Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

March 2025

Compassion
Excellence
Collaboration

Content

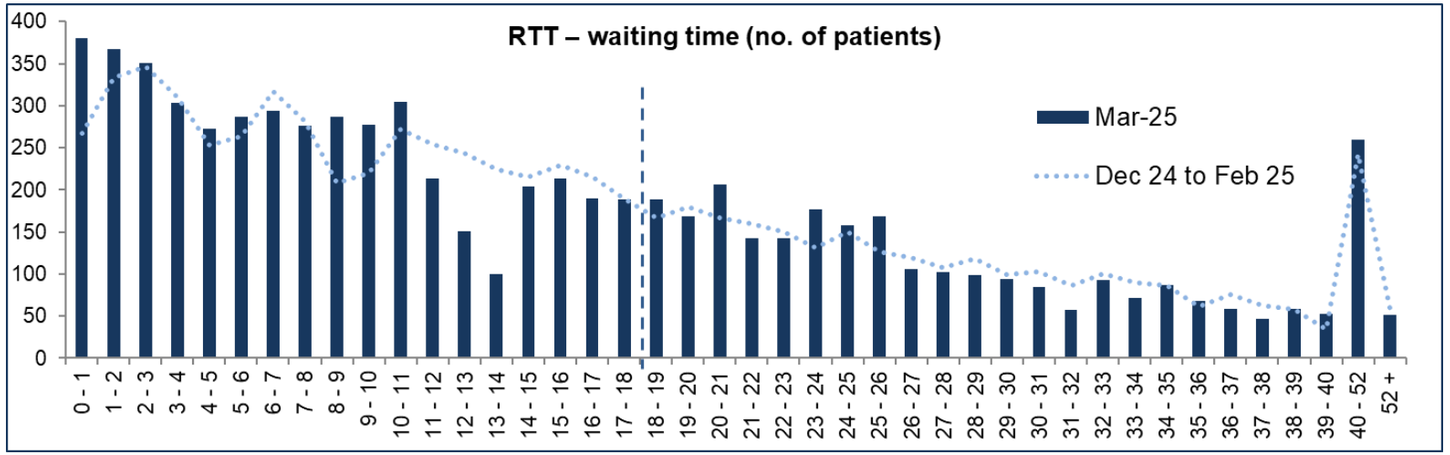
Context:

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

All Inpatient Spells (NHS only)	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Trend
Cardiac Surgery	149	147	137	130	147	138	
Cardiology	749	721	638	733	650	679	
ECMO	5	5	4	4	2	8	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	15	10	13	8	9	11	
RSSC	640	586	564	622	536	526	
Thoracic Medicine	537	513	459	549	510	501	
Thoracic surgery (exc PTE)	66	79	96	79	87	82	
Transplant/VAD	36	34	44	40	49	45	
Total Admitted Episodes	**2,197**	**2,095**	**1,955**	**2,165**	**1,990**	**1,990**	
Baseline (2019/20 adjusted for working days annual average)	*1,830*	*1,830*	*1,830*	*1,830*	*1,830*	*1,830*	
%Baseline	*120%*	*114%*	*107%*	*118%*	*109%*	*109%*	

Outpatient Attendances (NHS only)	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Trend
Cardiac Surgery	590	584	518	559	600	573	
Cardiology	4,112	3,736	3,505	3,897	3,634	3,842	
RSSC	2,186	1,915	1,848	2,258	2,091	2,166	
Thoracic Medicine	2,626	2,480	2,245	2,480	2,285	2,162	
Thoracic surgery (exc PTE)	119	116	135	171	125	132	
Transplant/VAD	339	308	280	269	254	281	
Total Outpatients	**9,972**	**9,139**	**8,531**	**9,634**	**8,989**	**9,156**	
Baseline (2019/20 adjusted for working days annual average)	*7,418*	*7,418*	*7,418*	*7,418*	*7,418*	*7,418*	
%Baseline	*134%*	*123%*	*115%*	*130%*	*121%*	*123%*	

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). **The Safe, Caring, Effective and Responsive Performance sections now 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

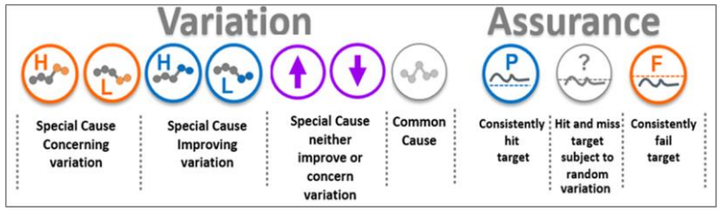
Overall Report Scoring

- **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

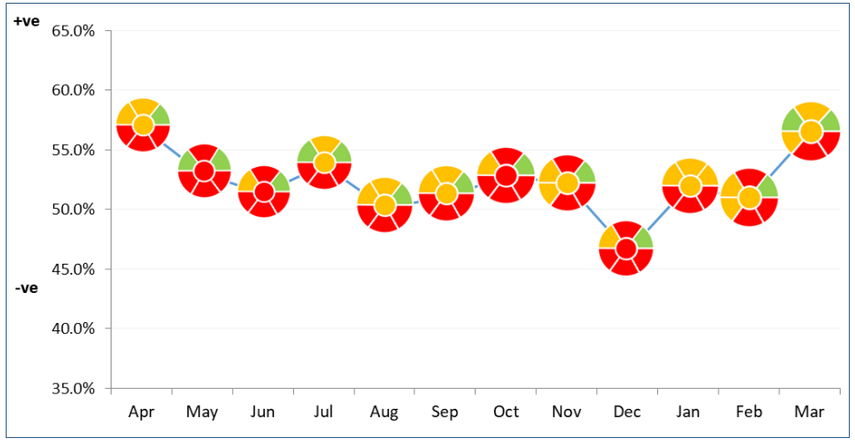
The data quality ratings for each of the KPIs included within the 'at a glance' section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI's is based on the views and judgement of the business owner for that KPI, and has not been subject to formal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

Royal Papworth Hospital
NHS Foundation Trust

Overall Trust rating - AMBER



FAVOURABLE PERFORMANCE

SAFE: 1) 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 83% in March compared to 68% in February. 2) Cardiac Surgery Mortality (crude monitoring) - Within expected variation at 2.2% in March and continues to show overall improvement over the last ten months. 3) Safe staffing fill rates: Registered Nurse (RN) fill rates for day (90%) and night shifts (95%) were above target for March.

CARING: FFT (Friends and Family Test): In summary – Inpatients: Positive Experience rate was 98.8% in March 2025 for our recommendation score. Participation Rate for surveys was 42.5%. Outpatients: Positive experience rate was 96.6% in February 2025 and above our 95% target. Participation rate was 11.9%.

EFFECTIVE: 1) Elective Inpatient activity - Overall factors influencing performance in month include a) continued high levels of activity though emergency and urgent pathways in particular TAVI, ACS and IHU. b) Two Additional EP PSI Lists and Two Additional Tavi PSI Lists took place over weekends in M12 to reduce the long waiting backlog. c) Enhanced grip and oversight on weekly basis from DDO re booking and case mix management. 2) Theatre utilisation - at 93% (uncapped) in M12 was above KPI of 85%. This reflects the increase in emergency admissions to ICU, the acuity of patients. However elective activity continues in an upward trajectory IHU patients continue to be prioritised to support flow within the system, addition capacity was made available as required. 3) ICU bed occupancy - in M12 continues to be above KPI at 89.7%. In M12 we have seen an 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.

PEOPLE, MANAGEMENT & CULTURE: 1) Vacancy rate - has continued its improving trend dropping from 6.45% in February to 6.01% in March which is below our KPI of 7.5%. 2) Total sickness absence fell again this month to 4.39%, although it remains above the 4% KPI. The Workforce Directorate continues to support managers through training and the application of absence management protocols.

FINANCE: As at the end of March 2025, the full year finance position is an adjusted surplus of £0.3m, representing a £0.3m favourable variance to plan. Key drivers of this variance position include better than planned interest income (due to a higher than planned cash balance and interest rates), variable elective activity over-performance and PFI technical accounting upside from the national requirement to move from IFRS to UK GAAP accounting for the calculation of an adjusted finance position.

ADVERSE PERFORMANCE

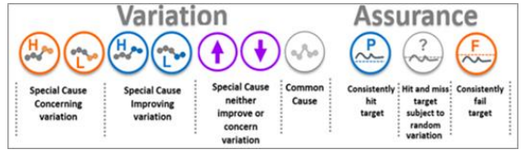
SAFE: 1) Safer staffing fill rates for Health Care Support Workers (HCSWs) are slightly below target at 84% for day shifts in March, an increase noted from 78% in February. HCSW fill rates are above target at 89% for night shifts in March, an increase reported from 87% for February. RPH's active recruitment campaign for HCSWs currently in the pipeline to join the Trust have contributed to fill rate improvement.

RESPONSIVE: 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 51 52-week RTT breaches in month, which is a decrease of 12 from the previous month. Trust-wide RTT recovery programme in place to support operational plans for 2025/26. This work has reviewed opportunities already developed and divisions have put together proposals of immediate remedial plans to aid the reduction in the backlog as well as sustainable plans to ensure ongoing demand can be met while reducing pathway waits for patients. New governance structure in place to review delivery and performance, this includes a weekly planned care delivery and performance group and bi-weekly access board.

PEOPLE, MANAGEMENT & CULTURE: Turnover - Following three months of turnover remaining below our KPI, we have now seen an increase to 9.39%, just surpassing the 9% target. Of the 28.6 non-medical leavers, 11.6 were registered nurses—indicating a higher turnover rate within this group than seen in recent months. The most commonly cited reason for leaving was "lack of opportunity." This is likely linked to the workforce stability we've experienced recently, with overall low vacancy rates in registered nursing roles. Fewer vacancies and lower turnover naturally limit opportunities for stretch assignments or promotion, leading staff to seek opportunities externally. We will continue to monitor this closely and ensure that our Recruitment and Retention Programme Board remains responsive to emerging turnover drivers.

FINANCE: Full year pay position is an adverse variance to plan by c£18.0m, with £8.4m representing the year end pension adjustment (matched to income). There is an underlying underspend in substantive pay due to vacant establishment; this is being offset by the use of temporary staffing to backfill vacancy and support executive approved additional session payments. Enhanced agency controls have been put in place, alongside an agreed agency improvement target trajectory into 2025/26 financial year.

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	Mar-25	5	0	0	0	
	Number of Patient Safety Incident Invetigations (PSII) commissioners in month	Mar-25	5	0	0	4	
	Learning Responses - Moderate Harm and above as % of total patient safety incidents	Mar-25	5	3%	0.9%	0.9%	
	Number of Trust acquired PU (Catergory 2 and above)	Mar-25	4	35 pa	0	15	
	Falls per 1000 bed days	Mar-25	5	4	1.6	0.0	
	VTE - Number of patients assessed on admission	Mar-25	5	95%	94%	94%	
	Sepsis - % patients screened and treated (Quarterly) *	Mar-25	3	90%	90%	90%	
	Trust CHPPD	Mar-25	5	9.6	12.8	12.5	
	Safer staffing: fill rate – Registered Nurses day	Mar-25	5	85%	90.0%	88.5%	
	Safer staffing: fill rate – Registered Nurses night	Mar-25	5	85%	95.0%	93.2%	
	Safer staffing: fill rate – HCSWs day	Mar-25	5	85%	84.0%	81.0%	
	Safer staffing: fill rate – HCSWs night	Mar-25	5	85%	89.0%	87.1%	
	% supervisory ward sister/charge nurse time	Mar-25	New	90%	83.00%	67.1%	
	Cardiac surgery mortality (Crude)	Mar-25	3	3%	2.3%	2.3%	
Caring	FFT score- Inpatients	Mar-25	4	95%	98.80%	98.83%	
	FFT score - Outpatients	Mar-25	4	95%	96.60%	97.53%	
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Mar-25	4	12.6	8.7	8.7	
	Mixed sex accommodation breaches	Mar-25	5	0	0	0	
	% of complaints responded to within agreed timescales	Mar-25	4	100%	100.0%	97.2%	
People Management & Culture	Voluntary Turnover %	Mar-25	4	9.0%	9.4%	9.8%	
	Vacancy rate as % of budget	Mar-25	4	7.5%	6.0%		
	% of staff with a current IPR	Mar-25	4	90%	77.74%		
	% Medical Appraisals*	Mar-25	3	90%	80.31%		
	Mandatory training %	Mar-25	4	90%	87.07%	87.92%	
	% sickness absence	Mar-25	5	4.00%	4.39%	4.61%	

		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)	Mar-25	4	85% (Green 80%- 90%)	74.70%	74.13%	
	ICU bed occupancy	Mar-25	4	85% (Green 80%- 90%)	89.70%	85.33%	
	Enhanced Recovery Unit bed occupancy %	Mar-25	4	85% (Green 80%- 90%)	78.30%	71.86%	
	Elective inpatient and day cases (NHS only)****	Mar-25	4	1590	1,623	19,647	
	Outpatient First Attends (NHS only)****	Mar-25	4	1746	2,302	24,900	
	Outpatient FUPs (NHS only)****	Mar-25	4	6191	6,857	84,315	
	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	Mar-25	4	5%	11%	11%	
	Reduction in Follow up appointment by 25% compared to 19/20 activity	Mar-25	4	-25%	-3.15%	-0.82%	
	% Day cases	Mar-25	4	85%	74%	72%	
	Theatre Utilisation (uncapped)	Mar-25	3	85%	93%	90%	
	Cath Lab Utilisation (including 15 min Turn Around Times) ***	Mar-25	3	85%	82%	80%	
Responsive	% diagnostics waiting less than 6 weeks	Mar-25	1	99%	93.6%	97.1%	
	18 weeks RTT (combined)	Mar-25	4	92%	62.97%		
	31 days cancer waits*	Mar-25	5	96%	94%	96%	
	62 day cancer wait for 1st Treatment from urgent referral*	Mar-25	3	85%	0%	36%	
	104 days cancer wait breaches*	Mar-25	5	0	12	109	
	Number of patients waiting over 65 weeks for treatment *	Mar-25	New	0	10		
	Theatre cancellations in month	Mar-25	3	15	41	38	
	% of IHU surgery performed < 7 days of medically fit for surgery	Mar-25	4	95%	26%	54%	
	Acute Coronary Syndrome 3 day transfer %	Mar-25	4	90%	57%	73%	
	Number of patients on waiting list	Mar-25	4	3851	7403		
	52 week RTT breaches	Mar-25	5	0	51	707	
Finance	Year to date surplus/(deficit) adjusted £000s	Mar-25	4	£0k	£335k		
	Cash Position at month end £000s	Mar-25	5	£72,809k	£75,314k		
	Capital Expenditure YTD (BAU from System CDEL) - £000s	Mar-25	4	£4,668k	£4,918k		
	CIP – actual achievement YTD - £000s	Mar-25	4	£6630k	£6,630k		

* 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.

Safe: Performance Summary

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

Royal Papworth Hospital
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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	Never Events	0	0	0				Review
	Number of Patient Safety Incident Invetigations (PSII) to commissioners in month	0	0	1				Review
	Learning Responses - Moderate Harm and above as % of total patient safety incidents	3.00%	0.92%	0.85%				
	Number of Trust acquired PU (Catergory 2 and above)	35 pa	0	1				Review
	Falls per 1000 bed days	4.00	1.60	2.90				Review
	VTE - Number of patients assessed on admission	95.0%	94.2%	93.9%				Review
	Sepsis - % patients screened and treated (Quarterly) *	90%	90%	-				Review
	Trust CHPPD	9.6	12.8	12.8				Monitor
	Safer staffing: fill rate – Registered Nurses day	85%	90%	91%				Review
	Safer staffing: fill rate – Registered Nurses night	85%	95%	96%				Review
	Safer staffing: fill rate – HCSWs day	85%	84%	78%				Action Plan
	Safer staffing: fill rate – HCSWs night	85%	89%	87%				Review
	% supervisory ward sister/charge nurse time	90%	83%	68%				Action Plan
	Cardiac surgery mortality (Crude)	3.0%	2.3%	2.4%				Review
Additional KPIs	MRSA bacteremia	0	0	0				Review
	E coli bacteraemia	Monitor	1	0				Monitor
	Klebsiella bacteraemia	Monitor	0	1				Monitor
	Pseudomonas bacteraemia	Monitor	0	0				Monitor
	Monitoring C.Diff (toxin positive)	7 pa	1	1				Review
	Other bacteraemia	Monitor	0	0				Monitor
	% of medication errors causing harm (Low Harm and above)	Monitor	15.4%	15.2%				Monitor
	All patient incidents per 1000 bed days (inc.Near Miss incidents)	Monitor	34.8	43.0				Monitor
	SSI CABG infections (inpatient/readmissions %)	2.7%	3.8%	-				Review
	SSI CABG infections patient numbers (inpatient/readmisisons)	Monitor	9	-				Monitor
	SSI Valve infections (inc. inpatients/outpatients; %)	2.7%	1.0%	-				Review
	SSI Valve infections patient numbers (inpatient/outpatient)	Monitor	2	-				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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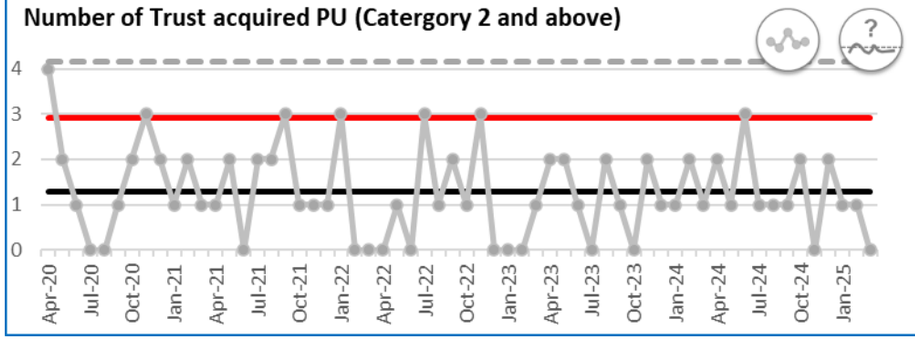
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

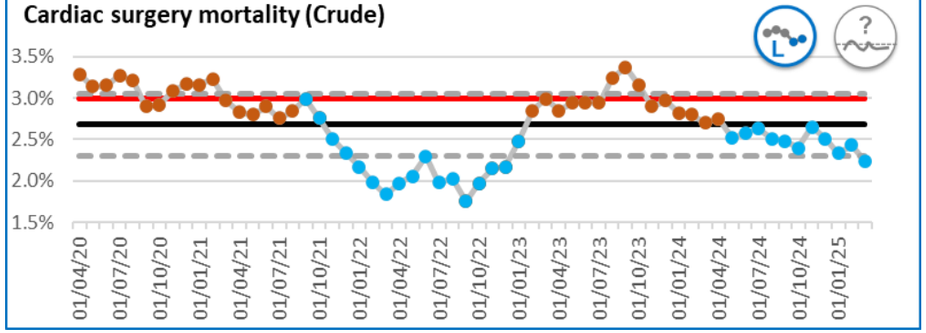
1. Historic trends & metrics

Number of Trust acquired PU (Catergory 2 and above)



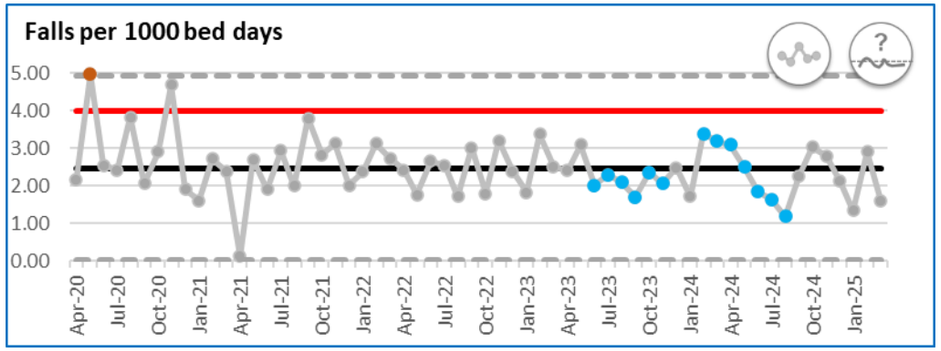
Mar-25
0
Target (red line)
35 per annum
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Cardiac surgery mortality (Crude)



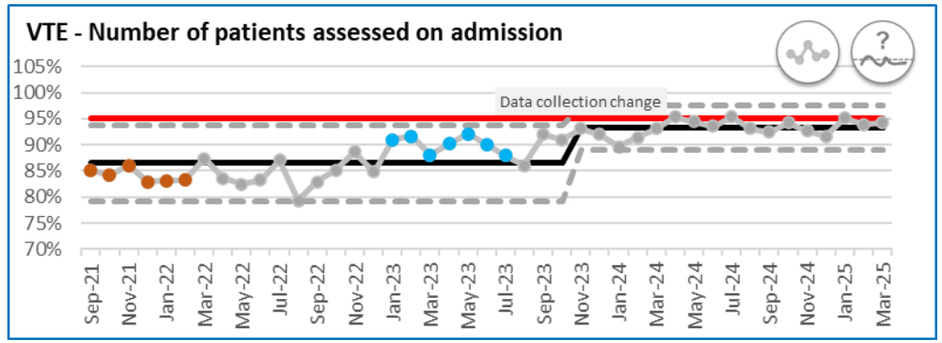
Mar-25
2.2%
Target (red line)
3.00%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

Falls per 1000 bed days



Mar-25
1.60
Target (red line)
4
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

VTE - Number of patients assessed on admission



Mar-25
94.2%
Target (red line)
95.0%
Variation
Common cause variation
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 March.

Learning Responses- ***Moderate Harm and above reported as % of total patient safety:*** In Month there were 2 confirmed harm events, (WEB55798 and WEB55447) both graded initially at moderate harm incidents.

Medication errors causing harm: 15.4% (6/39) of medication incidents were graded as low harm, remaining no harm or near miss.

All patient incidents per 1000 bed days: There were 34.8 patient safety incidents per 1000 bed days.

Harm Free Care: In March there were Zero (0) confirmed Pressure Ulcer of category 2 or above. There were 1.60 falls per 1000 bed days (6 low harm/ 4 no harm). Compliance with VTE risk assessments was slightly below target at 94.2%. VTE continues to have oversight and focus from the VTE group.

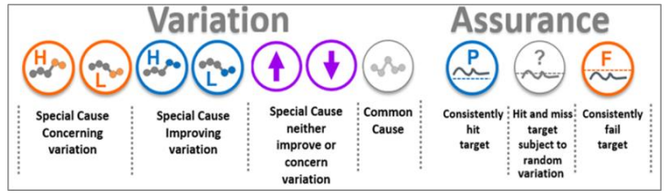
Sepsis Quarter 4 Trust wide: (Wards/CCA) compliance was 90% (26/29), which met the Trust target of 90%. The three non noncompliance's were from the wards, where patient's sepsis bundles were not fully completed, however, all 3 received antibiotics. Ongoing planned education underway and feedback has been given to those who had not completed the bundles fully. Critical Care had 100% compliance in month.

Alert Organisms: There was one E coli acquired bacteraemia in March 2025, 1 C.Diff case reported. Total C.diff cases for the year was 15, threshold set by UKHSA for 2024/25 was 18, meaning we are below regional threshold. Regionally there has been a significant rise of C Difficile, but RPH remain the lowest in the area.

Cardiac Surgery Mortality (crude monitoring): Within expected variation at 2.2% in March.

Safe: Safer Staffing

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



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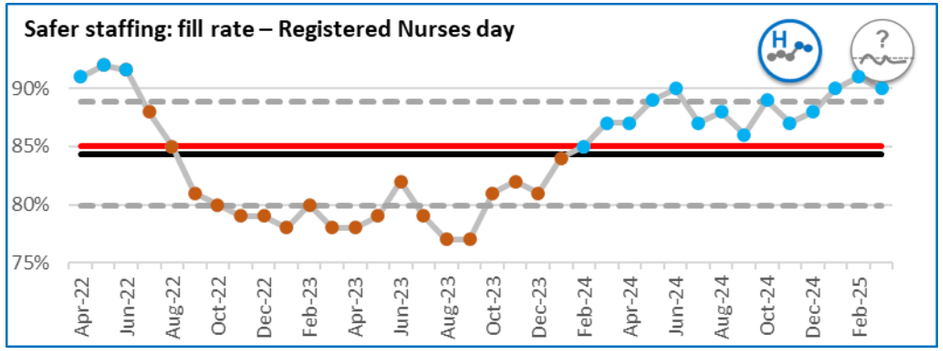
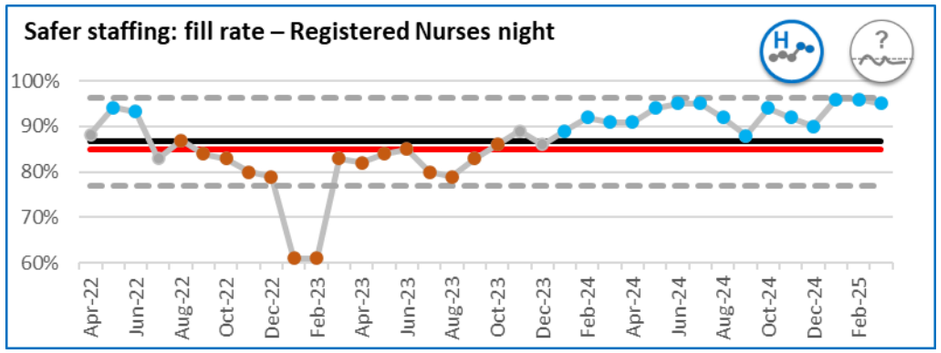
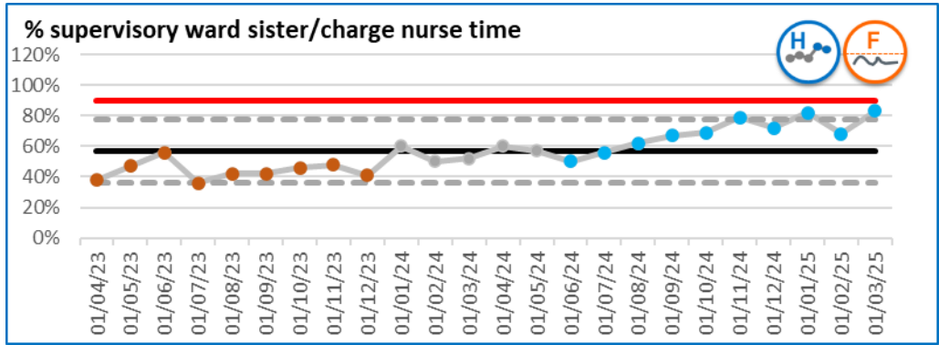
1. Historic trends & metrics



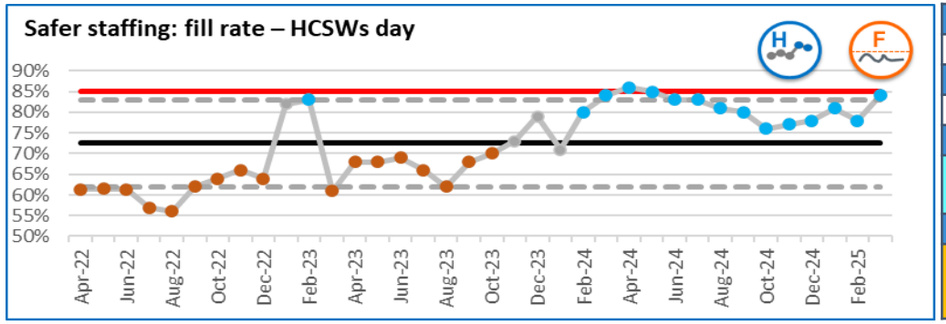
Mar-25
90%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation



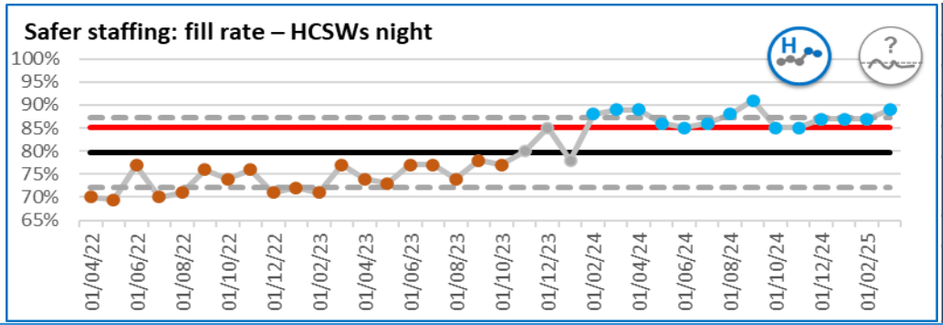
Mar-25
95%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation



Mar-25
83%
Target (red line)
90%
Variation
Special cause variation of an improving nature
Assurance
Has consistently failed the target



Mar-25
84%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Has consistently failed the target



Mar-25
89%
Target (red line)
85%
Variation
Special cause variation of an improving 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 (90%) and night shifts (95%) were above target for March. Safer staffing fill rates for Health Care Support Workers (HCSWs) are slightly below target at 84% for day shifts in March, an increase noted from 78% in February. HCSW fill rates are above target at 89% for night shifts in March, an increase reported from 87% for February. RPH's active recruitment campaign for HCSWs currently in the pipeline to join the Trust have contributed to fill rate improvement. **Overall CHPPD (Care Hours Per Patient Day) is 12.8** for March which was also reported for February. The commissioned internal audit to review RPH systems and processes for managing agency and temporary staffing commenced in March 2025; subsequent recommendations and actions are being led by divisional HoNs and lead for 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 83% in March compared to 68% in February. The highest achieving areas towards SS/ CN time target of 90% are ERU achieving 89%, Outpatients 85%, and the Cardiology Unit is reported above target at 113%. Ward 4 North and 4 South have had a significant increase in SS time to 80% and 82%, respectively compared to 67% and 62% reported in February due to reduction in sickness absence. Ward 5 N has improved SS time to 80% from 42% due to the second ward sister commencing post. 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 Acute Kidney Injury (AKI)

Royal Papworth Hospital
NHS Foundation Trust

Accountable Executive: *Chief Nurse* ***Report Oversight:*** *Deputy Chief Nurse / Deputy Director of Quality and Risk* ***Slide Content:*** *Lead Nurse ALERT/Surgical Ward ACP*

Background to Key Performance Challenge

Acute Kidney Injury (AKI) is a sudden decline in kidney function, often resulting from conditions like sepsis or heart attacks. It is common following cardiopulmonary bypass with an incidence of 26% (*Maruniak et al., 2024*). While AKI is typically temporary, early detection and prompt treatment are crucial to prevent lasting damage. NICE guidelines (NG148) recommend AKI interventions to improve patient outcomes by ensuring early and effective detection, prevention, and management of this condition. This includes identifying individuals at risk, preventing AKI where possible, and promptly addressing it when it occurs, ultimately reducing complications and improving quality of life. In the UK, Acute Kidney Injury is seen in 13% to 18% of all people admitted to hospital, with older adults being particularly affected (NICE 2024).

Acute Kidney Injury (AKI) prevention at RPH

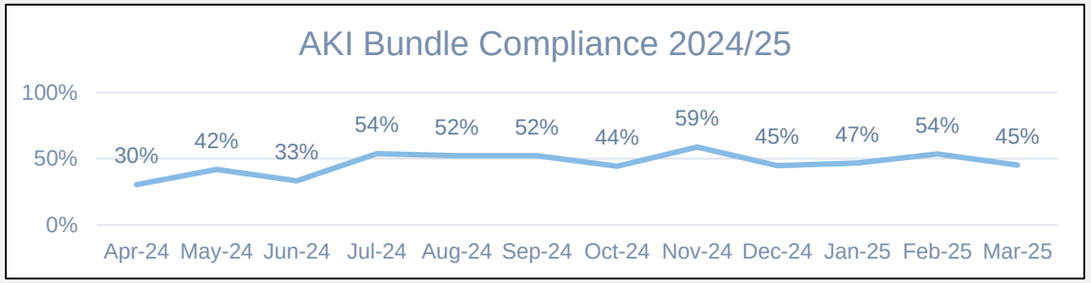
Patient blood samples are processed at CUH biochemistry labs, with an AKI alert being generated for any change in creatinine level that could meet AKI criteria. Once received by the clinical teams at RPH, an AKI care bundle is commenced, based on NICE guidance NG148 and local Trust DN622 AKI Pathway Guidelines (updated Jan 2025 to reflect NICE update).

These measures aim to minimise harm to our patients and prevent progression to the more severe stages of AKI, including the need for ITU admission for renal replacement therapy (RTT). The key AKI preventions within the bundle include additional observations (cardiac monitoring), optimisation of fluid status, monitoring urine output, daily weight, medication review, and daily bloods, which should continue until the patient's blood results are within normal limits.

AKI Bundle Audit Compliance for 2024/25

Compliance with the guidelines is audited by mapping AKI alerts from the laboratory with completion of AKI care bundles in patient's electronic patient record.. The annual AKI bundle compliance for 2024/25 was 46.8% (157/335), with variation monthly from 30% to 59% (as seen in the graph).

We currently do not have a formal Key Performance Indicator (KPI) for AKI bundle compliance, but for effective care we should be achieving 90% compliance for AKI bundle to reduce incidence of chronic kidney injury(CKI) and any further complications.



* Exclusion: outpatients' or patients who stay <24 hours or patients in CCA (CCA have separate audit)

Identified Challenges from AKI Bundle Compliance

Although from our monthly/annual audits compliance with AKI bundle is on average 50% of these being completed, work has been underway to understand how overall improvements can be made with compliance. The main issues identified are documentation related, with the bundle started but not fully completed. However, importantly, patients' outcomes and further complications of kidney issues such at Acute Kidney Injury progressing up the stages (stages 1-5) of kidney injury or developing a Chronic Kidney Disease (CKD) are not occurring. This is due to our safety netting process where our ALERT/Surgical ANP team oversee patients with any signs of deteriorating kidney function daily and proactively support ward staff with any required interventions.

Areas Identified for Practice and Audit Improvements

- RPH Audit Department had been receiving the data from CUH with minimal clinical input, resulting in incorrect patient criteria selection. This data included outpatients, patients with stays less than 24 hours and patients with chronic kidney disease (CKD) for whom the AKI bundle was not appropriate. This revised criteria was applied for this year's annual audit (as shown in above graph).
- The bundle includes an initial question which reviews if the patient has CKD. However, even if selected the bundle stays open, resulting in incorrect incidence numbers and therefore these cases are incorrectly recorded as non-compliant, which is causing erroneous compliance figure. Further work is required to exclude this data.
- Key elements of the bundle are not being completed and a deeper understanding of compliance with the individual elements is required, it has been identified that this is a documentation issue and not a clinical safety issue.

Key Performance Actions and Next Steps

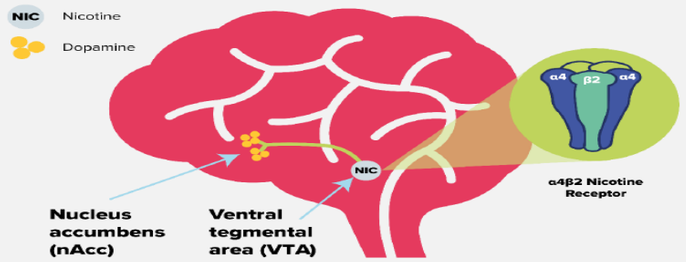
- A Quality Improvement (QI) Project, informed by benchmarking to similar trusts, has led to a new auditing approach to measure compliance with local and national guidance, this will be embedded in 2025/26 and will include development of a live dashboard for monitoring AKI compliance.
- A new audit form aligned with current NICE guidance, including a QR code, will go live by May 2025.
- Further engagement and education with ward teams regarding audit results, using local area champions, 'message of the week', deteriorating patient task and finish group and raising awareness campaign with the multidisciplinary teams throughout May 25. This to include medical engagement on ward rounds and M and M meetings.
- AKI audit data will be now be presented quarterly, with a formal annual report provided to QRMG for assurance.
- Work with the nexus team to develop pathways for the new EPR and further development of the AKI bundle.

Safe: Focus on Treating Tobacco Dependency

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: Chief Allied Health Professional & Health Inequalities Specialist***

What is Tobacco Dependency: Tobacco dependency is a chronic condition where a person becomes physically and psychologically dependent on nicotine, a highly addictive substance found in tobacco products like cigarettes, cigars, and smokeless tobacco.



Nicotine binds predominantly to nicotinic acetylcholine (nACh) receptors in the CNS; the primary is the α4β2 nicotinic receptor in the Ventral Tegmental Area (VTA)

After nicotine binds to the α4β2 nicotinic receptor in the VTA, it results in a release of dopamine in the Nucleus Accumbuns (nAcc) which is linked to reward

Key Aspects of Tobacco Dependency:

Physical Dependence: Nicotine affects the brain by stimulating dopamine release, leading to pleasurable feelings. Over time, the body craves nicotine to maintain these effects, leading to withdrawal symptoms when nicotine levels drop. See Diagram to left for further detail on effects on the brain.

Psychological Dependence: Many smokers associate tobacco use with certain habits, emotions, or social situations, making quitting difficult

Why Treat Tobacco Dependency: There are several benefits to patients, others and the wider health economy as detailed below:

Health Benefits: Reduces risks of lung cancer, heart disease, stroke, COPD, pregnancy complications, and infections. Even long-term smokers benefit from quitting**.**

Financial Savings: Quitting saves individuals thousands annually and eases NHS healthcare costs by reducing hospital admissions and treatments**.**

Protects Others: Prevents harm from second-hand smoke, especially for children and pregnant women, benefiting families and communities.

Recognising Addiction: Nicotine addiction is a medical condition, not just a habit. Treatment provides essential support for quitting.

Effective Treatment: Brief professional advice, medications, and behavioural support significantly increase quitting success rates.

Tackling health inequalities: Smoking rates are higher in deprived communities and among people with mental health conditions. Smoking cessation positively impacts ALL five priority areas in Core20PLUS5 (see diagram right). Treating tobacco dependency is a powerful way to reduce health inequalities, prevent disease, and improve patient outcomes across the UK

Treating Tobacco Dependency (TTD) Key Performance Indicator we work towards:

- **Screening & Identification:** Recording smoking status for all patients aged 16+.
- **Engagement & Referrals:** Number of smokers referred and accepting treatment. (Table 1 results for 2024/25).
- **Treatment Outcomes:** Quit attempts and abstinence at 28 days, 12 weeks, and one year.
- **Service Delivery:** Use of evidence-based treatments and follow-up practices

	White British	Asian	White-Other	Mixed	Black	Other Background	Total
Peterborough	91	17	19	2	0	0	**129**
Fenland	45	0	5	0	0	0	**50**
East Cambridgeshire	22	0	6	0	0	0	**28**
South Cambridgeshire	22	3	3	0	0	1	**29**
Huntingdonshire	54	1	0	5	0	0	**60**
Cambridge City	49	2	5	2	3	0	**61**
Norfolk	77	1	9	0	0	0	**87**
suffolk	138	5	9	1	5	0	**158**
Other council	119	8	22	2	2	2	**155**
Total	**617**	**37**	**78**	**12**	**10**	**3**	**757**

Table 1: Referrals by Council areas and Ethnicity (Apr 24-Mar 25)

Our Hospital patient results for 2024/25 for Treating Tobacco Dependency and patient Quit outcomes.

Below the table and graph show the outcomes for patients by age and the council area they resident in.

Councils	Total	Age <39		Age-40-59		Age 60+		Quit count
		Male	Female	Male	Female	Male	Female	
Peterborough	129	9	1	42	16	42	19	**64**
Fenland	50	3	2	12	8	15	10	**44**
East Cambridgeshire	28	3	0	11	4	6	4	**20**
South Cambridgeshire	29	1	0	14	2	7	5	**12**
Huntingdonshire	60	4	2	21	8	14	11	**39**
Cambridge City	61	4	0	20	11	15	11	**29**
Suffolk	158	11	1	55	18	49	24	**81**
Norfolk	87	3	4	22	15	27	16	**45**
Others Combined)	155	7	9	47	16	49	27	**76**
Total	**757**	**45**	**19**	**244**	**98**	**224**	**127**	**410**

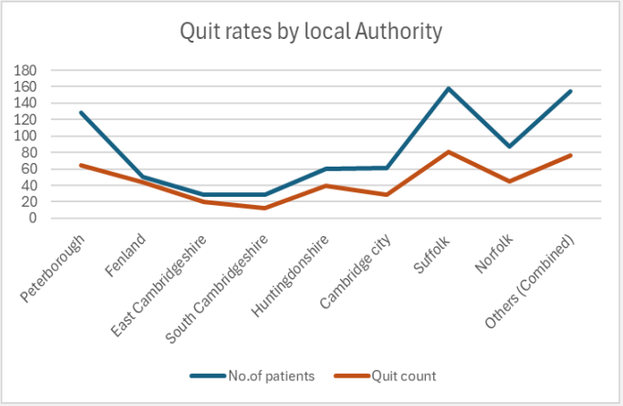


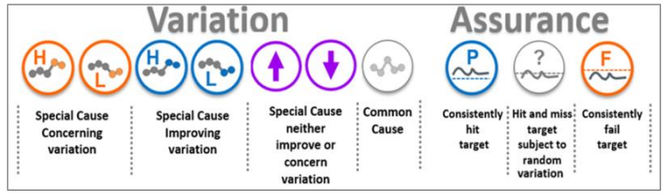
Table 2/Graph 1: Show our TTD patients outcomes for 2024/25 by age and council area

Quality Improvement / Initiatives underway for TTD for 2025/2026:

- **Research:** Household-based smoking cessation to the patients who we have treated for tobacco dependency
- **Treatment:** Three new oral medications approved to expand cessation options.
- **Data:** Ongoing work with NHSE to improve data quality.
- **Analytics:** New Qlik dashboard enhances smoker identification and referral processes.

Caring: Performance Summary

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



Royal Papworth Hospital
NHS Foundation Trust

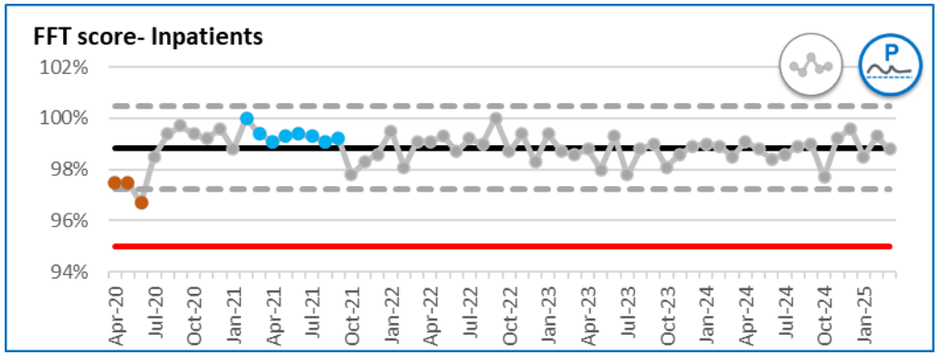
	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	FFT score- Inpatients	95.0%	98.8%	99.3%			P	Monitor
	FFT score - Outpatients	95.0%	96.6%	97.1%		L	P	Review
	Mixed sex accommodation breaches	0	0	0			P	Monitor
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	12.6	8.7	8.7		H	P	Review
	% of complaints responded to within agreed timescales	100.0%	100.0%	100.0%			?	Review
Additional KPIs	Friends and Family Test (FFT) inpatient participation rate %	Monitor	42.5%	46.5%		H		Monitor
	Friends and Family Test (FFT) outpatient participation rate %	Monitor	11.9%	12.6%		H		Monitor
	Number of complaints upheld / part upheld	3	4	3		H	?	Review
	Number of complaints (12 month rolling average)	5	5	5		H	?	Review
	Number of complaints	5	5	11			?	Review
	Number of informal complaints received per month	Monitor	3	4				Monitor
	Number of recorded compliments	Monitor	1732	1853		H		Monitor
	Supportive and Palliative Care Team – number of referrals (quarterly)	Monitor	157	-				Monitor
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	Monitor	12	-				Monitor
	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	Monitor	46	-				Monitor
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	Monitor	12	-				Monitor

Caring: Patient Experience

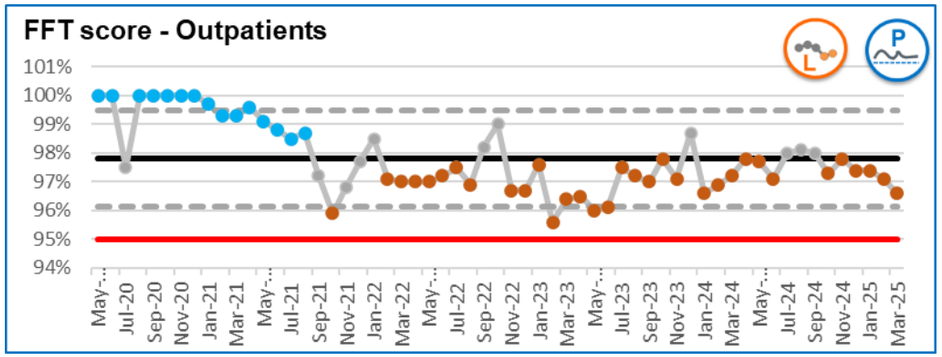
Accountable Executive: *Chief Nurse*
Report Author: *Deputy Chief Nurse / Deputy Director of Quality and Risk*

Royal Papworth Hospital
NHS Foundation Trust

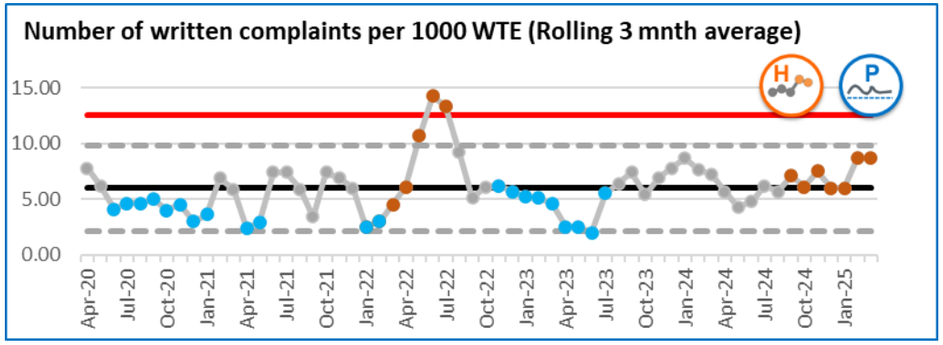
1. Historic trends & metrics



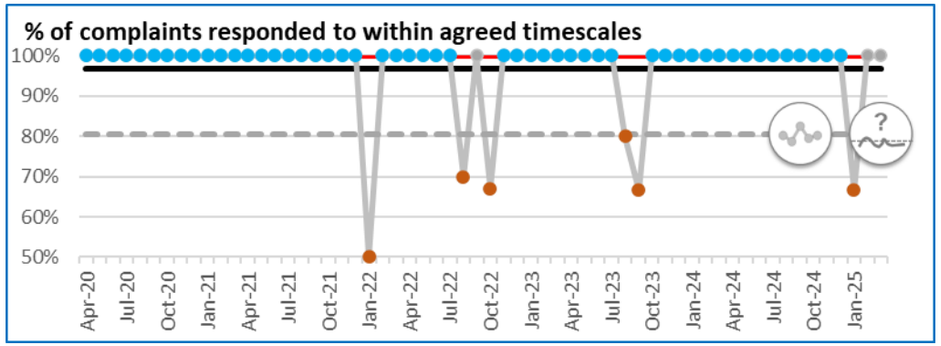
Mar-25
98.8%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Has consistently passed the target



Mar-25
96.6%
Target (red line)
95.0%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently passed the target



Mar-25
8.7
Target (red line)
12.6
Variation
Special cause variation of a concerning nature
Assurance
Has consistently passed the target



Mar-25
100%
Target (red line)
100%
Variation
Common cause variation
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 98.8% in March 2025 for our recommendation score. Participation Rate for surveys was 42.5%.

Outpatients: Positive experience rate was 96.6% in February 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 March 2025 was 1,732 Of these 1,696 were from compliments from FFT surveys and 36 compliments via cards/letters/PALS captured feedback.

Responding to Complaints on time: 100% of complaints responded to in the month were within agreed timescales.

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 8.7

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 (Total of all Informal and Formal)

During March 2025, we received 3 Informal complaints and 5 Formal complaints. **Total of 8 cases.** The top primary subject for formal complaints received was Delay (25%) and Medical Records (25%). NB These subjects are logged on receipt of the complaint and based on the patient's reported concerns; they may be later changes on completion of the investigation.

Closed in Month

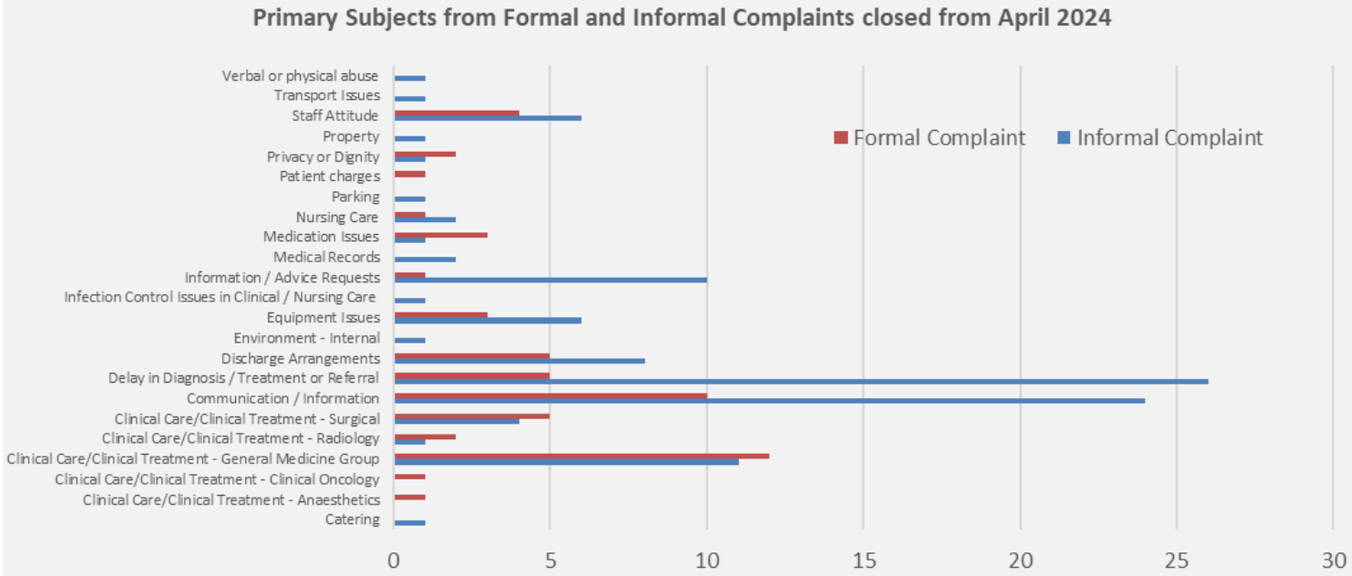
During March 2025, we also **closed a total of 8 cases**; 3 informal complaints and 5 formal complaints.

Informal Complaints closed: Total of 3 closed in month:

Cardiology (1 case): Patient admitted from another hospital and was experiencing delays in plan and communication. Action taken to address case and apologies given.

STA (Surgery) (2 cases): **Case 1**: Concerns raised that there have been delays in care. **Case 2:** Concerns that records were not shared with another hospital. In both cases, reassurances and apologies provided as appropriate.

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-M11 = 106 Informal and 51 Formal



Learning and Actions from Formal Complaints Closed

– 5 formal complaints were closed in Month. Of these, 1 was not upheld. With 3 being **partly upheld** and 1 was **upheld,** details of these 4 below:

Formal complaint 1 (Surgery) – PARTLY UPHELD. Concerns raised on whether patient's death could have been prevented. Explanation of care provided with reassurances made that management was appropriate and timely. Partially upheld as management of concerns and questions was not timely and previous letter provided was too clinical and not adequate to allay concerns. Reassurance provided that we will continue to review clinical governance processes to ensure families receive timely and appropriate responses.

Formal complaint 2 (Surgery) – PARTLY UPHELD. Concerns raised that patient may have suffered complication as staff unaware of medication, and information on e-discharge was incorrect meaning patient did not receive information on possible side-effects. Reassurances given that known complication, and all medications and clinical care were appropriate. Partly upheld and apologies given for omission of information in e-discharge letter. Staff have been supported and reminded to ensure information is included where appropriate.

Formal complaint 3 (Surgery) – PARTLY UPHELD. Concerns raised that patient provided with incorrect advice and that there were delays in pain relief. Apologies given that patient had concerns and for the delays in pain relief. Patient reassured that advice given was safe, and pain management reviewed to understand what could have been done differently. Partly upheld and apologies given that communication and compassion were not as expected when leaving the hospital.

Formal complaint 4 (Cardiology) – UPHELD. Concerns raised that reasonable adjustments were not made for patient with additional needs, when attending for clinic appointment. Apologies and reassurances given for experience. **Action from complaint:** To undertake an internal review to consider how current processes can be strengthened to ensure patients with known disabilities can be fully supported.

Caring: Spotlight On – Formal Complaints

Royal Papworth Hospital
NHS Foundation Trust

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

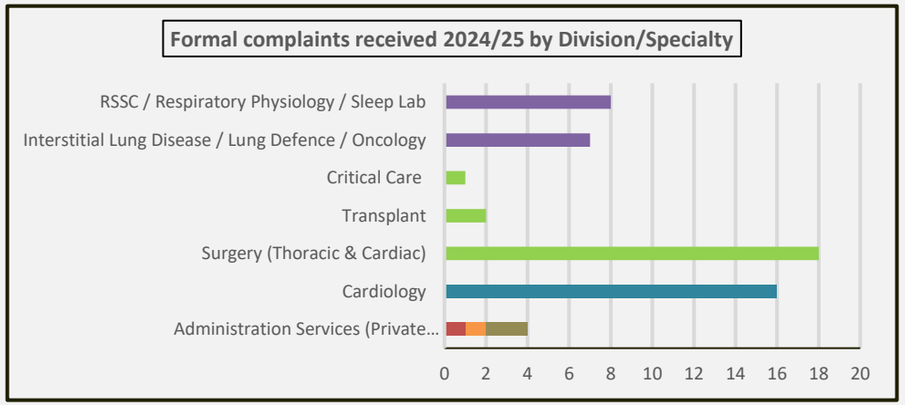
Formal Complaints

Every year the Trust must make a statement under the NHS Health & Social care Act 2009 about how many complaints it has received, their subject, the issues they raise, whether or not they were well founded, and any actions taken. During the year 2024/25, we received 56 formal complaints, 6 of which were in respect of Private Care provided by the hospital. This compares to a total of 52 complaints in the previous year 2023/24. Of the 56 received in 2024/25, 29 (52%) were in respect of outpatient treatment and 27 (48%) in respect of inpatient treatment.

National Benchmarking

The Trust uses the Model Hospital Metric to bench mark the numbers of formal complaints. This is calculated by the number of written complaints made by or on behalf of patients about an organisation per 1000 staff (WTEs). This is reported monthly as part of the Papworth integrated Performance Report (PIPR) as a rolling 3-month average of the number of written complaints per 1000 WTE. The overall Trust value remains well below the peer and national median and the latest data from Model Hospital demonstrates that we are in the lowest quartile from National comparison.

Divisional and Speciality Breakdown for Formal Complaints



Data source – Datix 07/04/2025

Divisional and Team Breakdown: From the 56 formal complaints received, the following were received by division (to note 14 of these are still under review as of 07/04/25):

Cardiology (Blue)
Received 16 complaints (29% of the Trust total)

Surgery Transplant Anaesthetics (Green)
Received 21 complaints (38% of the Trust total)

Thoracic and Ambulatory Care (Purple)
Received 15 complaints (27% of the Trust total)

Administration Services (Clinical Administration / Private Care / Finance / Transport) (Red / orange / olive)
Received 4 complaints (7%)

The table to the left shows how the specialty breakdown further by team within our clinical divisions

How many formal complaints were well founded?

In the language of the complaint's services, the terminology used states whether or not the complaints are upheld. Of the complaints received in 2024/25 and closed (42), 60% were concluded as being fully upheld or partially upheld. By this we mean that at least one of the concerns raised by the complainant required concerted action on the part of the hospital to address the issue. Of the 42 complaints closed that were received in 2024/25, 20 were recorded as partially upheld, 5 classed as upheld and 17 that were agreed to be not upheld.

Examples of learning from complaints:

Below are a few examples of the improvements that have been put in place form the feedback from complaints.

You said…	We did…
Patient was unaware all nicotine products, including patches and gum, are a contraindication to transplant so delayed treatment	New electronic transplant referral system now in place. Trust policies on heart & lung transplant have been updated to include vaping.
Patient was not provided with a sick note following admission	Staff have been reminded of the new forms on the electronic medical record system
Patient's belongings not returned to patient for some time	Review of paperwork and safe storage and return of patient property
Autistic patient preferences not fully shared with all staff involved in their care	Matrons to oversight all patients with autism or learning disability and ensure reasonable adjustments are in place. Tier 1 Oliver McGowan training for all patient facing staff in place.

Effective: Summary

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

Royal Papworth Hospital
NHS Foundation Trust

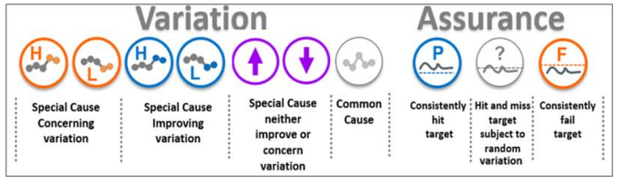
	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	85%	74.7%	72.3%			F	Action Plan
	ICU bed occupancy	85%	89.7%	89.0%		H	?	Review
	Enhanced Recovery Unit bed occupancy %	85%	78.3%	80.2%			?	Review
	Elective inpatient and day case (NHS only)*	1590 (107% 19/20)	1623 (109% 19/20)	1624 (109% 19/20)		H	?	Review
	Outpatient First Attends (NHS only)*	1746 (107% 19/20)	2302 (140% 19/20)	2296 (140% 19/20)			?	Review
	Outpatient FUPs (NHS only)*	6191 (107% 19/20)	6857 (118% 19/20)	6694 (115% 19/20)			?	Review
	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	5%	11.3%	12.9%			P	Monitor
	Reduction in Follow up appointment by 25% compared to 19/20 activity	-25%	-3.1%	-3.6%		L	F	Action Plan
	% Day cases	85%	73.8%	71.7%		H	F	Action Plan
	Theatre Utilisation (uncapped)**	85%	93%	91%			?	Review
	Cath Lab Utilisation (including 15 min Turn Around Times) ***	85%	82%	77%			?	Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	367 (106% 19/20)	366 (106% 19/20)				Monitor
	ICU length of stay (LOS) (hours) - mean	Monitor	191	195		H		Monitor
	Enhanced Recovery Unit (LOS) (hours) - mean	Monitor	35	32				Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	6.9	5.7				Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	41%	36%			?	Review
	Same Day Admissions - Thoracic (eligible patients)	40%	71%	74%		H	?	Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	9.5	6.9		H	?	Review
	Length of stay – Cardiac Elective – valves (days)	9.7	9.8	9.7			?	Review
	Outpatient DNA rate	6.0%	7.5%	6.5%			?	Review

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

*** 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

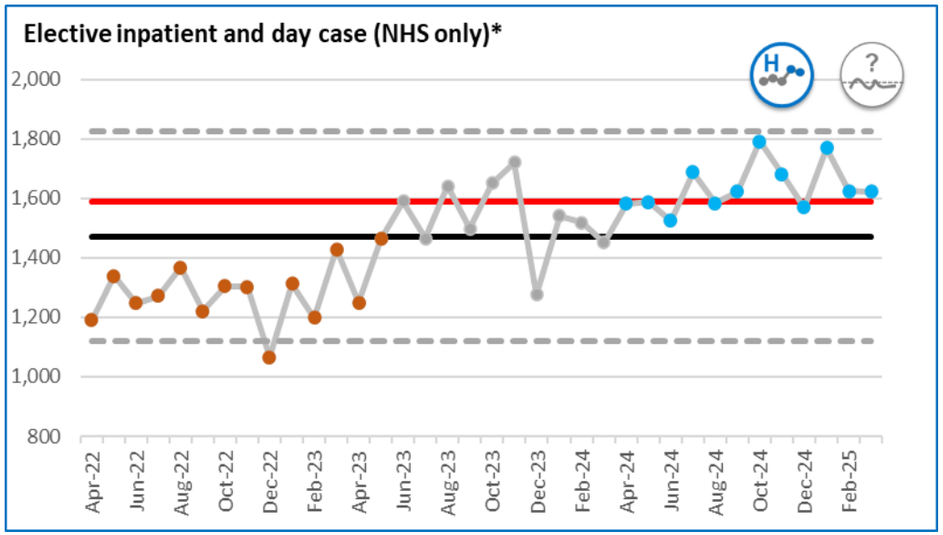
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Mar-25
1623
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%	95%	69%	57%	83%	97%	79%
	Daycases	4%**	92%	n/a	160%	131%	48%	179%**

= 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.
  - Two Additional EP PSI Lists and Two Additional Tavi PSI Lists took place over weekends in M12 to reduce the long waiting backlog.
  - Enhance grip and oversight on weekly basis from DDO re booking and case mix management.

Surgery, Theatres & Anaesthetics

- As planned ERU opened to 11 beds on 9 September 2024, ICU opened 26 beds. CCA beds increased to 36 (commissioned number)
- Theatre activity 93% (uncapped) in M12 above KPI of 85%. This reflects the increase in emergency admissions to ICU, the acuity of patients. However elective activity continues in an upward trajectory IHU patients continue to be prioritised to support flow within the system, addition capacity was made available as required.

Thoracic & Ambulatory

- As of M12, the division remains above planned activity (682 YTD) and above 2019/20 admitted activity (1,204 YTD). Further daycase increases have commenced to increase CPAP starts.

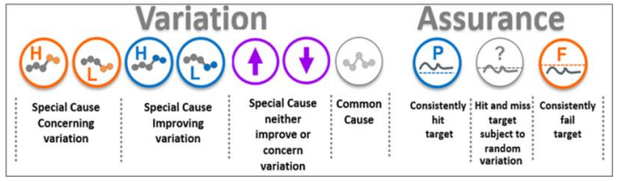
Cardiology

- The division over delivered day cases against planned activity in M12 (394 YTD).
- Elective bookings challenged by sickness and delays in Rota circulation for booking. (Action in place around Rota Management from Cardiology)
- ACS Pathways transferring accepted patients between 24 and 72 hours in M12.
- Activity in areas such as TAVI has seen a reduction in elective activity to create space to protect urgent inpatient pathways and relieve pressure in the system. Plan to increase TAVI capacity through trust wide RTT recovery.

** 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*

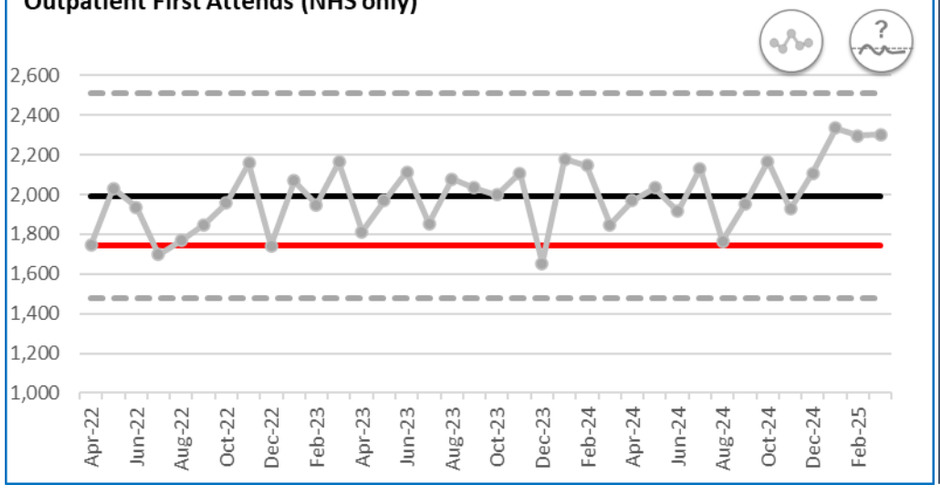


Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

NHS
Royal Papworth Hospital
NHS Foundation Trust

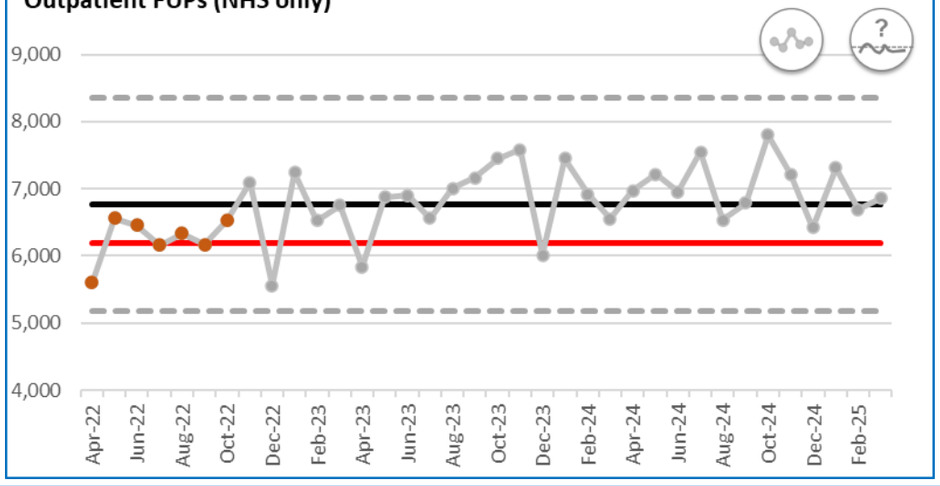
1. Historic trends & metrics

Outpatient First Attends (NHS only)



Mar-25
2302
Target (red line)*
1746
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Outpatient FUPs (NHS only)



Mar-25
6857
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	87%	90%	260%	95%	151%	101%
	Follow Up Outpatients	101%	133%	89%	127%	146%	100%

= YTD activity > 100% of 19/20

Action plan / comments

The Thoracic and Ambulatory division remains above planned activity (386 YTD) and above 19/20 activity (8,566 YTD). Within M12, there were 471 missed appointments and 490 appointments cancelled by the patient at short notice. Early discussions taking place to reduce patient cancellations as part of the RTT recovery, this includes a short notice cancellation and rebooking process.

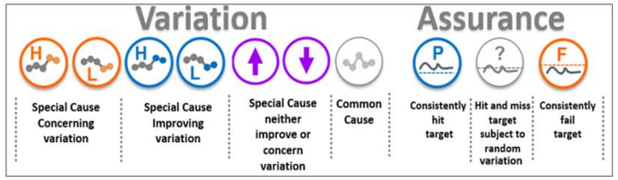
Cardiology delivered above plan within M12 and remains above the 2019/2020 non-admitted activity baseline (5945). Current review of delays for first appointments across cardiology specialities in line with RTT objectives.

Surgery continue to flex capacity to meet demand for thoracic oncology patients

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

Effective: Occupancy

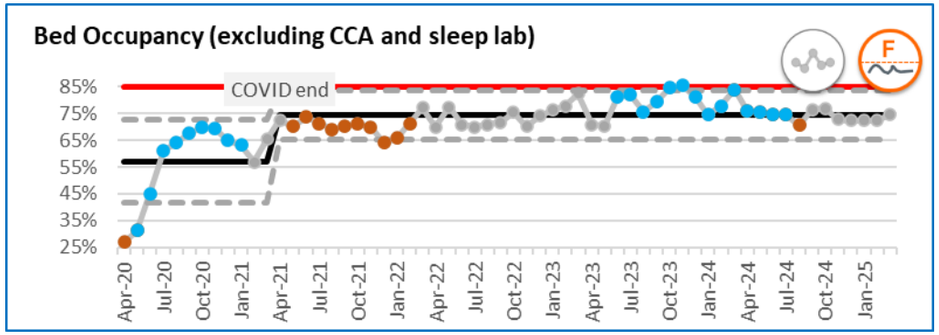
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



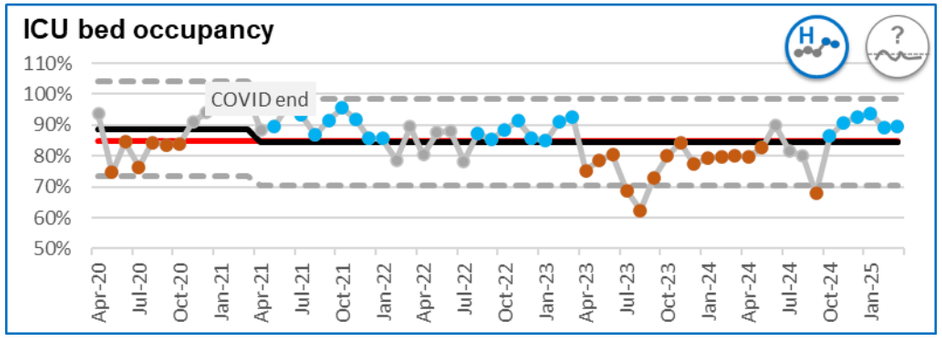
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

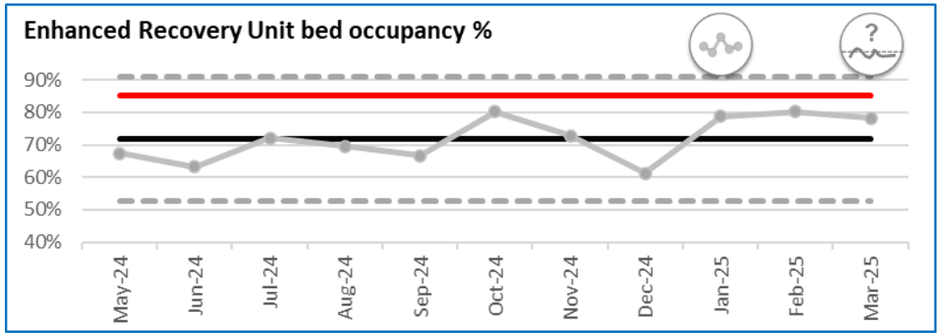
1. Historic trends & metrics



Mar-25
74.7%
Target (red line)
85%
Variation
Common cause variation
Assurance
Has consistently failed the target



Mar-25
89.7%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation



Mar-25
78.3%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Comments

Bed occupancy (excluding CCA and sleep lab):

- Since the Virtual Ward has opened, there has been an increase in bed capacity on level 5 driven by a total of 175 virtual ward days. This has provided additional bed capacity on the wards to support flow through theatres and CCA.

CCA bed occupancy:

- ICU bed occupancy in M12 continues to be above KPI at 89.7%.
- In M12 we have seen an 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.
- 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.

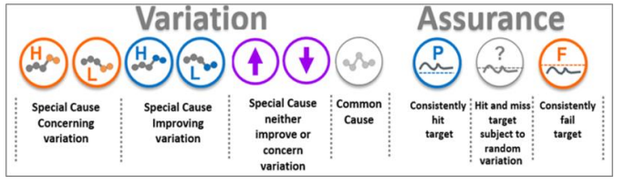
(NB. The denominator for CCA bed occupancy has been reset to 36 commissioned beds from April 2023).

ERU bed occupancy:

- Bed occupancy in M12 was 79.3% this reflects the complexity of the patient in M12.
- 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

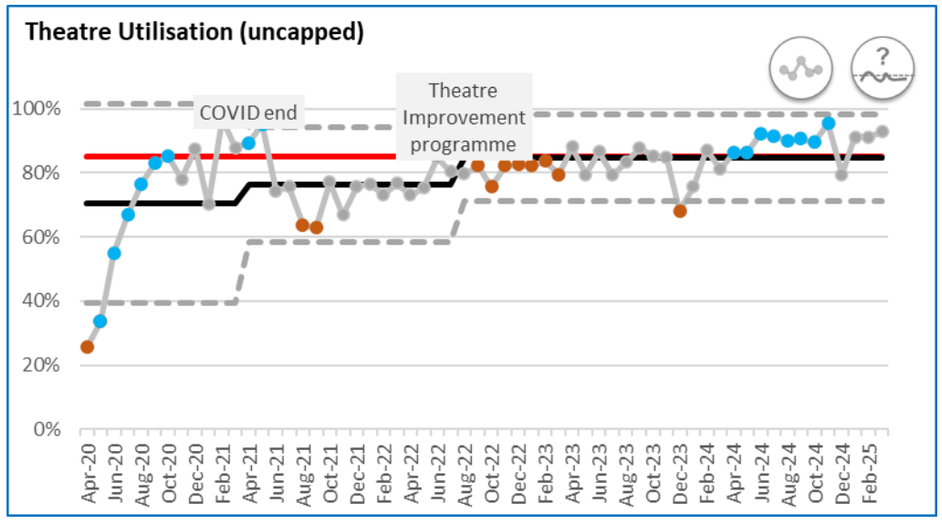
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



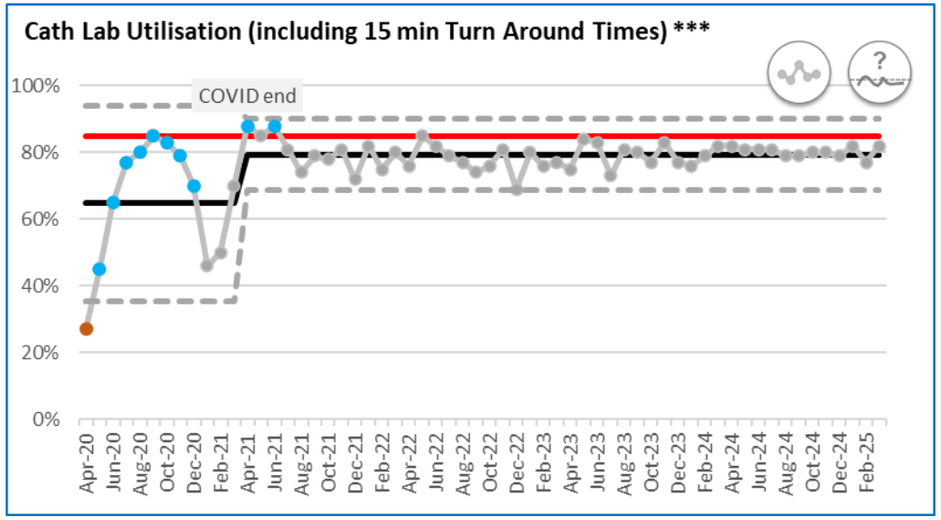
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Mar-25
93%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Mar-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 93% in M12, this reflects an increase in ECMO, transplantation and other emergency activity in M12. Despite these challenges elective activity continues on an upward trajectory in M12.
- 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 continue to be realised in M11.
- Patient safety initiatives have been approved by ED's for the remainder of quarter 4, the 12-week programme completed 30.03.25

Cath Lab Utilisation:

- M11 Cath lab performance has seen a further decrease. (M12 not available)
- Recent demand and capacity analysis has underscored a persistent trend regarding data accuracy, which impacts the interpretation of perceived utilisation. Metrics currently show labs 1-6, including Hot Lab fallow time between emergencies. Cardiology Ops reviewing with BI Team.
- 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. Quality impact assessments being undertaken.

*** 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: Action plan summary

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

Royal Papworth Hospital
NHS Foundation Trust

	Metric	Division	Action	Lead	Timescale for completion
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	Cardiology	Review of bed base with BI	LM	May-25
		STA	208 bed days saved up to M12 due to virtual ward. Bed base being used to support cardiothoracic flow	JS	Embedded
			Increasing same day admissions for cardiothoracic surgical patients	JS	TBC
		Thoracic	Review of bed base with BI	ZR	May-25
	Reduction in follow up appointment by 25% compared to 19/20 activity	Cardiology	PIFU rollout within CRM	LM	Apr-25
			Review clinic templates: job planning	LM	Sep-25
			Review clinic templates: new:FU ratio / clinic size against 19/20	LM	Jun-25
		STA	Review clinic templates: new:FU ratio / clinic size against 19/20	JS	Jun-25
		Thoracic	Clinic template change to 70:30 new:FU ratio in RSSC	ZR	Feb-25
			PIFU rollout within CPAP	ZR	Apr-25
	% Day cases	Cardiology	85.3%: met trust target		
		STA	15.6%: due to complexities of surgery, minimal day cases within STA. JS to check what is counted as a day case	JS	Jun-25
		Thoracic	78.6%: Day case activity increased by 10 per week from 10 March	ZR	Mar-25
	Cath Lab Utilisation (including 15 min Turn Around Times)	Cardiology	Meet with BI to discuss data for metric as includes cath lab 1 (HOT lab)	LM	May-25

Responsive: Summary

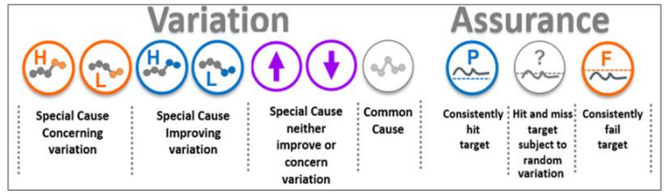
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

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	% diagnostics waiting less than 6 weeks	99%	93.6%	96.8%				Review
	18 weeks RTT (combined)	92%	63.0%	61.8%				Action Plan
	31 days cancer waits	96%	94%	93%				Review
	62 day cancer wait for 1st Treatment from urgent referral	85%	0%	67%				Review
	104 days cancer wait breaches	0	12	13				Action Plan
	Number of patients waiting over 65 weeks for treatment	0	10	15				Review
	Theatre cancellations in month	15	41	35				Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	26%	24%				Action Plan
	Acute Coronary Syndrome 3 day transfer %	90%	57%	85%				Review
	Number of patients on waiting list	3851	7403	7263				Action Plan
	52 week RTT breaches	0	51	63				Action Plan
Additional KPIs	% of IHU surgery performed < 10 days of medically fit for surgery	95%	35%	41%				Review
	18 weeks RTT (cardiology)	92%	58.8%	60%				Action Plan
	18 weeks RTT (Cardiac surgery)	92%	70.6%	68%				Action Plan
	18 weeks RTT (Respiratory)	92%	63.9%	62%				Action Plan
	Other urgent Cardiology transfer within 5 days %	90%	80%	85%				Review
	% patients rebooked within 28 days of last minute cancellation	100%	87%	60%				Review
	Urgent operations cancelled for a second time	0	0	0				Review
	Non RTT open pathway total	Monitor	48926	48604				Monitor
	Validation of patients waiting over 12 weeks	95%	30%	31%				Action Plan

Responsive: RTT

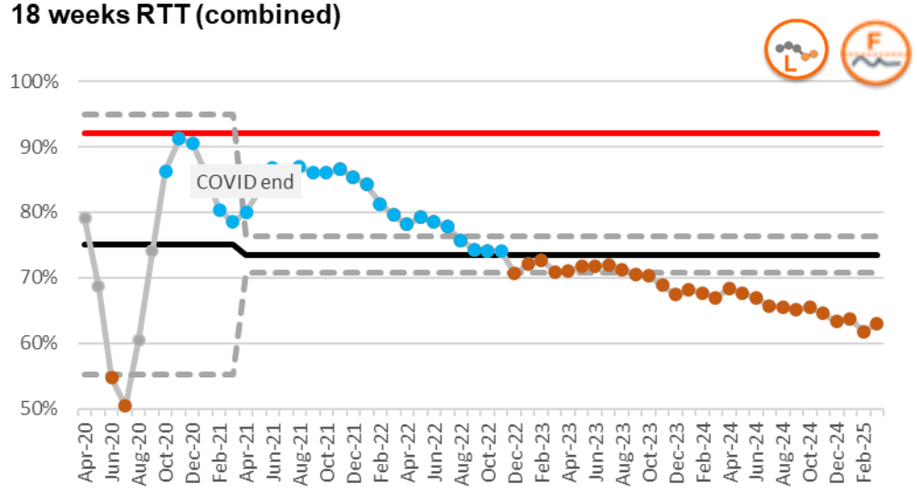
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



Royal Papworth Hospital
NHS Foundation Trust

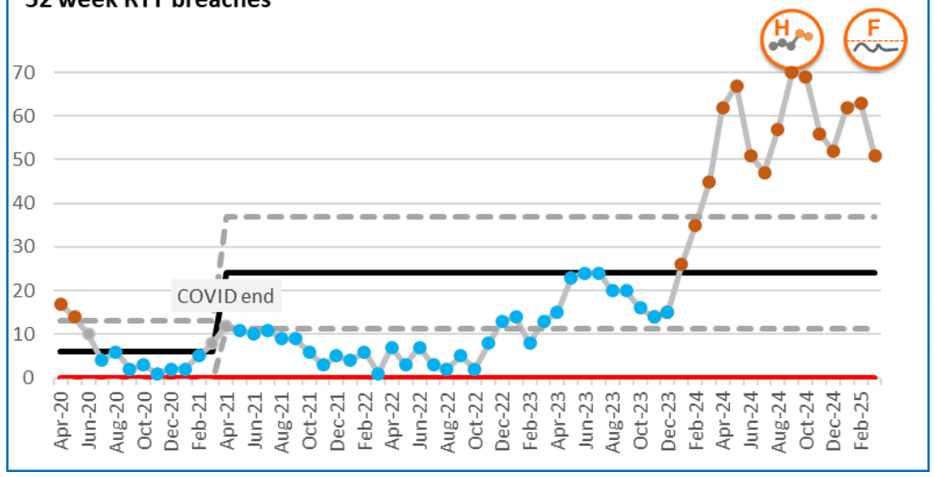
1. Historic trends & metrics

18 weeks RTT (combined)



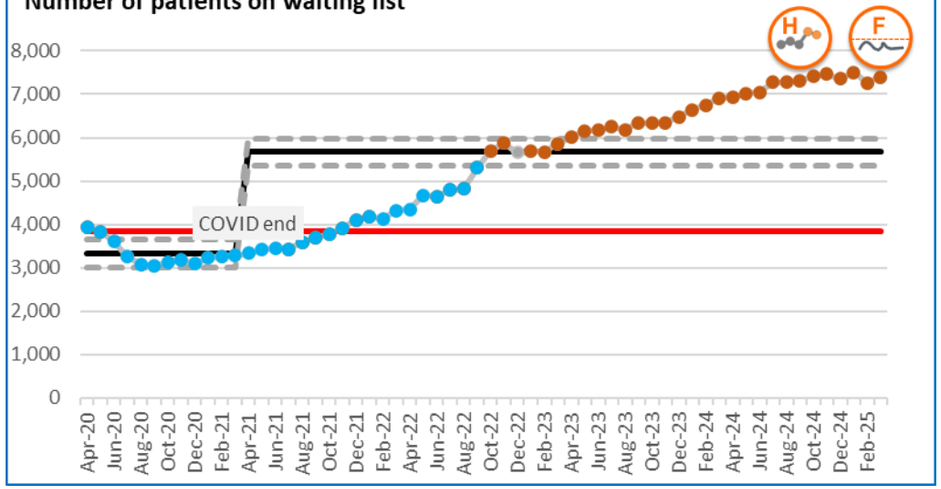
Mar-25
63.0%
Target (red line)
92.0%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

52 week RTT breaches



Mar-25
51
Target (red line)
0
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Number of patients on waiting list



Mar-25
7403
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 51 52-week RTT breaches in month, which is a decrease of 12 from the previous month.
- Trust-wide RTT recovery programme in place to support operational plans for 2025/26. This work has reviewed opportunities already developed and divisions have put together proposals of immediate remedial plans to aid the reduction in the backlog as well as sustainable plans to ensure ongoing demand can be met while reducing pathway waits for patients.
- New governance structure in place to review delivery and performance, this includes a weekly planned care delivery and performance group and bi-weekly access board.

52 Week breakdown:

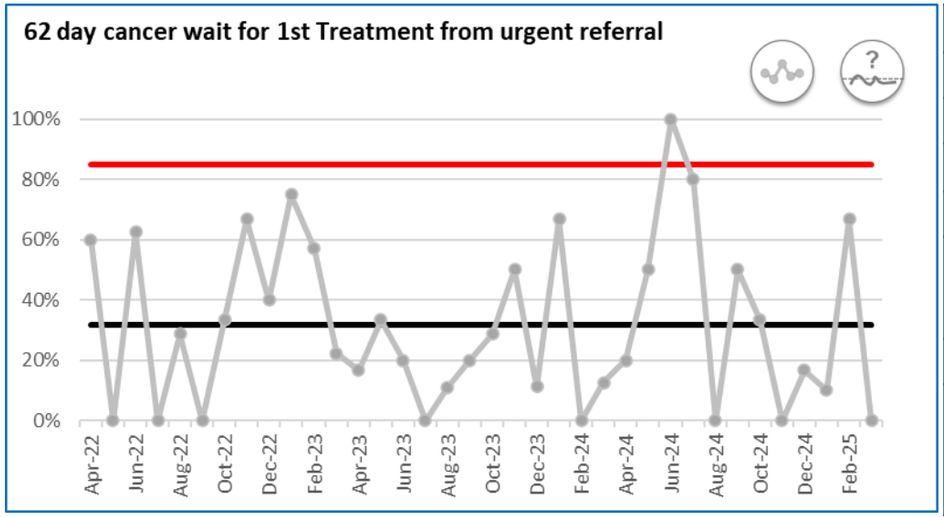
- 39 of the 52-week breaches were in Cardiology, 29 of these patients were structural awaiting Tavi or PFO due to sickness in the consultant team. 5 of these were EP, 1 was Intervention, 4 were clock stops. 6 of these were late referrals and 2 missed IPT.
- Five of the 52-week breaches occurred within the Thoracic and Ambulatory services. Three of these were the result of late referrals. Of the five patients, three have since been discharged. One patient, who was a late referral, is scheduled to be seen in May and has been sent a CSS device in preparation. The remaining patient, referred in early March, has now received a partial booking letter after failing to respond to multiple attempts at contact
- Surgery had 5 patients over 52 weeks, one patient at 83 weeks and one at 66 weeks – both clock stops. 3 further patients dated in April.

Responsive: Cancer

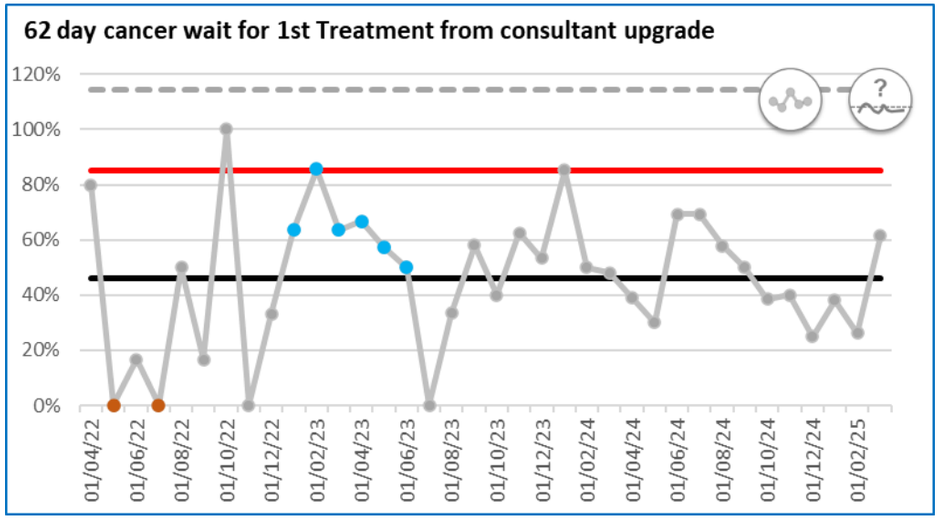
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

NHS
Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Mar-25
0%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Mar-25
62%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments

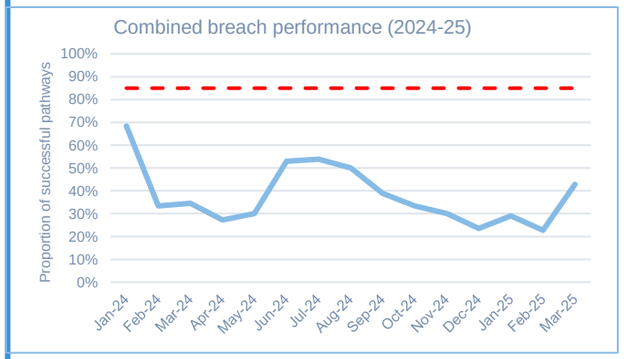
The average day of referral for M12, was 28.9 days (70 referrals received). Fifteen referrals were received after day 38. Improvements in 62-day performance is driven by improvements within surgical and diagnostic waits.

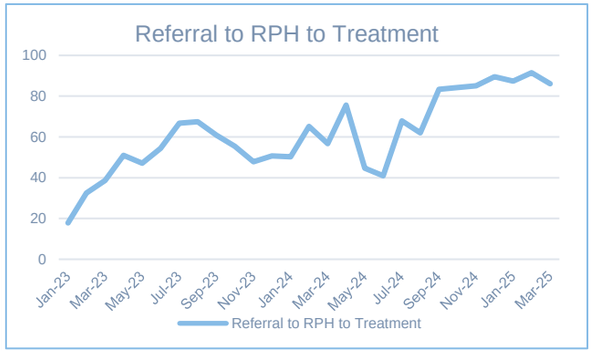
62 day breakdown:

1) Ref rec day 30, Needed Czech interpreter, PET-CT 12 day wait, 5 day reporting, CTNB : 4 day wait, 4 day reporting, Diagnosis 10/10/24 (day 58), resection agreed by MDT, Pt unsure: wanted to wait until New Year, Pt decided active monitoring
2) IPT rec'd day 73., Required repeat CT @Col., 19 day wait for clinic., 27 day wait for surgery.
3) Ref rec d12, PET-CT: MDT carry over due to no PET imaging, VATS: 32 day wait, Consideration of clinical trials vs standard treatment, Inpatient – surg,, OPA cancelled, Palliative care
4) Ref rec day 52, Required Q scan, echocardiogram and up to date CT CAP, 16 day wait for clinic, 14 day DTT
   37 days total with RPH

Upgrade:

1) Ref rec 118, treated by day 134, 16 days
2) IPT rec'd day 64. 14 day wait for clinic. 34 day wait for surgery. Pt offered sooner surg date with another con but declined.
3) Ref rec d 76, Diagnosis day 83 (needed ENH input), 13 day wait for surgical clinic, 17 day wait for surgery
4) IPT rec'd day 1., Seen in clinic day 11, Patient was unsure about proceeding with surgery under RPH (see notes on EMR)., Seen in clinic day 75., 30 day wait for surgery.
5) Ref rec d41, Bulgarian interpreter, CTNB: 5 day wait, Diagnosis day 51 Consideration of neoadjuvant, Surgery 25 day wait
6) Ref rec d40,PET-CT: 12 day wait, 2 day report, CTNB: 5 day wait, 3 day report, Echo: 5 day wait, Required CT and CT head, DTT : 20 days
7) Ref rec day 64 Diagnosis day 68 at MDT, 6 day wait for clinic, 16 day DTT, IPT-treatment: : 26 days. Due to delays associated with receiving referral on a Friday, requiring MDT on Tuesday. Delay in sending referral from Lister (staff shortages at ENH)
8) Day 0 referral received, Day 7 MDT, Day 19 PET, Day 27 EBUS, Day 35 CTNB, Day 60 Clinic & DTT, Day 75 surgery cancelled by hosp (capacity), Day 87 Surgery performed

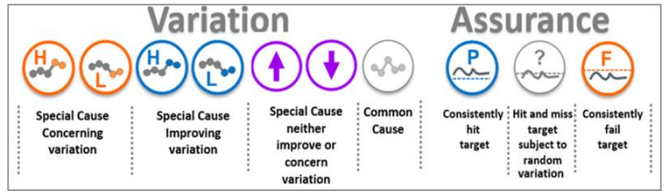




Please note the compliance data submitted to PIPR is pre-allocation. It does not consider patients who would later be found not to have a cancer diagnosis or patients that are referred on for treatments at other trust where breach or treatment allocation are later made.

Responsive: Cancer

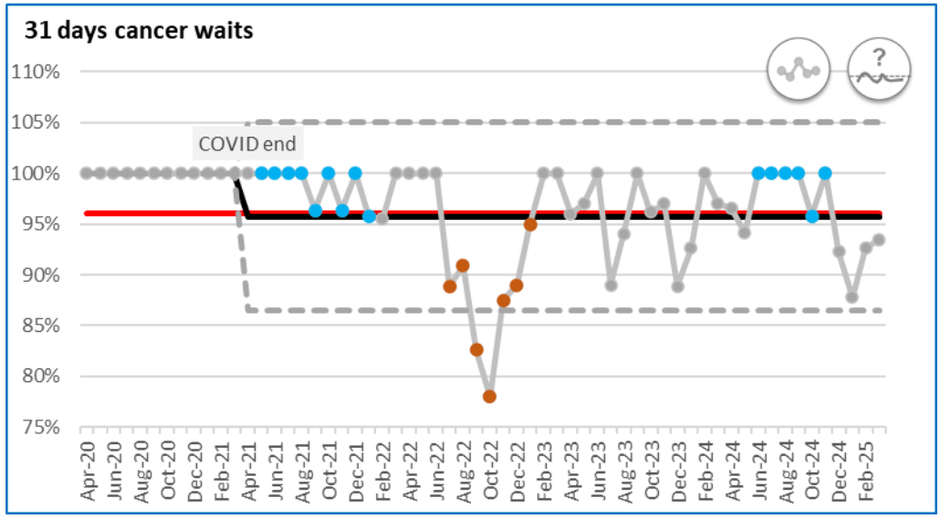
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



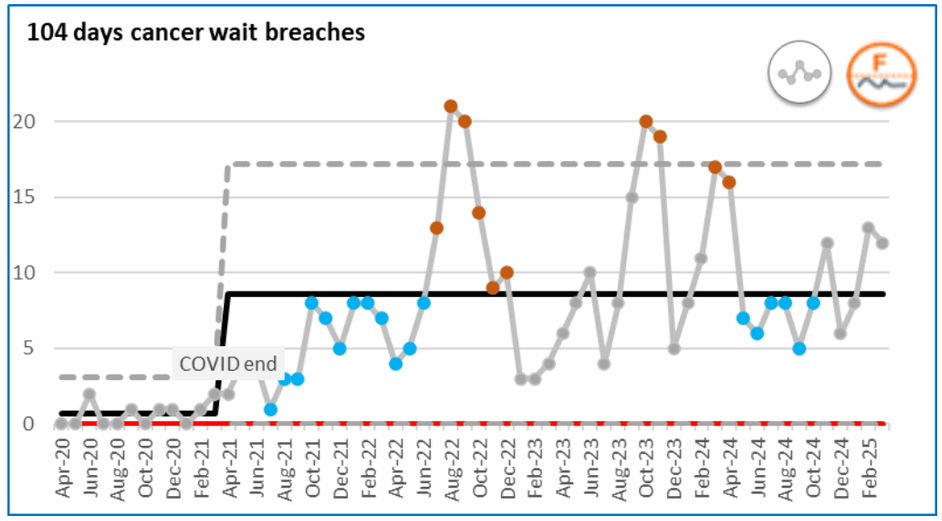
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



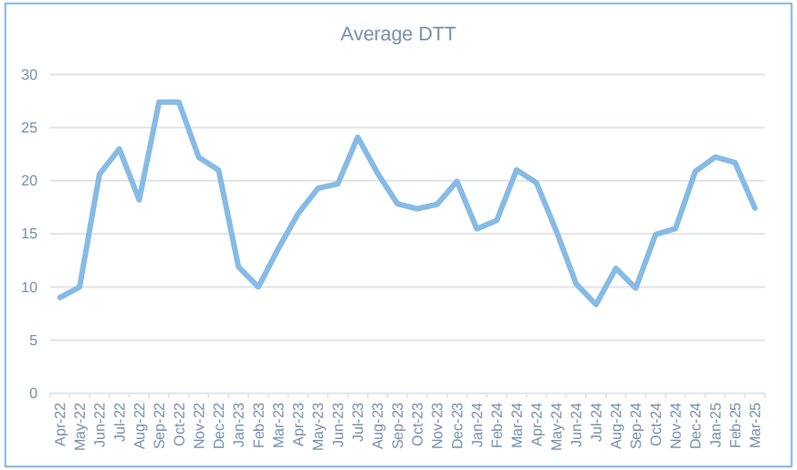
Mar-25
94%
Target (red line)
96%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Mar-25
12
Target (red line)
0
Variation
Common cause variation
Assurance
Has consistently failed the target

Action plans / Comments

31 Day breaches: Two breaches within M11. The average decision to treat (DTT) was 17.4 days. Scheduling process to be agreed within Surgical business unit meeting in April 2025. Cancer Alliance bid was successful for an additional 84 surgeries within 2025/26.



104 day breaches: Four breaches within M12. 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.

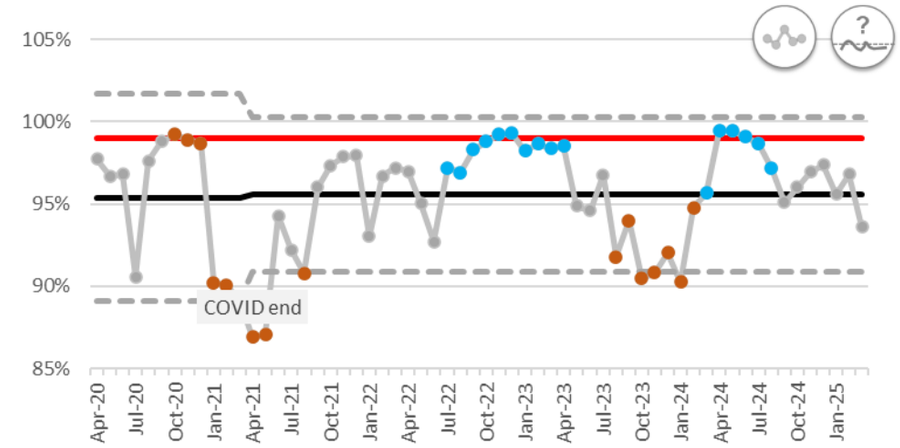
Responsive: Other metrics

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

Royal Papworth Hospital
NHS Foundation Trust

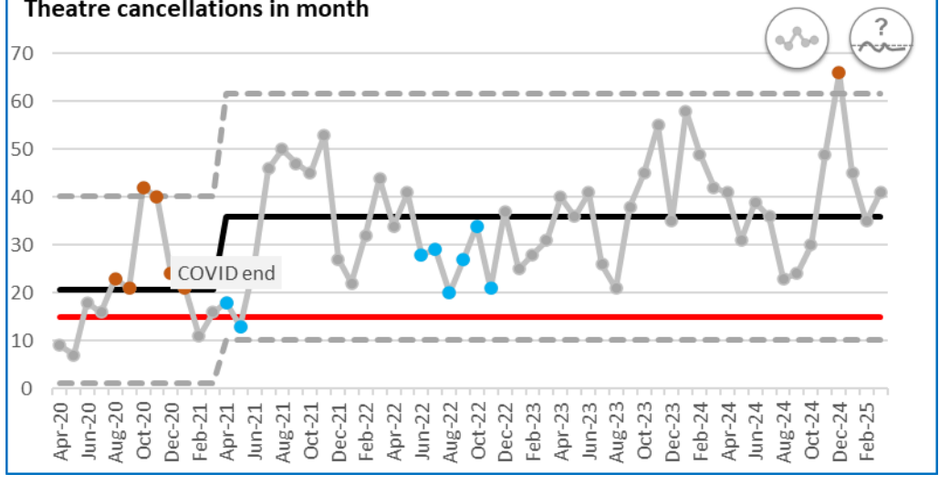
1. Historic trends & metrics

% diagnostics waiting less than 6 weeks



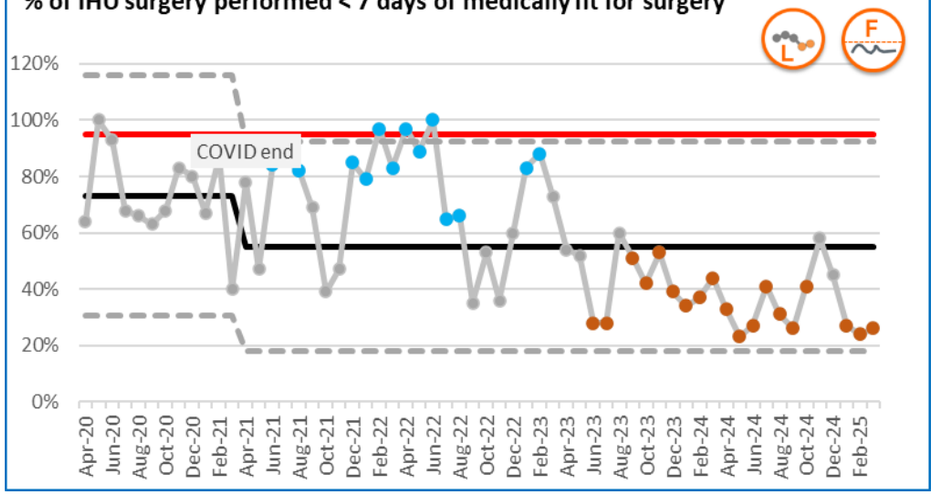
Mar-25
93.6%
Target (red line)
99%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Theatre cancellations in month



Mar-25
41
Target
15
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

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



Mar-25
26%
Target (red line)
95%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Action plans / Comments

DM01

•Diagnostic reporting in radiology continues a downward trajectory in M12 with an average compliance of 42% on Qlik.
•NHSE have confirmed that the DM01 start date can reflect the date the referral is received into RPH. Paper being written for COO input before any changes are enacted
•Referral numbers into Radiology continue to increase
•NWAFT is now engaged with the impact on RPH radiology diagnostic waiting times
•Consideration needed to ensure all patients are treated in date order irrespective of their referral location (currently many external hospitals refer their patients as clinically urgent which prioritises them above all other patients waiting). This will be a contributory factor to the reducing DM01 which we have seen over the past 4 months as patients are not being treated in date order but in a priority order not controlled by RPH.

Theatre Cancellations

41 cancellations in M12. The most significant reason for cancellation on the day was due to ERU capacity – 10, review of ERU patients underway, including scheduling, to ensure bed space fully optimised.
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, 7 day KPI, 2% increase in M12.
- 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.
- Action plan to be drafted as part of the patient flow programme.

Responsive: Spotlight – CT Backlog

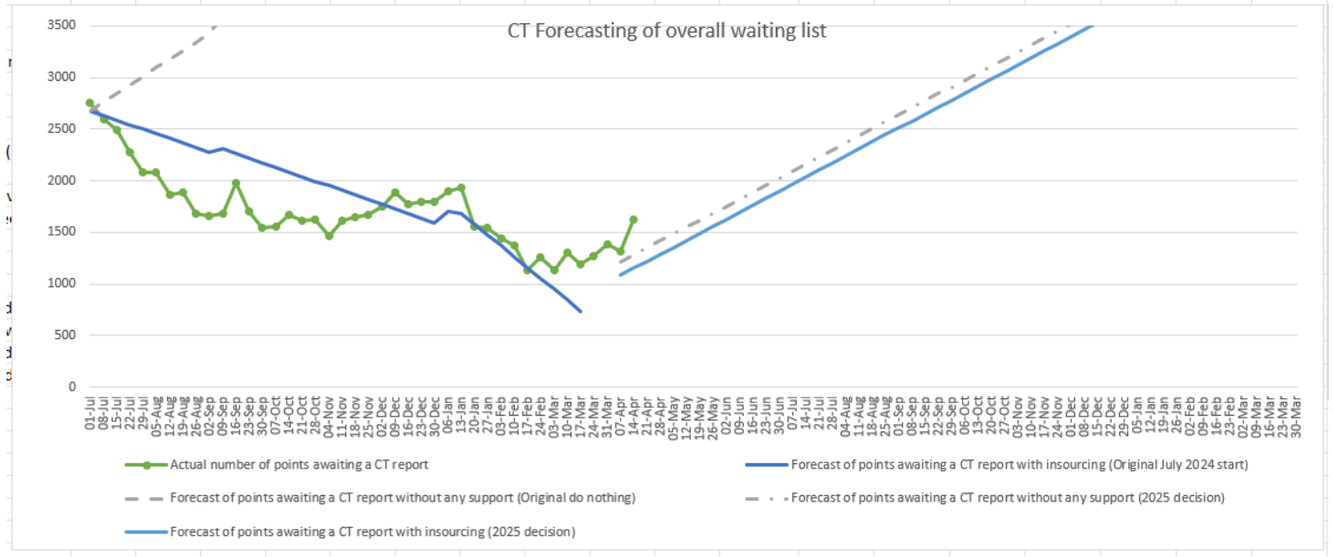
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

CT Reporting 31/03/2025

CT Waiting list reporting - Executive Summary

Focus	Aim	Forecast	10/03/2025	17/03/2025	24/03/2025	31/03/2025	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	714	791	507	518	
Total CT points reported	Increase the numbers of CT reports per week	634	541	908	423	410	
Actual number of points awaiting a CT report	Decrease the overall waiting list	6241	1305	1188	1272	1380	
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	56	401	391	423	407	
Number of patients awaiting a CT report	Decrease patients awaiting CT reports	n/a	446	392	437	483	
Number of patients awaiting a CT report for more than 4 weeks	Decrease patients awaiting CT reports more than 4 weeks		103	93	106	126	
Proportion of CT reports waiting for more than 4 weeks	Decrease the proportion of waiters who wait over 4 weeks (backlog)	1%	31%	33%	33%	29%	
% 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)		129%	135%	93%	91%	
% 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)		80%	135%	65%	#DIV/0!	
Number of patients awaiting a CT scan based on PTL	Tracking only		1117	1111	1069	1103	



KEY MESSAGES:

LC additional reporting shifts currently turned off from mid March following contract ending – awaiting exec approval to reinstate during short term reporting support whilst long term solution (outsource project) is procured and implemented

CT reporting trajectory & tracker refreshed to account for the lack of reporting support (see below)

Remains only 9 WTE Consultant Radiologists in post against a budgeted WTE of 13.77

Reporting between 1/3/25 and 14/4/25 showed an increase in CT scans awaiting reporting from 466 to 567 with an increase in scans waiting more than 4 weeks increasing from 90 to 188

CT report average turnaround time in March – 15 days

Graph:

Blue lines – trajectory

Green line – tracker (actual activity outstanding)

Trajectory can be adjusted should plans change (such as reporting support reinstated, new colleagues joining the team).

Outsource project update (as of 15/4/25)

Project remains within documented timescales

To support all modality reporting, not just CT

Terms of reference agreed & signed off

Draft Statement of Requirements in progress

Awaiting Exec Board permission to proceed to tender. Project on hold until permission received

Further paper submitted 15/4/25

Potential implementation timeframe remains as December 2025 subject to no further project delays

Responsive: Action plan summary

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

Royal Papworth Hospital
NHS Foundation Trust

	Metric	Division	Action	Lead	Timescale for completion
Dashboard KPIs	18 weeks RTT (combined)	All	RTT planned care and delivery group and access board stood up to monitor RTT delivery initiative. Detailed improvement plans in place and reported against weekly. Efficiencies in pathways identified as part of additional activity to ensure RTT remains sustainable.	DDOs	Mar-26
	% of IHU surgery performance < 7 days of medically fit for surgery	STA	Working group between Clinical Admin, STA and Cardiology to review IHU processes. Propose spotlight slide to be shared for June PIPR.	NH/LM	TBC
	Number of patients on waiting list	Cardiology	Demand increasing within EP, additional lists will help the backlog while sustainable actions identified as part of RTT recovery will aid sustainability	LM	Mar-26
			Cath lab optimisation project to improve productivity through BAU to support ongoing demand and capacity	LM	Mar-26
			Structural and MTEER has small increase in demand, however has significant impact on waiting list due to resilience in medical team. Cath lab optimisiation project will support demand and capacity	LM	Mar-26
		STA	Demand remains stable however waiting list has reduced due to changes in pathways including ERU and virtual ward	JS	Embedded
		Thoracic	New capacity within ILD will be available from May 2025 to meet the demand	ZR	May-25
			Reviewing processes to enhance clinic utilisation as part of RTT recovery, including short notice booking procedures and reduction of missed appointments	ZR	Jun-25
			Demand and capacity review of RSSC to ensure capacity meets growing demand	ZR	Jul-25
	52 week RTT breaches	Cardiology	Review of process for late additions to waiting list, including IPT corrections	LM	Jun-25
		STA	Late referrals are expedited and flexing of capacity is reducing the number above 52 weeks	JS	Embedded
		Thoracic	Appointments held to accommodate late additions / IPTs. Liaison with referring DGHs to understand challenges and whether referrals can be made sooner	ZR	Embedded
Additional KPIs	18 weeks RTT (cardiology)	All	Non-coronary intervention additional lists alongside additional reporting 33 TAVI lists 14 Structural lists 5 TOE lists	LM	Mar-26
			Additional lists and outpatient clinics in relation to CRM including: 100 EP lists 11 Outpatient first appointment clinics	LM	Mar-26
	18 weeks RTT (STA)	All	Extended thoracic lists Green lists Pre-admission / same day admission	JS	Mar-26
	18 weeks RTT (Thoracic)	All	Substantive ILD Consultant recruited and will support demand and capacity	ZR	Apr-25
			ATIR / Options appraisal for additional oximeters to meet CSS only backlog	ZR	Apr-25
			RSSC additional list including: Clear CSS only backlog including reporting Outpatient appointments and one-stop clinics to commence treatment as appropriate	ZR	Mar-26
			Additional medical secretary support to discharge patients waiting over 18 weeks	SC	
	Validation of patients waiting over 12 weeks	All	Administrative validation focuses on patients waiting over 40 weeks	Ops teams	
			Technical validation	BI team	
			Digital validation	ZR	
			Validation sprints - detailed action plan to be drafted Q1 in line with national validation sprints	ZR	Jun-25
		Thoracic	6 month FTC validator within thoracic to support RTT delivery	ZR	

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	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Dashboard KPIs	Voluntary Turnover % **	4	9.0%	8.26%	9.62%	7.37%	6.90%	7.48%	9.39%
	Vacancy rate as % of budget **	4	7.50%	9.08%	8.31%	7.95%	7.29%	6.45%	6.01%
	% of staff with a current IPR	4	90%	73.35%	75.39%	76.77%	76.33%	77.74%	77.74%
	% Medical Appraisals*	3	90%	66.67%	70.25%	72.73%	76.61%	79.03%	80.31%
	Mandatory training %	4	90.00%	89.03%	88.72%	88.39%	87.95%	88.07%	87.07%
	% sickness absence **	5	4.0%	4.78%	4.58%	5.26%	5.10%	4.65%	4.39%
Additional KPIs	FFT – recommend as place to work **	3	72.0%	71.00%	n/a	n/a	n/a	58.00%	n/a
	FFT – recommend as place for treatment	3	90%	90.00%	n/a	n/a	n/a	85.00%	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	4	5.00%	5.29%	3.37%	2.72%	2.16%	1.80%	1.77%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	4	10.00%	9.35%	12.66%	12.92%	12.23%	12.06%	11.01%
	Long term sickness absence % **	5	1.50%	2.14%	1.62%	2.14%	2.10%	1.84%	1.94%
	Short term sickness absence	5	2.50%	2.65%	2.97%	3.12%	2.99%	2.82%	2.45%
	Agency Usage (wte) Monitor only	5	Monitor only	50.0	43.6	35.2	33.6	29.2	27.8
	Bank Usage (wte) monitor only	5	Monitor only	90.0	80.8	81.0	96.3	93.9	100.5
	Overtime usage (wte) monitor only	5	Monitor only	45.9	41.1	33.4	41.5	45.5	54.0
	Agency spend as % of salary bill	5	2.18%	3.62%	2.73%	2.00%	1.90%	2.52%	1.12%
	Bank spend as % of salary bill	5	2.41%	2.72%	2.97%	2.92%	2.68%	3.18%	2.25%
	% of rosters published 6 weeks in advance	3	Monitor only	57.60%	48.50%	48.25%	63.60%	60.60%	57.60%
	Compliance with headroom for rosters	4	Monitor only	28.30%	26.50%	32.00%	29.50%	30.40%	30.10%
	Band 5 % White background: % BAME background	5	Monitor only	n/a	n/a	42.00%:56.75 %	n/a	n/a	41.43%:57.38 %
	Band 6 % White background: % BAME background	5	Monitor only	n/a	n/a	64.34%:34.39 %	n/a	n/a	62.31%:36.47 %
	Band 7 % White background % BAME background	5	Monitor only	n/a	n/a	76.63%:20.85 %	n/a	n/a	75.69%:21.76 %
	Band 8a % White background % BAME background	5	Monitor only	n/a	n/a	83.87%:14.52 %	n/a	n/a	85.40%:13.14 %
	Band 8b % White background % BAME background	5	Monitor only	n/a	n/a	85.71%:14.29 %	n/a	n/a	86.21%:13.79 %
	Band 8c % White background % BAME background	5	Monitor only	n/a	n/a	77.78%:22.22 %	n/a	n/a	80.65%:19.35 %
	Band 8d % White background % BAME background	5	Monitor only	n/a	n/a	90.00%:10.00 %	n/a	n/a	90.00%:10.00 %
	Time to hire (days)	3	48	58	41	45	41	42	38

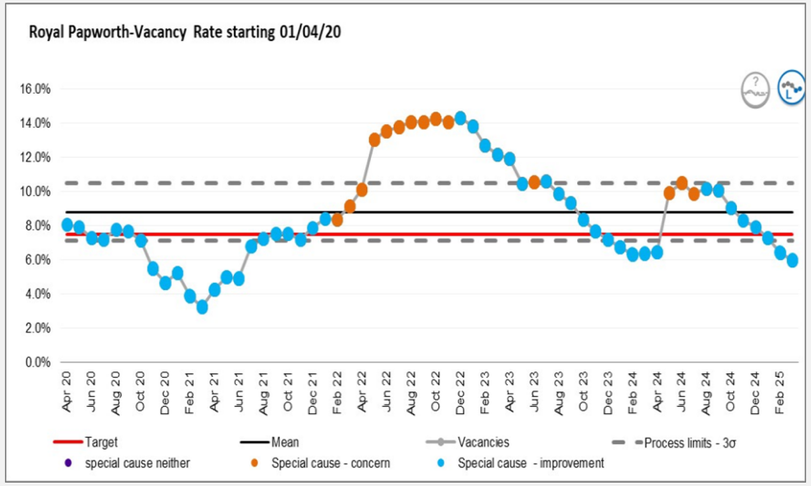
Summary of Performance and Key Messages:

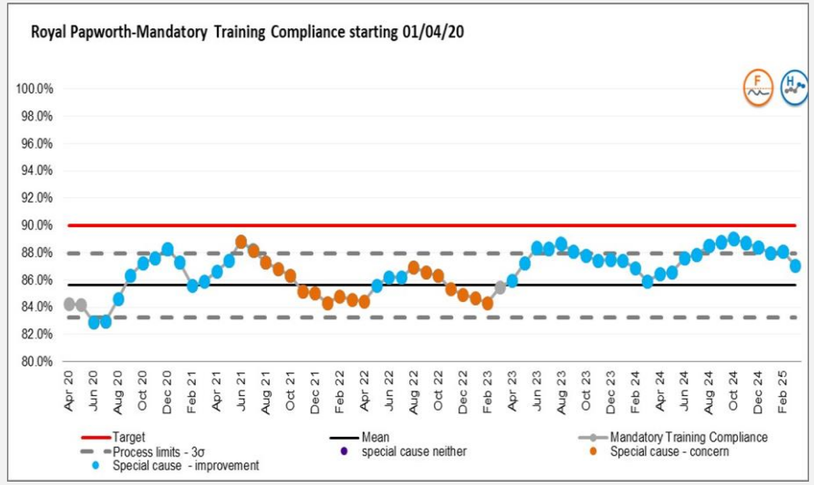
- Following three months of turnover remaining below our KPI, we have now seen an increase to 9.39%, just surpassing the 9% target. Of the 28.6 non-medical leavers, 11.6 were registered nurses—indicating a higher turnover rate within this group than seen in recent months. The most commonly cited reason for leaving was “lack of opportunity.” This is likely linked to the workforce stability we’ve experienced recently, with overall low vacancy rates in registered nursing roles. Fewer vacancies and lower turnover naturally limit opportunities for stretch assignments or promotion, leading staff to seek opportunities externally. We will continue to monitor this closely and ensure that our Recruitment and Retention Programme Board remains responsive to emerging turnover drivers.
- Our total Trust vacancy rate continued its improving trend dropping from 6.45% in February to 6.01% in March which is below our KPI of 7.5%.
- The registered nurse vacancy rate fell to 1.77%. Our pipeline currently includes 11 Band 5 Registered Nurses and 2 for temporary staffing, with an additional 36 candidates for general and Band 6 nursing roles (7 of these for temporary staffing). While pipelines remain strong across all areas, they are beginning to reduce as recruitment has been scaled back in response to low turnover and vacancy levels. Despite this, we plan to maintain a rolling recruitment programme, even where immediate vacancies do not exist. This will ensure we retain a ready pipeline—with delayed start dates—so we are prepared when turnover inevitably rises.
- The unregistered nurse vacancy rate decreased from 12.1% to 11.01%, bringing us closer to the 10% KPI. We currently have 14 Healthcare Support Workers in the pipeline, plus 13 for temporary staffing.
- The average time to hire in March was 38 days, significantly below the 48-day KPI. This reflects the effectiveness of the measures implemented. We anticipate that this figure may increase slightly as a result of maintaining a rolling pipeline without immediate vacancies, though some flexibility here is necessary to support our long-term strategy.
- Total sickness absence fell again this month to 4.39%, although it remains above the 4% KPI. The Workforce Directorate continues to support managers through training and the application of absence management protocols.
- Temporary Staffing - usage continued its decline again this month and is now at its lowest level in 24 months for both bank and agency staff. This reduction is a direct result of proactive workforce planning, improved roster management, targeted sickness absence interventions, and stronger governance around temporary staffing usage.

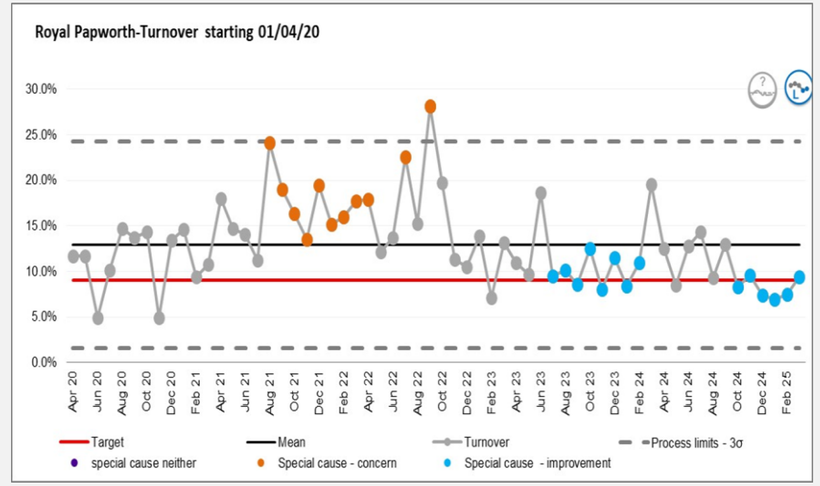
People, Management & Culture: Key performance trends

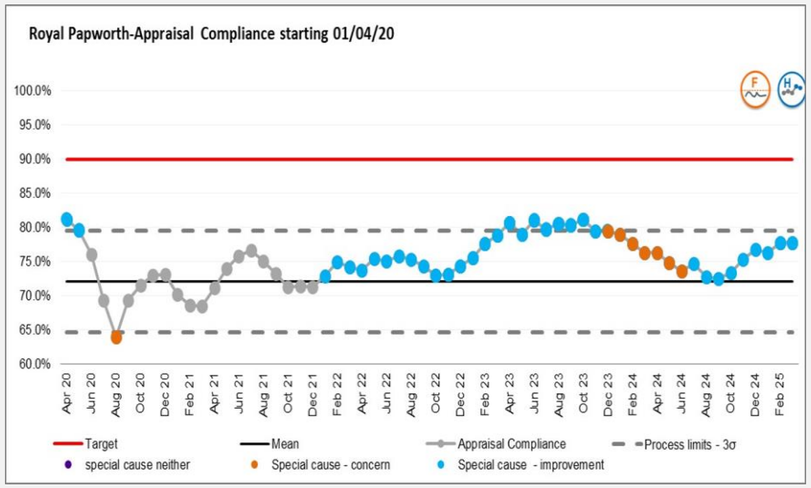
Royal Papworth Hospital
NHS Foundation Trust

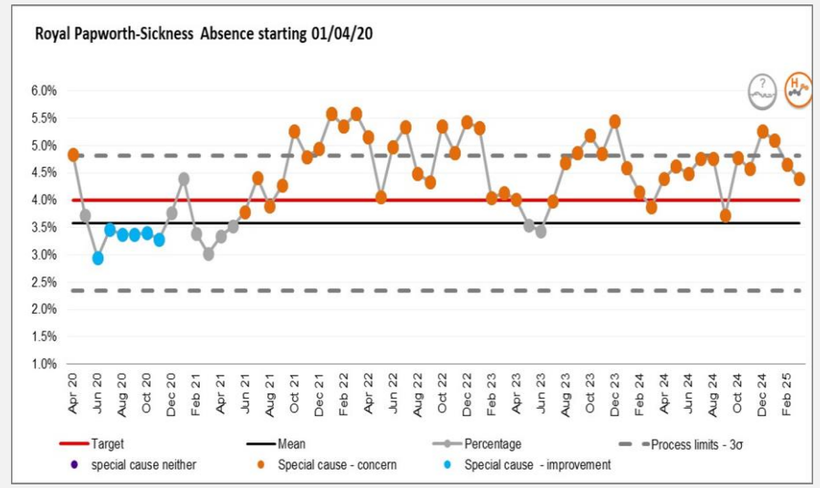
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*











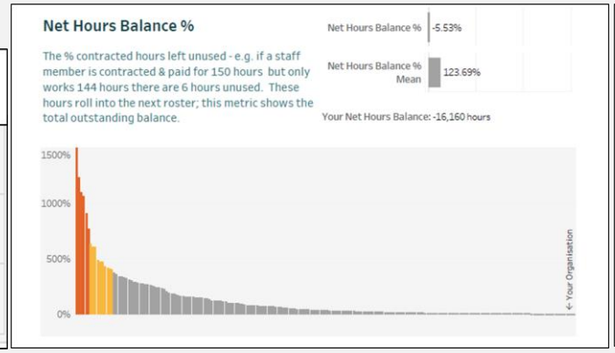
People, Management & Culture: Roster Management

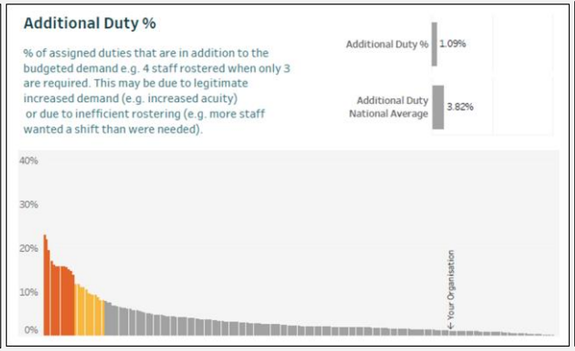
Royal Papworth Hospital
NHS Foundation Trust

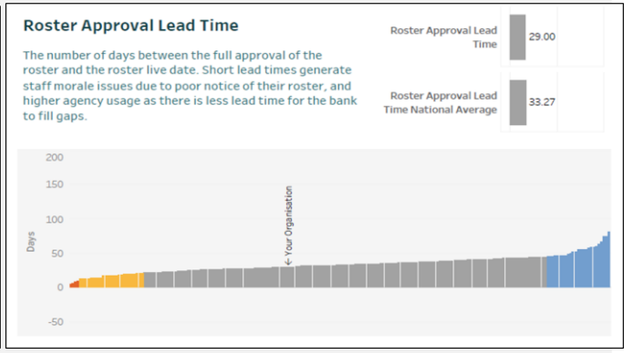
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *Head of Workforce Information*

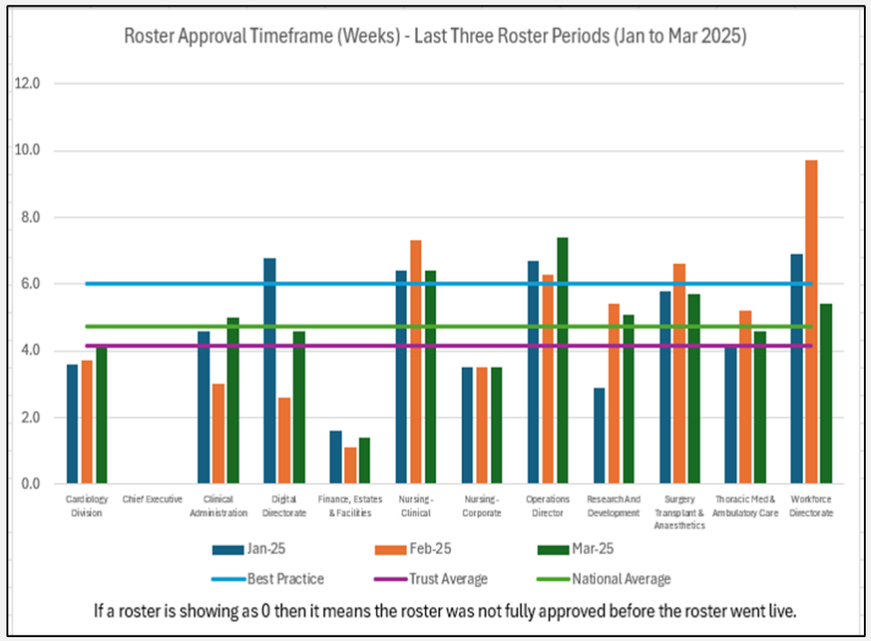
National Benchmarking Status

		Your Quartile	Your Organisation's Metric	National Average
Effectiveness Are we assigning our staff effectively?	Net Hours Balance %	1st	-5.53%	123.69%
	Roster Approval Lead Time	3rd	29.00	33.27
	Additional Duty %	1st	1.09%	3.82%









National Benchmarking (211 Trusts)- our rostering effectiveness remains strong when compared nationally, with performance in the first quartile for two out of three benchmarked areas. The second and third charts from the left highlights our strong position in terms of net hours balance (-5.53% compared to the national average of 123.69%) and additional duty percentage (1.09% vs. the national average of 3.82%). However, we recognise there is room for improvement regarding roster approval lead times. Currently, we are in the third quartile with an average of 29 days, compared to the national average of 33.27 days.

Roster Approval Compliance – our inpatients nursing areas in the last 3 rosters have averaged 45 days, with the highest being Critical Care at an average of 52 days and 4 South at 49 days. The biggest factor affecting our performance are those areas who consistently do not approve their rosters or are late in doing so, despite monthly reminders. Most of these areas also have very high auto-roster percentages due to a high number of personal patterns in place and are weekday services. Regular reviews are being held with roster managers to provide education and ensure robust rostering practices are in place.

Auto rostering - as of the April 2024 roster, 31 out of 73 rosters have achieved 90%+ auto-rostering, up from 27 in April last year. The number of rosters with 0% auto-rostering has decreased significantly from 18 to 7 (soon to be 6). We've been actively supporting admin and Mon–Fri services to ensure their patterns are current, which has helped increase their auto-rostering percentages. Additional training and 'how-to' guides have been developed to provide ongoing support

Team-Based Rostering (formerly "Self-Rostering") - 4 South continues to demonstrate exemplary performance in team-based rostering. This success is being shared with other ward managers who are interested in adopting a similar approach. Notably, sickness rates in 4 South have improved on average compared to other wards, showcasing one of the key benefits of this model. Preparation work is under way in other areas and our next go live areas will be 4 North & Day in July. Staff and manager engagement is key to the success of TBR as is ensuring that we have got the background set up in place.

Additional Hours - we are placing a strong emphasis on education to help areas better understand and manage additional hours. Weekly and monthly nursing meetings are used to review this data and drive improvements and are proactively cancelling additional duties no longer required. We are supporting all areas by ensuring roster templates are current.

Finance: Performance summary

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

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£0k	£1,244k	£1,413k	£99k	£140k	£1,044k	£335k
	Cash Position at month end £000s *	5	£72,809k	£83,674k	£80,260k	£81,494k	£74,117k	£76,448k	£75,314k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£4668 YTD	£1,494k	£1,641k	£1,905k	£2,322k	£2,506k	£4,918k
	CIP – actual achievement YTD - £000s	4	£6,630k	£3,889k	£5,313k	£5,460k	£5,730k	£6,018k	£6,630k
Additional KPIs	Capital Service Ratio YTD	5	1	1.2	1.0	0.6	0.6	0.5	0.5
	Liquidity ratio	5	26	30	31	29	29	29	29
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£8,761k	£10,190k	£9,687k	£10,773k	£10,863k	£11,060k
	Total debt £000s	5	Monitor only	£3,110k	£3,720k	£3,610k	£4,230k	£4,090k	£6,580k
	Average Debtors days - YTD average	5	Monitor only	4.4	4.2	4.1	4.8	4.6	7
	Better payment practice code compliance YTD - Value £ % (Combined NHS/Non-NHS)	5	Monitor only	96%	97%	97%	97%	98%	98%
	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	£53651k (YTD)	£33,942k	£38,720k	£43,393k	£48,908k	£55,178k	£58,151k
	CIP – Target identified YTD £000s	4	£6630k	£6,965k	£6,632k	£6,632k	£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	-2.0%	-2.2%	-1.4%	-1.7%	-0.3%	5.1%

Summary of Performance and Key Messages:

- **As at the end of March 2025, the full year finance position is an adjusted surplus of £0.3m, representing a £0.3m favourable variance to plan.** Key drivers of this variance position include better than planned interest income (due to a higher than planned cash balance and interest rates), variable elective activity over-performance and PFI technical accounting upside from the national requirement to move from IFRS to UK GAAP accounting for the calculation of an adjusted finance position.
- **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 (YTD), due to elective and pass-through (Homecare drugs and devices) activity over-performance. Variable performance YTD is estimated at c108% against a national variable activity target of c108% before elective income caps i.e. broadly in line with national targets overall, supported by income from additional sessions over the last year. The income position includes the re-distribution of system funding on a non-recurrent basis of £3.5m and provisions against elective income to reflect nationally imposed elective income caps of c£1.7m.
- **Full year pay position is an adverse variance to plan by c£18.0m, with £8.4m representing the year end pension adjustment (matched to income). There is an underlying underspend in substantive pay due to vacant establishment; this is being offset by the use of temporary staffing to backfill vacancy and support executive approved additional session payments**. Enhanced agency controls have been put in place, alongside an agreed agency improvement target trajectory into 2025/26 financial year.
- **Full year operating non-pay spend is adverse to plan by £15.2m.** This is materially driven by pass-through spend for Homecare drugs and tariff excluded devices, both of which are recovered from commissioners. The Trust has incurred additional variable clinical supply cost in supporting variable activity overperformance. This position also includes a c£1.0m provision for staff welfare and a further non-recurrent executive approved schemes spend of £0.8m.
- **Net finance costs** are favourable to plan, driven by finance interest income over-performance (due to a higher bank balance and interest rates), and PDC dividend underspend.
- **The cash position closed at** £75.3m, a decrease of c£1.1m on last month's position due to capital expenditure and increase in R&D receivables linked to year end invoicing.
- **The Trust has a revised 2024/25 capital allocation (total CDEL) of £6.5m for the year which includes allocation for right of use assets, PFI residual interest capital charges and additional PDC.** The full year capital expenditure position against CDEL was £6.4m, which is an underspend of £0.1m. Against the revised, re-allocated capital plan, there were three Digital schemes that were not delivered and these are being assessed as part of 2025/26 capital plans.

Note * Target set at 90% operational plan

Finance: Key Performance – Year to date SOCI position

Royal Papworth Hospital NHS Foundation Trust

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

The YTD adjusted financial position is £0.3m surplus, a favourable variance of £0.3m. The is driven by finance interest income, the PFI technical adjustment introduced by NHSE and over-performance on variable activity compared to plan, net of elective income caps. The pay adverse position is driven by premium on temporary staffing to backfill vacancies, with the YTD position also reflected the year end pension adjustment of £8.4m (matched to income). The YTD position includes a provision for the redistribution of system funding of £3.5m and provisions of £1.7m for ICB elective income caps where the Trust has over-performed but where this will no longer be paid.

		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	RAG	
Clinical income - in national block framework								
	Fixed at Tariff	£152,373	£114,561	(£3,500)	£111,061	(£41,312)		
	Balance to Fixed Payment	£0	£42,241	£0	£42,241	£42,241		
	Variable at Tariff	£53,651	£59,131	(£980)	£58,151	£4,500		
	Homecare Pharmacy Drugs	£45,291	£52,327	£0	£52,327	£7,036		
	High cost drugs	£608	£783	£0	£783	£174		
	Pass through Devices	£20,266	£21,147	£3,050	£24,197	£3,931		
	Sub-total	**£272,189**	**£290,189**	**(£1,430)**	**£288,760**	**£16,570**		
Clinical income - Outside of national block framework								
	Devices	£2,526	£1,747	£0	£1,747	(£779)		
	Other clinical income	£2,676	£3,241	£472	£3,713	£1,038		
	Private patients	£10,065	£10,010	£0	£10,010	(£55)		
	Sub-total	**£15,267**	**£14,998**	**£472**	**£15,470**	**£203**		
Total clinical income		**£287,456**	**£305,188**	**(£958)**	**£304,230**	**£16,774**	1	
Other operating income								
	Other operating income	£17,085	£21,203	£8,762	£29,965	£12,881		
Total operating income		**£17,085**	**£21,203**	**£8,762**	**£29,965**	**£12,881**	2	
Total income		**£304,541**	**£326,391**	**£7,804**	**£334,195**	**£29,654**		
Pay expenditure								
	Substantive	(£138,616)	(£140,095)	(£9,124)	(£149,218)	(£10,602)		
	Bank	(£450)	(£4,194)	(£14)	(£4,194)	(£3,744)		
	Agency	£0	(£3,574)	(£37)	(£3,611)	(£3,611)		
	Sub-total	**(£139,066)**	**(£147,862)**	**(£9,175)**	**(£157,023)**	**(£17,957)**	3	
Non-pay expenditure								
	Clinical supplies	(£53,662)	(£58,806)	(£1,793)	(£60,600)	(£6,937)	4	
	Drugs	(£7,051)	(£6,945)	£0	(£6,945)	£106		
	Homecare Pharmacy Drugs	(£43,654)	(£50,469)	£0	(£50,469)	(£6,815)	5	
	Non-clinical supplies	(£46,229)	(£45,484)	(£2,471)	(£47,955)	(£1,726)	6	
	Depreciation	(£10,797)	(£10,576)	£0	(£10,576)	£221		
	Sub-total	**(£161,394)**	**(£172,280)**	**(£4,264)**	**(£176,545)**	**(£15,151)**		
Total operating expenditure		**(£300,461)**	**(£320,143)**	**(£13,439)**	**(£333,568)**	**(£33,107)**		
Finance costs								
	Finance income	£3,000	£4,068	£0	£4,068	£1,068	7	
	Finance costs	(£5,914)	(£6,062)	£0	(£6,062)	(£148)		
	PDC dividend	(£2,108)	(£1,799)	£0	(£1,799)	£309		
	Revaluations/(Impairments)	£0	£0	£0	£0	£0		
	Gains/(losses) on disposals	£0	(£26)	£0	(£26)	(£26)		
	Sub-total	**(£5,022)**	**(£3,819)**	**£0**	**(£3,819)**	**£1,203**		
Surplus/(Deficit) For The Period/Year		**(£942)**	**£2,429**	**(£5,635)**	**(£3,192)**	**(£2,250)**		
Adjusted financial performance surplus/(deficit)		**£0**	**£2,785**	**(£5,635)**	**£336**	**£336**	8	

(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£16m favourable to plan.**
   - Fixed income on a tariff lens is behind plan by c£41.3m. This is mitigated by current block contract arrangements, which provides security to the Trust's income position. The commissioner plan attributes a material element of this balancing figure to the ITU funding block growth.
   - Variable income is favourable to plan by c£4.5m. Underlying performance reflects c108% performance against the expected national baselines, heavily supported by PSI work over previous months. The position includes a provision for the variable cap of £1.7m against all ICB's, in addition to a further £0.7m TAVI income challenge provision. After the application of elective funding caps performance reflects c104%.
2. **Other operating income is c£12.8m favourable to plan driven by** expected one-off income receipts at year end for the national pension adjustment £8.4m, additional R&D invoiced income at year end c31.5m and additional income as notified by HEE LDA at March.
3. **Pay expenditure is c£18.0m adverse to plan**. This position includes one-off pay expenditure of c£8.4m primarily for year end pension adjustments and additional PSI sessional costs. Substantive underspends are being offset by temporary staffing spend for which a trajectory is in place to reduce temporary staffing reliance. The full year pay position includes the 2024/25 pay award uplift in the underlying position, which is offset by commissioner income flows.
4. **Clinical Supplies is c£6.9m adverse to plan**. This position aligns with a variable activity plan overperformance, in addition to pass-through devices spend recovered from commissioners. The position also includes device rebates of c£0.5m.
5. **Homecare drugs is £6.8m adverse to plan.** The adverse variance on expenditure is driven by increase in patients within the current therapy pathways (this is recovered from commissioners as income).
6. **Non-clinical supplies is £1.7m adverse to plan.** At broad level, this position includes provision for staff welfare (£1.0m), car park (c£0.4m) and ED schemes (£0.8m).
7. **Finance income** favourable position is driven by higher than planned cash balances and a better interest rates across the year.
8. Included in the adjusted performance is the YTD upside of £1.9m from the NHSE technical adjustment treatment relating to PFI costs. This adjustment removes the IFRS 16 costs of the PFI from provider reported positions and replace it with the costs under UK GAAP, including the hypothetical impact of this change on PDC. This does not change the audited accounts or reporting of the Trust which remain on the IFRS 16 basis, it only changes what scores against breakeven for NHSE's assessment.

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