Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

January 2025

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Context:

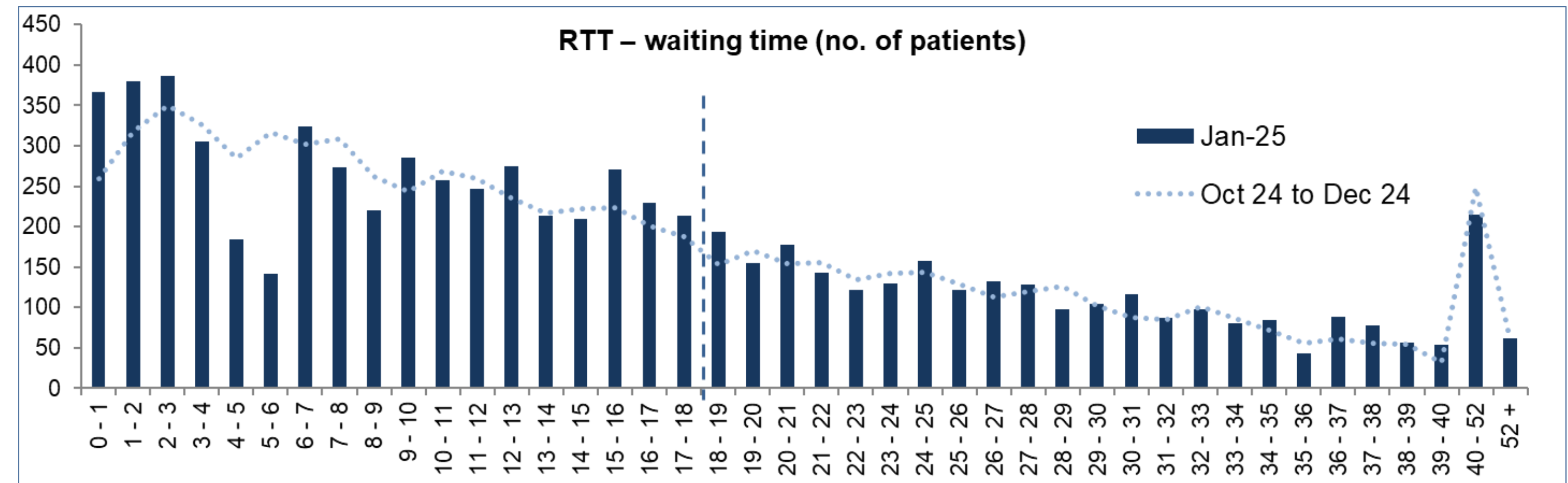
Royal Papworth Hospital
NHS Foundation Trust

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)	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Trend
Cardiac Surgery	144	143	149	147	136	130	
Cardiology	694	647	749	721	630	726	
ECMO	4	3	5	5	4	4	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	15	9	15	10	13	8	
RSSC	568	565	639	575	541	573	
Thoracic Medicine	482	479	536	512	455	547	
Thoracic surgery (exc PTE)	56	59	66	79	96	79	
Transplant/VAD	38	54	36	34	43	39	
Total Admitted Episodes	**2,001**	**1,959**	**2,195**	**2,083**	**1,918**	**2,106**	
Baseline (2019/20 adjusted for working days annual average)	*1,830*	*1,830*	*1,830*	*1,830*	*1,830*	*1,830*	
%Baseline	*109%*	*107%*	*120%*	*114%*	*105%*	*115%*	

Outpatient Attendances (NHS only)	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Trend
Cardiac Surgery	570	499	590	584	517	558	
Cardiology	3,555	3,783	4,112	3,736	3,493	3,875	
RSSC	1,596	1,786	2,186	1,915	1,846	2,248	
Thoracic Medicine	2,225	2,241	2,626	2,480	2,244	2,473	
Thoracic surgery (exc PTE)	100	139	119	116	135	170	
Transplant/VAD	257	289	339	308	280	269	
Total Outpatients	**8,303**	**8,737**	**9,972**	**9,139**	**8,515**	**9,593**	
Baseline (2019/20 adjusted for working days annual average)	*7,418*	*7,418*	*7,418*	*7,418*	*7,418*	*7,418*	
%Baseline	*112%*	*118%*	*134%*	*123%*	*115%*	*129%*	

Note 1 - Activity per SUS billing currency, includes patient counts for ECMO and PCP (not bedday)
Note 2 - NHS activity only
Note 3 - Note - Elective, Non Elective and Outpatient activity data may include adjustments to prior months. This will be where any activity submitted to SUS in the latest month completed in prior months. This may be due to delays in finalising the clinical information required for the actiivty to be coded and submitted to SUS.



Reading guide

Royal Papworth Hospital
NHS Foundation Trust

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

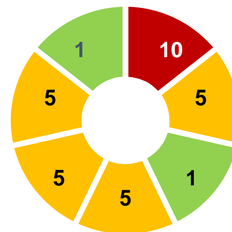
The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

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



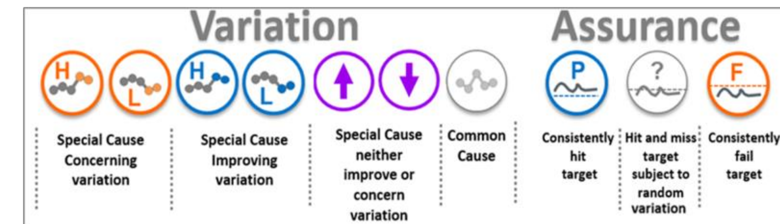
Overall Report Scoring

- **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 *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

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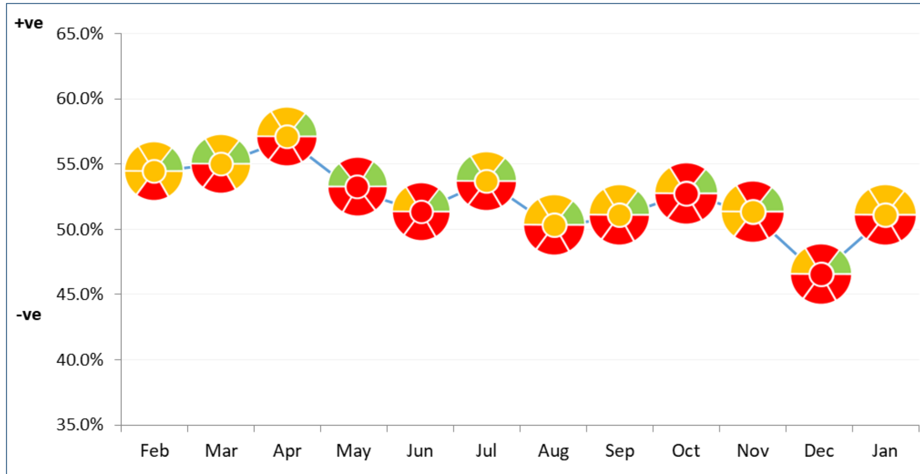
Overall Trust rating - AMBER



FAVOURABLE PERFORMANCE

SAFE: 1) Harm Free Care - There was another decrease in falls in month to 1.35 per 1000 bed days. All will be reviewed in full at the Falls Oversight Group, for themes and learning cascade. Compliance with VTE risk assessments was on target at 95.1%, the Trust target was last meet in July 2024 of 95.3%, VTE continues to have oversight and focus from the VTE group who will continue to support consistent compliance to stay at the target 95%. 2) Cardiac Surgery Mortality (crude monitoring) – This was within expected variation at 2.33% in January and showing improving overall variation over the last eight months. 3) Safe staffing fill rates: Registered Nurse (RN) fill rates for day and night shifts are above target for January, reported at 90% & 96%, respectively. Safer staffing fill rates for Health Care Support Workers (HCSWs) are below target at 81% for day shifts however an increase is noted from 78% in December. HCSW fill rates are above target at 87% for night shifts in January, which was also reported at 87% for December. The results of RPH's active recruitment campaign for HCSWs currently in the pipeline to join the Trust are coming into fruition. 4) Ward supervisory sister (SS)/ charge nurse (CN) - Increasing safer staffing fill rates continue to support increases in SS/CN time from October 2023 to present; there has been an increase in SS time to 82% in January compared to 72% in December. Heads of Nursing and Matrons continue to monitor and report divisional SS/CN performance to the monthly Clinical Practice Advisory Committee chaired by the Chief Nurse.

CARING: 1) FFT (Friends and Family Test): In summary – Inpatients: Positive Experience rate was 98.5% in January 2025 for our recommendation score. Participation Rate for surveys was 46.5%. Outpatients: Positive experience rate was 97.4% in January 2025 and above our 95% target. Participation rate was 11.9%. 2) Number of written complaints per 1000 staff WTE - is a benchmark figure that used to be provided by NHS Model Health System to enable national benchmarking monthly. Trust Target is 12.6 and we remained within this target at 6.0.

EFFECTIVE: 1) CCA Bed Occupancy - ICU bed occupancy in M10 continues on an upward trajectory and increased again to 93.9%. In M10 we have seen a significant increase in ECMO, transplantation and other emergency activity. 2) Bed occupancy in M10 increased to 78.8% from 61.2% in M9. The senior leadership team have now embedded with the wider division that the 10 bedded ERU and 26 bedded ICU are independent areas that work collaboratively. By protecting the ERU beds this will ring fence elective activity. This has been cascaded across the organisation at senior management meetings. ERU is facilitating an increase in planned activity (including IHU patients) in theatres, flow and reduction in length of stay. The leadership team are reviewing the ratio of ERU and ICU beds, to ensure the current ratio is correct, this work is ongoing and will be reviewed at 6 months (March) once there is sufficient data to analyse. 3) Theatre utilisation was 91% in M10, this reflects the significant increase in ECMO, transplantation and other emergency activity in M10. Despite these challenges elective activity has increased in M10, 239 cases in M10 2025 compared to 188 in M10 2024

PEOPLE, MANAGEMENT & CULTURE: 1) Turnover - The turnover rate was below the 9% target for the second month in a row and the is on an improving trend. Whilst this is positive when coupled with the positive vacancy position, it is possible that the December and January figures are influenced by known seasonal factors where staff are less likely to move roles in these months. 2) Vacancy rate - total Trust vacancy rate decreased below target to 7.29% (170.24WTE) and the two-year trend is an improving one.

FINANCE: At month 10, the Year to date (YTD) finance position is a surplus of c0.1m, this represents a c£0.5m favourable variance to plan. This is driven by a better than planned bank interest income (from a higher cash balance and interest rate) and variable activity over-performance.

ADVERSE PERFORMANCE

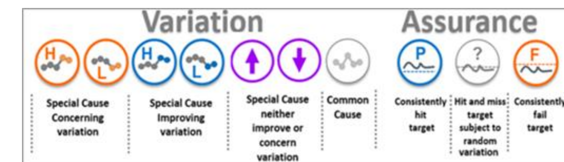
CARING: Responding to Complaints on time - 66.67% of complaints responded to in the month were within agreed timescales. One complaint response was late (1 out of 3 closed in month).

RESPONSIVE: 1) RTT - The PTL continues to be reviewed regularly, and patient prioritisation reviewed daily as late referrals are received or if patients condition changes. There were 62 52-week RTT breaches in month, which is an increase of 10 from the previous month. Thoracic and Ambulatory RTT has decreased over the year alongside an increase in demand. Additional capacity has been planned within the sleep lab to accommodate PSGs (increase go live delayed to April 2025) as well as an increase in CSS capacity (went live December 2024). Additional demand and capacity for the RSSC pathway is required. ILD capacity has reduced since September 2024 however successful recruitment into a substantive consultant position is due to commence April 2025. A transformational group has been set up for RSSC to monitor progress and impact of actions. 2) Diagnostic reporting in radiology has seen a downward trajectory in M10 to 54%. This reflects the mutual aid being given to the system by RPH to complete diagnostics and report long waiting patients.

PEOPLE, MANAGEMENT & CULTURE: Total sickness absence - decreased to 5.1% but remains above our 4% KPI target. Absence rates are driven at the moment by short term seasonable respiratory ailments. The Workforce Directorate continue to support managers with utilising the absence management processes and providing training for line managers in approaches to managing absence.

FINANCE: Capital - The Trust has a revised 2024/25 capital allocation (total CDEL) of £5.8m for the year which includes allocation for right of use assets and PFI residual interest capital charges. As at month 10, 88% of the Trust's capital expenditure plan has been committed. The year-to-date expenditure position includes a rephasing for the Pathology LIMS project and a delay in the bypass equipment replacement scheme. These collectively drives an underspend of £1.4m. The Investment Group has undertaken a re-prioritisation exercise on schemes to ensure the delivery of full spend against annual allocation.

At a glance – Balanced scorecard



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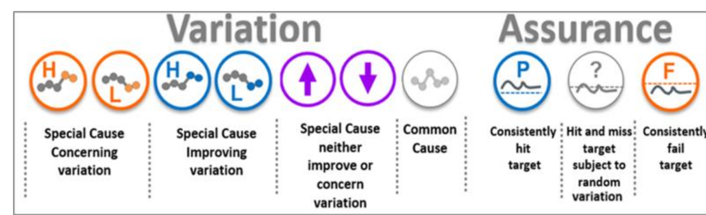
		Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Trend / SPC Variation & Assurance
Safe	Never Events	Jan-25	5	0	0	0	
Safe	Number of Patient Safety Incident Invetigations (PSII) commissioners in month	Jan-25	5	0	0	3	
Safe	Learning Responses - Moderate Harm and above as % of total patient safety incidents	Jan-25	5	3%	0.4%	1.0%	
Safe	Number of Trust acquired PU (Catergory 2 and above)	Jan-25	4	35 pa	1	14	
Safe	Falls per 1000 bed days	Jan-25	5	4	1.3	0.0	
Safe	VTE - Number of patients assessed on admission	Jan-25	5	95%	95%	95%	
Safe	Sepsis - % patients screened and treated (Quarterly) *	Jan-25	3	90%	-	-	
Safe	Trust CHPPD	Jan-25	5	9.6	12.2	12.4	
Safe	Safer staffing: fill rate – Registered Nurses day	Jan-25	5	85%	90.0%	88.1%	
Safe	Safer staffing: fill rate – Registered Nurses night	Jan-25	5	85%	96.0%	92.7%	
Safe	Safer staffing: fill rate – HCSWs day	Jan-25	5	85%	81.0%	81.0%	
Safe	Safer staffing: fill rate – HCSWs night	Jan-25	5	85%	87.0%	86.9%	
Safe	% supervisory ward sister/charge nurse time	Jan-25	New	90%	82.00%	65.4%	
Safe	Cardiac surgery mortality (Crude)	Jan-25	3	3%	2.3%	2.3%	
Caring	FFT score- Inpatients	Jan-25	4	95%	98.50%	98.78%	
Caring	FFT score - Outpatients	Jan-25	4	95%	97.40%	97.66%	
Caring	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Jan-25	4	12.6	6.0	6.0	
Caring	Mixed sex accommodation breaches	Jan-25	5	0	0	0	
Caring	% of complaints responded to within agreed timescales	Jan-25	4	100%	66.7%	96.7%	
People Management & Culture	Voluntary Turnover %	Jan-25	4	9.0%	6.9%	10.1%	
People Management & Culture	Vacancy rate as % of budget	Jan-25	4	7.5%	7.3%		
People Management & Culture	% of staff with a current IPR	Jan-25	4	90%	76.33%		
People Management & Culture	% Medical Appraisals*	Jan-25	3	90%	76.61%		
People Management & Culture	Mandatory training %	Jan-25	4	90%	87.95%	87.99%	
People Management & Culture	% sickness absence	Jan-25	5	4.00%	5.10%	4.63%	

* Latest month of 62 day and 31 cancer wait metric is still being validated ***Data Quality scores re-assessed M03 and M08 **** Plan based on 107% of 19/20 activity adjusted for working days in month.

		Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Trend / SPC Variation & Assurance
Effective	Bed Occupancy (inc HDU but exc CCA and sleep lab)	Jan-25	4	85% (Green 80%-90%)	72.30%	74.26%	
Effective	ICU bed occupancy	Jan-25	4	85% (Green 80%-90%)	93.90%	84.53%	
Effective	Enhanced Recovery Unit bed occupancy %	Jan-25	4	85% (Green 80%-90%)	78.80%	70.22%	
Effective	Elective inpatient and day cases (NHS only)****	Jan-25	4	1590	1,711	16,292	
Effective	Outpatient First Attends (NHS only)****	Jan-25	4	1746	2,320	20,288	
Effective	Outpatient FUPs (NHS only)****	Jan-25	4	6191	7,281	70,720	
Effective	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	Jan-25	4	5%	13%	11%	
Effective	Reduction in Follow up appointment by 25% compared to 19/20 activity	Jan-25	4	-25%	-2.18%	-0.31%	
Effective	% Day cases	Jan-25	4	85%	72%	72%	
Effective	Theatre Utilisation (uncapped)	Jan-25	3	85%	91%	89%	
Effective	Cath Lab Utilisation (including 15 min Turn Around Times) ***	Jan-25	3	85%	82%	80%	
Responsive	% diagnostics waiting less than 6 weeks	Jan-25	1	99%	95.6%	97.5%	
Responsive	18 weeks RTT (combined)	Jan-25	4	92%	63.72%		
Responsive	31 days cancer waits*	Jan-25	5	96%	88%	97%	
Responsive	62 day cancer wait for 1st Treatment from urgent referral*	Jan-25	3	85%	10%	36%	
Responsive	104 days cancer wait breaches*	Jan-25	5	0	8	84	
Responsive	Number of patients waiting over 65 weeks for treatment *	Jan-25	New	0	11		
Responsive	Theatre cancellations in month	Jan-25	3	15	45	38	
Responsive	% of IHU surgery performed < 7 days of medically fit for surgery	Jan-25	4	95%	27%	54%	
Responsive	Acute Coronary Syndrome 3 day transfer %	Jan-25	4	90%	68%	73%	
Responsive	Number of patients on waiting list	Jan-25	4	3851	7506		
Responsive	52 week RTT breaches	Jan-25	5	0	62	593	
Finance	Year to date surplus/(deficit) adjusted £000s	Jan-25	4	£(4)k	£140k		
Finance	Cash Position at month end £000s	Jan-25	5	£71,535k	£74,117k		
Finance	Capital Expenditure YTD (BAU from System CDEL) - £000s	Jan-25	4	£3,781k	£2,322k		
Finance	CIP – actual achievement YTD - £000s	Jan-25	4	£5525k	£5,730k		

Safe: Performance Summary

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



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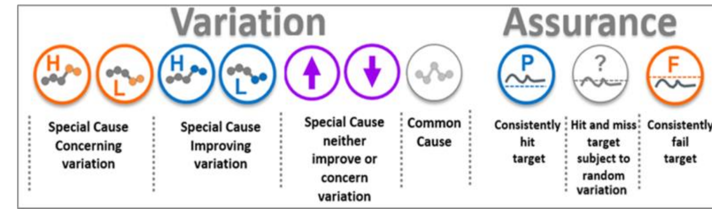
	Metric	Latest Performance: Trust target	Latest Performance: Most recent position	Previous: Position	In month vs target	Action and Assurance: Variation	Action and Assurance: Assurance	Action and Assurance: Escalation trigger
Dashboard KPIs	Never Events	0	0	0				Review
	Number of Patient Safety Incident Invetigations (PSII) to commissioners in month	0	0	0				Review
	Learning Responses - Moderate Harm and above as % of total patient safety incidents	3.00%	0.42%	0.00%				
	Number of Trust acquired PU (Catergory 2 and above)	35 pa	1	2				Review
	Falls per 1000 bed days	4.00	1.35	2.13				Review
	VTE - Number of patients assessed on admission	95.0%	95.1%	91.6%				Review
	Sepsis - % patients screened and treated (Quarterly) *	90%	-	91%				Review
	Trust CHPPD	9.6	12.2	12.3				Monitor
	Safer staffing: fill rate – Registered Nurses day	85%	90%	88%				Review
	Safer staffing: fill rate – Registered Nurses night	85%	96%	90%				Review
	Safer staffing: fill rate – HCSWs day	85%	81%	78%				Action Plan
	Safer staffing: fill rate – HCSWs night	85%	87%	87%				Review
	% supervisory ward sister/charge nurse time	90%	82%	72%				Action Plan
	Cardiac surgery mortality (Crude)	3.0%	2.3%	2.5%				Review
Additional KPIs	MRSA bacteremia	0	0	0				Review
	E coli bacteraemia	Monitor	0	2				Monitor
	Klebsiella bacteraemia	Monitor	0	0				Monitor
	Pseudomonas bacteraemia	Monitor	0	0				Monitor
	Monitoring C.Diff (toxin positive)	7 pa	1	1				Review
	Other bacteraemia	Monitor	0	1				Monitor
	% of medication errors causing harm (Low Harm and above)	Monitor	16.1%	20.4%				Monitor
	All patient incidents per 1000 bed days (inc.Near Miss incidents)	Monitor	41.1	28.3				Monitor
	SSI CABG infections (inpatient/readmissions %)	2.7%	-	4%				Review
	SSI CABG infections patient numbers (inpatient/readmisisons)	Monitor	-	9				Monitor
	SSI Valve infections (inc. inpatients/outpatients; %)	2.7%	-	2.6%				Review
	SSI Valve infections patient numbers (inpatient/outpatient)	Monitor	-	4				Monitor

Safe: Patient Safety/Harm Free Care

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



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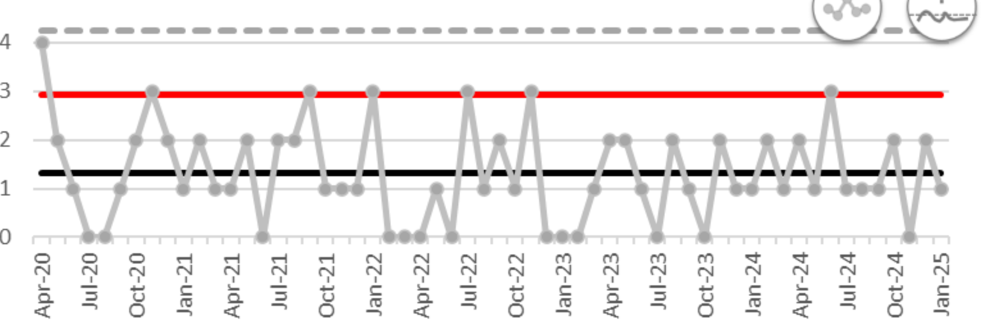
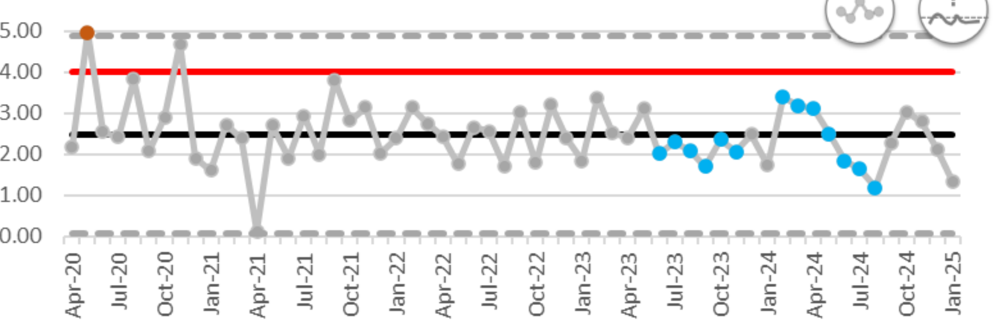
Target — Mean — Measure — Process Limit — Concerning special cause — Improving special cause

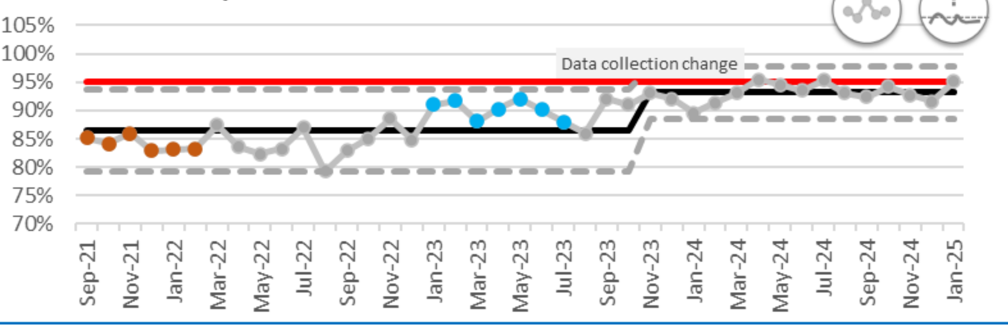
1. Historic trends & metrics



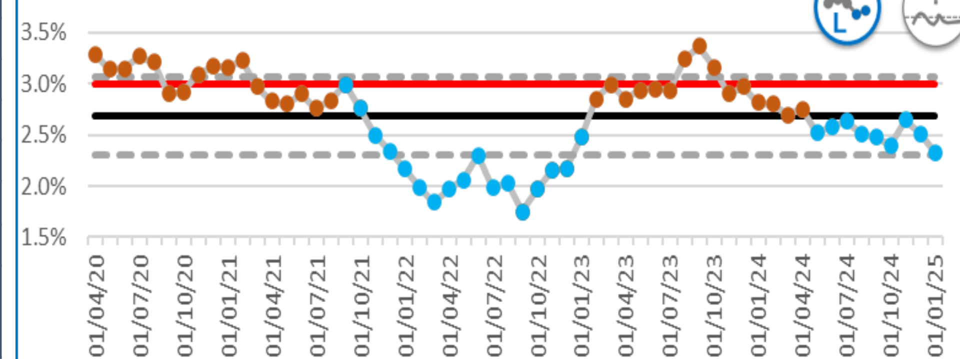
Jan-25
1
Target (red line)
35 per annum
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
1.35
Target (red line)
4
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
95.1%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
2.3%
Target (red line)
3.00%
Variation
Special cause variation of an improving concerning nature
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

Patient Safety Incident Investigations (PSII): There were no PSII's commissioned by SIERP in January.

Learning Responses- ***Moderate Harm and above reported as % of total patient safety:*** In Month there was 1 confirmed severe harm (WEB55213) incident graded at SIERP.

Medication errors causing harm: 16.1% (10/62) of medication incidents were graded as low harm, remaining no harm or near miss.

All patient incidents per 1000 bed days: There were 41.05 patient safety incidents per 1000 bed days.

Harm Free Care: In January there was 1 confirmed Pressure Ulcer of category 2 and within variation. There was another decrease in falls in month to 1.35 per 1000 bed days, all will be reviewed in full at the Falls Oversight Group, for themes and learning cascade. Compliance with VTE risk assessments was on target at 95.1%, the Trust target was last meet in July 2024 of 95.3%, VTE continues to have oversight and focus from the VTE group who will continue to support consistent compliance to stay at the target 95%.

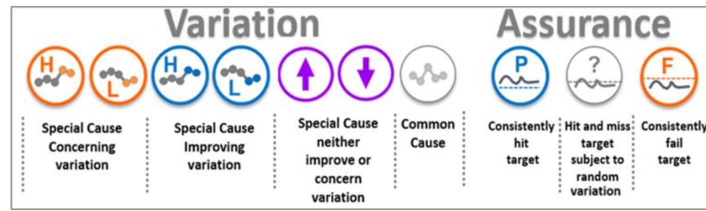
Alert Organisms: There were zero hospital acquired bacteraemia in January 2025. There was 1 C.Diff case reported, and an internal review completed. RPH are within all threshold set by NHSE for 2024/25.

Cardiac Surgery Mortality (crude monitoring): Within expected variation at 2.33% in January and showing improving overall variation over the last eight months.

Safe: Safer Staffing

***Accountable Executive:** Chief Nurse*

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



Target — Measure — Concerning special cause — Mean — Process Limit — Improving special cause

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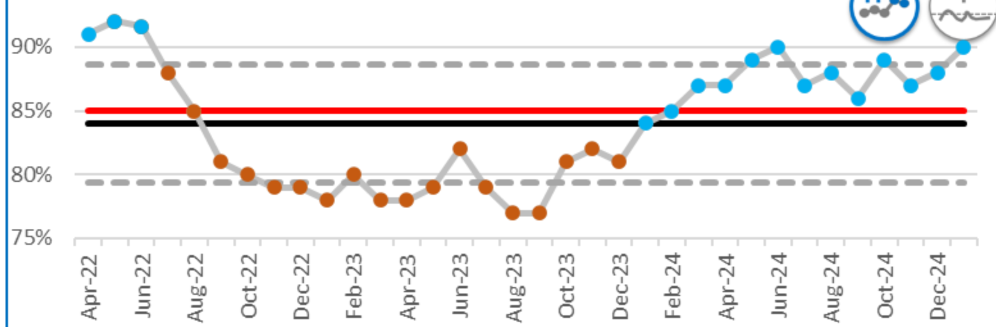
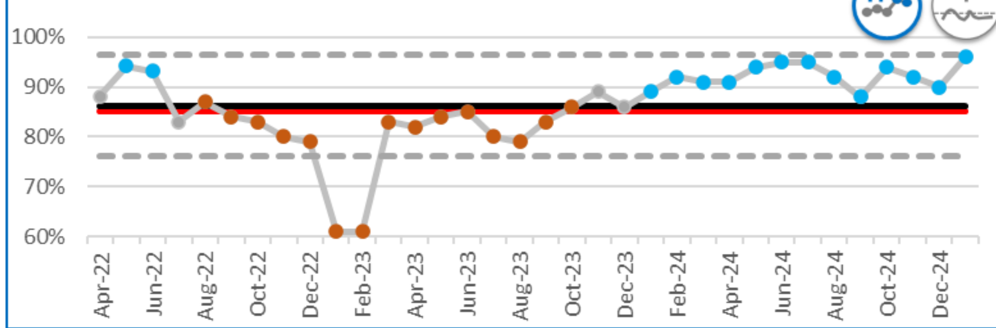
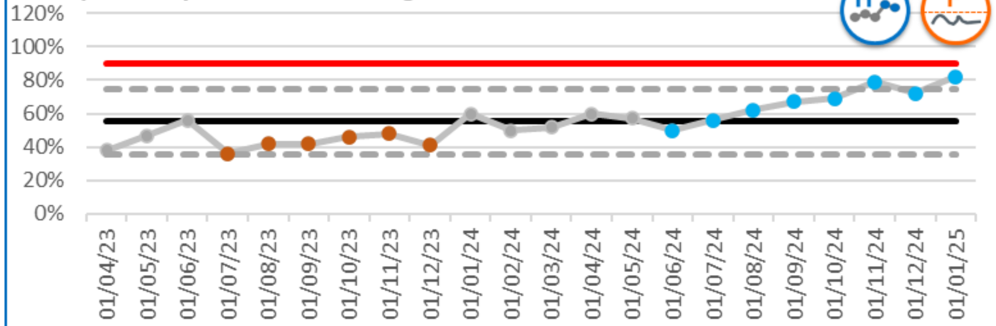
1. Historic trends & metrics



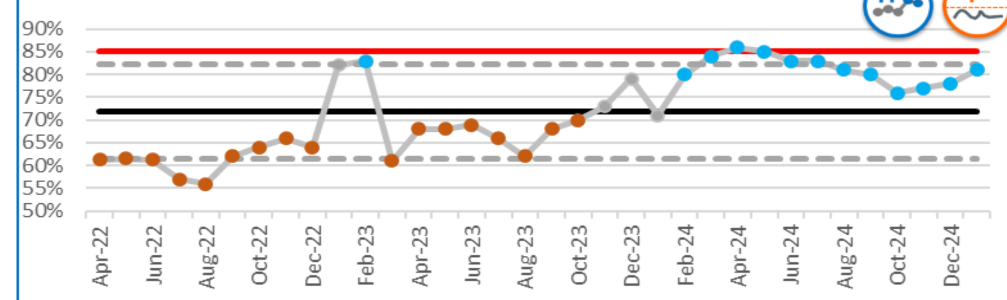
Jan-25
90%
Target (red line)
85%
Variation
Special cause variation of an improving concerning nature
Assurance
Hit and miss on achieving target subject to random variation



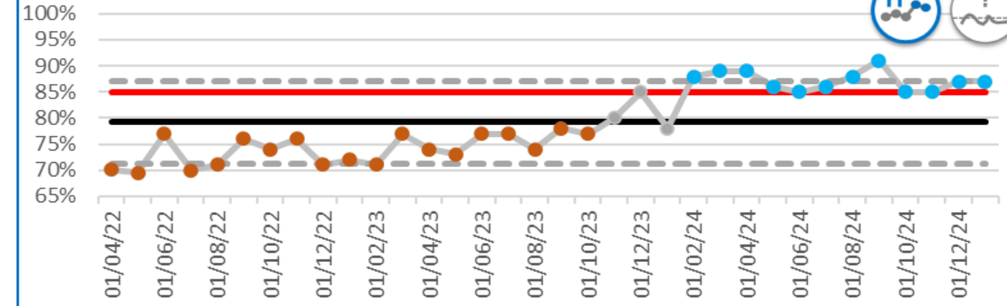
Jan-25
96%
Target (red line)
85%
Variation
Special cause variation of an improving concerning nature
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
82%
Target (red line)
90%
Variation
Special cause variation of an improving concerning nature
Assurance
Has consistently failed the target



Jan-25
81%
Target (red line)
85%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target



Jan-25
87%
Target (red line)
85%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

Safe staffing fill rates: Registered Nurse (RN) fill rates for day and night shifts are above target for January, reported at 90% & 96%, respectively. Safer staffing fill rates for Health Care Support Workers (HCSWs) are below target at 81% for day shifts however an increase is noted from 78% in December. HCSW fill rates are above target at 87% for night shifts in January, which was also reported at 87% for December. The results of RPH's active recruitment campaign for HCSWs currently in the pipeline to join the Trust are coming into fruition. **Overall CHPPD (Care Hours Per Patient Day) is 12.2** for January compared to 12.3 for December. The Audit committee with input from Performance Committee has commissioned an internal audit to review RPH systems and processes for managing agency and temporary staffing.

Ward supervisory sister (SS)/ charge nurse (CN): Increasing safer staffing fill rates continue to support increases in SS/ CN time from October 2023 to present; there has been an increase in SS time to 82% in January compared to 72% in December. The highest achieving areas towards SS/ CN time target of 90% are the Outpatients Department achieving 94%, Cardiology 92%, above target. Ward 5 S (Surgery), Day Ward and the Enhanced Recovery Unit each reported to be achieving 87%. Heads of Nursing and Matrons continue to monitor and report divisional SS/ CN performance to the monthly Clinical Practice Advisory Committee chaired by the Chief Nurse.

Safe: Key Performance Challenge -Discharge Assurance

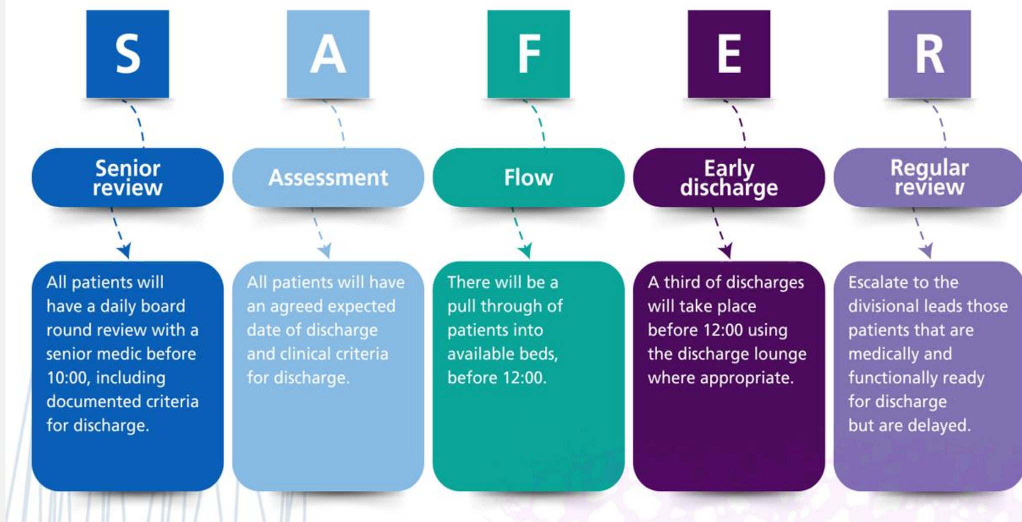
Accountable Executive: *Chief Nurse* ***Report Oversight:*** *Deputy Chief Nurse / Deputy Director of Quality and Risk* ***Slide Content:*** *Chief Allied Health Professional*

Royal Papworth Hospital
NHS Foundation Trust

Background to this Key Performance Challenge

The Discharge Assurance group (DA) was first established in 2022 as a subgroup of the Quality and Risk Management Group (QRMG) to ensure the organisation manages risks and issues related to patient discharges in a co-ordinated responsive and well governed way. In 2023 the trust commenced an improvement programme focusing on enhancing patient flow throughout the organisation. One of the workstreams of the programme is the Discharge workstream, whose aim is to embed a standardised and systematic approach to planning, preparing and delivering safe efficient discharge through the implementation of the SAFER patient flow bundle, as detailed below.

The DA group has been identified as the forum to provide quality assurance and clinical governance and scrutiny for patient discharge, to hold a collective overview of patient discharge across the Trust and address and escalate challenges as required, and to oversee the implementation of the SAFER bundle and improvements in discharge processes across the organisation.



Current Presenting Challenge and Risks

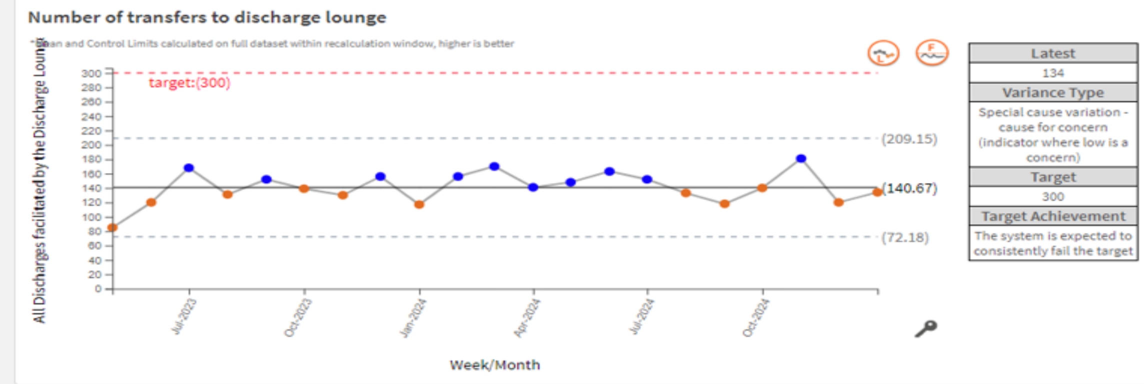
The overarching challenge is the achievement of early, safe discharge of our patients to facilitate patient flow. The SAFER target is to achieve a third (33%) of discharges before 12:00 (Graph 2- right). As a Trust we are currently discharging 12% of patients before 12:00 . While there is an improving trend of increasing early discharges, it is slow progress. There has been an underutilisation of the discharge lounge since relocation to the biomedical campus. A target of SAFER is to increase utilisation of the Discharge Lounge to free up ward beds for improved flow. The Trust target is 300 patients transferred to the Discharge Lounge per month. The average utilisation over the last 12 months has remained at approximately 50% of this target (Graph 1 - right). However, over the last 3 months there has been an improving trend in utilisation with Cardiology being the greatest users of the Discharge Lounge.

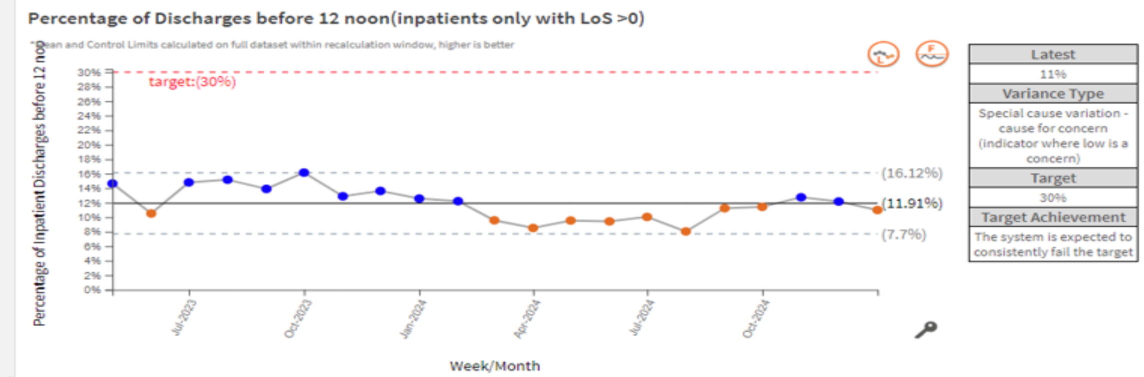
As Discharge Lounge utilisation has increased there has been a slight increase in incidents relating to poor communication impacting patient expectations and experience of the Discharge Lounge, and medication errors related to discharge. While incidents remain both low in number and level of harm, the Discharge Assurance group have raised actions to address and mitigate these.

Oversight of Discharge flow

The DA Group have implemented a digital dashboard to track discharge metrics. Two of these are shown right, Graph 1 details the number of discharges to the D/lounge & Graph 2 shows % of discharges before 12 noon.

In doing so the limitations of the current EPR system to enable live tracking of discharge data has become apparent. This has been fed back to the NEXUS team regrading benefits realisation of a new EPR system.





Control Measures and optimisation of practice: The Divisions remain responsible for their discharge processes and escalation of delayed discharges to their triumvirate. The Discharge Assurance group has oversite of Trust wide incidents, risks, and metrics relating to Discharge, with Divisions reporting into the group with monthly updates on initiatives and metrics to improve early, safe discharges with escalation via the Patient Flow Steering group and QRMG. Examples of recent optimisation initiatives are a single patient information leaflet for discharge and internet page, a task and finish group to address issues raised regarding discharge summaries and letters and task and finish group to investigate discharge related medication errors.

What further needs to be done to achieve SAFER targets: Launch of the updated Discharge Procedure defining roles, responsibilities and processes required in discharge, continued embedding of criteria led discharge across all divisions, review of Discharge Lounge skill mix and continued engagement with NEXUS programme.

Conclusion: The group provides a single point of assurance, communication and action for the Trust for discharge. Transformation of discharge processes has required a cultural shift. Current mitigations are in place. Engagement of all professions involved in discharge has been appreciated and is essential for further transformation.

Safe: Focus on Diabetes Management at our Hospital

Royal Papworth Hospital
NHS Foundation Trust

Accountable Executive: *Chief Nurse and Medical Director* ***Report Author:*** *Deputy Chief Nurse / Deputy Director of Quality and Risk* ***Slide Content:*** *Diabetes Specialist Nurse / Head of QI & Transformation*

What is Diabetes and why is management of this condition important for patients?

Diabetes is a condition where your body can't produce enough of a hormone called insulin, or the insulin it produces isn't effective. There are two main types of diabetes mellitus: type 1 and type 2 but due to the specialities at Royal Papworth Hospital, we also routinely see patients with Steroid induced diabetes, and Cystic Fibrosis related diabetes. If poorly managed it can lead to complications such as heart attack, stroke, kidney failure, eye problems, foot problems including lower limb amputation, infection, and poor wound healing.

Diabetes has been one of the Trusts Quality Accounts priorities for 2024/2025 in recognition of the improvements to the care of patients with diabetes, particularly those within the surgical pathway. These improvements are overseen by a Diabetes Steering Group which was formed at the beginning of the year and reports into the Harm Free Care panel.

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

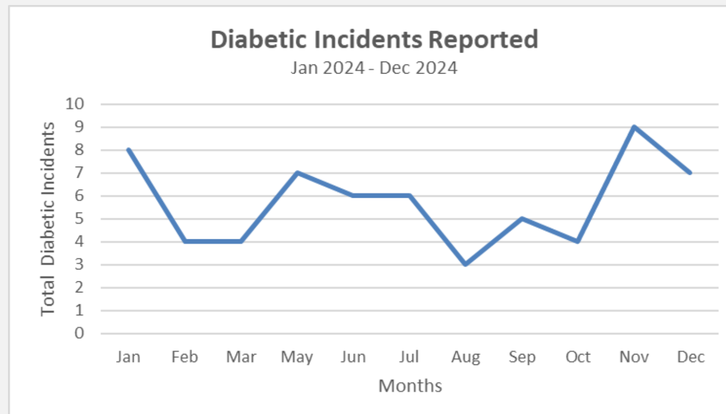
RPH has an inpatient Diabetes Service; also covering outpatients with Cystic Fibrosis, consisting of 3 WTE specialist nurses, who lead and and manage the Monday to Friday service with a Diabetes Health Care Support Worker, and medical support provided via the referral teams. Additional resource in the form of a Diabetes medical Consultant (2PA) has been appointed to start in March who will support with the management of patients with complex diabetes and provide medical oversight for the nursing team.

Referrals and activity

April 2023 to March 2024 there were a total 854 referrals to our Diabetes Service requiring between 10 - 90 minutes of support per patient. Referrals are across all clinical areas Cardiology, Thoracic Medicine, Surgery and Transplant. Alongside this work the Diabetes Service also has oversight of the patient safety incidents and themes reported on to Trusts Datix for RPH.

Patient Incidents: Total number of incidents for the year of 2024 were 63 from Jan-Dec 2024. These were 26 Low harm, 34 No harm and 3 Near misses. The two main themes were:

- Poor management of patients on a Variable rate Intravenous Insulin Infusions, including hypoglycaemia, omission of basal insulin, and issues withdrawing the VRIII.
- Insulin prescribing including inappropriate timing of doses, absence of insulin on prescription, wrong insulin or dose prescribed.



Education is being provided by Diabetes Specialist Nurses to nursing staff and prescribers as part of the quality initiatives to reduce the number of incidents.

National Diabetes Inpatient Safety Audit (NDISA)

The Trust commenced submitting data for the NDISA in 2024/2025. It records the details of any adult who has one of four avoidable complications which can occur in inpatients with diabetes (Q1- Q3 is detailed below). All NHS providers of inpatient care for patients with diabetes in acute settings are expected to participate. Within this data set, the results for RPH indicate that further understanding of prevention and the management of hypoglycaemia is needed.

Diabetes UK recommends using blood glucose of 4.0 mmol/L as the lowest acceptable blood glucose in a person with diabetes, to avoid and reduce the risk of hypoglycaemia (low blood sugar).

Hypoglycaemia can make long term glycaemic management difficult and is a complication that is feared by many people living with diabetes. Therefore, it is important that health care professionals can identify and treat hypoglycaemia appropriately.

Type of diabetic harm received	Number in Q1	Number in Q2	Number in Q3
Severe Inpatient Hypoglycaemia = The patient developed a blood glucose of less than 2.2mmol/l more than 6 hours after admission	12	11	15
Diabetic Ketoacidosis (DKA) = Was the patient diagnosed with new onset DKA more than 24 hours after admission?	0	0	0
Hyperglycaemic Hyperosmolar State (HHS) = Was the patient diagnosed with new onset HHS more than 24 hours after admission?	0	0	0
Diabetic Foot Ulcer = Was the patient diagnosed with a new onset foot ulcer more than 72 hours after admissions?	0	0	0

Quality improvement initiatives underway

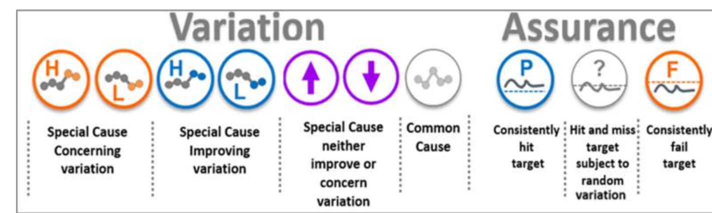
- 2 new clinical guidelines for the management of diabetes in hospital went live in September 2024 to improve management of patients with diabetes. Ongoing education sessions is supporting to embed the guidelines into practice.
- Diabetes Specialist Nurses provide 2 workshops and teach on trust wide study days to increase staff knowledge and understanding about diabetes, to include hypoglycaemia to address the needs highlighted by the audits.
- Working with one of our Patient Safety Partner (Volunteer) to create a patient diabetes satisfactory questionnaire to better understand the patient experience.
- A Consultant in Diabetes has been appointed for 2PA per week to start late March to support the diabetes service at RPH and to oversee patients with diabetes at RPH.
- Diabetes Specialist Nurses are undertaking the Advanced Skills in Clinical Assessment in preparation to become Non-Medical Prescribers, this will support prescribing in our teams alongside medical prescribing.
- The Diabetes Steering Group are mapping the resource required to offer the pre-optimisation of patients with diabetes waiting for elective surgery.

Monitoring and reporting

Activities are discussed at The Diabetes Steering group meetings and monitored through The Harm Free Care Panel, reporting to QRMG.

Caring: Performance Summary

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



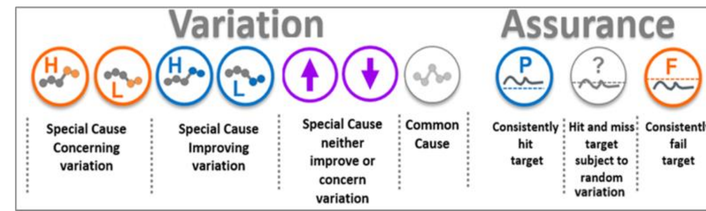
Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance: Trust target	Latest Performance: Most recent position	Previous Position	In month vs target	Variation	Assurance	Escalation trigger
Dashboard KPIs	FFT score- Inpatients	95.0%	98.5%	99.6%				Monitor
	FFT score - Outpatients	95.0%	97.4%	97.4%				Monitor
	Mixed sex accommodation breaches	0	0	0				Monitor
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	12.6	6.0	6.0				Monitor
	% of complaints responded to within agreed timescales	100.0%	66.7%	100.0%				Review
Additional KPIs	Friends and Family Test (FFT) inpatient participation rate %	Monitor	46.5%	56.0%				Monitor
	Friends and Family Test (FFT) outpatient participation rate %	Monitor	11.9%	11.8%				Monitor
	Number of complaints upheld / part upheld	3	3	2				Review
	Number of complaints (12 month rolling average)	5	4	4				Review
	Number of complaints	5	3	5				Review
	Number of informal complaints received per month	Monitor	10	5				Monitor
	Number of recorded compliments	Monitor	1879	1551				Monitor
	Supportive and Palliative Care Team – number of referrals (quarterly)	Monitor	-	147				Monitor
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	Monitor	-	7				Monitor
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	Monitor	-	3400%				Monitor
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	Monitor	-	800%				Monitor

Caring: Patient Experience

Accountable Executive: *Chief Nurse*

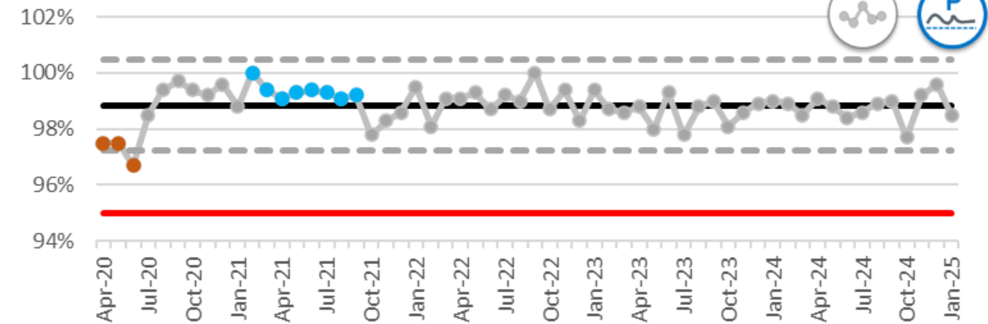
Report Author: *Deputy Chief Nurse / Deputy Director of Quality and Risk*



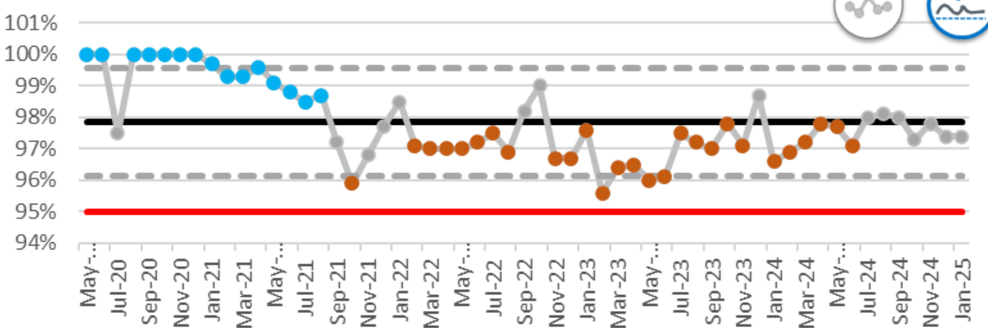
Target
Mean
Measure
Process Limit
Concerning special cause
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

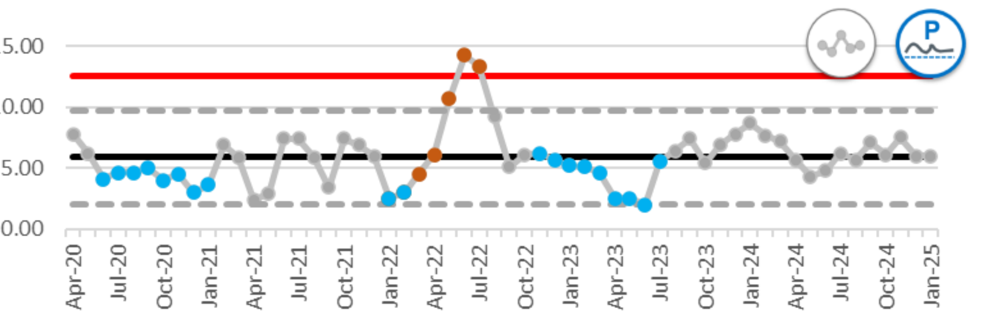
1. Historic trends & metrics



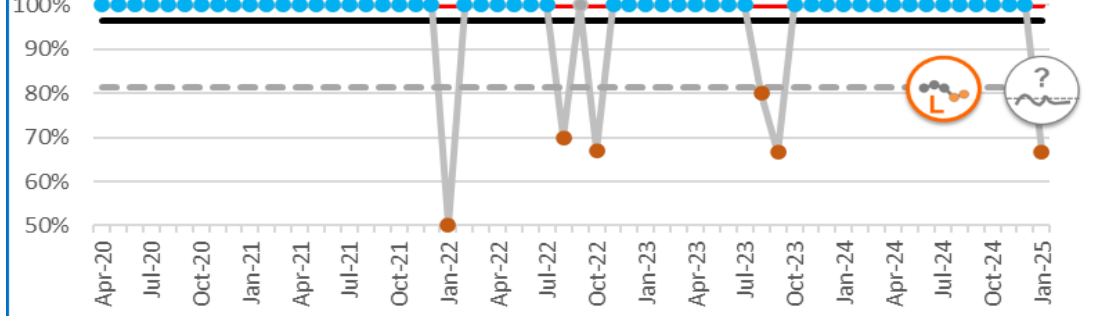
Jan-25
98.5%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Has consistently passed the target



Jan-25
97.4%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Has consistently passed the target



Jan-25
6.0
Target (red line)
12.6
Variation
Common cause variation
Assurance
Has consistently passed the target



Jan-25
66.7%
Target (red line)
100%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

2. Comments/Action plans

FFT (Friends and Family Test): In summary;

Inpatients: Positive Experience rate was 98.5% in January 2025 for our recommendation score. Participation Rate for surveys was 46.5%.

Outpatients: Positive experience rate was 97.4% in January 2025 and above our 95% target. Participation rate was 11.9%.

For benchmarking information: NHS England latest published data is March 2024, both inpatient and outpatient figures are 94%. This can be accessed via https://www.england.nhs.uk/wp-content/uploads/2024/05/Friends-and-Family-Test-FFT-data-collection-infographic--March-2024.pdf. *NHS England has not calculated a response rate for services since September 2021.*

Compliments: the number of formally logged compliments received during January 2025 was 1879. Of these 1808 were from compliments from FFT surveys and 71 compliments via cards/letters/PALS captured feedback.

Responding to Complaints on time: 66.67% of complaints responded to in the month were within agreed timescales. One complaint response was late (1 out of 3 closed in month).

Number of written complaints per 1000 staff WTE: is a benchmark figure that used to be provided by NHS Model Health System to enable national benchmarking monthly, this has now ceased. We will continue to have this as an internal metric to aid monitoring. Trust Target is 12.6, we remained within this target at 6.0

Caring: Key Performance Challenge - Complaints

Royal Papworth Hospital
NHS Foundation Trust

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

Received Complaints in Month (Informal and Formal)

During January 2025, we received **10 Informal complaints** and **3 Formal complaints**: The top primary subject for informal and formal complaints was Delay (43%), followed by Communication (21%). NB These subjects are logged on receipt of the complaint and based on the patient's reported concerns; there may be later changes on completion of the investigation. **Closed Complaints in month (Informal and Formal) -** we closed 11 Informal complaints and 3 formal complaints.

Informal Complaints = 11 All closed through further information and clarity given to those who raised concerns, alongside apologies

Cardiology (2 cases): 1 related to delays in being transferred from local DGH to RPH for a procedure the other related to lost dentures. Further information closed both.

STA (Surgery) (2 cases): 1 received from a deceased patient's Next of kin who following involvement of Coroner, had concerns that there may have been open investigation (this was incorrect information). The second case related to concerns about post-discharge aftercare. A full investigation undertaken indicated no issues, but we have been unable to feedback the outcome as relevant consent to share information has not been received.

Private Care (1 Case): concern raised that there had been a long delay in receiving the clinic letter following an outpatient appointment. Initially logged as a formal complaint, the complaint was deescalated by the patient after the patient received the clinic letter.

Thoracic/Ambulatory care (6 cases): A patient who was facing delays in discharge, issues resolved with intervention. Another case whereby a patient's procedure was cancelled was addressed by the division arranging to reimburse travel costs; case 3 whereby a patient had queries about medication, was resolved by explanation letter being sent by the consultant to the patient. Case 4 concerned a patient who had been marked as DNA for an appointment in error. The DNA status was removed, and the patient was satisfied with this action. Case 5 where a patient had wanted to feedback their experience when attending an outpatient appointment was resolved by the unit manager meeting with the patient. Lastly, we closed a file that had been open since October 2024 where the family had asked to meet with questions about the patient's discharge before they died as the family advised they would like to review medical records before meeting. Family aware that we can reopen the file when they are ready.

Figure one (right) shows the primary subject (themes) of both closed informal and formal complaints for the Trust for 2024/25, to date.
Total for M1-M10 = 100 Informal and 44 Formal

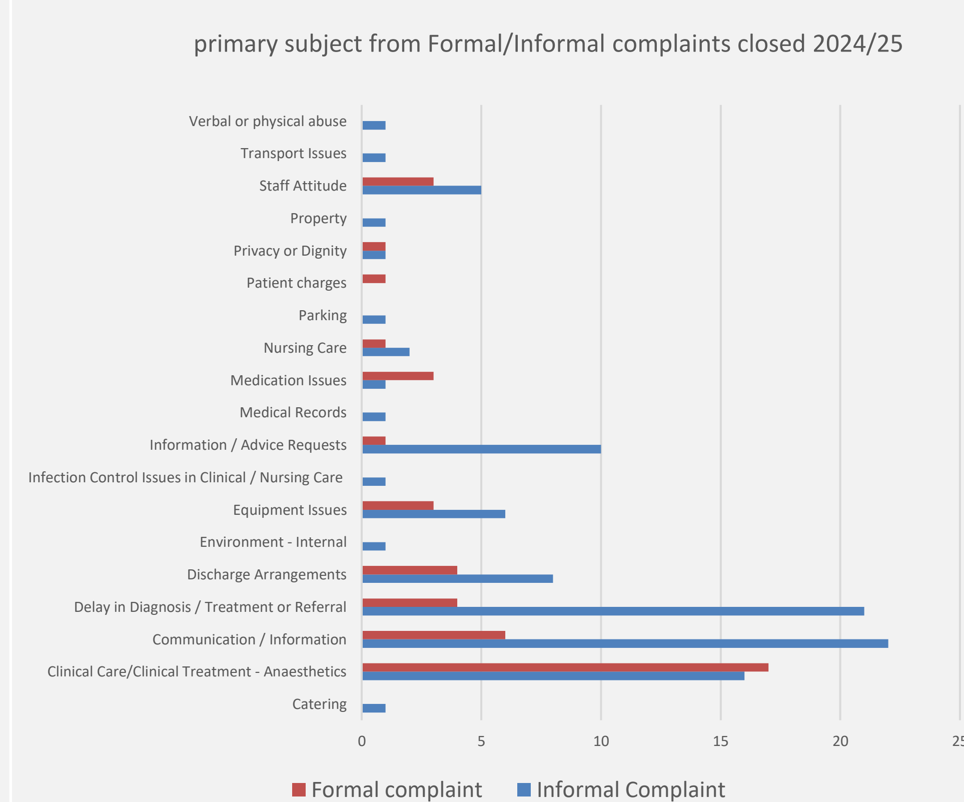


Figure 1: Primary Subject from Formal/Informal complaints closed from April 2024 onwards

Learning and Actions Agreed from Formal Complaints Closed – All 3 cases closed in January 2025 were **partially upheld**:

Formal complaint 1 (Thoracic) – PARTLY UPHELD. Concerns via local authority in relation to delay with discharge arrangements of a patient. Action identified from complaint: Apologies given to patient and we have committed to link with local ICB to understand how we can work together to expedite process for future patients. Main theme was communication. Actions to be overseen by Discharge assurance group.

Formal complaint 2 (Cardiology) – PARTLY UPHELD. Patient raising concerns that surgery was delayed and issue with valves was not picked up for over a year. Investigation identified delays in follow-up over a period of 2 years contributed to delays in treatment, but the specific issue with the tricuspid valve was not contributory. Action identified from complaint: Apologies given to the patient and Staff in echo department have attended PCR Imaging Valves Course and further training planned regarding the recognition and assessment of tricuspid regurgitation in ACHD.

Formal complaint 3 (Transplant/Psychology Medicines Team) – PARTLY UPHELD. Concerns raised by outcome of patient's assessments and evaluation as part of Transplant criteria. Explanation and reassurance given that assessment and information provided in referral was appropriate, but apology given that patient was not specifically told psychology assessment appointment would follow transplant assessment.

Caring: Spotlight On – Compliments – FFT Survey

Royal Papworth Hospital
NHS Foundation Trust

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

Positive feedback helps motivation, boosts confidence, and shows staff that the work they staff do is valued and appreciated.

Every month the Patient Advice & Liaison Service (PALS) collates the positive feedback received by services in the hospital through cards and letters, and via feedback from the NHS Friends and Family Test (FFT). FFT was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It's a quick and anonymous way for patients to give their views after receiving NHS care or treatment.

Satisfaction scores for both inpatients and outpatients from our FFT feedback is between 97-100%. Above the NHS England Benchmark of 94%.

When completing the FFT survey, patients are asked 'Overall, how was your experience of our service?". Answers can be ranked from "very good" to "very poor", and patients are given an opportunity to explain the score by adding comments.

In the period from April 2024 to end of January 2025, Royal Papworth Hospital had received over 14,000 positive responses on inpatient and outpatient care.

Below is a selection of positive feedback from patients attending Outpatients Department:

'Staff fantastic very clean premises procedure was quick and information that was given is great'

'Everything explained in detail and very friendly and professional staff. Nurses were great and kept you at ease'

'All the nurses and doctors was so brilliant they listen and was so helpful'

Day Ward - *'Nice spacious waiting area with clear large screens with your name on when appointment due. Everything calm and relaxed and appointment went like clockwork'*

Thank you ....

Below is a selection of positive feedback from inpatients:

Cardiology

Level 3 - *'Exceptional hospital and staff. Treatment received has been superb. Lovely clean room and very nice food available'*

'I was treated by a highly qualified & experienced team of cardiologists and doctors. Then looked after by a dedicated, trained and caring team of medical professionals plus support staff in a very clean & spacious environment. Grateful to all.'

Cath Lab - *'On time. Technicians did the job quickly and helped me with a question I had on whether my leads were MRI compatible'*

Respiratory wards

Level 4 - *'Great staff good care wonderful team. Discharge day well prepared left quick'*
'Fantastic team of people, from cleaners to consultants. I am grateful for the care given by all.'

Surgical Wards

Level 5 - *'Excellent service, first class medical treatment, I am eternally grateful, thank you'*
'Like a first-class hotel. Nurses friendly and caring keep you dated and informed'

Critical Care - *Friendly ,kind, professional staff. Excellent facilities and excellent treatment. Gold standard.'*

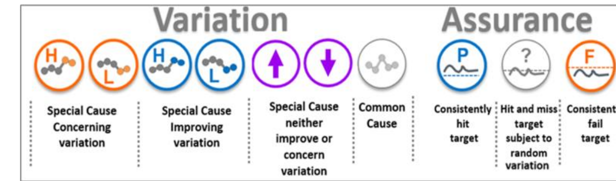
Elective Recovery Unit (ERU) - *'Because I never felt nervous since arrival and the minute you left ERU. nursing team is excellent'*

Heart & Lung Research Institute Clinical Research Facility - *'Well looked after by all personnel'*

Theatres - *Kind staff who were very knowledgeable. Medical staff are excellent, and the porters knew to help distract me as they wheeled towards things that would involve needles (I'm needle phobic). Good team all round.*

Effective: Summary

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



Royal Papworth Hospital
NHS Foundation Trust

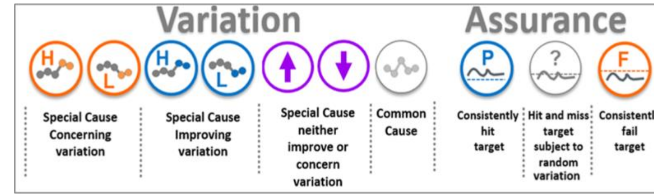
	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	85%	72.3%	72.3%				Action Plan
	ICU bed occupancy	85%	93.9%	92.7%				Review
	Enhanced Recovery Unit bed occupancy %	85%	78.8%	61.2%				Review
	Elective inpatient and day case (NHS only)*	1590 (107% 19/20)	1711 (115% 19/20)	1535 (103% 19/20)				Review
	Outpatient First Attends (NHS only)*	1746 (107% 19/20)	2320 (141% 19/20)	2104 (128% 19/20)				Review
	Outpatient FUPs (NHS only)*	6191 (107% 19/20)	7281 (125% 19/20)	6411 (110% 19/20)				Review
	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	5%	12.6%	12.3%				Monitor
	Reduction in Follow up appointment by 25% compared to 19/20 activity	-25%	-2.2%	-2.7%				Action Plan
	% Day cases	85%	71.9%	72.6%				Action Plan
	Theatre Utilisation (uncapped)**	85%	91%	80%				Review
	Cath Lab Utilisation (including 15 min Turn Around Times) ***	85%	82%	79%				Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	395 (114% 19/20)	383 (111% 19/20)				Monitor
	ICU length of stay (LOS) (hours) - mean	Monitor	200	131				Monitor
	Enhanced Recovery Unit (LOS) (hours) - mean	Monitor	33	35				Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	6.0	6.9				Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	36%	37%				Review
	Same Day Admissions - Thoracic (eligible patients)	40%	75%	69%				Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	7.5	9.0				Review
	Length of stay – Cardiac Elective – valves (days)	9.7	9.2	11.4				Review
	Outpatient DNA rate	6.0%	7.2%	7.6%				Review

**1) per SUS billing currency, includes patient counts for ECMO and PCP (not beddays). 2) Elective, Non Elective and Outpatient activity data was not available for M01 24/25 from SUS and Fast track billed activity numbers were used as a proxy. This has now been retrospectively corrected resulting in higher reported activity for M01*

*** from Theatre utilisation is expressed as a % of Trust capacity baseline of 5 theatres from Aug 23 and 5.5 theatres from Sep 23*
**** Cath lab utilisation is provisional pending review of calculation methodology*

Effective: Admitted Activity

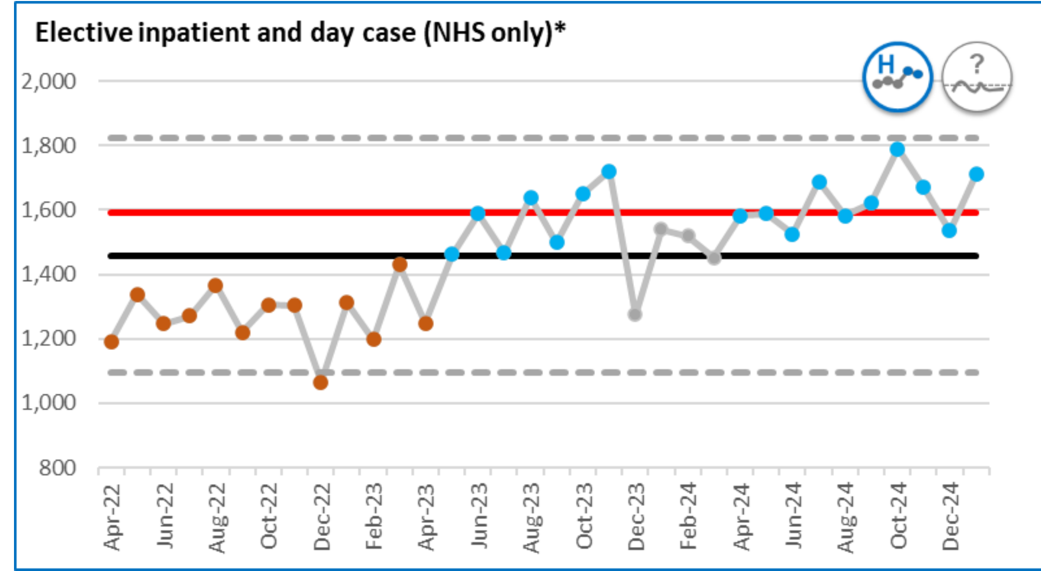
***Accountable Executive:** Chief Operating Officer* ***Report Author:** Chief Operating Officer*



Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Jan-25
1711
Target* (red line)
1590
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

Admitted activity YTD as a % of 19/20 (working day adjusted) by service and point of delivery:

Category		Cardiac Surgery	Cardiology	PTE	RSSC	Thoracic Medicine	Thoracic surgery (exc PTE)	Transplant /VAD
Elective Admitted activity	Inpatients	63%	94%	65%	58%	84%	94%	82%
	Daycases	5%**	93%	n/a	160%	130%	46%**	163%**

= YTD activity > 100% of 19/20

2. Action plans / Comments

Elective Inpatient Activity

- Overall factors influencing performance in month include:
  - CCA bed cap. Remained at 36 beds, with 10 ERU beds and 5.5 elective theatre capacity.
  - Continued high levels of activity though emergency and urgent pathways in particular TAVI, ACS and IHU.
  - Additional PSI capacity in cardiology continued in TAVI aimed at reducing long waiting patient numbers. (see Spotlight On slide Page 6 for TAVI update).
  - Enhance grip and oversight on weekly basis from COO re booking and case mix management.

Surgery, Theatres & Anaesthetics

- As planned ERU opened to 10 beds on 9 September 2024, ICU opened 26 beds. CCA beds increased to 36 (commissioned number)
- Theatre activity 91% (uncapped) in M10. This reflects the increase in emergency admissions to ICU, the acuity of patients. However elective activity continues to improve.
- IHU patients continue to be prioritised to support flow within the system, addition capacity was made available as required.

Thoracic & Ambulatory

- The division is above planned activity (424 YTD) and above 2019/20 admitted activity (1,341 YTD). As previously reported, RSSC inpatients are below 2019/20 baseline due to a change in patient demand and an increase in daycase. Further DC increases are planned to increase CPAP starts.

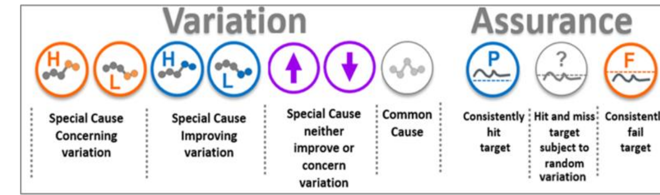
Cardiology

- The division over delivered day cases against planned activity in M10 (502 YTD) and has exceeded the 19/20 position by 421 cases YTD.
- Elective bookings challenged by sickness and limitations within the Clinical Administration team.
- ACS Pathways transferring accepted patients between 24 and 48 hours in M10.

** c107% of 19/20 activity average (working day adjusted) ** 19/20 activity (working day adjusted) < 50*

Effective: Non-admitted Activity

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



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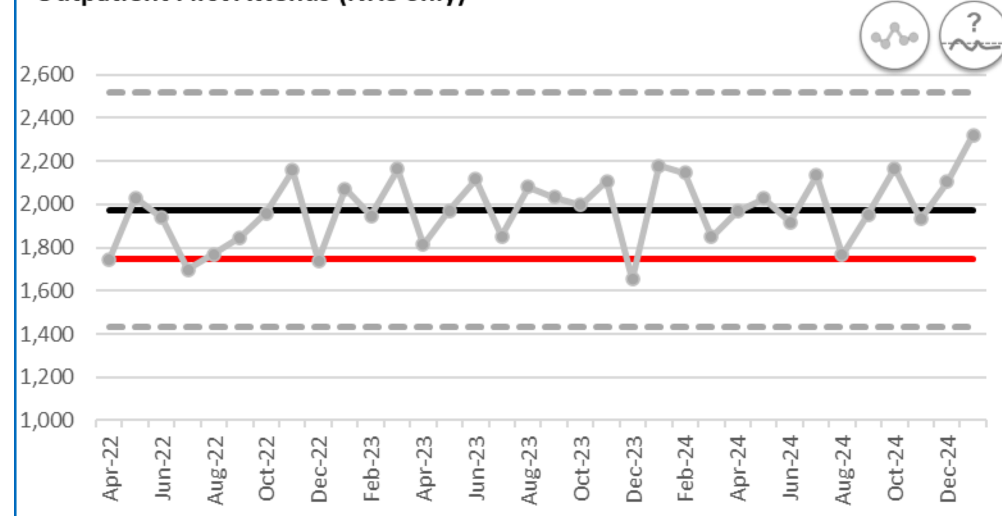
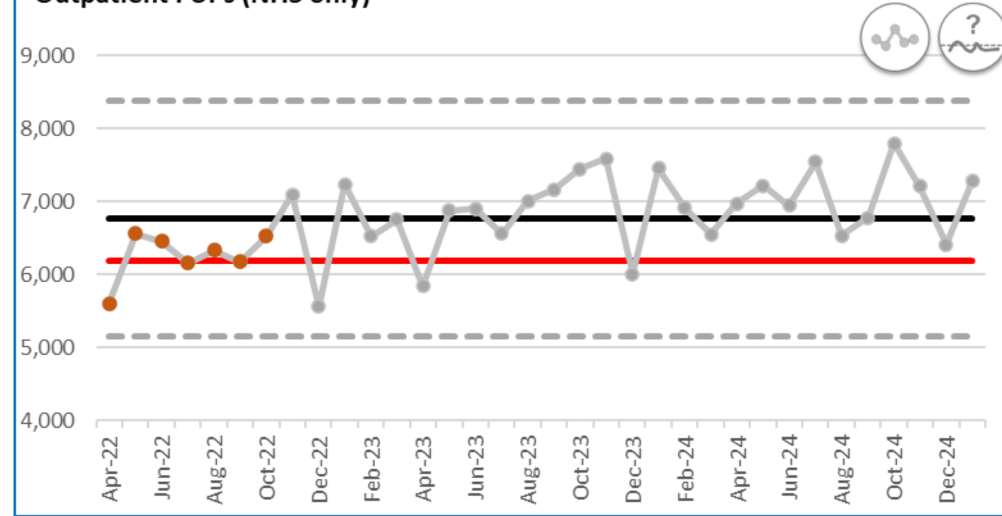
Target | Mean | Measure | Process Limit | Concerning special cause | Improving special cause

1. Historic trends & metrics



Jan-25
2320
Target (red line)*
1746
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
7281
Target (red line)*
6191
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Non Admitted YTD activity as a % of 19/20 (working day adjusted) by service and point of delivery:

Category		Cardiac Surgery	Cardiology	RSSC	Thoracic Medicine	Thoracic surgery (exc PTE)	Transplant/ VAD
Non Admitted activity	First Outpatients	89%	90%	269%	92%	146%	99%
	Follow Up Outpatients	100%	133%	94%	130%	145%	97%

= YTD activity > 100% of 19/20

Action plan / comments

The Thoracic and Ambulatory division is below planned activity (310 YTD) however continues to be above 19/20 activity (7,107 YTD). Within M10, there were 452 missed appointments and 673 appointments cancelled by the patient at short notice. The missed appointment rate for thoracic and ambulator was 6.9% in M10, the lowest so far. This has been attributed to an increase in CSS appointments and conversion of 60% of CSS appointments to postal. RSSC clinic templates have been reviewed and will go live in M11 to increase new outpatient activity and reduce follow up outpatient activity. Early discussions taking place to reduce patient cancellations.

Outpatient room usage discussions continue across the trust which has seen some rooms repurposed to ensure effective usage. Reconciliation between Lorenzo clinic data with booked rooms manually is planned.

Cardiology delivered in line with the plan within M10 and remains above the 2019/2020 non-admitted activity baseline (5945). In M10 there was a DNA Rate of 2.5%. We saw 2.4% of appointments called by patients with common themes such a winter viruses. Current review of delays for first appointments across cardiology specialities in line with RTT objectives.

Surgery continue to flex capacity to meet demand for thoracic oncology patients
Cardiac clinic utilisation was 79% in M10 against KPI of 85%.

** 107% of 19/20 activity (working day adjusted) ** 19/20 activity (working day adjusted) < 100*

Effective: Occupancy

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

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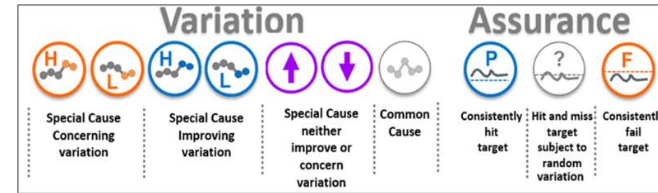
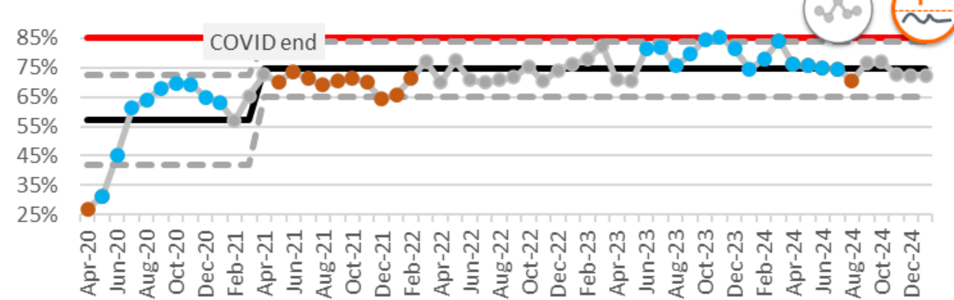
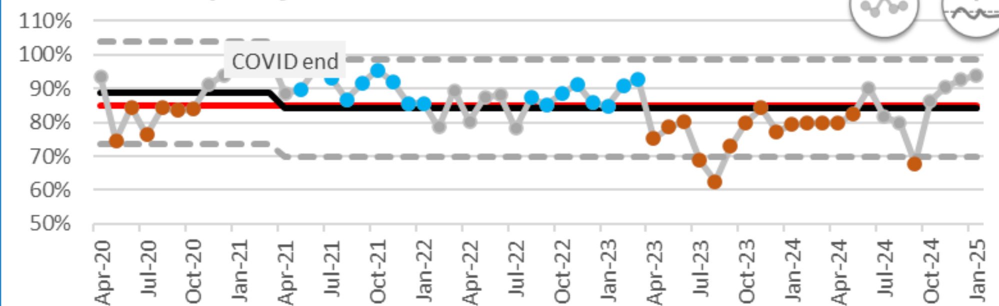


Target — Mean — Measure — Process Limit — Concerning special cause — Improving special cause

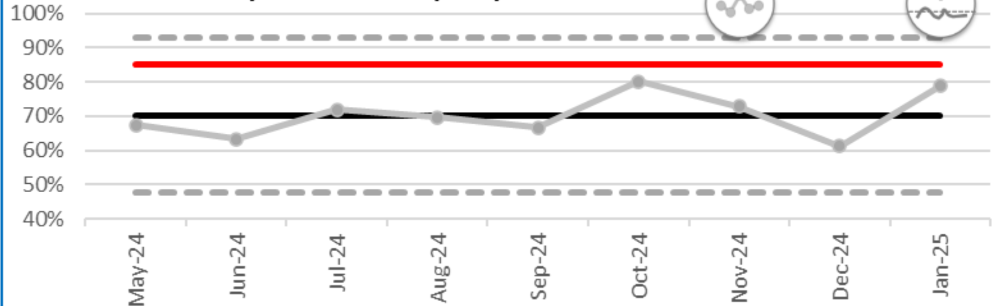
1. Historic trends & metrics



Jan-25
72.3%
Target (red line)
85%
Variation
Common cause variation
Assurance
Has consistently failed the target



Jan-25
93.9%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
78.8%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Comments

CCA bed occupancy:

- ICU bed occupancy in M10 continues on an upward trajectory and increased again to 93.9%.
- In M10 we have seen a significant increase in ECMO, transplantation and other emergency activity. Following the seasonal reduction in M6 of emergency and ECMO activity.
- With an increase in ECMO and transplant activity, this has impacted on IHU activity however the stabilising of ERU and ICU saw a reduction in cancellations on the day and an increase in activity. The embedding of ERU and ICU has resulted in a reduced LOS for both CABG (LOS 7.5, KPI 8.2) and Valves (LOS 9.2, KPI 9.7).
- Theatre activity continues to be monitored with detailed oversight continuing from the leadership team and was aided by the case mix management processes implemented in month.

(NB. The denominator for CCA bed occupancy has been reset to 36 commissioned beds from April 2023).

ERU bed occupancy:

- Bed occupancy in M10 increased to 78.8% from 61.2% in M9
- The senior leadership team have now embedded with the wider division that the 10 bedded ERU and 26 bedded ICU are independent areas that work collaboratively. By protecting the ERU beds this will ring fence elective activity. This has been cascaded across the organisation at senior management meetings.
- ERU is facilitating an increase in planned activity (including IHU patients) in theatres, flow and reduction in length of stay.
- The leadership team are reviewing the ratio of ERU and ICU beds, to ensure the current ratio is correct, this work is ongoing and will be reviewed at 6 months (March) once there is sufficient data to analyse.

Effective: Utilisation

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

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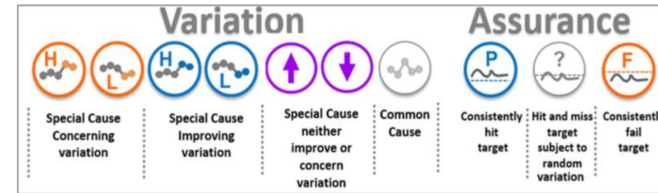
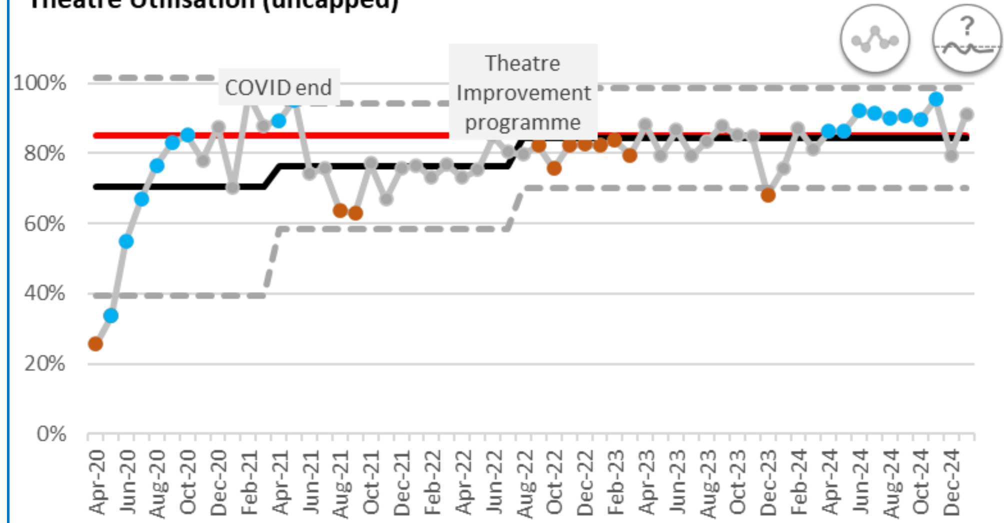
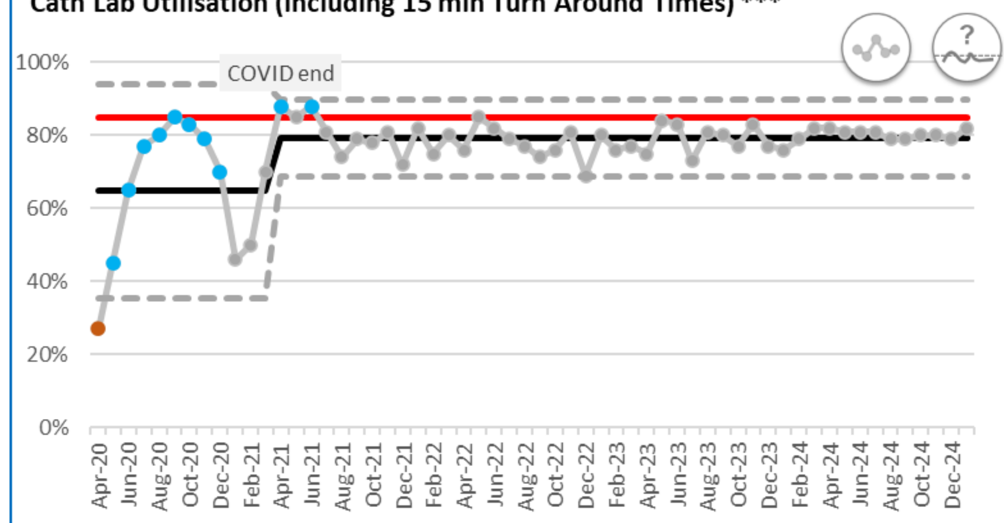
NHS Foundation Trust



1. Historic trends & metrics



Jan-25
91%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
82%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

Theatre Utilisation:

- Theatre utilisation was 91% in M10, this reflects the significant increase in ECMO, transplantation and other emergency activity in M10. Despite these challenges elective activity has increased in M10, 239 cases in M10 2025 compared to 188 in M10 2024
- The senior leadership team within the division have now embedded the new ways of working for the 10 bedded ERU and 26 bedded ICU, this will bring increased stability to the areas and for the teams whilst not diminishing the collaborative working.
- Protecting the ERU beds will ring fence elective activity. The benefits have been seen in M10.
- Patient safety initiatives have been approved by ED's for the remainder of quarter 4, the 12-week programme was commenced on 12.01.25

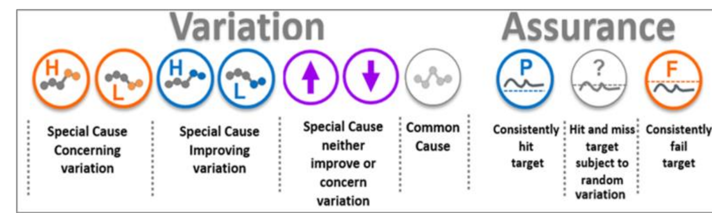
Cath Lab Utilisation:

- M10 Cath lab performance has seen an increase of 2% in M10.
- Recent demand and capacity analysis has underscored a persistent trend regarding data accuracy, which impacts the interpretation of perceived utilisation.
- Larger trust project run by the division looking at Cath Lab optimisation integrating all service users from all divisions to gather an array of options for maximising capacity for all.

*** from Theatre utilisation is expressed as a % of Trust capacity baseline of 5 theatres from Aug 23 and 5.5 theatres from Sep 23*
**** Cath lab utilisation is provisional pending review of calculation methodology*

Responsive: Summary

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



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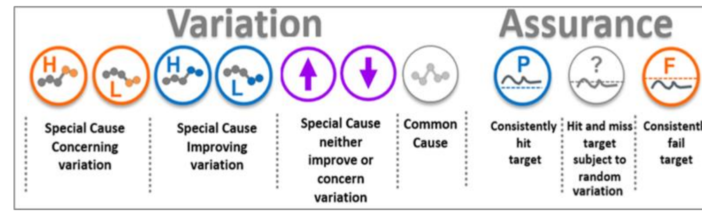
	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	% diagnostics waiting less than 6 weeks	99%	95.6%	97.4%			?	Review
	18 weeks RTT (combined)	92%	63.7%	63.3%		L	F	Action Plan
	31 days cancer waits	96%	88%	92%			?	Review
	62 day cancer wait for 1st Treatment from urgent referral	85%	10%	17%			?	Review
	104 days cancer wait breaches	0	8	6			?	Review
	Number of patients waiting over 65 weeks for treatment	0	11	6			?	Review
	Theatre cancellations in month	15	45	66			?	Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	27%	45%			?	Review
	Acute Coronary Syndrome 3 day transfer %	90%	68%	52%		L	?	Review
	Number of patients on waiting list	3851	7506	7352		H	F	Action Plan
	52 week RTT breaches	0	62	52		H	F	Action Plan
Additional KPIs	% of IHU surgery performed < 10 days of medically fit for surgery	95%	41%	52%		L	?	Review
	18 weeks RTT (cardiology)	92%	62.5%	61%		L	F	Action Plan
	18 weeks RTT (Cardiac surgery)	92%	66.2%	64%			F	Action Plan
	18 weeks RTT (Respiratory)	92%	64.0%	64%		L	F	Action Plan
	Other urgent Cardiology transfer within 5 days %	90%	84%	77%			?	Review
	% patients rebooked within 28 days of last minute cancellation	100%	69%	63%		L	?	Review
	Urgent operations cancelled for a second time	0	0	0		L	?	Review
	Non RTT open pathway total	Monitor	45571	46963		H		Monitor
	Validation of patients waiting over 12 weeks	95%	38%	53%		H	F	Action Plan

Responsive: RTT

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



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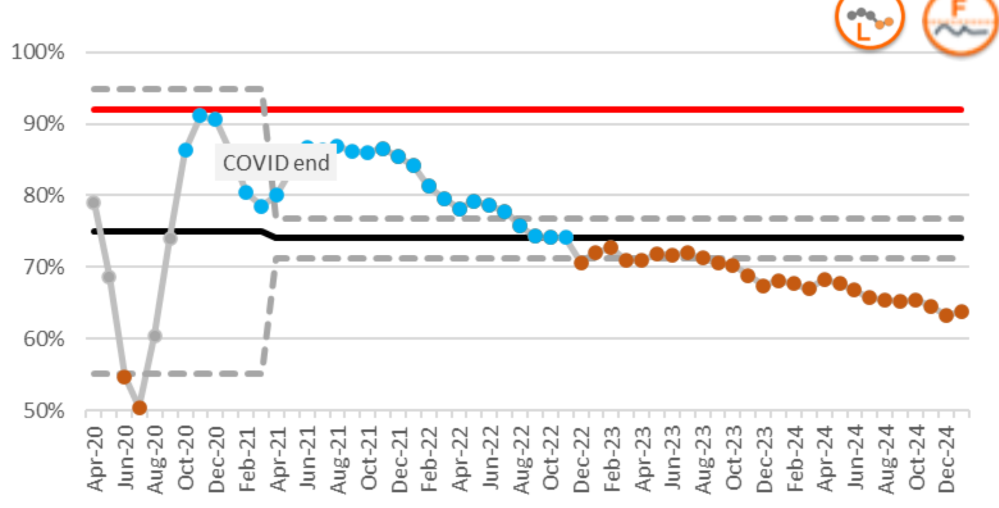
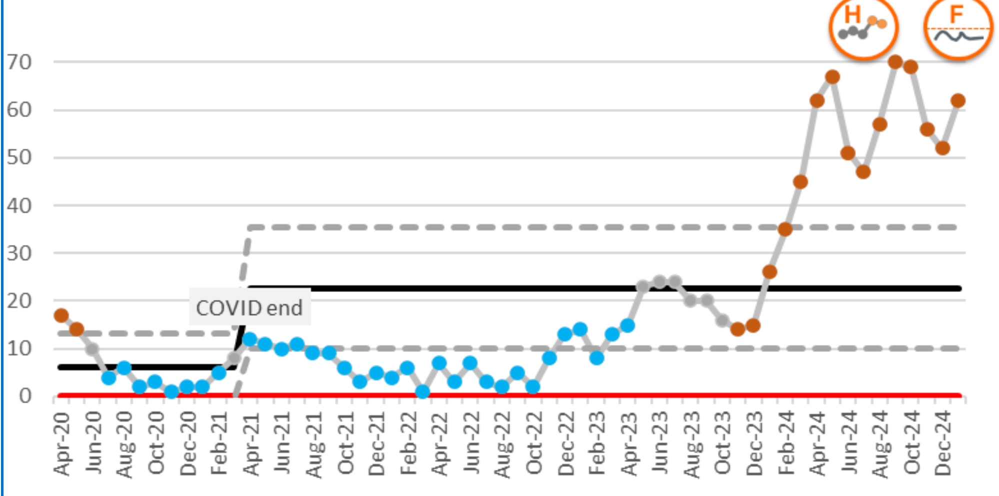
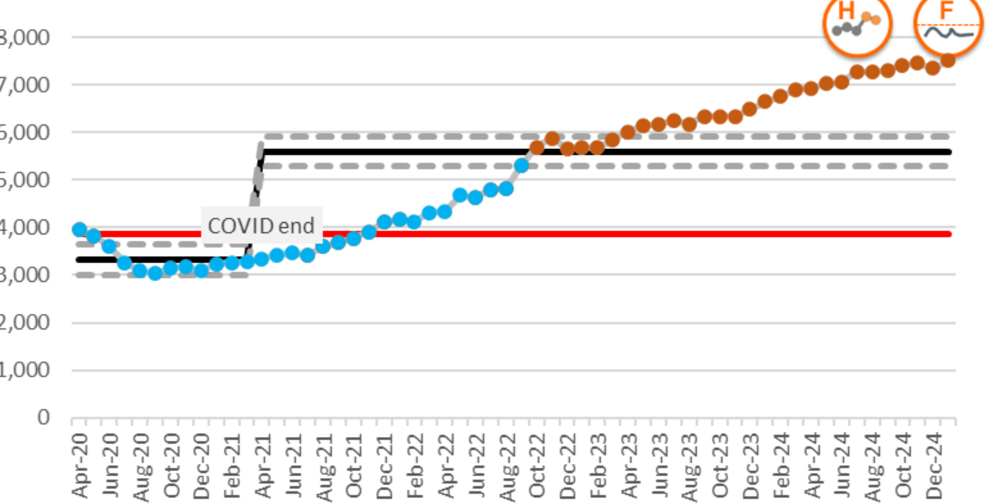
1. Historic trends & metrics



Jan-25
63.7%
Target (red line)
92.0%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target



Jan-25
62
Target (red line)
0
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target



Jan-25
7506
Target (red line)
3851
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Action plans / Comments

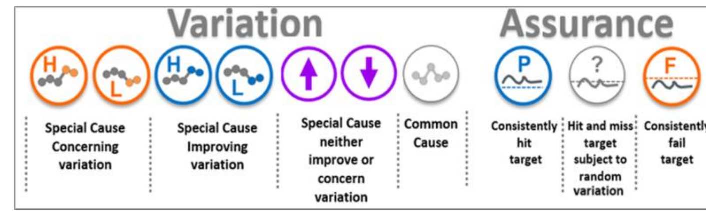
- The PTL continues to be reviewed regularly, and patient prioritisation reviewed daily as late referrals are received or if patients condition changes. There were 62 52-week RTT breaches in month, which is an increase of 10 from the previous month.
- Thoracic and Ambulatory RTT has decreased over the year alongside an increase in demand. Additional capacity has been planned within the sleep lab to accommodate PSGs (increase go live delayed to April 2025) as well as an increase in CSS capacity (went live December 2024). Additional demand and capacity for the RSSC pathway is required. ILD capacity has reduced since September 2024 however successful recruitment into a substantive consultant position is due to commence April 2025. A transformational group has been set up for RSSC to monitor progress and impact of actions.

52 Week breakdown:

- 37 of the 52-week breaches were in Cardiology, n increase of 4 from the previous month. 17 of these patients are now treated, 7 have dates, 11 are structural/Tavi cases requiring dates, 2 are EP Patients requiring dates.
- For M10, 10 of the 52-week breaches were in Thoracic and Ambulatory. Over 65+ weeks there were 3 patients (received at 54, 63 and 65 weeks). Plans are in place for all patients. Urgent slots continue to be held to accommodate late referrals and long waiters. Plan for 2025/26 is to have no 52 week breaches due to internal delays and detailed plans are being put into place.
- 8 of the patients over 52 weeks were in surgery, over 65+ weeks there was 1 patient, no change from M9, awaiting outcome from specialist TTE 23/1 letter not yet received, and then Star Chamber discussion. Over 52-64 Weeks there were 7 patients down by 3 from M9, 5 Planned, 1 new patient ref received at 54 weeks, 1 awaiting consultant update after OPA 28/1

Responsive: Cancer

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



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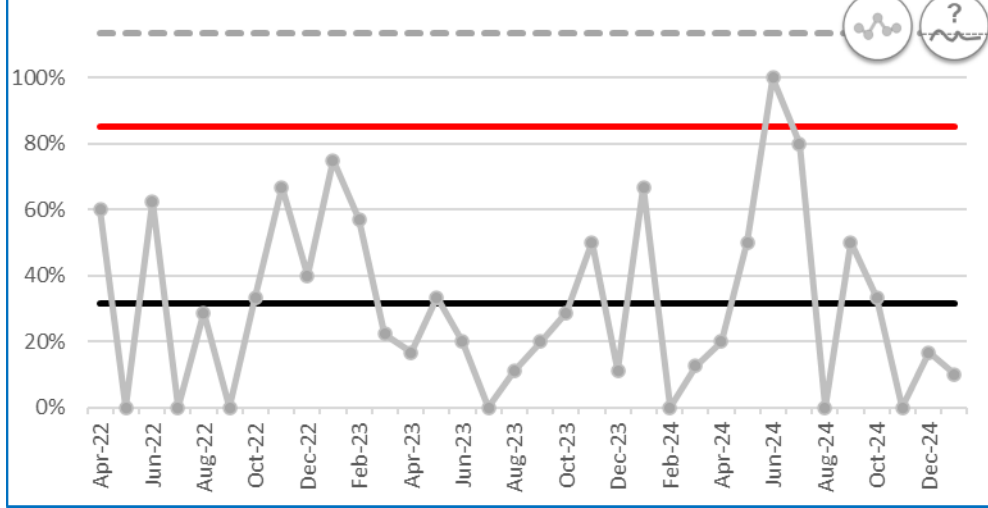
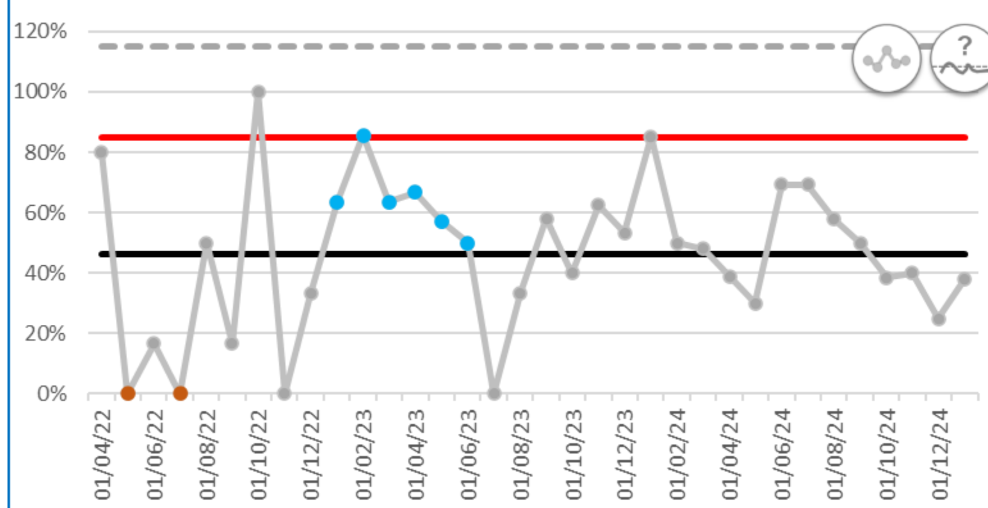
NHS Foundation Trust

1. Historic trends & metrics



Jan-25
10%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



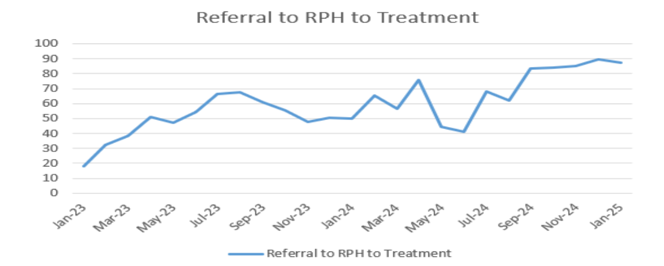
Jan-25
38%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments

The average day of referral for M09, was 32.51 days (94 referrals received). A high rate of late referrals has been noted in M10 (29 received after day 38) and discussions have been held with referring DGHs to see if any support can be given. The combined 62-day performance was 27%.

62 day: 1 success, 9 breaches
1) IPT day 66, 21 day wait for surgeon/onc clinic, 23 day wait for surgery
2) Required gastro investigations at HH, pt refused first offer for EBUS, required updated imaging, 22 day decision to treat (DTT)
3) Complex pathway: CTNB, PET, EBUS, 14 day wait for clinic and 28 day wait for surgery
4) 14 day wait for PET, 5 day EBUS, 11 day CTNB, 14 day wait clinic, 28 day wait for surgery
5) IPT received day 50, carried over MDT due to absent surgeon, 13 day wait for clinic, 25 day wait for surgery
6) 13 day wait CTNB, 18 day wait clinic, 16 day wait surgery
7) 14 day wait PET, 13 day wait CTNB, 9 day wait clinic, 22 day wait surgery
8) Treated day 74, good diagnostic waits (although had MRI at local hospital) but unable to schedule for surgery in time (15 day wait for surgery)

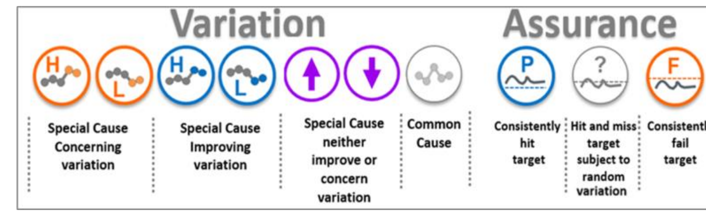
Upgrade: 7 successful,
1) Referred day 130, required 2 weeks thinking time prior to DTT, first surgery date cancelled on the day by hospital
2) Active monitoring 17 days after referral (24 day success)
3) Referred day 115: unable to schedule surgery within 24 days due to clinic and theatre waits (30 days from referral to RPH to treatment)
4) Referred day 85, needed time to discuss options, 9 day wait for surgery (51 days from referral to treatment)
5) Referral received day 55, 44 day wait for surgery due to 2 cancellations by hospital
6) Complex pathway (PET, EBUS, Echo, CTNB, 19 day wait for clinic, 30 day wait for surgery)
7) Complex diagnostic pathway (CT and MRI @ WSH, PET, CTNB, clinic, surgery, 28 day wait for surgery
8) Referral day 36, 8 day wait for EBUS, 16 day wait for clinic, 20 day wait for surgery
9) 45 day wait for surgery due to cancelled by hospital
10) 13 day wait for CTNB, 18 day wait for clinic, 30 day wait for surgery due to cancellation by hospital
11) 9 day wait for PET, 12 day



Please note the compliance data submitted to PIPR is pre-allocation. It does not consider patients who would later be found not to have a cancer diagnosis or patients that are referred on for treatments at other trust where breach or treatment allocation are later made.

Responsive: Cancer

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



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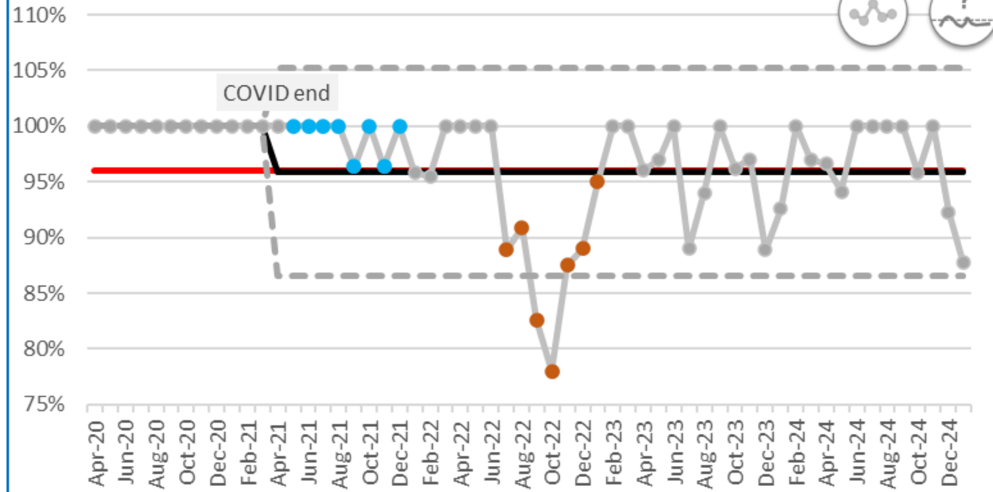
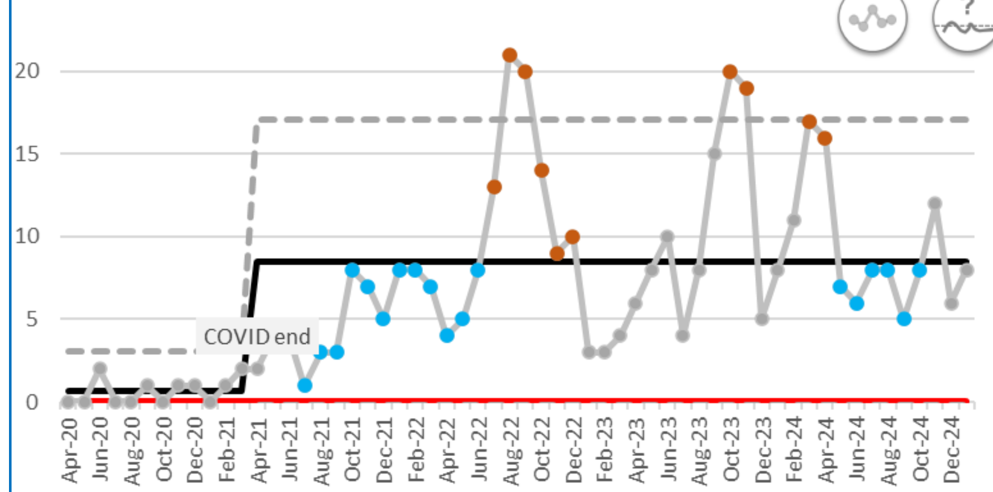
Target — Mean — Measure — Process Limit — Concerning special cause — Improving special cause

1. Historic trends & metrics



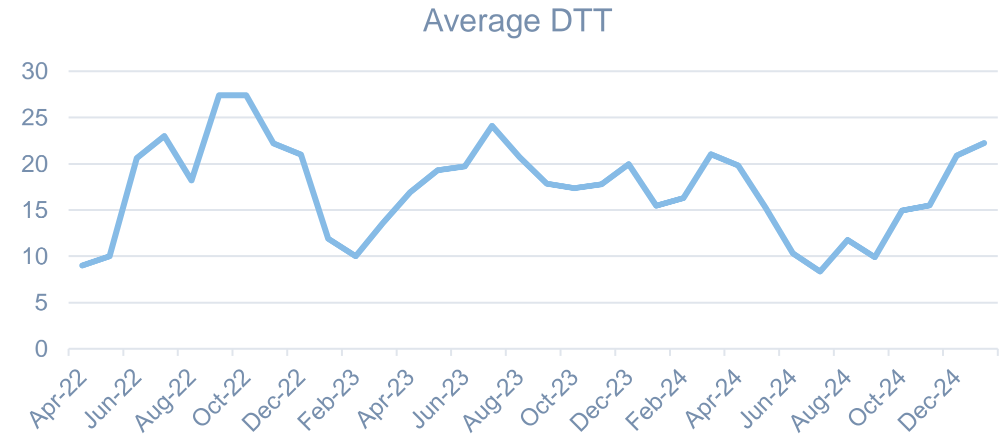
Jan-25
88%
Target (red line)
96%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
8
Target (red line)
0
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments

31 Day breaches: Five breaches within M10. The average decision to treat (DTT) was 22.24 days. This makes meeting the local target of 24 days from referral to treatment challenging as the DTT clock begins at the point of the clinic. Action plan in development regarding scheduling of surgical patients and plans in place to increase capacity. Please note an increase in DTT has a subsequent impact on the 62-day compliance. New risk added to the STA risk register regarding oncology surgery cancellations.

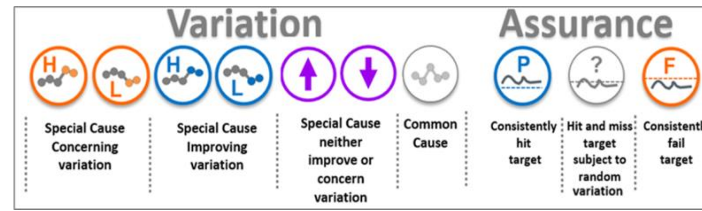


104 day breaches: Eight in M10. 104-day breaches were largely due to patients being referred after 104 days and due to surgery clinical capacity and surgery capacity.

Ongoing oversight of long waiters – each Monday a report is sent to medics/nurses/MDT admin team requesting updates for 85 day+ patients. All 104+ patients' narrative and expected plan is reported at Trust Access.

Responsive: Other metrics

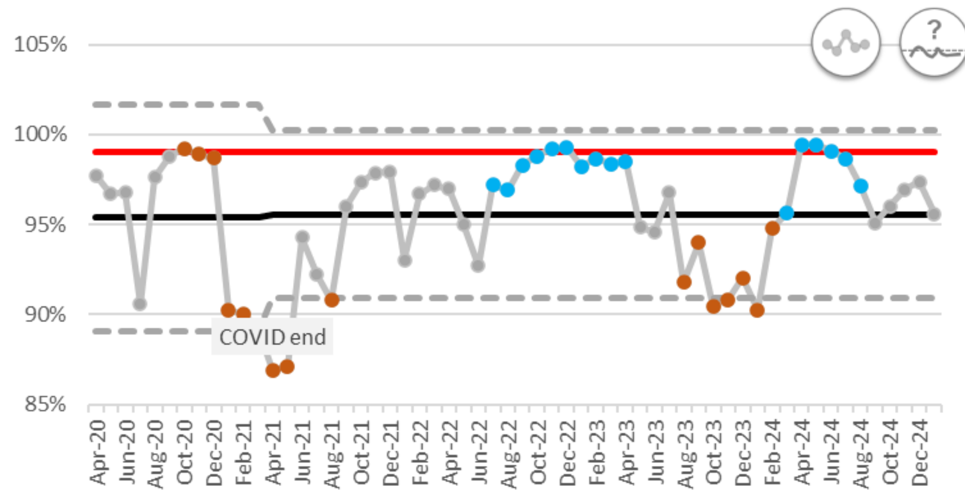
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



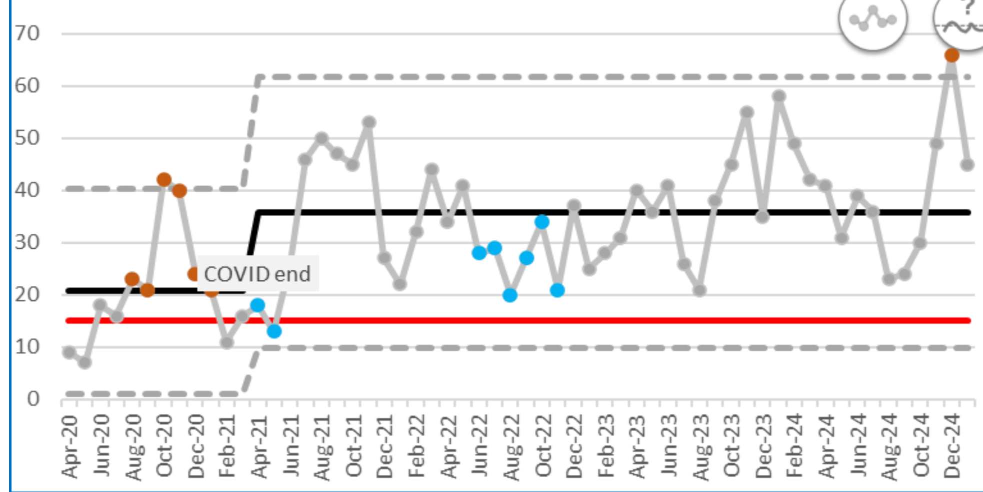
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

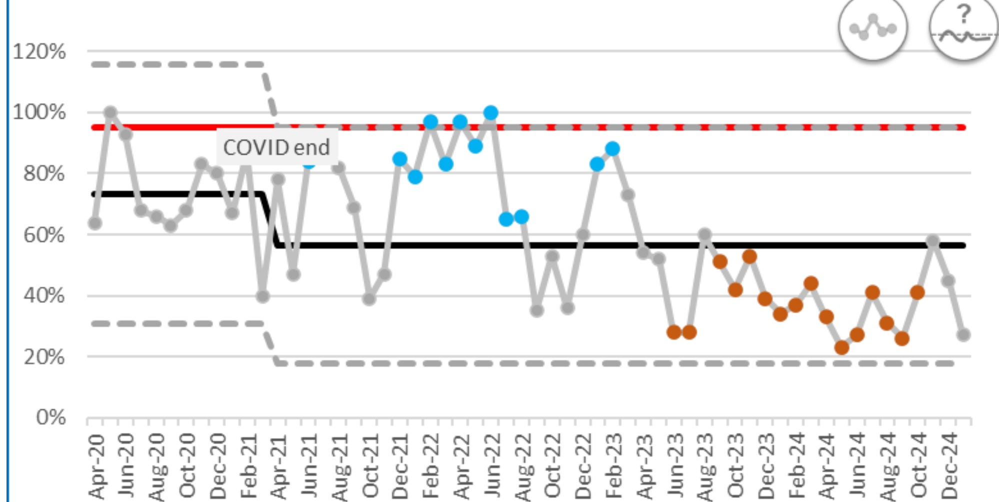
1. Historic trends & metrics



Jan-25
95.6%
Target (red line)
99%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
45
Target
15
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
27%
Target (red line)
95%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments

DM01

- Diagnostic reporting in radiology has seen a downward trajectory in M10 to 54%. This reflects the mutual aid being given to the system by RPH to complete diagnostics and report long waiting patients.
- Change management work underway with the booking team to commence booking from a PTL to ensure patients are booked in date order. Initially starting with Nuclear Medicine but will progress to CT & MRI during Q4.
- Mutual Aid is being requested by NWAFT for scanning & reporting. Still awaiting NWAFT formal request but this is now impacting on our MRI & NM waiting times and, therefore, DM01. NWAFT has been approached for detail and timeframe for their recovery plan due to impact on our waiting list and DM01.
- Sleep diagnostics continue to be monitored and actions taken to improve the unvalidated position. Patients are still put onto the wrong access plan which causes incorrect data. Additional capacity has been invested in and has been rolled out for CSS. PSG additional capacity has been delayed to April 2025 due to recruitment.

CT Reporting Delays

Please refer to slide 6.

Theatre Cancellations

- 45 cancellations occurred in M10 a reduction from M9 by 21 cases
- 7 patients unfit for surgery
- 7 CCA no capacity
- 9 additional urgent case added
- 9 planned case overrun

The ring fencing of the 10 bedded ERU is supporting the reduction of on the day cancellations the reduction in M10 by 21. This work is being led by the leadership team.

In House Urgent patients

- Capacity for IHU's is flexed. Increased capacity is made available to support flow at RPH and the region.
- STA leadership team are working collaboratively with cardiology and clinical admin' on flow and news of working.
- The operational team in STA are supporting clinical admin' to manage flow.

Responsive: Spotlight – CT Backlog

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

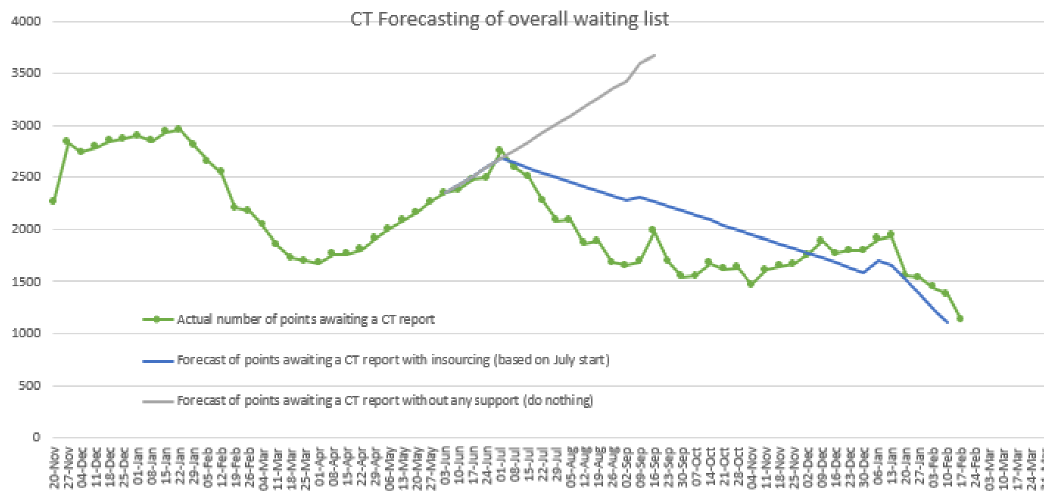
Royal Papworth Hospital
NHS Foundation Trust

CT Executive Summary position – end January 2025

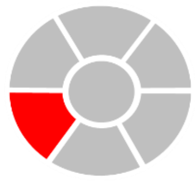
Additional reporting shifts have been embedded in M10 to bring the trajectory back online. Digitally connected outsourcing currently being worked up as a radiology solution with an expected 6- 12-month implementation timeframe. Options appraisal document submitted to Exec Board in November is currently being up12-month

CT Waiting list reporting - Executive Summary

Focus	Aim	Forecast	27/01/2025	03/02/2025	10/02/2025	17/02/2025	Trend
Actual new CTs undertaken and added to waiting list (points) (diff between Monday to Monday minus total reported that week gives remaining balance added to waiting list)	Monitor CTs added to reporting waiting list	488	474	455	432	220	
Total CT points reported	Increase the numbers of CT reports per week	628	488	554	498	463	
Actual number of points awaiting a CT report	Decrease the overall waiting list	5743	1541	1442	1376	1133	
Actual points backlog awaiting a CT report for more than 4 weeks	Decrease the backlog of those waiting more than 4 weeks for CT reporting	494	514	444	413	308	
Number of patients awaiting a CT report	Decrease patients awaiting CT reports	n/a	526	481	472	481	
Number of patients awaiting a CT report for more than 4 weeks	Decrease patients awaiting CT reports more than 4 weeks		157	111	97	80	
Proportion of CT reports waiting for more than 4 weeks	Decrease the proportion of waiters who wait over 4 weeks (backlog)	9%	33%	31%	30%	27%	
% of expected points reported by Substantive Staff	To report 6 points per reporting shift hour (100% means correct number of points reported in rostered reporting shifts)		116%	105%	78%	98%	
% of expected points reported by Insource Staff	To report 6 points per reporting shift hour (100% means correct number of points reported in weekend reporting shifts)		72%	86%	102%	54%	
Number of patients awaiting a CT scan based on PTL	Tracking only		1246	1259	1220	1197	



- Total CT points reported last week 463 - 35 less than last week
- Actual number of points awaiting a report decreased by 243 (1133)
- The number of patients awaiting a CT report has increased by 9
- The number of patients awaiting a CT report >4 weeks, has decreased by 3% (27% = 17 pts), which continues to improve our ability to attain the NHSE 4-week turnaround time
- 2 insourcing reporting sessions last week with 23 sessions remaining within contract
- 1 outstanding from September, 1 outstanding from October, 20 from November, of which 7 are partially reported or pending review, 30 from December, of which 7 are partially reported/pending review and 165 from January



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	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Dashboard KPIs	Voluntary Turnover % **	4	9.0%	9.34%	12.98%	8.26%	9.62%	7.37%	6.90%
	Vacancy rate as % of budget **	4	7.50%	10.20%	10.09%	9.08%	8.31%	7.95%	7.29%
	% of staff with a current IPR	4	90%	72.73%	72.47%	73.35%	75.39%	76.77%	76.33%
	% Medical Appraisals*	3	90%	70.63%	72.22%	66.67%	70.25%	72.73%	76.61%
	Mandatory training %	4	90.00%	88.52%	88.78%	89.03%	88.72%	88.39%	87.95%
	% sickness absence **	5	4.0%	3.72%	4.56%	4.78%	4.58%	5.26%	5.10%
Additional KPIs	FFT – recommend as place to work **	3	72.0%	61.00%	n/a	n/a	n/a	n/a	n/a
	FFT – recommend as place for treatment	3	90%	88.00%	n/a	n/a	n/a	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	4	5.00%	6.44%	6.29%	5.29%	3.37%	2.72%	2.16%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	4	10.00%	8.73%	9.53%	9.35%	12.66%	12.92%	12.23%
	Long term sickness absence % **	5	1.50%	1.65%	2.01%	2.14%	1.62%	2.14%	2.10%
	Short term sickness absence	5	2.50%	2.06%	2.55%	2.65%	2.97%	3.12%	2.99%
	Agency Usage (wte) Monitor only	5	Monitor only	43.8	42.4	50.0	43.6	35.2	33.6
	Bank Usage (wte) monitor only	5	Monitor only	90.6	90.2	90.0	80.8	81.0	96.3
	Overtime usage (wte) monitor only	5	Monitor only	50.4	41.2	45.9	41.1	33.4	41.5
	Agency spend as % of salary bill	5	2.21%	2.43%	2.29%	3.62%	2.73%	2.00%	1.90%
	Bank spend as % of salary bill	5	2.42%	2.89%	3.04%	2.72%	2.97%	2.92%	2.68%
	% of rosters published 6 weeks in advance	3	Monitor only	36.40%	36.40%	57.60%	48.50%	48.25%	63.60%
	Compliance with headroom for rosters	4	Monitor only	29.80%	31.00%	28.30%	26.50%	32.00%	29.50%
	Band 5 % White background: % BAME background	5	Monitor only	n/a	45.36% : 53.43%	n/a	n/a	42.00%:56.75 %	n/a
	Band 6 % White background: % BAME background	5	Monitor only	n/a	64.94% : 34.23%	n/a	n/a	64.34%:34.39 %	n/a
	Band 7 % White background % BAME background	5	Monitor only	n/a	78.40% : 19.44%	n/a	n/a	76.63%:20.85 %	n/a
	Band 8a % White background % BAME background	5	Monitor only	n/a	82.35% : 17.65%	n/a	n/a	83.87%:14.52 %	n/a
	Band 8b % White background % BAME background	5	Monitor only	n/a	85.71% : 14.29%	n/a	n/a	85.71%:14.29 %	n/a
	Band 8c % White background % BAME background	5	Monitor only	n/a	75.00% : 25.00%	n/a	n/a	77.78%:22.22 %	n/a
	Band 8d % White background % BAME background	5	Monitor only	n/a	90.91% : 9.09%	n/a	n/a	90.00%:10.00 %	n/a
	Time to hire (days)	3	48	57	59	58	41	45	41

Summary of Performance and Key Messages:

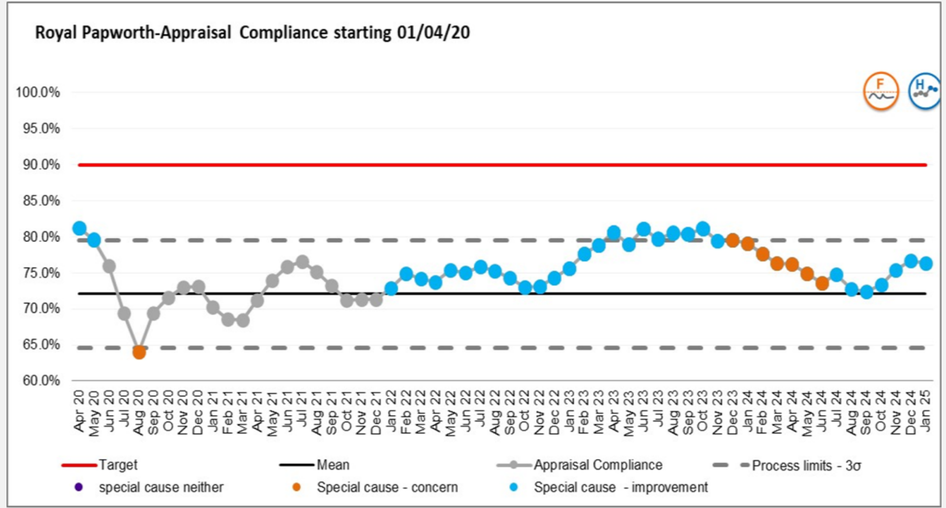
- The turnover rate was below the 9% target for the second month in a row and the SPC chart on the following pages shows that turnover is on an improving trend. Whilst this is positive when coupled with the positive vacancy position, it is possible that the December and January figures are influenced by known seasonal factors where staff are less likely to move roles in these months.
- There were 12.45 wte non-medical leavers in January. The most common reason for leaving was relocation. There were 44.89 WTE non-medical new starters in January meaning we were a net gainer of staff by 32.43 WTE in month. This is the highest monthly net gain in two years.
- Total Trust vacancy rate decreased below target to 7.29% (170.24WTE) and the two-year trend is an improving one.
- Registered nurse vacancy rate decreased again to 2.16% which is 16.6wte posts. There are 23 Registered Band 5 Nurses currently in our pipeline plus 5 for temporary staffing. All areas have strong pipelines with the exception of Theatre ODP roles which are a national shortage role.
- The Unregistered Nurse vacancy rate decreased marginally to 12.23% (28.56 wte) and remains above our KPI of 10%. There are 24 Healthcare Support Workers in the pipeline plus for 22 Temporary Staffing.
- Time to hire reduced again to 41 days below our KPI justifying our tentative optimism expressed last month that the new measures we have put in place will help us track below or close to our KPI on a sustained basis.
- Total sickness absence decreased to 5.1% but remains above our 4% KPI target. Absence rates are driven at the moment by short term seasonable respiratory ailments. The Workforce Directorate continue to support managers with utilising the absence management processes and providing training for line managers in approaches to managing absence.
- Temporary staffing usage continued to reduce, with agency usage in particularly significantly reducing. Departments have been asked to strengthen their oversight and controls on the use of overtime and agency to fill staffing gaps/maintain safe staffing levels. We are seeing, as expected, some growth in bank usage as we use bank staff to cover shifts previously covered by agency and OT.
- The % of rosters published 6 weeks in advance has improved significantly in January to 66% reflecting the work that matrons and managers are doing to review rotas and introduce good roster management practice.

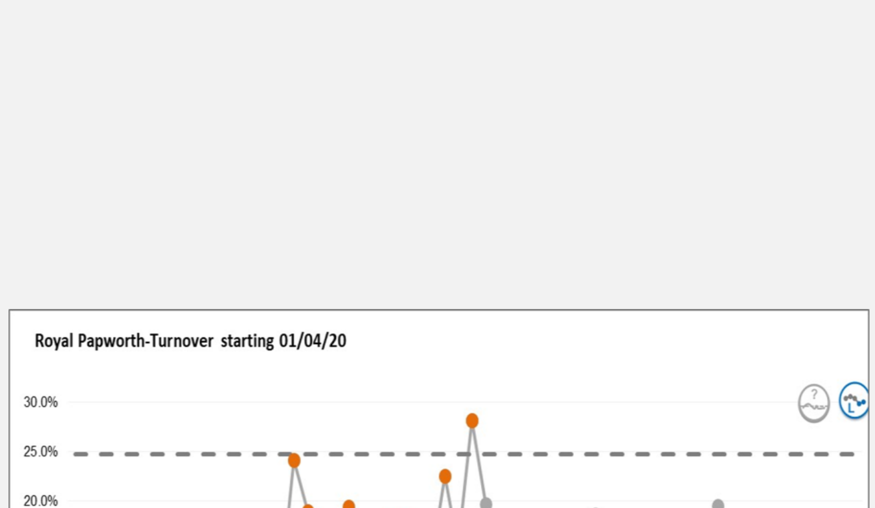
*** The following targets have been changed in 24/25 – Voluntary turnover % from 12% to 9%, Vacancy rate as % of budget from 9% to 7.5%, sickness absence from 3.5% to 4%, FFT – recommend as place to work from 70% to peer average of 72% and Long term sickness absence % from 1% to 1.5%*

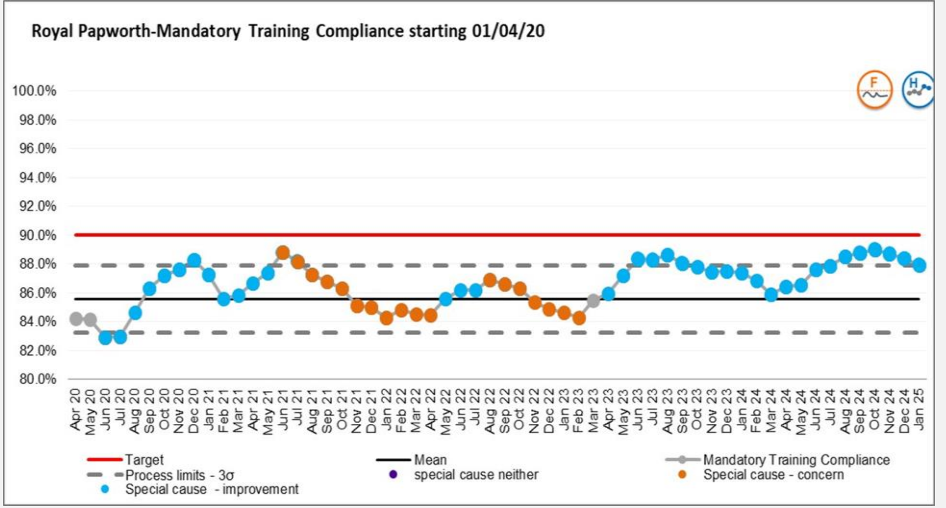
People, Management & Culture: Key performance trends

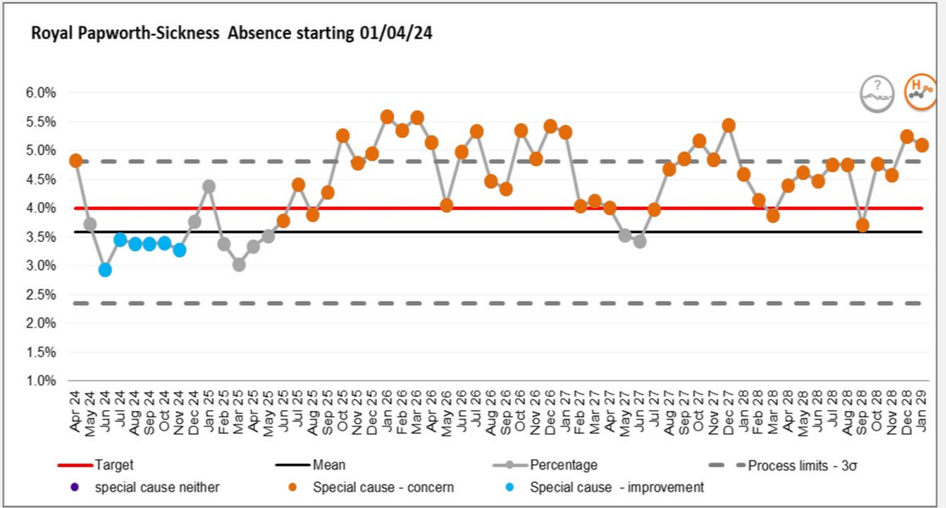
Royal Papworth Hospital
NHS Foundation Trust

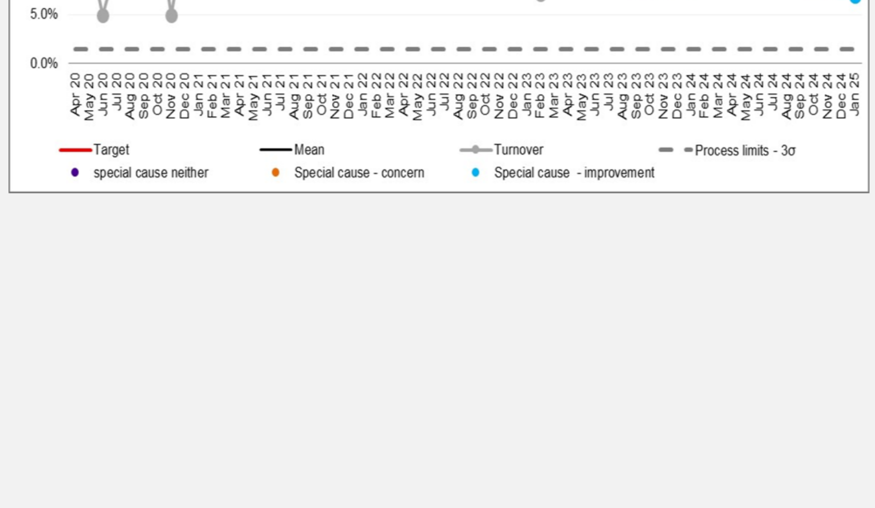
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*







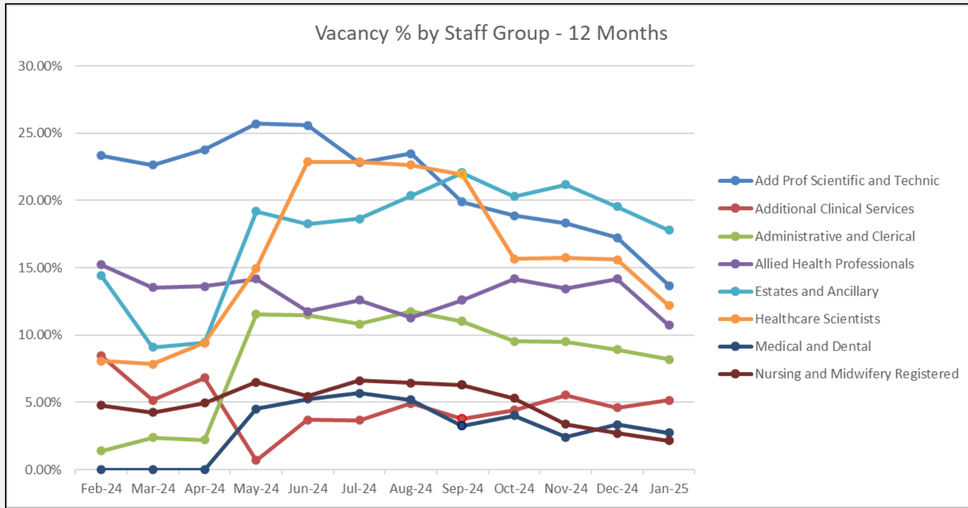


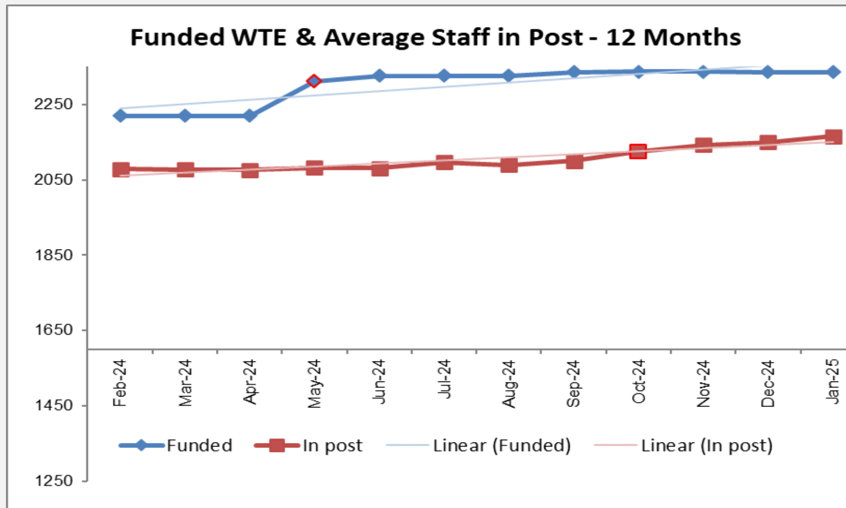


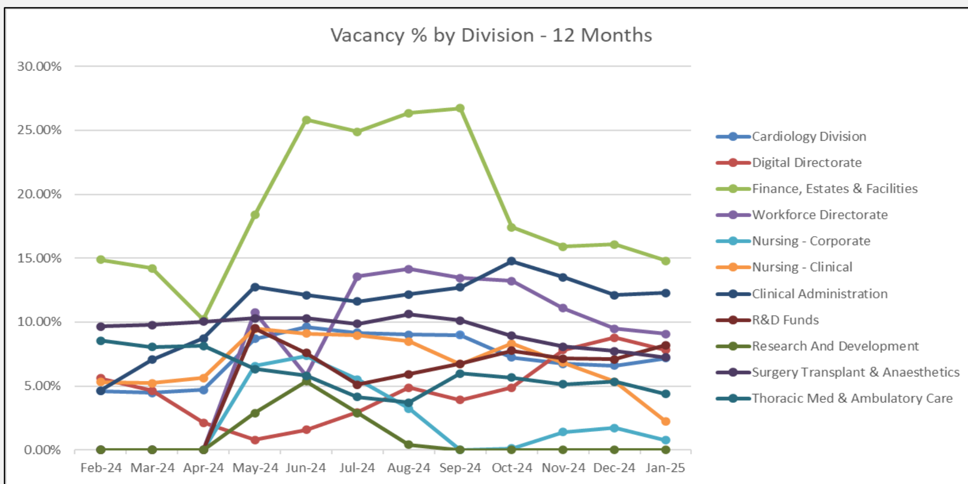
People, Management & Culture: Vacancies 2024-5

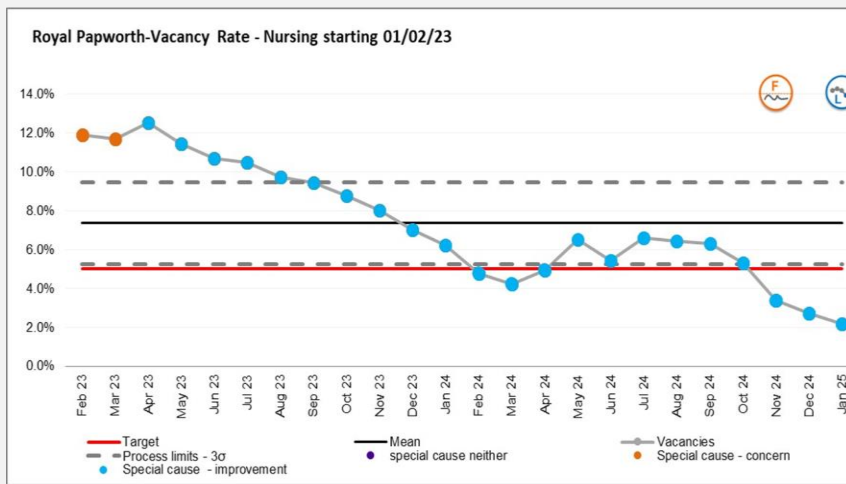
Royal Papworth Hospital
NHS Foundation Trust

Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *Head of Workforce Information*









- The general picture for Trust wide recruitment over 2024-5 is positive with vacancies on a positive downward trend sitting at 7.29% in January below our 7.5% target which is the first time we have been below our KPI since April 2024. Through 2024-5 planning we saw an increase to our funded establishment which naturally increased our vacancy rate through Q1 & 2 whilst we worked to recruit to these new posts. Into Q3 and Q4 we are starting to see the results of that activity as new starters commence in post and our vacancy rate improves commensurately.

- That said, the Trust-wide position is heavily influenced by the very low vacancy rate for our biggest staff group (nurses – at 2.16%). Whilst all staff groups are on an improving trend we still have vacancy factors significantly in excess of our KPI in the Estates (17%), APST (14%), HCS (12%) and AHP (10%) staff groups and this is where we need to focus our recruitment and retention efforts in 2025-6 whilst maintaining the positive position in nursing.

- Looking at vacancies by division again, many areas are on a decreasing trend. Of note, whilst still tracking at the highest rate of vacancies (14.78%), Finance, Estates and Facilities are showing the most positive movement with vacancies down from a high of 26.71% in September 24 to 14.78% in January 25. Areas to watch over the rest of Q4 are Cardiology and Digital, both of which are showing vacancies on an increasing trend.

Finance: Performance summary

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

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£(4)k	£886k	£962k	£1,244k	£1,413k	£99k	£140k
	Cash Position at month end £000s *	5	£71,535k	£78,784k	£77,694k	£83,674k	£80,260k	£81,494k	£74,117k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£3781 YTD	£748k	£961k	£1,494k	£1,641k	£1,905k	£2,322k
	CIP – actual achievement YTD - £000s	4	£5,525k	£2,827k	£3,406k	£3,889k	£5,313k	£5,460k	£5,730k
Additional KPIs	Capital Service Ratio YTD	5	1	0.9	1.1	1.2	1.0	0.6	0.6
	Liquidity ratio	5	26	32	32	30	31	29	29
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£6,653k	£7,800k	£8,761k	£10,190k	£9,687k	£10,773k
	Total debt £000s	5	Monitor only	£4,780k	£4,060k	£3,110k	£3,720k	£3,610k	£4,230k
	Average Debtors days - YTD average	5	Monitor only	6.1	5.5	4.4	4.2	4.1	5
	Better payment practice code compliance YTD - Value £ % (Combined NHS/Non-NHS)	5	Monitor only	96%	97%	96%	97%	97%	97%
	Better payment practice code compliance YTD - Volume % (Combined NHS/Non-NHS)	5	Monitor only	97%	97%	97%	97%	97%	97%
	Elective Variable Income YTD £000s	4	£44517k (YTD)	£22,711k	£27,699k	£33,942k	£38,720k	£43,393k	£48,908k
	CIP – Target identified YTD £000s	4	£6630k	£6,204k	£6,939k	£6,965k	£6,632k	£6,632k	£6,632k
	Implied workforce productivity % - compares real terms growth in pay costs from 19/20 against growth in activity from 19/20	5	Monitor only	-	-2.2%	-2.0%	-2.2%	-1.4%	-1.7%

Summary of Performance and Key Messages:

- **At month 10, the Year to date (YTD) finance position is a surplus of c0.1m, this represents a c£0.5m favourable variance to plan.** This is driven by a better than planned bank interest income (from a higher cash balance and interest rate) and variable activity over-performance.
- **The financial position reflects the continuation of the national aligned payment incentive arrangements** where the Trust's contracted income comprises of a fixed and a variable element. The latter is applicable broadly to elective activity delivery, with income calculated using published national tariff. Clinical income is favourable year-to-date, due to elective and pass-through (Homecare drugs and devices) activity over-performance. Variable performance year-to-date is estimated at c105% (latest national lens is published M6 YTD), against a national variable activity target of c108%. The income position includes the re-distribution of system funding on a non-recurrent basis of £3.5m.
- **YTD pay spend is adverse to plan by £7.5m. There is an underlying underspend in substantive pay from vacant establishment; this is being offset by pay award costs when compared to total pay budget (the latter being funded in actual terms within the income position) and use of premium temporary staffing above budget.** The impact of using premium cover, particularly the use of agency staff, is a key spotlight within ongoing roster reviews, led by the Chief Nurse and Director of Workforce. Enhanced controls have been put in place alongside enhanced monitoring. The YTD position also includes a provision for medical bank back-dated holiday pay (c£0.4m); resident doctors prior year award (£0.4m) matched to income; and non-recurrent pay arrears (£0.3m).
- **YTD operating non-pay spend is adverse to plan by £9.5m.** This is almost entirely driven by pass-through spend for Homecare drugs and tariff excluded devices, both of which are recovered through income. This position also includes a c£1.0m provision for staff welfare approved by Trust Board.
- **Net finance costs** are favourable to plan, owing to a higher than anticipated level current bank interest rates on cash balances (forecast to reduce over the next few months), and higher cash balances.
- **The cash position closed at £74.1m**, a decrease of £7.4m on last month's position due to the cash movement for the re-distribution of system funding of £3.5m and payment of PDC divided c£2.0m.
- **The Trust has a revised 2024/25 capital allocation (total CDEL) of £5.8m for the year which includes allocation for right of use assets and PFI residual interest capital charges.** As at month 10, 88% of the Trust's capital expenditure plan has been committed. The year-to-date expenditure position includes a rephasing for the Pathology LIMS project and a delay in the bypass equipment replacement scheme. These collectively drives an underspend of £1.4m. The Investment Group has undertaken a re-prioritisation exercise on schemes to ensure the delivery of full spend against annual allocation.

Note * Target set at 90% operational plan

Finance: Key Performance – Year to date SOCI position

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

Royal Papworth Hospital
NHS Foundation Trust

The YTD position is c£0.2m surplus. The favourable position is driven by finance interest income, central reserves to be drawn-down by services for approved cases and an over-performed variable activity to plan. Pay adverse position is driven by premium on temporary staffing to backfill vacancies. This continues to be an area of focus for the Trust, with enhanced controls currently being implemented. This position also includes a provision for the redistribution of System funding of £3.5m.

	YTD £000's Plan	YTD £000's Underlying Actual	YTD £000's Other Non Recurrent Actual	YTD £000's Actual Total	YTD £000's Variance	Ref	RAG
Clinical income - in national block framework							
Fixed at Tariff	£126,977	£95,351	(£3,500)	£91,851	(£35,126)		Red
Balance to Fixed Payment	£0	£35,473	£0	£35,473	£35,473		Green
Variable at Tariff	£44,517	£48,089	£819	£48,908	£4,391		Green
Homecare Pharmacy Drugs	£37,743	£43,923	£0	£43,923	£6,180		Green
High cost drugs	£506	£649	£0	£649	£143		Green
Pass through Devices	£16,815	£17,434	£2,618	£20,052	£3,237		Green
Sub-total	**£226,559**	**£240,919**	**(£63)**	**£240,857**	**£14,298**		Green
Clinical income - Outside of national block framework							
Devices	£2,105	£1,296	£0	£1,296	(£809)		Red
Other clinical income	£2,220	£2,668	£472	£3,140	£920		Green
Private patients	£8,351	£8,452	£0	£8,452	£100		Green
Sub-total	**£12,677**	**£12,416**	**£472**	**£12,888**	**£211**		Green
Total clinical income	**£239,235**	**£253,335**	**£409**	**£253,744**	**£14,509**	1	Green
Other operating income							
Other operating income	£14,273	£15,256	£338	£15,594	£1,321	2	Green
Total operating income	**£14,273**	**£15,256**	**£338**	**£15,594**	**£1,321**		Green
Total income	**£253,508**	**£268,591**	**£747**	**£269,338**	**£15,830**		Green
Pay expenditure							
Substantive	(£115,384)	(£116,203)	(£700)	(£116,903)	(£1,519)		Red
Bank	(£375)	(£3,320)	(£14)	(£3,320)	(£2,945)		Red
Agency	£0	(£3,026)	(£37)	(£3,063)	(£3,063)		Red
Sub-total	**(£115,759)**	**(£122,549)**	**(£751)**	**(£123,286)**	**(£7,527)**	3	Green
Non-pay expenditure							
Clinical supplies	(£44,805)	(£49,020)	(£1,361)	(£50,382)	(£5,577)	4	Red
Drugs	(£5,876)	(£5,685)	£0	(£5,685)	£191		Green
Homecare Pharmacy Drugs	(£36,378)	(£42,383)	£0	(£42,383)	(£6,005)	5	Red
Non-clinical supplies	(£38,274)	(£35,099)	(£1,553)	(£36,653)	£1,622	6	Green
Depreciation	(£9,043)	(£8,869)	£0	(£8,869)	£174		Green
Sub-total	**(£134,377)**	**(£141,057)**	**(£2,915)**	**(£143,972)**	**(£9,595)**		Red
Total operating expenditure	**(£250,136)**	**(£263,607)**	**(£3,665)**	**(£267,258)**	**(£9,595)**		Red
Finance costs							
Finance income	£2,500	£3,441	£0	£3,441	£941	7	Green
Finance costs	(£4,929)	(£5,052)	£0	(£5,052)	(£123)		Red
PDC dividend	(£1,736)	(£1,713)	£0	(£1,713)	£23		Green
Revaluations/(Impairments)	£0	£0	£0	£0	£0		Green
Gains/(losses) on disposals	£0	(£0)	£0	(£0)	(£0)		Red
Sub-total	**(£4,165)**	**(£3,325)**	**£0**	**(£3,325)**	**£841**		Green
Surplus/(Deficit) For The Period/Year	**(£793)**	**£1,659**	**(£2,918)**	**(£1,245)**	**£7,075**	8	Green
Adjusted financial performance surplus/(deficit)	**(£313)**	**£1,901**	**(£2,918)**	**£140**	**£7,980**		Green

(Please note: The national calculation to derive the adjusted financial performance position has been changed in 2024/25 to reflect the impact of the adoption of IFRS16 PFI accounting, using a UKGAAP as opposed to an IAS17 basis).

In month headlines:

1. **Clinical income is c£15m favourable to plan.**
   - Fixed income on a tariff lens is behind plan by c£35.1m. This is mitigated by current block contract arrangements, which provides security to the Trust's income position. The commissioner plan (agreed via the contract) attributes a material element of this balancing figure to the ITU funding block growth - when viewed via commissioner lens the balancing figure of the fixed income is c£28m.
   - Variable income is favourable to plan by c£4.4m and reflects c105% performance against the expected national baselines. Variable activity delivery remains a key focus for the Trust.
   - Devices outside framework are behind plan by c£0.8m, this adverse variance is offset by an equal and opposite favourable variance in expenditure.
2. **Other operating income is c£1.3m favourable to plan driven by** education & training income, staff recharges, donations of physical assets income, increase in staff accommodation usage, claim awarded for sustainable energy usage, increase in R&D income offset by adverse variance on charitable income.
3. **Pay expenditure is c£7.5m adverse to plan**. This position includes a provision for prior year medical bank staff holiday pay of £0.4m. Substantive underspends are being offset by premium temporary staffing spend for which additional controls are being put in place to bring this within budget. The pay award cost in the underlying position is offset in income.
4. **Clinical Supplies is c£5.6m adverse to plan**. This YTD position reflects the activity position including pass-through device over-performance which is recovered in the income position. The position also includes device rebates of c£0.5m YTD.
5. **Homecare drugs is £6.0m adverse to plan.** The adverse variance on expenditure is driven by increase in patients within the pathway (this is recovered from commissioners as income).
6. **Non-clinical supplies is £1.6m favourable to plan.** The position includes provision for staff welfare schemes (£1.0m). The underspend in the centrally held reserves are partly offset by overspends in general supplies and services and premises costs including agency recruitment feeds.
7. **Finance income** favourable position is driven by higher than planned cash balances and interest rates being higher than plan.
8. Included in the adjusted performance is the treatment of PFI costs. The national team are exploring a change to the adjusted surplus / deficit position to reflect UKGAAP treatment of PFI costs. We are seeking external review and validation of our figures and not expecting a downside impact however future upside may come.

RAG: ● = adverse to Plan ● = favourable / in line with Plan