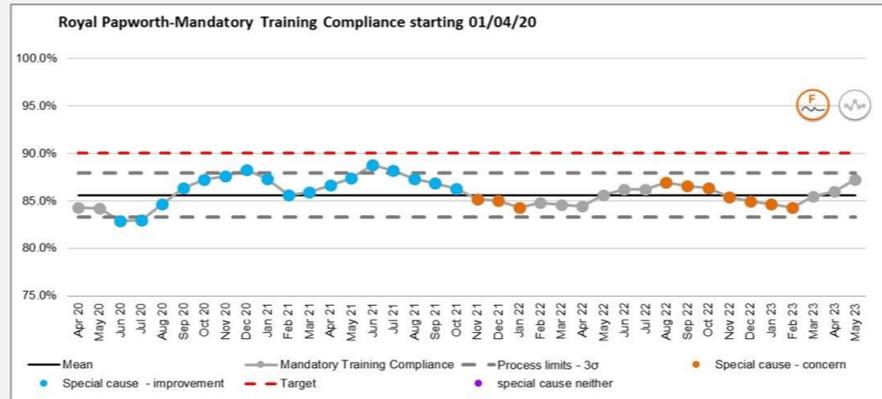
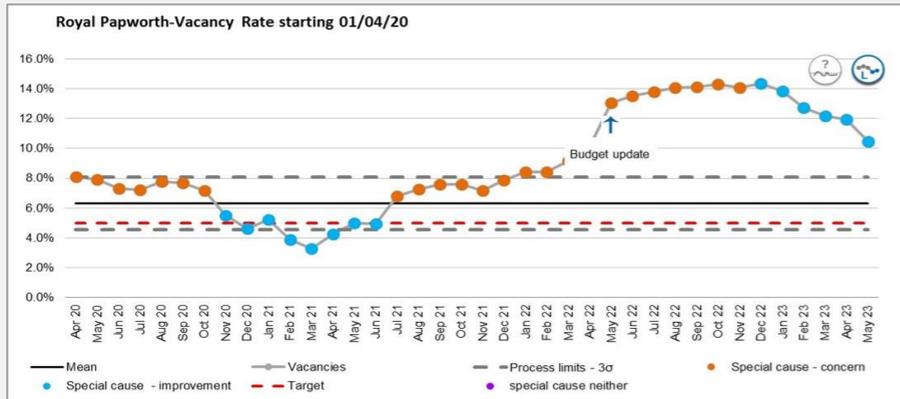
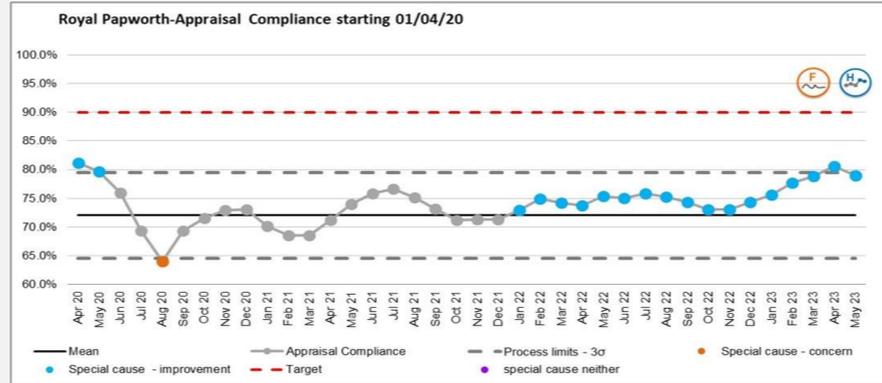
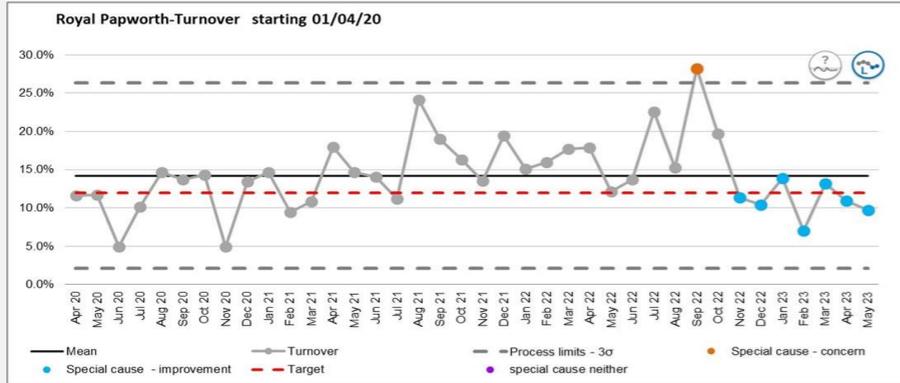
Summary of Performance and Key Messages:

- Turnover remained below KPI at 9.7%. There were 16 wte non-medical leavers in month. There were six leavers in the Additional Clinical Services staff group with 3 of them leaving to return to education/further training. The most common reasons given for staff leaving was promotion/lack of opportunities.
- Total Trust vacancy rate reduced to 10.5%. Registered nurse vacancy rate reduced to 11.4%. There has been a further improvement this month in Level 5, Surgical Wards, vacancy rates. The highest % nurse vacancy rate is in the SCP team which are a small team and have a vacancy rate of 33.1% (4.95wte) . These are hard to recruit roles with a long training time. Support is being provided to the STA Division with improving retention and recruitment for this role.
- The Unregistered Nurse vacancy rate increased to 15.9% (40.3 wte) after a steady reduction over the last 12 months. We continue with a proactive attraction and recruitment approach supported by the Nurse Recruitment team. At the end of May there were 16 HCSW in the pipeline. The areas with the highest number of vacancies are Theatres (11.7 wte) and Level 5 (10.7wte).
- Total sickness absence remained just over the KPI at 3.54%. Workforce Business Partners work with line managers to review sickness absence management processes within departments and ensure that staff are supported to have good attendance at work.
- IPR compliance rate reduced to 79%. There has been an issue this month with the recording of medical appraisals which has contributed to the reduction in the compliance rate for medical staff and the overall compliance rate. This will be rectified next month. The clinical divisions have developed improvement plans that set out their trajectories for ensuring that at least 90% of staff have had an appraisal in the last 12 months. Cardiology and Respiratory Divisions have made good progress against their improvement plans. STA Division are not seeing significant improvement and have been asked to review their plans and consider that further actions need to be taken to support an improvement. The Appraisal Procedure has been revised to incorporate the Trusts values and behaviours and to streamline the process and paperwork. Training in the revised process is being delivered and we are encouraging all appraisers to undertake this training. We commenced face to face skills training in February and have been promoting this in the communications with managers.
- Mandatory training rates increased to 87.2%.
- Total temporary staffing usage remained at a similar level in May. Overtime reduced as Critical Care addressed overtime linked to annual leave management.
- Compliance with the roster approval remained at 42.4%. The biannual roster review meetings continue and there is also a monthly rostering review meeting led by the Heads of Nursing to support areas with rostering practice and compliance with KPIs. One of the outcomes from the work to increase the supervisory time of ward sisters/charge nurses is hoped to be an improvement in compliance with this KPI.
- The recommender scores in the Q1 Pulse survey reduced to 50% of staff recommending the Trust as a place to work and 75% of staff recommending the Trust as a place to be treated. These scores are very low for this Trust. Themes from the free text feedback are insufficient staff, overwork and the culture.



People, Management & Culture: Trends and Updates

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



Recruitment Update

Pipeline data:

Band 5 Nurses:

52 Nurses (plus 4 temporary staffing)– 20 of these are overseas nurses

Band 2 Healthcare support workers:

16 Healthcare support workers remain in the pipeline plus 9 for

Temporary Staffing

General and B6+ nurses:

43 candidates remain in the pipeline plus 8 for temporary staffing

Recruitment event

A successful event was held on 17 June in the hospital. We appointed:

RN – 6 total – cardiology x1, theatres x1, CCA x2, 5 North x1, 5 South x1

HCSW - 9 total - cardiology x2, 5 North x3, CCA x1, 4 South x1, 5 South

x1, Temporary Staffing x1, PEA - 1 CCA and 1 Physio Assistant

2023/24 International recruitment

Clinical Education, Recruitment Services and Nurse Recruitment were

award the International Recruitment Pastoral Care Quality Award from

NHS England. This is a national scheme which awards Trusts' who

deliver excellent pastoral care and recruitment experience for

international recruits. We are immensely proud that this has been

awarded. As part of the bid, we were able to evidence how pastoral care

is ingrained across all areas of the Trust.

New Recruitment System (Oleoo)

Implementation is underway with a plan to commence rolling out the new

system in June. Work flows are being mapped and documentation

revised.

Disability and Difference and Working Carers Network Update

On 15 May The EDI team and the Disability and Difference and Working

Carers Network partnered with Cambridge and Peterborough Trust to

organise a Schwartz round with a focus of Neurodiversity. Schwartz

Rounds provide a structured forum where all staff, clinical and non-

clinical, come together to discuss the emotional and social aspects of

working in healthcare. Approximately 90 people joined this event from

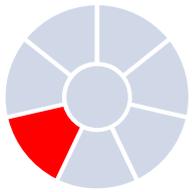
across both organisations and it was a powerful and informative session.

We hope we work with CPFT on further rounds.

In May the Network, Mental Health First Aiders and the EDI Team ran a

number of events at the Hospital and the House to mark Mental Health

Awareness Week



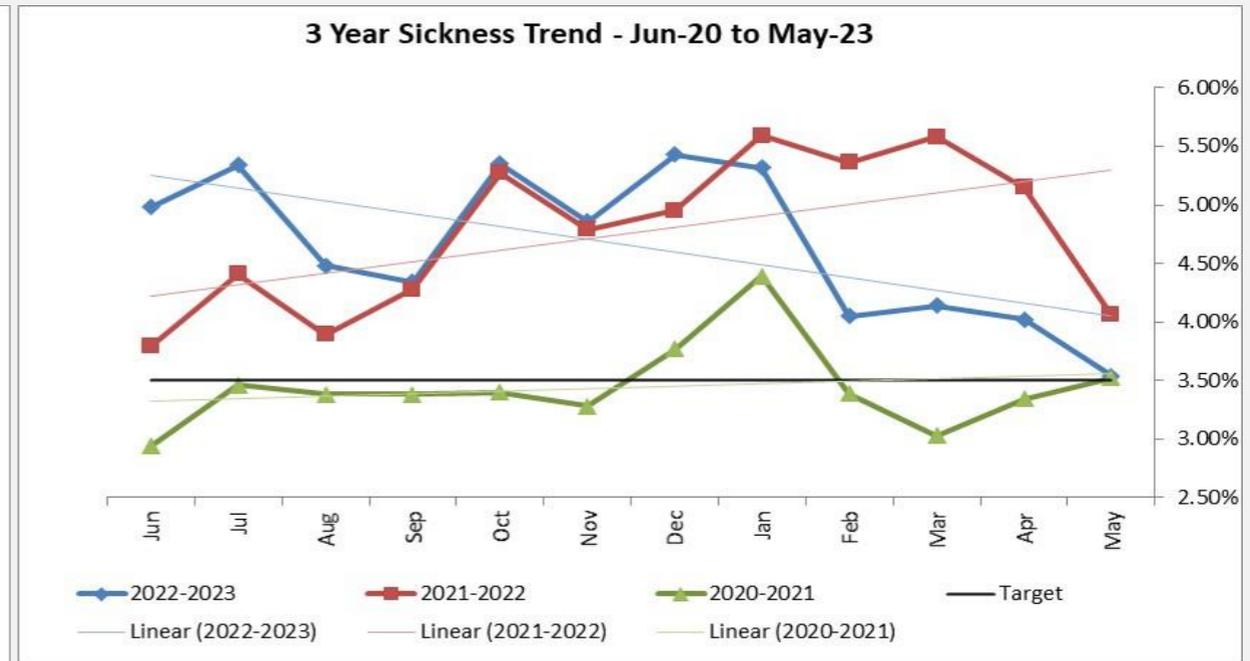
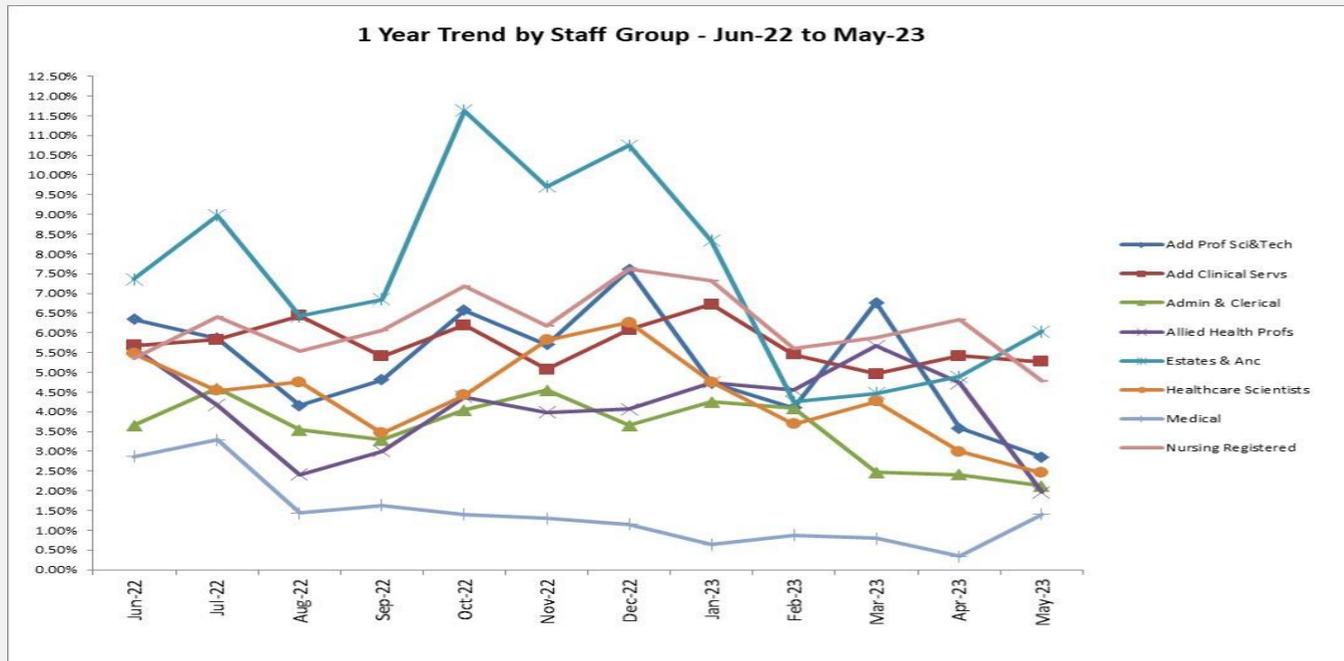
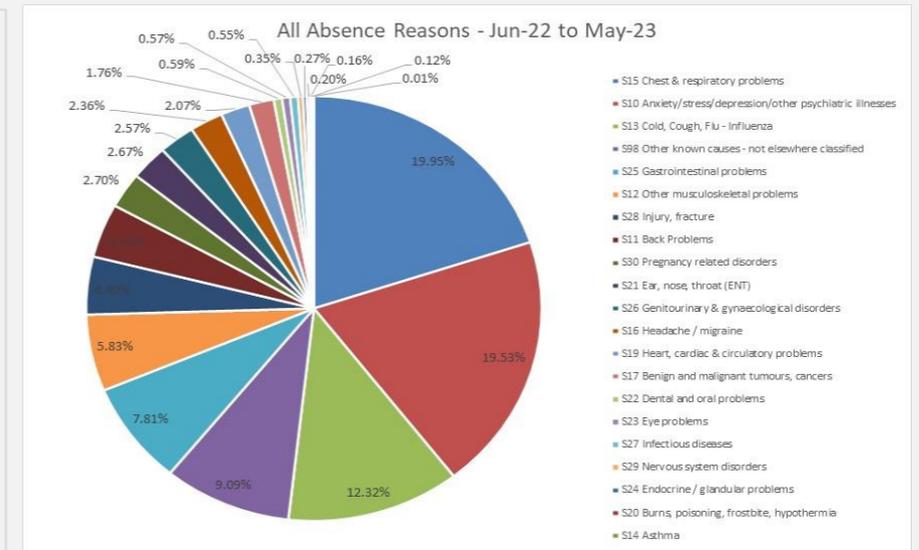
People, Management & Culture: Sickness Absence Trends

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

As with other key workforce metrics, sickness absence trends have been significantly impacted by Covid-19. Royal Papworth has a good track record in effectively managing sickness absence and supporting staff to maintain good attendance. Prior to Covid-19 we maintained our sickness absence at our KPI of 3.5%. During 2020-21 sickness absence rates not related to Covid-19 were low as normal illnesses were suppressed by lock downs and other measures to control the spread of Covid-19. As Covid-19 measures were removed in 21/22 we saw absence rates increase significantly and we had unusually high rates of absence in Feb 22- May 22. In 22/23 we have seen absence rates on a downwards trend and in May 23 it was back down to the KPI..

The staff group with the highest sickness rate over the last 12 months is Estates and Facilities, 7.4%, and then Registered Nursing at 6.2%. All staff groups have seen sickness absence rates reduce over the last 12 months. Registered Nurse have see the lowest level of improvement in absence rates.

Over the last 12 months the highest number of absences were due to chest and respiratory problems with 20% of all absence attributed to this. At the beginning of 22/23 Covid-19 sickness absence ceased to be a separate category and absence due to Covid-19 infection are included in chest and respiratory problems. Prior to the pandemic there was not a lot of absence in this category. The next highest reason for absence is anxiety/stress and depression, 19.5%. The Trust has considerably improved mental health support for staff over the last couple of years and it will continue to be a focus in 23/24.





Finance: Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer



Royal Papworth Hospital
NHS Foundation Trust

	Data Quality	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£(1,200)k	£3,647k	£3,085k	£2,114k	£1,205k	£202k	£403k
	Cash Position at month end £000s *	5	£61,487k	£66,873k	£67,756k	£74,620k	£67,319k	£67,219k	£67,129k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£235 YTD	£780k	£1,049k	£1,333k	£2,591k	£16k	£2k
	Elective Variable Income YTD £000s	4	£8500k (YTD)	n/a	n/a	n/a	n/a	£3,348k	£7,807k
	CIP – actual achievement YTD - £000s	4	£1,132k	£5,650k	£6,200k	£6,900k	£7,515k	£690k	£1,600k
	CIP – Target identified YTD £000s	4	£6793k	£5,800k	£5,800k	£5,800k	£5,800k	£6,640k	£6,670k
Additional KPIs	Capital Service Ratio	5	1	2.3	1.3	1.2	1.1	1.1	1.1
	Liquidity ratio	5	26	37.9	34	33	28	29	29
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£15,915k	£16,611k	£16,890k	£17,270k	£1,475k	£2,951k
	Total debt £000s	5	Monitor only	£7,150k	£6,810k	£2,860k	£4,090k	£4,034k	£3,980k
	Debtors > 90 days overdue	5	15%	16.2%	15.2%	30.7%	17.9%	15.1%	23.1%
	Better payment practice code compliance - Value £ YTD	5	Monitor only	98%	98%	98%	98%	97%	98%
	Better payment practice code compliance - Volume YTD	5	Monitor only	94%	94%	94%	95%	97%	87%

Summary of Performance and Key Messages:

- **The Trust submitted a breakeven plan for the 2023/24 financial year, as part of the C&P ICS overall breakeven plan. Year to date (YTD), the position is favourable to plan by £1.6m with a reported surplus of £0.4m.** The favourable position is due to the phasing of reserves and central items that are expected to be utilised later in the year.
- **The position reflects national funding arrangements in line with the 2023/24 financial mechanism.** Income is classified as either fixed or variable depending on the amount of activity delivered. Activity within the scope of variable income is calculated using the National Tariff on a 'payment by results' basis and broadly includes elective activity, first outpatient activity and diagnostic activity (but excludes transplant activity in full). NHS contractual income includes elements of funding for elective recovery, support for underlying capacity recovery and COVID funding, with an additional efficiency adjustment applied to reflect NHSE/IT's intention to bring the funding quantum back towards affordable recurrent levels.
- **The Trust delivered c118% of May 2019 activity in May 2023; this corresponds to c103% of average 2019/20 levels.** Year to date elective activity overall is running at c95% of 2019/20 average levels and is below the national target, reflecting the impact of industrial action in April 2023. This belies variation by point of delivery and commissioner, with day case activity continuing to exceed 2019/20 (and target) levels and inpatient activity being below 2019/20 levels. Surgical capacity has improved significantly compared to 2023 however overall it remains a constraining factor for inpatient activity compared to 2019/20.. The impact of this year to date has been mitigated by the utilisation of reserves to offset the elective under-delivery.
- **The underlying pay run rate remains broadly stable as the Trust continues to carry vacancies which are being offset by temporary staffing use.** Whilst there has been an increase in substantive staff, the recruitment pipeline has not crystallised as planned and Divisions continue to hold vacancies which are being backfilled by temporary staffing. Included in the YTD position is the estimated cost of the expected AfC 2023/24 pay award (£0.7m), extra session payments linked to the industrial action (£0.1m) and release of aged accruals (+£0.1m). The Trust continues to hold budget for strategic initiatives which is underspent YTD and is contributing to the underlying favourable variance; we expect this to be spent later in the year.
- **Non-pay spend is favourable to plan YTD however in month spend was adverse to plan by £0.4m.** This reflects the clinical costs associated with the in month increase in activity alongside small movements on provisions and welcome payments. This is being offset by the favourable variance on interest income from the Trust's cash balances.
- **The cash position closed at £67.1m.** This represents an increase of £1.6m from the previous month due to reductions in supplier payments.
- **The Trust has a BAU 2023/24 capital allocation of £2.6m and a total capital plan of £3.4m.** The capital expenditure for the month of May was £0.02m, resulted in an underspend of £0.21m. Work is ongoing with leads to sure up the capita pipeline for the year



Finance: Key Performance – YTD SOCI position

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

The YTD position is a £0.4m surplus. This is largely as a result of continuing vacancies and underspends on variable activity costs. The elective activity under-performance vs plan and national target is being mitigated by the utilisation of elective risk reserves held in non-pay.

	YTD £000's	YTD £000's	YTD £000's	YTD £000's	YTD £000's	YTD £000's	RAG
	Plan	Underlying Actual	COVID: spend	Other Non Recurrent Actual	Actual Total	Variance	
Clinical income - in national block framework							
Fixed at Tariff	£23,371	£17,088	£0	£0	£17,088	(£6,283)	●
Balance to Fixed Payment	£0	£6,651	£0	£0	£6,651	£6,651	●
Variable at Tariff	£8,500	£7,807	£0	£0	£7,807	(£693)	●
Homecare Pharmacy Drugs	£7,052	£7,659	£0	£0	£7,659	£607	●
High cost drugs	£134	£195	£0	£0	£195	£61	●
Pass through Devices	£2,989	£2,338	£0	£0	£2,338	(£651)	●
Sub-total	£42,045	£41,737	£0	£0	£41,737	(£309)	●
Clinical income - Outside of national block framework							
Drugs & Devices	£406	£451	£0	£0	£451	£45	●
Other clinical income	£335	£335	£0	£0	£335	£0	●
Private patients	£1,230	£1,486	£0	£0	£1,486	£256	●
Sub-total	£1,971	£2,272	£0	£0	£2,272	£302	●
Total clinical income	£44,016	£44,009	£0	£0	£44,009	(£7)	●
Other operating income							
Other operating income	£2,633	£2,748	£0	£130	£2,877	£244	●
Total operating income	£2,633	£2,748	£0	£130	£2,877	£244	●
Total income	£46,649	£46,757	£0	£130	£46,886	£237	●
Pay expenditure							
Substantive	(£20,489)	(£19,521)	£0	(£26)	(£19,547)	£942	●
Bank	(£72)	(£430)	(£0)	£0	(£431)	(£359)	●
Agency	(£8)	(£327)	£0	£0	(£327)	(£319)	●
Sub-total	(£20,569)	(£20,278)	(£0)	(£26)	(£20,305)	£264	●
Non-pay expenditure							
Clinical supplies	(£9,597)	(£9,326)	(£3)	£387	(£8,942)	£655	●
Drugs	(£1,143)	(£936)	(£0)	£0	(£936)	£207	●
Homecare Pharmacy Drugs	(£6,983)	(£7,363)	£0	£0	(£7,363)	(£381)	●
Non-clinical supplies	(£6,674)	(£6,357)	£19	(£34)	(£6,371)	£303	●
Depreciation	(£1,933)	(£1,925)	£0	£0	(£1,925)	£8	●
Sub-total	(£26,330)	(£25,907)	£16	£353	(£25,538)	£792	●
Total operating expenditure	(£46,898)	(£46,185)	£16	£327	(£45,842)	£1,056	●
Finance costs							
Finance income	£176	£506	£0	£0	£506	£330	●
Finance costs	(£932)	(£936)	£0	£0	(£936)	(£4)	●
PDC dividend	(£285)	(£284)	£0	£0	(£284)	£1	●
Revaluations/(Impairments)	£0	£0	£0	£0	£0	£0	●
Gains/(losses) on disposals	£0	£0	£0	£0	£0	£0	●
Sub-total	(£1,041)	(£714)	£0	£0	(£714)	£327	●
Surplus/(Deficit) For The Period/Year	(£1,290)	(£142)	£16	£457	£330	£1,620	●
Adjusted financial performance surplus/(deficit)	(£1,217)	(£70)	£16	£457	£403	£1,620	●

YTD month headlines:

1 Clinical income in total is broadly on plan

- Fixed income is £6.3m behind plan on a tariff basis. This is being mitigated by fixed contract arrangements, which are providing security to the income position. The fixed income position includes c£0.4m for pay award which was back dated to April.
- Variable income is behind plan by c£0.7m. This includes the impact of industrial action in April and continued capacity constraints in surgical specialties, manifesting in NHS England income. In general ICB commissioned activity is running above national target levels.
- Private patient income is c£0.3m ahead of plan YTD.

2 Other operating income is £0.2m favourable to plan. YTD variance includes backdated staff recharges, accommodation income linked to occupancy, international recruitment income to offset cost, charitable income recharges above plan. These favourable variances are offset by lower than plan R&D income.

3 Pay expenditure is c£0.3m favourable to plan. YTD cost includes pay award impact of (£0.7m), extra sessions (£0.1m) offset by accrual release (+£0.1m). The underspend in the underlying pay position reflects ongoing vacancies with ongoing recruitment drive to fill them. These vacancies are being covered with bank and agency staff. There is a c10.5% vacancy rate as a percentage of budget across the Trust

In addition to the above, the underlying pay position reflects the non-utilisation of centrally held budgets to support strategic initiatives and expected Divisional cost pressures. This has not been utilised but is expected to be utilised in year.

4 Clinical Supplies c£0.7m favourable to plan. This is due to underspend linked to YTD activity levels being below plan. YTD also includes credit note of £0.1m and TAVI rebate of £0.3m.

5 Homecare is £0.4m adverse to plan. The adverse variance is offset by block income. Most Homecare invoices are now being processed within the month and the backlog mainly due to invoicing delays

6 Non-clinical supplies is favourable to by £0.3m. This is mainly driven by the underspend in the centrally held reserves due to the impact of low activity levels, lower spend on utilities, offset by increase R&D costs and unachievable CIPS. The position also includes provisions and costs of international recruitment of £0.1m



Integrated Care System (ICS): Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer



Royal Papworth Hospital
NHS Foundation Trust

	Data Quality	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Comments
Non Elective activity as % 19/20 (ICS)	3	Monitor only	94.4%	100.2%	96.3%	85.2%	88.6%	94.8%	Latest data to w/e 18/06/23
Papworth - Non NHS Elective activity as % 19/20 baseline (wd adj)*	4	Monitor only	112.0%	109.8%	104.1%	118.2%	77.4%	92.8%	
Diagnostics < 6 weeks % (ICS)	3	Monitor only	52.4%	56.7%	57.6%	66.3%	68.1%	66.2%	Latest data to Apr 23
Papworth - % diagnostics waiting less than 6 weeks	3	99%	99.3%	98.2%	98.7%	98.4%	98.5%	94.9%	
18 week wait % (ICS)	3	Monitor only	56.2%	56.2%	56.6%	56.3%	55.5%	56.3%	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 04/06/23
Papworth - 18 weeks RTT (combined)	5	92%	70.6%	72.1%	72.7%	70.9%	71.0%	71.8%	
No of waiters > 52 weeks (ICS)	3	Monitor only	8,310	8,003	7,786	7,823	8,495	8,887	RTT Metrics comprise CUHFT & NWAFT & RPH to w/e 04/06/23
Papworth - 52 week RTT breaches	5	0%	13	14	8	13	15	23	
Cancer - 2 weeks % (ICS)	3	Monitor only	59.1%	62.2%	68.8%	76.6%	81.5%	66.6%	Latest Cancer Performance Metrics available are Apr 2023
Cancer - 62 days wait % (ICS)	3	Monitor only	61.2%	61.2%	48.9%	55.9%	63.9%	51.0%	Latest Cancer Performance Metrics available are Apr 2023
Papworth - 62 Day Wait for 1st Treatment including re-allocations	4	85%	50.0%	40.0%	57.0%	50.0%	62.0%	38.0%	
Finance – bottom line position (ICS) £'m	3	Monitor only	n/a	£-0.8m	£2.7m	£2m	n/a	n/a	Latest ICB financial position to March 23 (M12)
Papworth - Year to date surplus/(deficit) adjusted £000s	4	£(1,200)k	£3,647k	£3,085k	£2,114k	£1,205k	£202k	£404k	
Staff absences % C&P (ICS)	3	Monitor only	6.6%	n/a	n/a	n/a	n/a	n/a	Latest month Dec 22 from national publication based on Electronic Staff record data
Papworth - % sickness absence	3	3.5%	5.4%	5.3%	4.1%	4.1%	4.0%	3.5%	

Additional KPIs

Summary of Performance and Key Messages:

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 ICB 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 has been included where available.