



Royal Papworth Hospital  
NHS Foundation Trust

# Papworth Integrated Performance Report (PIPR)

November 2024



# Content

|                                 |         |
|---------------------------------|---------|
| Reading Guide                   | Page 3  |
| Trust Performance Summary       | Page 4  |
| 'At a glance'                   | Page 5  |
| - Balanced scorecard            | Page 5  |
| Performance Summaries           | Page 6  |
| - Safe                          | Page 6  |
| - Caring                        | Page 9  |
| - Effective                     | Page 11 |
| - Responsive                    | Page 16 |
| - People Management and Culture | Page 22 |
| - Finance                       | Page 24 |

# 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:

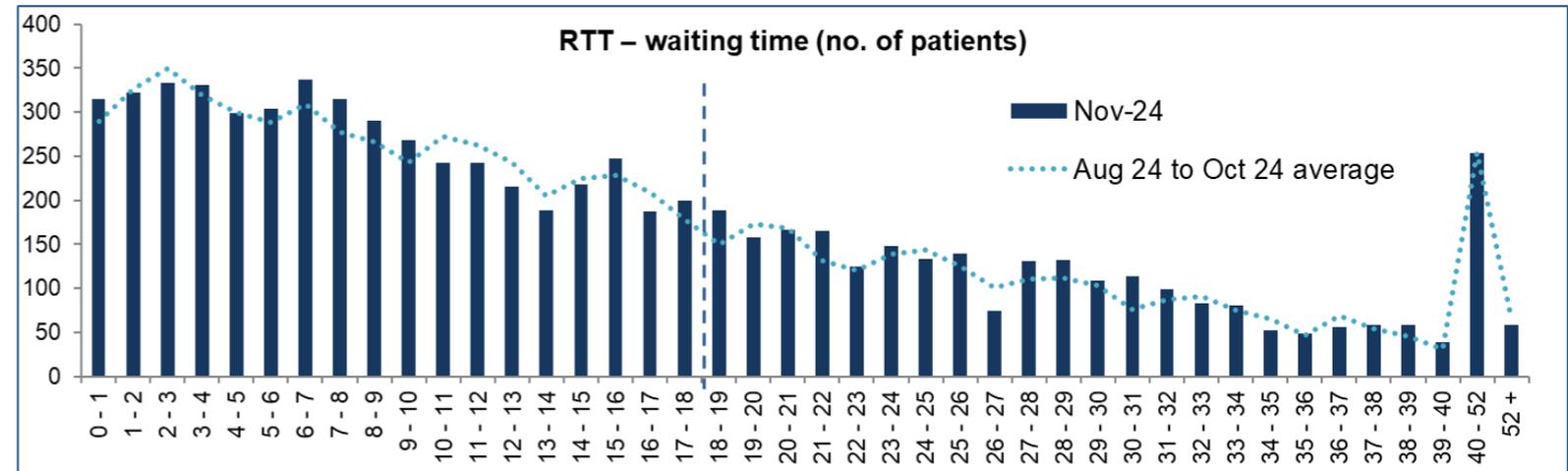
| All Inpatient Spells (NHS only)                                    | Jun-24       | Jul-24       | Aug-24       | Sep-24       | Oct-24       | Nov-24       | Trend |
|--|--------------|--------------|--------------|--------------|--------------|--------------|-------|
| Cardiac Surgery  | 135          | 132          | 144          | 142          | 145          | 145          |       |
| Cardiology   | 688          | 745          | 694          | 629          | 725          | 709          |       |
| ECMO   | 2            | 0            | 4            | 3            | 5            | 5            |       |
| ITU (COVID)  | 0            | 0            | 0            | 0            | 0            | 0            |       |
| PTE operations   | 14           | 11           | 15           | 9            | 15           | 10           |       |
| RSSC   | 520          | 582          | 568          | 523          | 601          | 525          |       |
| Thoracic Medicine  | 466          | 524          | 482          | 473          | 525          | 496          |       |
| Thoracic surgery (exc PTE)   | 72           | 62           | 56           | 59           | 66           | 78           |       |
| Transplant/VAD   | 33           | 41           | 38           | 54           | 35           | 34           |       |
| <b>Total Admitted Episodes</b>                                     | <b>1,930</b> | <b>2,097</b> | <b>2,001</b> | <b>1,892</b> | <b>2,117</b> | <b>2,002</b> |       |
| <i>Baseline (2019/20 adjusted for working days annual average)</i> | <i>1,830</i> | <i>1,830</i> | <i>1,830</i> | <i>1,830</i> | <i>1,830</i> | <i>1,830</i> |       |
| <i>%Baseline</i>   | <i>105%</i>  | <i>15%</i>   | <i>109%</i>  | <i>103%</i>  | <i>116%</i>  | <i>109%</i>  |       |

| Outpatient Attendances (NHS only)                                  | Jun-24       | Jul-24       | Aug-24       | Sep-24       | Oct-24       | Nov-24       | Trend |
|--|--------------|--------------|--------------|--------------|--------------|--------------|-------|
| Cardiac Surgery  | 548          | 572          | 569          | 499          | 590          | 583          |       |
| Cardiology   | 3,829        | 4,195        | 3,555        | 3,783        | 4,112        | 3,729        |       |
| RSSC   | 1,771        | 1,933        | 1,596        | 1,786        | 2,186        | 1,912        |       |
| Thoracic Medicine  | 2,322        | 2,537        | 2,224        | 2,241        | 2,626        | 2,467        |       |
| Thoracic surgery (exc PTE)   | 104          | 110          | 100          | 139          | 119          | 115          |       |
| Transplant/VAD   | 293          | 331          | 257          | 289          | 339          | 307          |       |
| <b>Total Outpatients</b>   | <b>8,867</b> | <b>9,678</b> | <b>8,301</b> | <b>8,737</b> | <b>9,972</b> | <b>9,113</b> |       |
| <i>Baseline (2019/20 adjusted for working days annual average)</i> | <i>7,448</i> | <i>7,448</i> | <i>7,448</i> | <i>7,448</i> | <i>7,448</i> | <i>7,448</i> |       |
| <i>%Baseline</i>   | <i>20%</i>   | <i>130%</i>  | <i>12%</i>   | <i>18%</i>   | <i>134%</i>  | <i>23%</i>   |       |

**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 activity to be coded and submitted to SUS.



# Reading guide

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

- **'At a glance' section** – this includes a 'balanced scorecard' showing performance against those KPIs considered the most important measures of the Trust's performance as agreed by the Board.
- **Performance Summaries** – these provides a more detailed summary of key areas of performance improvement or concern for each of the categories included within the balanced score card (Transformation; Finance; Safe; Effective; Caring; Responsive; People, Management and Culture). **From April 23 the Effective and Responsive Performance Summaries have been redesigned to use Statistical process control (SPC) which is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action. SPC is a good technique to use when implementing change as it enables you to understand whether changes you are making are resulting in improvement — a key component of the Model for Improvement widely used within the NHS.**

## Key

### KPI 'RAG' Ratings

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

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

### Overall Scoring within a Category

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

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



### Overall Report Scoring

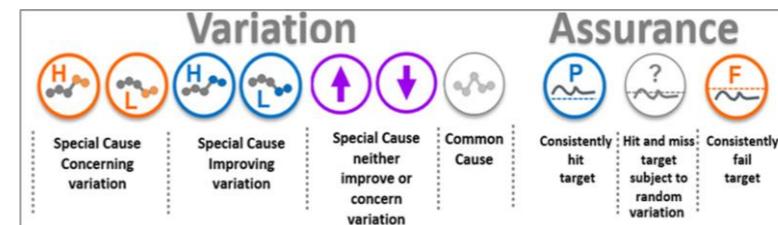
- **Red** = 4 or more red KPI categories
- **Amber** = Up to 3 red categories
- **Green** = No reds and 3 or less amber

### Trend graphs



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

### Statistical process control (SPC) key to icons used:



### Data Quality Indicator

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

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

# Trust performance summary

## Overall Trust rating - AMBER



### FAVOURABLE PERFORMANCE

**SAFE:** Safe staffing fill rates: Registered Nurse (RN) fill rates for day and night shifts are above target for November at 87% & 92%, respectively. HCSW fill rates continue at target of 85% for night shifts. Overall CHPPD (Care Hours Per Patient Day) is 12.6 for November compared to 12.1 for October. A meeting to share divisional improvement plans was held with Heads of Nursing, Lead for Safer Staffing and Executive Directors in November to plan and agree controls for management of bank, overtime and agency utilisation.

**CARING:** 1) FFT (Friends and Family Test): In summary - Positive Experience rate was 99.2% in November 2024 for our recommendation score. Participation Rate for surveys was 43.5%. Positive experience rate was 97.8% in November 2024 and above our 95% target. Participation rate was 11.3%. NHS England latest published data is March 2024, both inpatient and outpatient figures are 94%. 2) Number of written complaints per 1000 staff WTE: is a benchmark figure that used to be provided by NHS Model Health System to enable national benchmarking monthly, 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 7.5. 3) Responding to Complaints on time - 100% of complaint were responded to in the month on time.

**EFFECTIVE:** CCA Bed Occupancy - We have seen an improvement in M8 ICU bed utilisation as a result of improved pathway management and case mix management by the theatres and surgical bookings team. ICU bed occupancy in M8 was 90.5% 2) Theatre utilisation was again above the trust target at 95% uncapped in M8, this continues to be an upward trajectory. The opening to 10 ERU beds has supported improved flow and increased elective activity.

**PEOPLE, MANAGEMENT & CULTURE:** 1) Vacancies - Registered nurse vacancy rate decreased to 3.4% which is 25.9wte. This is the first time we have been below our KPI in 24/25. There are 23 Registered Band 5 Nurses currently in our pipeline plus 5 for temporary staffing. All areas have strong pipelines. 2) Time to hire reduced to below our KPI. The team have been exploring the reasons for our elevated time to hire and have been working on factors that may have been inflating it. They are optimistic the new measures we have in place will help us sustain a time to hire closer to the KPI.

**FINANCE:** At month 8, the Year to date (YTD) finance position is a surplus of c£1.4m, this represents a £1.6m favourable variance to plan. This is driven by a better than planned bank interest income (from a higher cash balance and interest rate), variable activity over-performance and budget benefit of reserve items still to be drawn-down later in the year. The YTD position includes contribution to system support of £1.5m.

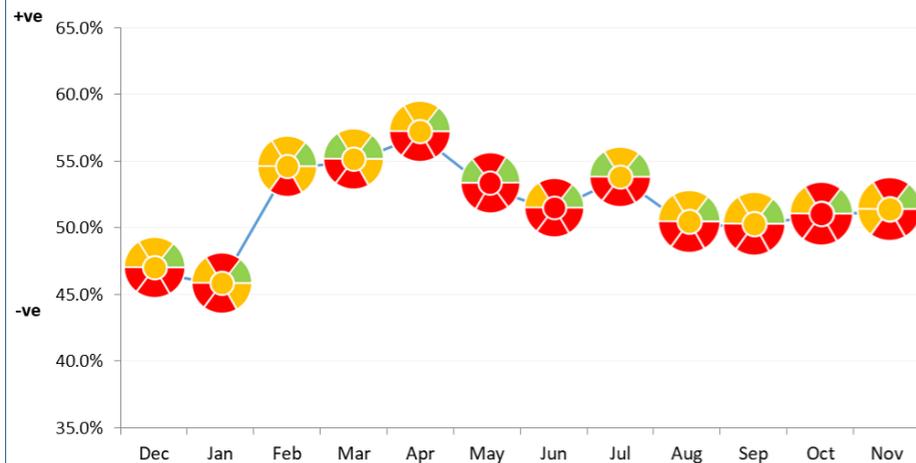
### ADVERSE PERFORMANCE

**SAFE:** 1) Patient Safety Incident Investigations (PSII) - In November there was 1 PSII's commissioned by SIERP (PSII-WEB54609). This is a focused PSII for QI- focused on a systems review of the ReSPECT process in CCA. 2) Safer staffing fill rates for Health Care Support Workers (HCSWs) - are below target at 77% for day shifts albeit a slight increase reported from October at 76%. Good recruitment pipelines are in place for HCSWs including new starters joining Temporary Staffing that will target shifts requiring support moving forward. 3) 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 a significant increase in SS time to 79% in November compared to 69% reported for October, consistent working progress towards the target of 90%.

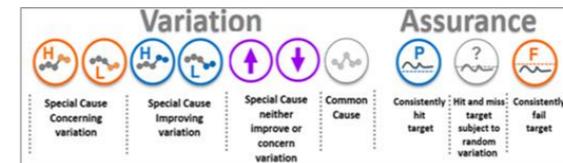
**EFFECTIVE:** 1) ERU bed occupancy - Bed occupancy in M8 is 72.8%, this is reflected in the adjustment of beds open in ERU 10 Monday to Friday, 7 Saturday and 5 Sunday. Staffing is reallocated to CCA to support the CCA safe staffing levels. ERU is facilitating an increase in planned activity (including IHU patients) in theatres, flow and reduction in length of stay. This has been challenged in M8 due to the increase in emergency activity.

**RESPONSIVE:** RTT - The PTL continues to be reviewed regularly, and patient prioritisation reviewed daily as late referrals are received or if the patient's condition changes. Weekly meetings continue to take place (led by COO) focussing on reducing over 40 week waits. Additional capacity in cardiology continued for TAVI services aimed at reducing long waiting patient numbers.

**FINANCE:** Capital - The Trust has a revised 2024/25 capital allocation (total CDEL) of £5.8m for the year which includes allocation for right of use assets and PFI residual interest capital charges. As at month 8, 67% of the Trust's capital expenditure plan has been committed. The year-to-date expenditure position includes a rephasing for the Pathology LIMS project and a delay in the bypass equipment replacement scheme. These collectively drives an underspend of £1.3m. The Investment Group has undertaken a re-prioritisation exercise on schemes during December to ensure the delivery of full spend against annual allocation.



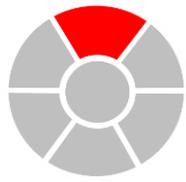
# At a glance – Balanced scorecard



|                             | Month reported on   | Data Quality *** | Plan | Current month score | YTD Actual | Trend / SPC | Variation & Assurance |
|-----------------------------|---|------------------|------|---------------------|------------|-------------|-----------------------|
| Safe                        | Never Events  | Nov-24           | 5    | 0                   | 0          | 0           |                       |
|                             | Number of Patient Safety Incident Investigations (PSII) commissioners in month      | Nov-24           | 5    | 0                   | 1          | 3           |                       |
|                             | Learning Responses - Moderate Harm and above as % of total patient safety incidents | Nov-24           | 5    | 3%                  | 0.4%       | 1.1%        |                       |
|                             | Number of Trust acquired PU (Category 2 and above)                                  | Nov-24           | 4    | 35 pa               | 0          | 11          |                       |
|                             | Falls per 1000 bed days   | Nov-24           | 5    | 4                   | 2.8        | 0.0         |                       |
|                             | VTE - Number of patients assessed on admission                                      | Nov-24           | 5    | 95%                 | 93%        | 93%         |                       |
|                             | Sepsis - % patients screened and treated (Quarterly) *                              | Nov-24           | 3    | 90%                 | 85%        | 85%         |                       |
|                             | Trust CHPPD   | Nov-24           | 5    | 9.6                 | 12.6       | 12.5        |                       |
|                             | Safer staffing: fill rate – Registered Nurses day                                   | Nov-24           | 5    | 85%                 | 87.0%      | 87.9%       |                       |
|                             | Safer staffing: fill rate – Registered Nurses night                                 | Nov-24           | 5    | 85%                 | 92.0%      | 92.6%       |                       |
|                             | Safer staffing: fill rate – HCSWs day   | Nov-24           | 5    | 85%                 | 77.0%      | 81.4%       |                       |
|                             | Safer staffing: fill rate – HCSWs night   | Nov-24           | 5    | 85%                 | 85.0%      | 86.9%       |                       |
|                             | % supervisory ward sister/charge nurse time   | Nov-24           | New  | 90%                 | 79.00%     | 62.5%       |                       |
|                             | Cardiac surgery mortality (Crude)   | Nov-24           | 3    | 3%                  | 2.65%      | 2.65%       |                       |
| Caring                      | FFT score- Inpatients   | Nov-24           | 4    | 95%                 | 99.20%     | 98.71%      |                       |
|                             | FFT score - Outpatients   | Nov-24           | 4    | 95%                 | 97.80%     | 97.73%      |                       |
|                             | Number of written complaints per 1000 WTE (Rolling 3 mth average)                   | Nov-24           | 4    | 12.6                | 7.5        | 7.5         |                       |
|                             | Mixed sex accommodation breaches  | Nov-24           | 5    | 0                   | 0          | 0           |                       |
|                             | % of complaints responded to within agreed timescales                               | Nov-24           | 4    | 100%                | 100.0%     | 100.0%      |                       |
| People Management & Culture | Voluntary Turnover %  | Nov-24           | 4    | 9.0%                | 9.6%       | 11.0%       |                       |
|                             | Vacancy rate as % of budget   | Nov-24           | 4    | 7.5%                | 8.3%       |             |                       |
|                             | % of staff with a current IPR   | Nov-24           | 4    | 90%                 | 75.39%     |             |                       |
|                             | % Medical Appraisals*   | Nov-24           | 3    | 90%                 | 70.25%     |             |                       |
|                             | Mandatory training %  | Nov-24           | 4    | 90%                 | 88.72%     | 87.94%      |                       |
|                             | % sickness absence  | Nov-24           | 5    | 4.00%               | 4.58%      | 4.49%       |                       |

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

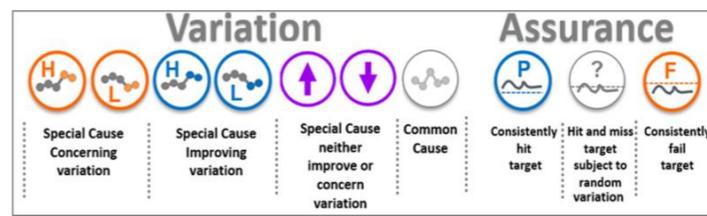
|  | Month reported on   | Data Quality ***                        | Plan   | Current month score | YTD Actual | Trend / SPC | Variation & Assurance |  |
|--|---|---|--------|---------------------|------------|-------------|-----------------------|--|
| Effective  | Bed Occupancy (inc HDU but exc CCA and sleep lab)                     | Nov-24                                  | 4      | 85% (Green 80%-90%) | 73.80%     | 74.91%      |                       |  |
|  | ICU bed occupancy   | Nov-24                                  | 4      | 85% (Green 80%-90%) | 90.50%     | 82.34%      |                       |  |
|  | Enhanced Recovery Unit bed occupancy %                                | Nov-24                                  | 4      | 85% (Green 80%-90%) | 72.80%     | 70.29%      |                       |  |
|  | Elective inpatient and day cases (NHS only)****                       | Nov-24                                  | 4      | 1590                | 1,594      | 12,832      |                       |  |
|  | Outpatient First Attends (NHS only)****                               | Nov-24                                  | 4      | 1746                | 1,924      | 15,855      |                       |  |
|  | Outpatient FUPs (NHS only)****  | Nov-24                                  | 4      | 6191                | 7,192      | 57,011      |                       |  |
|  | % of outpatient FU appointments as PIFU (Patient Initiated Follow up) | Nov-24                                  | 4      | 5%                  | 12%        | 11%         |                       |  |
|  | Reduction in Follow up appointment by 25% compared to 19/20 activity  | Nov-24                                  | 4      | -25%                | 0.88%      | 0.23%       |                       |  |
|  | % Day cases   | Nov-24                                  | 4      | 85%                 | 72%        | 72%         |                       |  |
|  | Theatre Utilisation (uncapped)  | Nov-24                                  | 3      | 85%                 | 95%        | 90%         |                       |  |
|  | Cath Lab Utilisation (including 15 min Turn Around Times) ***         | Nov-24                                  | 3      | 85%                 | 80%        | 80%         |                       |  |
|  | Responsive  | % diagnostics waiting less than 6 weeks | Nov-24 | 1                   | 99%        | 97.0%       | 97.7%                 |  |
|  |   | 18 weeks RTT (combined)                 | Nov-24 | 4                   | 92%        | 64.53%      |                       |  |
|  |   | 31 days cancer waits*                   | Nov-24 | 5                   | 96%        | 100%        | 98%                   |  |
| 62 day cancer wait for 1st Treatment from urgent referral*       |   | Nov-24                                  | 3      | 85%                 | 0%         | 42%         |                       |  |
| 104 days cancer wait breaches*                                   |   | Nov-24                                  | 5      | 0                   | 12         | 70          |                       |  |
| Number of patients waiting over 65 weeks for treatment *         |   | Nov-24                                  | New    | 0                   | 12         |             |                       |  |
| Theatre cancellations in month                                   |   | Nov-24                                  | 3      | 15                  | 49         | 34          |                       |  |
| % of IHU surgery performed < 7 days of medically fit for surgery |   | Nov-24                                  | 4      | 95%                 | 33%        | 54%         |                       |  |
| Acute Coronary Syndrome 3 day transfer %                         |   | Nov-24                                  | 4      | 90%                 | 95%        | 76%         |                       |  |
| Number of patients on waiting list                               |   | Nov-24                                  | 4      | 3851                | 7525       |             |                       |  |
| Finance  | 52 week RTT breaches  | Nov-24                                  | 5      | 0                   | 58         | 481         |                       |  |
|  | Year to date surplus/(deficit) adjusted £000s                         | Nov-24                                  | 4      | £83k                | £1,413k    |             |                       |  |
|  | Cash Position at month end £000s                                      | Nov-24                                  | 5      | £72,098k            | £80,260k   |             |                       |  |
|  | Capital Expenditure YTD (BAU from System CDEL) - £000s                | Nov-24                                  | 4      | £2,876k             | £1,641k    |             |                       |  |
| CIP – actual achievement YTD - £000s                             | Nov-24  | 4                                       | £4420k | £5,313k             |            |             |                       |  |



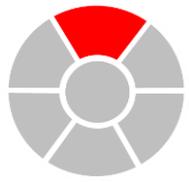
# Safe: Performance Summary

Accountable Executive: Chief Nurse

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



|   | 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        | Green              | Common Cause                       | Consistently hit target                         | Review  |
|   | Number of Patient Safety Incident Invetigations (PSII) to commissioners in month    | 0                  | 1                    | 0        | Red                | Special Cause Concerning variation | Hit and miss target subject to random variation | Review  |
|   | Learning Responses - Moderate Harm and above as % of total patient safety incidents | 3.00%              | 0.42%                | 2.09%    | Green              | Common Cause                       | Consistently hit target                         |   |
|   | Number of Trust acquired PU (Category 2 and above)                                  | 35 pa              | 0                    | 2        | Green              | Common Cause                       | Hit and miss target subject to random variation | Review  |
|   | Falls per 1000 bed days   | 4.00               | 2.80                 | 3.03     | Green              | Common Cause                       | Hit and miss target subject to random variation | Review  |
|   | VTE - Number of patients assessed on admission                                      | 95.0%              | 92.7%                | 94.2%    | Yellow             | Common Cause                       | Hit and miss target subject to random variation | Review  |
|   | Sepsis - % patients screened and treated (Quarterly) *                              | 90%                | 85%                  | -        | Yellow             |                                    |   | Review  |
|   | Trust CHPPD   | 9.6                | 12.6                 | 11.7     | Green              | Common Cause                       | Consistently hit target                         | Monitor   |
|   | Safer staffing: fill rate – Registered Nurses day                                   | 85%                | 87%                  | 89%      | Green              | Special Cause Improving variation  | Hit and miss target subject to random variation | Review  |
|   | Safer staffing: fill rate – Registered Nurses night                                 | 85%                | 92%                  | 94%      | Green              | Special Cause Improving variation  | Hit and miss target subject to random variation | Review  |
|   | Safer staffing: fill rate – HCSWs day   | 85%                | 77%                  | 76%      | Red                | Special Cause Concerning variation | Consistently fail target                        | Action Plan                                     |
|   | Safer staffing: fill rate – HCSWs night   | 85%                | 85%                  | 85%      | Green              | Special Cause Improving variation  | Hit and miss target subject to random variation | Review  |
|   | % supervisory ward sister/charge nurse time   | 90%                | 79%                  | 69%      | Red                | Special Cause Concerning variation | Consistently fail target                        | Action Plan                                     |
|   | Cardiac surgery mortality (Crude)   | 3.0%               | 2.7%                 | 2.4%     | Green              | Common Cause                       | Hit and miss target subject to random variation | Review  |
|   | Additional KPIs   | MRSA bacteraemia   | 0                    | 0        | 0                  | Green                              | Common Cause                                    | Hit and miss target subject to random variation |
| E coli bacteraemia  |   | Monitor            | 0                    | 3        |                    | Common Cause                       |   | Monitor   |
| Klebsiella bacteraemia  |   | Monitor            | 1                    | 2        |                    | Common Cause                       |   | Monitor   |
| Pseudomonas bacteraemia   |   | Monitor            | 0                    | 0        |                    | Common Cause                       |   | Monitor   |
| Monitoring C.Diff (toxin positive)                                |   | 7 pa               | 2                    | 2        |                    | Common Cause                       | Hit and miss target subject to random variation | Review  |
| Other bacteraemia   |   | Monitor            | 0                    | 0        |                    | Common Cause                       |   | Monitor   |
| % of medication errors causing harm (Low Harm and above)          |   | Monitor            | 12.5%                | 13.8%    |                    | Common Cause                       |   | Monitor   |
| All patient incidents per 1000 bed days (inc.Near Miss incidents) |   | Monitor            | 39.1                 | 41.5     |                    |                                    |   | Monitor   |
| SSI CABG infections (inpatient/readmissions %)                    |   | 2.7%               | -                    | -        |                    |                                    |   | Review  |
| SSI CABG infections patient numbers (inpatient/readmissions)      |   | Monitor            | -                    | -        |                    |                                    |   | Monitor   |
| SSI Valve infections (inc. inpatients/outpatients; %)             |   | 2.7%               | -                    | -        |                    |                                    |   | Review  |
| SSI Valve infections patient numbers (inpatient/outpatient)       |   | Monitor            | 0                    | -        |                    |                                    |   | Monitor   |



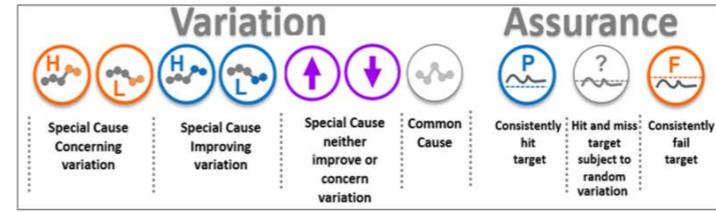
# Safe: Patient Safety/Harm Free Care

Accountable Executive: Chief Nurse

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

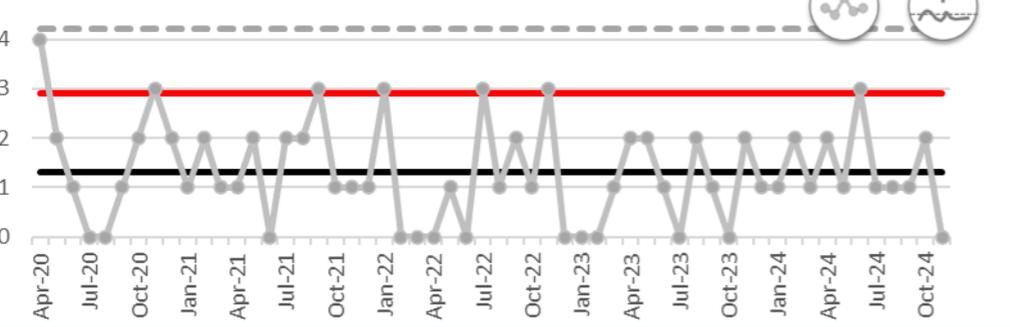


Royal Papworth Hospital  
NHS Foundation Trust



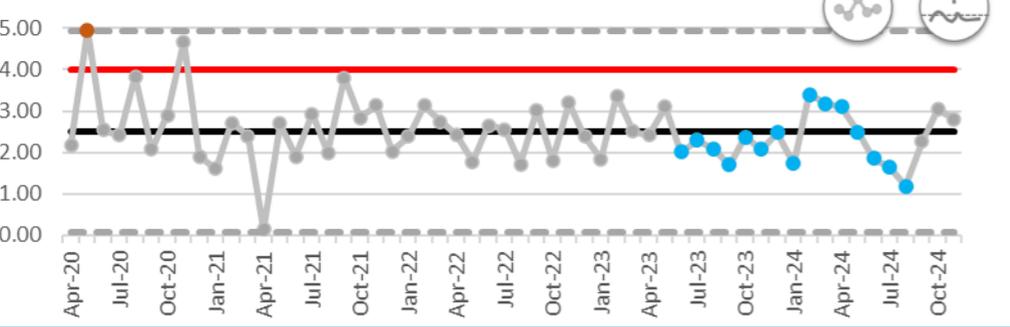
## 1. Historic trends & metrics

Number of Trust acquired PU (Category 2 and above)



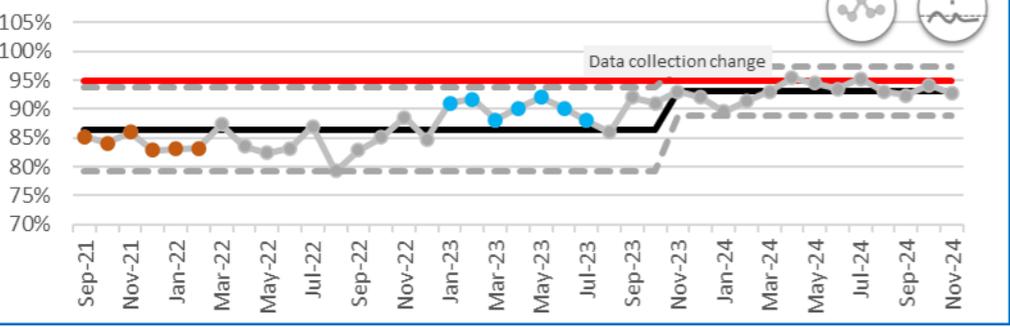
|  |
|--|
| Nov-24   |
| 0  |
| Target (red line)  |
| 35 per annum   |
| Variation  |
| Common cause variation                                       |
| Assurance  |
| Hit and miss on achieving target subject to random variation |

Falls per 1000 bed days



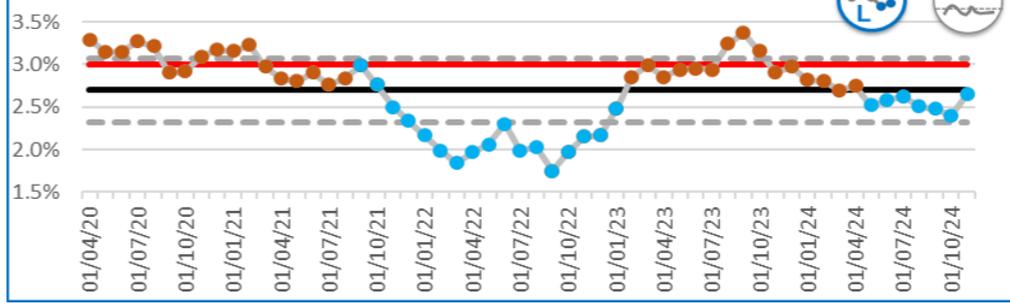
|  |
|--|
| Nov-24   |
| 2.80   |
| Target (red line)  |
| 4  |
| Variation  |
| Common cause variation                                       |
| Assurance  |
| Hit and miss on achieving target subject to random variation |

VTE - Number of patients assessed on admission



|  |
|--|
| Nov-24   |
| 92.7%  |
| Target (red line)  |
| 95.0%  |
| Variation  |
| Common cause variation                                       |
| Assurance  |
| Hit and miss on achieving target subject to random variation |

Cardiac surgery mortality (Crude)



|  |
|--|
| Nov-24   |
| 2.70%  |
| Target (red line)  |
| 3.00%  |
| Variation  |
| Special cause variation of an improving concerning nature    |
| Assurance  |
| Hit and miss on achieving target subject to random variation |

## 2. Action plans / Comments

**Patient Safety Incident Investigations (PSII):** In November there was 1 PSII's commissioned by SIERP (PSII-WEB54609). This is a focused PSII for QI- focused on a systems review of the ReSPECT process in CCA.

**Learning Responses- Moderate Harm and above reported as % of total patient safety:** In Month there was 1 confirmed moderate harm incident (WEB54372) graded at SIERP. The final outcomes and any change in harm level will be reported to QRMG with local improvement plans and learning agreed and shared with other divisions/teams

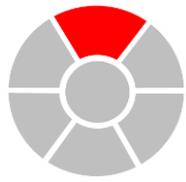
**Medication errors causing harm:** 12.5% (8/64) of medication incidents were graded as low harm, remaining no harm.

**All patient incidents per 1000 bed days:** There were 31.9 patient safety incidents per 1000 bed days.

**Harm Free Care:** In November there were 0 (Zero) confirmed Pressure Ulcer (category 2 or above). There was a slight decrease of falls in month to 2.80 per 1000 bed days (last month was 3.00), this remains under RPH target of 4.00. Overall, there were 17 falls (9 low harm and 8 no harm) all will be reviewed in full at the Falls Oversight Group, for themes and learning cascade. Compliance with VTE risk assessments was below target at 92.7% for November, this continues to a strong oversight from the VTE group to increase compliance to the target 95%

**Alert Organisms:** There were zero E-Coli, MRSA and Pseudomonas bacteraemia. There was 1 MSSA, 1 Klebsiella in November. There were 2 C.Diff. cases also reported, from different departments and an internal review was completed. RPH are within all threshold set by NHSE for 2024/25.

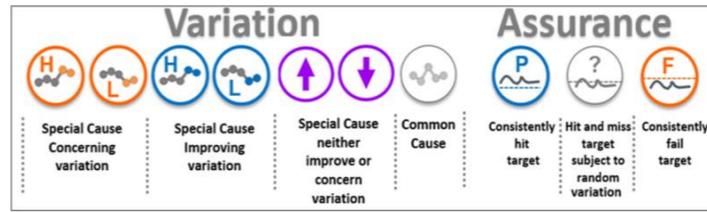
**Cardiac Surgery Mortality (crude monitoring):** This is within expected variation at 2.70%.



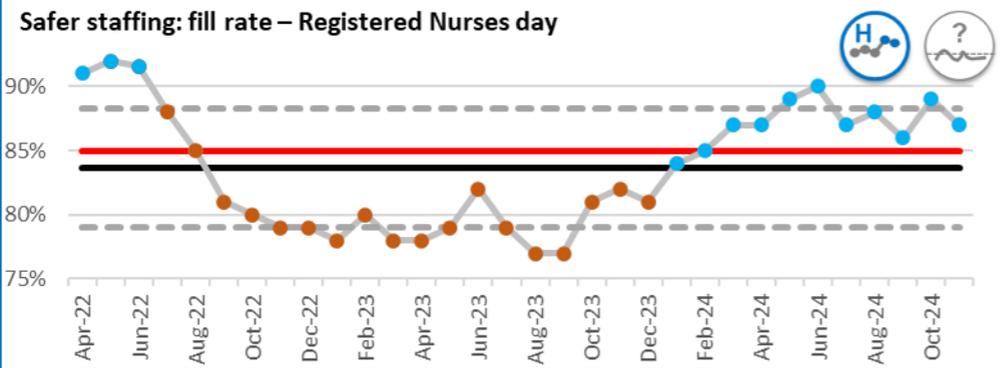
# Safe: Safer Staffing

Accountable Executive: Chief Nurse

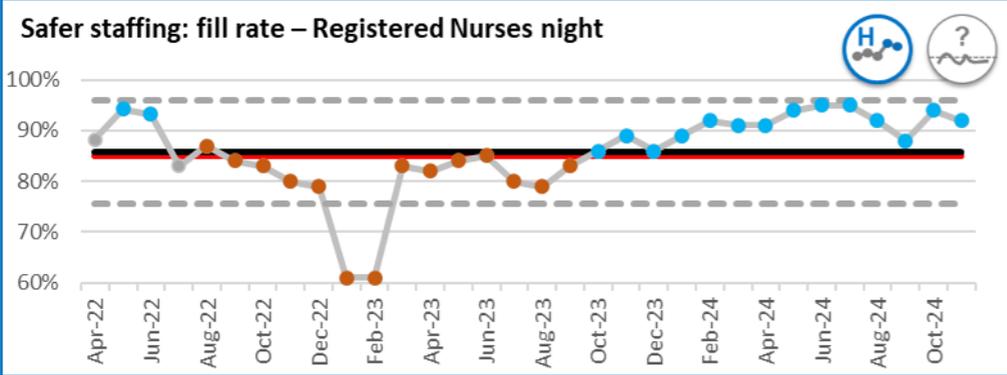
Report Author: Deputy Chief Nurse / Deputy Director of Quality and Risk



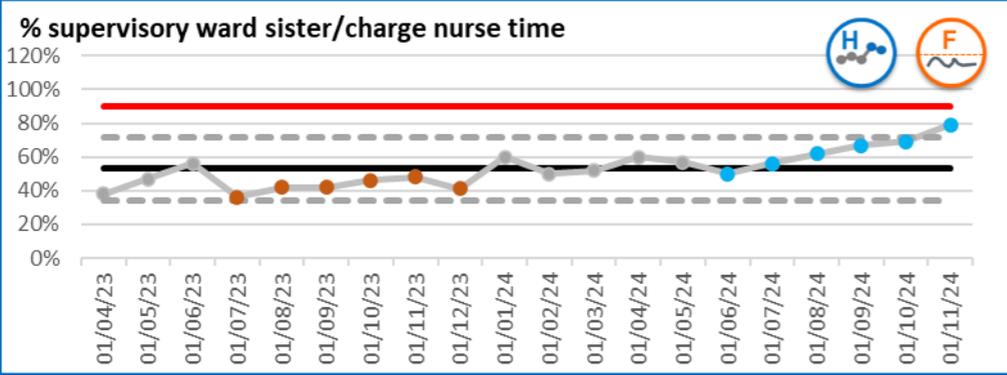
## 1. Historic trends & metrics



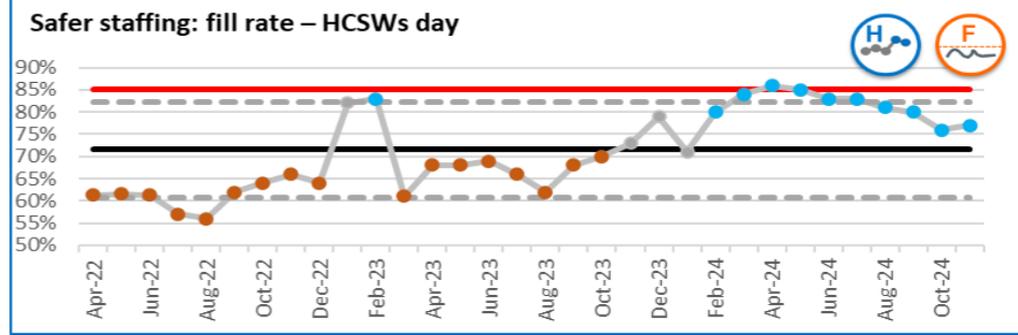
|                   |  |
|-------------------|--|
| Nov-24            | 87%  |
| Target (red line) | 85%  |
| Variation         | Special cause variation of an improving concerning nature    |
| Assurance         | Hit and miss on achieving target subject to random variation |



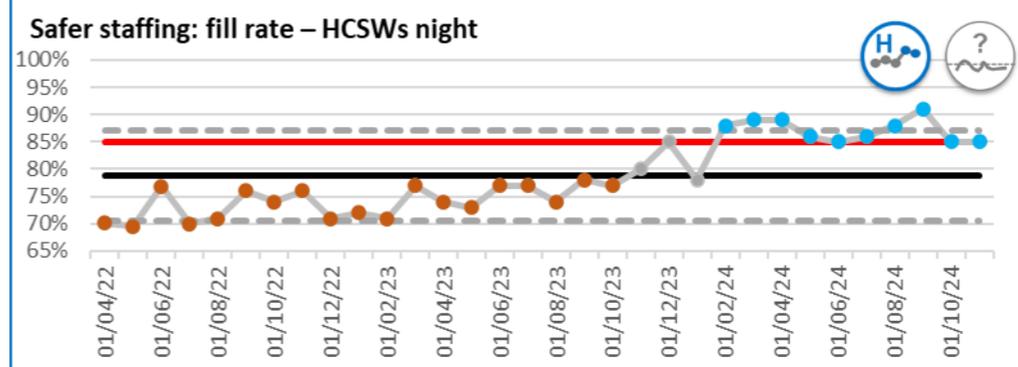
|                   |  |
|-------------------|--|
| Nov-24            | 92%  |
| Target (red line) | 85%  |
| Variation         | Special cause variation of an improving concerning nature    |
| Assurance         | Hit and miss on achieving target subject to random variation |



|                   |   |
|-------------------|---|
| Nov-24            | 79%   |
| Target (red line) | 90%   |
| Variation         | Special cause variation of an improving concerning nature |
| Assurance         | Has consistently failed the target                        |



|                   |  |
|-------------------|--|
| Nov-24            | 77%  |
| Target (red line) | 85%  |
| Variation         | Special cause variation of a concerning nature |
| Assurance         | Has consistently failed the target             |



|                   |  |
|-------------------|--|
| Nov-24            | 85%  |
| Target (red line) | 85%  |
| Variation         | Special cause variation of a concerning nature               |
| Assurance         | Hit and miss on achieving target subject to random variation |

## 2. Action plans / Comments

**Safe staffing fill rates:** Registered Nurse (RN) fill rates for day and night shifts are above target for November at 87% & 92%, respectively. Safer staffing fill rates for Health Care Support Workers (HCSWs) are below target at 77% for day shifts albeit a slight increase reported from October at 76%. Good recruitment pipelines are in place for HCSWs including new starters joining Temporary Staffing that will target shifts requiring support moving forward. HCSW fill rates continue at target of 85% for night shifts. **Overall CHPPD (Care Hours Per Patient Day) is 12.6** for November compared to 12.1 for October. A meeting to share divisional improvement plans was held with Heads of Nursing, Lead for Safer Staffing and Executive Directors in November to plan and agree controls for management of bank, overtime and agency utilisation.

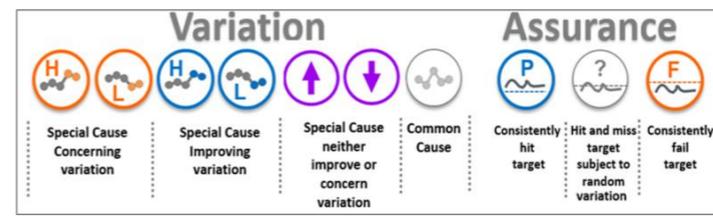
**Ward supervisory sister (SS)/ charge nurse (CN):** Increasing safer staffing fill rates continue to support increases in SS/ CN time from October 2023 to present; there has been a significant increase in SS time to 79% in November compared to 69% reported for October, consistent working progress towards target of 90%. The highest achieving areas towards SS/ CN time target are on the Cardiology Unit, Cath Labs and Ward 4 North (Thoracic) all achieving 95%, followed by Ward 5 North (Surgery) 87%, Outpatients 84% and ERU 81%. Heads of Nursing with support of the Matron Team overseeing safer staffing continue to monitor and report divisional SS/ CN performance to the monthly Clinical Practice Advisory Committee chaired by the Chief Nurse.



# Caring: Performance Summary

Accountable Executive: Chief Nurse

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



| Dashboard KPIs  | Metric  | Latest Performance |                      | Previous | In month vs target | Action and Assurance |           |                    |
|-----------------|---|--------------------|----------------------|----------|--------------------|----------------------|-----------|--------------------|
|                 |   | Trust target       | Most recent position | Position |                    | Variation            | Assurance | Escalation trigger |
|                 | FFT score- Inpatients   | 95.0%              | 99.2%                | 97.7%    |                    |                      |           | Monitor            |
|                 | FFT score - Outpatients   | 95.0%              | 97.8%                | 97.3%    |                    |                      |           | Monitor            |
|                 | Mixed sex accommodation breaches  | 0                  | 0                    | 0        |                    |                      |           | Monitor            |
|                 | Number of written complaints per 1000 WTE (Rolling 3 mnth average)                        | 12.6               | 7.5                  | 6.1      |                    |                      |           | Monitor            |
|                 | % 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            | 43.5%                | 40.1%    |                    |                      |           | Monitor            |
|                 | Friends and Family Test (FFT) outpatient participation rate %                             | Monitor            | 11.3%                | 11.9%    |                    |                      |           | Monitor            |
|                 | Number of complaints upheld / part upheld   | 3                  | 3                    | 3        |                    |                      |           | Review             |
|                 | Number of complaints (12 month rolling average)   | 5                  | 4                    | 5        |                    |                      |           | Review             |
|                 | Number of complaints  | 5                  | 5                    | 3        |                    |                      |           | Review             |
|                 | Number of informal complaints received per month  | Monitor            | 8                    | 15       |                    |                      |           | Monitor            |
|                 | Number of recorded compliments  | Monitor            | 1687                 | 1750     |                    |                      |           | Monitor            |
|                 | Supportive and Palliative Care Team – number of referrals (quarterly)                     | Monitor            | -                    | -        |                    |                      |           | Monitor            |
|                 | Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly) | Monitor            | -                    | -        |                    |                      |           | Monitor            |
|                 | Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)           | Monitor            | -                    | -        |                    |                      |           | Monitor            |
|                 | Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)                 | Monitor            | -                    | -        |                    |                      |           | Monitor            |



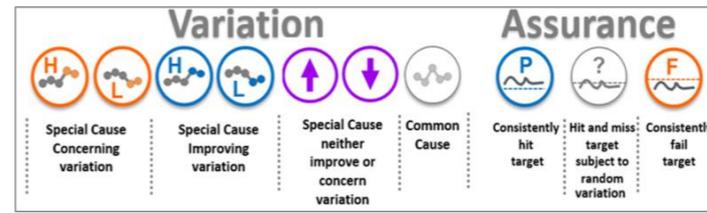
# Caring: Patient Experience

Accountable Executive: Chief Nurse

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

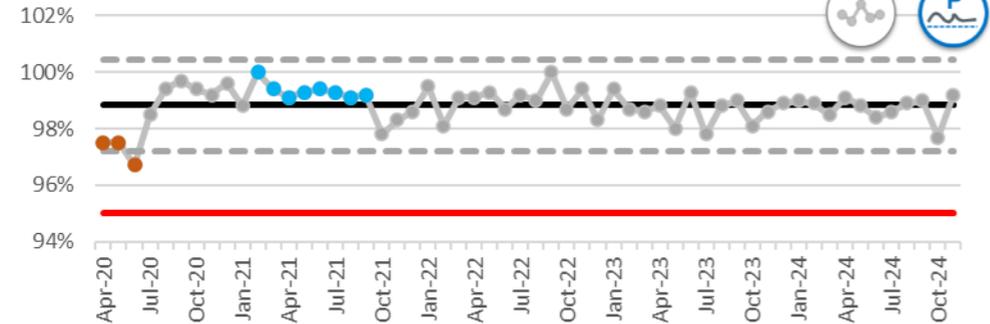


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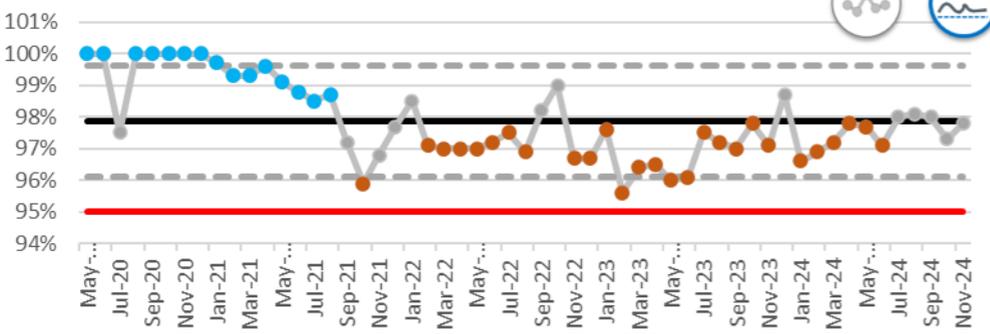


## 1. Historic trends & metrics

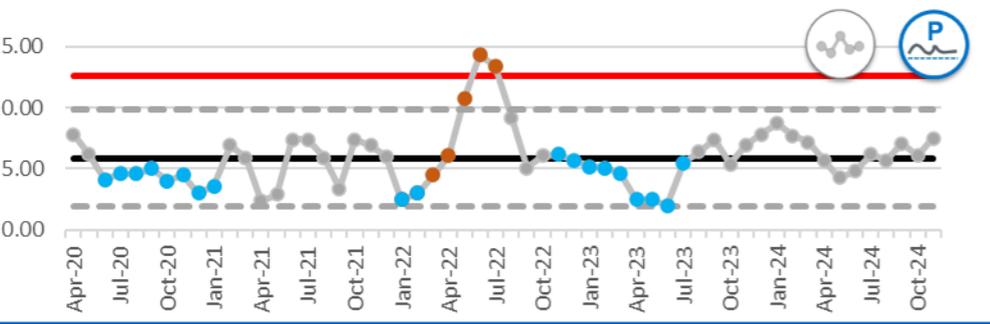
FFT score- Inpatients



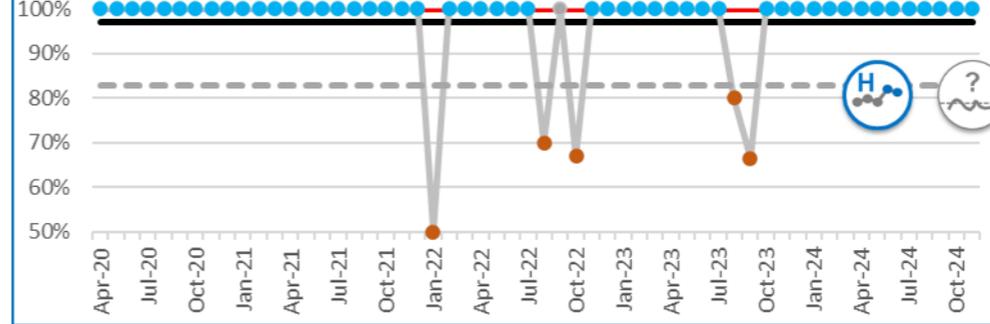
FFT score - Outpatients



Number of written complaints per 1000 WTE (Rolling 3 mnth average)



% of complaints responded to within agreed timescales



## 2. Comments/Action plans

### FFT (Friends and Family Test): In summary;

**Inpatients:** Positive Experience rate was 99.2% in November 2024 for our recommendation score. Participation Rate for surveys was 43.5%.

**Outpatients:** Positive experience rate was 97.8% in November 2024 and above our 95% target. Participation rate was 11.3%.

**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 November 2024 was 1687. Of these 1567 were from compliments from FFT surveys and 120 compliments via cards/letters/PALS captured feedback. Although the total via FFT is lower than last month, the compliments received via cards is higher (1670 from FFT 80 via PALS).

**Responding to Complaints on time:** 100% of complaint 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 7.5



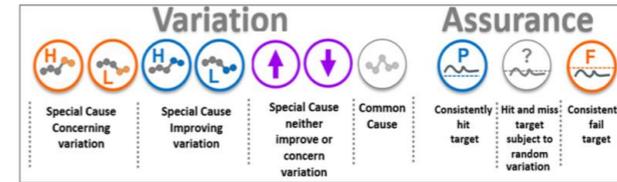
# Effective: Summary

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer



Royal Papworth Hospital  
NHS Foundation Trust



| Dashboard KPIs  | Metric                        | Latest Performance                          |                      | Previous         | In month vs target | Action and Assurance |             |                    |
|---|-------------------------------|---|----------------------|------------------|--------------------|----------------------|-------------|--------------------|
|   |                               | Trust target                                | Most recent position | Position         |                    | Variation            | Assurance   | Escalation trigger |
|   |                               | Bed Occupancy (excluding CCA and sleep lab) | 85%                  | 73.8%            |                    | 77.3%                | Red         | H                  |
| ICU bed occupancy   | 85%                           | 90.5%                                       | 86.4%                | Yellow           | H                  | ?                    | Review      |                    |
| Enhanced Recovery Unit bed occupancy %                                | 85%                           | 72.8%                                       | 80.2%                | Red              | H                  | ?                    | Review      |                    |
| Elective inpatient and day case (NHS only)*                           | 1590 (107% 19/20)             | 1594 (107% 19/20)                           | 1716 (115% 19/20)    | Green            | H                  | ?                    | Review      |                    |
| Outpatient First Attends (NHS only)*                                  | 1746 (107% 19/20)             | 1924 (117% 19/20)                           | 2169 (132% 19/20)    | Green            | H                  | ?                    | Review      |                    |
| Outpatient FUPs (NHS only)*   | 6191 (107% 19/20)             | 7192 (124% 19/20)                           | 7803 (134% 19/20)    | Green            | H                  | ?                    | Review      |                    |
| % of outpatient FU appointments as PIFU (Patient Initiated Follow up) | 5%                            | 12.4%                                       | 12.2%                | Green            | H                  | P                    | Action Plan |                    |
| Reduction in Follow up appointment by 25% compared to 19/20 activity  | -25%                          | 0.9%  | 0.2%                 | Red              | H                  | F                    | Action Plan |                    |
| % Day cases   | 85%                           | 72.4%                                       | 72.9%                | Red              | H                  | F                    | Action Plan |                    |
| Theatre Utilisation (uncapped)**                                      | 85%                           | 95%   | 90%                  | Green            | H                  | ?                    | Review      |                    |
| Cath Lab Utilisation (including 15 min Turn Around Times) ***         | 85%                           | 80%   | 80%                  | Yellow           | H                  | ?                    | Review      |                    |
| Additional KPIs   | NEL patient count (NHS only)* | Monitor                                     | 409 (118% 19/20)     | 404 (117% 19/20) | Grey               | H                    |             | Monitor            |
| ICU length of stay (LOS) (hours) - mean                               | Monitor                       | 120   | 142                  |                  | Grey               | H                    |             | Monitor            |
| Enhanced Recovery Unit (LOS) (hours) - mean                           | Monitor                       | 32  | 56                   |                  | Grey               | H                    |             | Monitor            |
| Length of Stay – combined (excl. Day cases) days                      | Monitor                       | 6.1   | 6.2                  |                  | Grey               | H                    |             | Monitor            |
| Same Day Admissions – Cardiac (eligible patients)                     | 50%                           | 34%   | 37%                  |                  | Grey               | ?                    | Review      |                    |
| Same Day Admissions - Thoracic (eligible patients)                    | 40%                           | 65%   | 70%                  |                  | Grey               | H                    | Review      |                    |
| Length of stay – Cardiac Elective – CABG (days)                       | 8.2                           | 9.4   | 8.4                  |                  | Grey               | H                    | Review      |                    |
| Length of stay – Cardiac Elective – valves (days)                     | 9.7                           | 8.6   | 10.0                 |                  | Grey               | ?                    | Review      |                    |
| Outpatient DNA rate   | 6.0%                          | 7.2%  | 7.0%                 |                  | Grey               | ?                    | Review      |                    |

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

\*\* from Theatre utilisation is expressed as a % of Trust capacity baseline of 5 theatres from Aug 23 and 5.5 theatres from Sep 23

\*\*\* Cath lab utilisation is provisional pending review of calculation methodology



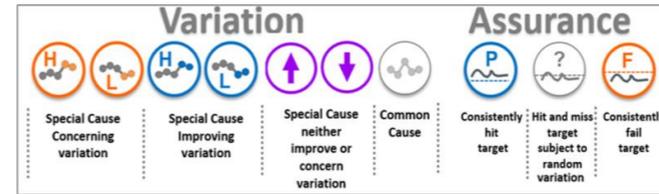
# Effective: Admitted Activity

Accountable Executive: Chief Operating Officer

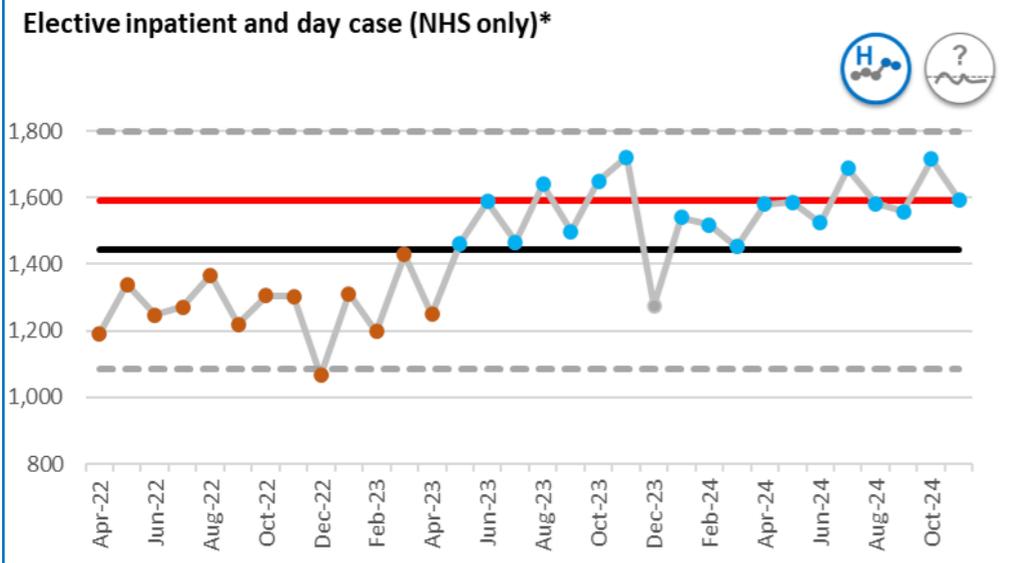
Report Author: Chief Operating Officer



Royal Papworth Hospital  
NHS Foundation Trust



## 1. Historic trends & metrics



|  |
|--|
| Nov-24   |
| 1594   |
| 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 | 66%             | 93%        | 68% | 59%  | 83%               | 94%                        | 81%             |
|                            | Daycases   | 0%**            | 95%        | n/a | 164% | 127%              | 51%**                      | 138%**          |

\*\* = YTD activity > 100% of 19/20

## 2. Action plans / Comments

### Elective Inpatient Activity

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

### Surgery, Theatres & Anaesthetics

- As planned ERU opened to 10 beds on 9 September 2024, ICU opened 26 beds. CCA beds increased to 36 (commissioned number)
- Theatre activity remains above trust target of 85% at 90.5% (uncapped) in M8
- IHU patients continue to be prioritised to support flow within the system, addition capacity was made available as required.

### Thoracic & Ambulatory

- The division is above planned activity (398 YTD) and above 2019/20 admitted activity (795 YTD).

### Cardiology

- The division over delivered against planned activity in M8 (438 YTD) and has exceeded the 19/20 position by 471 cases YTD. There continues to be growth within the TAVI and EP services.

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



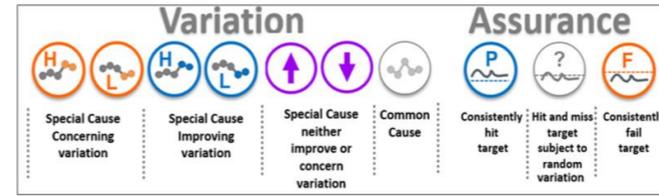
# Effective: Non-admitted Activity

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

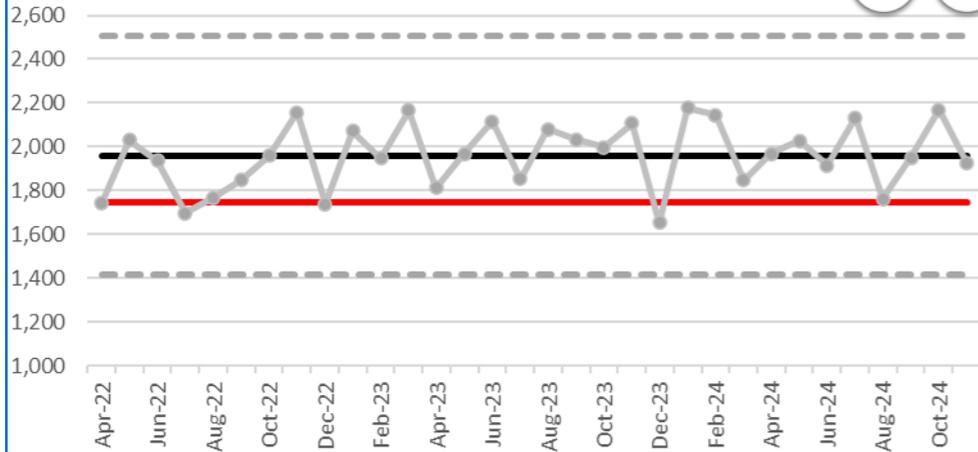


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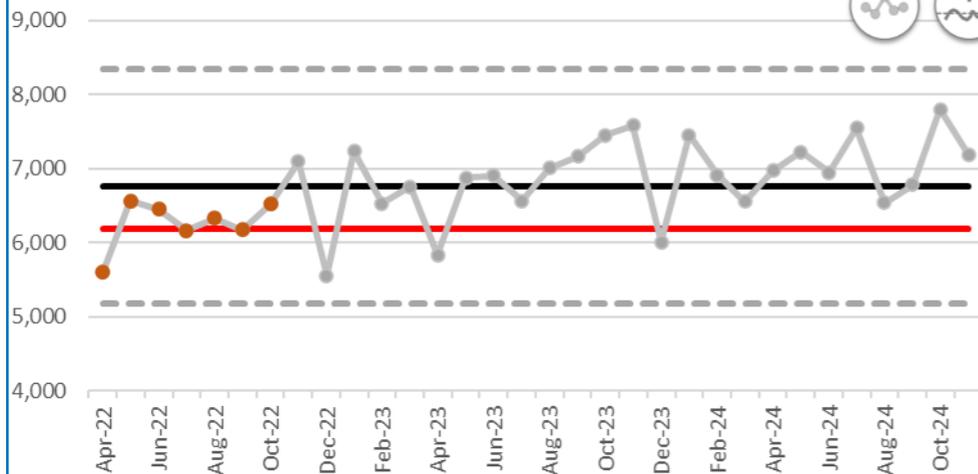
## 1. Historic trends & metrics

### Outpatient First Attends (NHS only)



|  |
|--|
| Nov-24   |
| 1924   |
| <b>Target (red line)*</b>                                    |
| 1746   |
| <b>Variation</b>   |
| Common cause variation                                       |
| <b>Assurance</b>   |
| Hit and miss on achieving target subject to random variation |

### Outpatient FUPs (NHS only)



|  |
|--|
| Nov-24   |
| 7192   |
| <b>Target (red line)*</b>                                    |
| 6191   |
| <b>Variation</b>   |
| Common cause variation                                       |
| <b>Assurance</b>   |
| Hit and miss on achieving target subject to random variation |

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

| Category              |                       | Cardiac Surgery | Cardiology | RSSC | Thoracic Medicine | Thoracic surgery (exc PTE) | Transplant/VAD |
|-----------------------|-----------------------|-----------------|------------|------|-------------------|----------------------------|----------------|
| Non Admitted activity | First Outpatients     | 89%             | 88%        | 296% | 93%               | 144%                       | 101%           |
|                       | Follow Up Outpatients | 103%            | 132%       | 101% | 131%              | 142%                       | 97%            |

= YTD activity > 100% of 19/20

## 2. Action plans / Comments

The Thoracic and Ambulatory division is above planned activity (251 YTD) and above 19/20 activity (5,679 YTD). Within M08, there were 477 missed appointments and 551 appointments cancelled by the patient at short notice. Additional text messaging has been put into place regarding postal CSS appointments with the aim to reduce missed appointments.

Cardiology delivered above plan in M08 (340) and remains above the 2019/2020 non-admitted activity baseline (5707). In month 8 there were 129 appointments DNA'd equal to a 2.7% appointments DNA rate, however, a high percentage of patient cancellations and rescheduled appointments contributed to an overall attendance rate of 86.9%.

Surgery continue to flex capacity to meet demand for thoracic oncology patients  
Cardiac clinic utilisation was 71.3% against KPI of 85%.

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



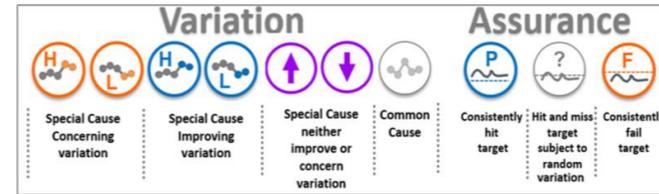
# Effective: Occupancy

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

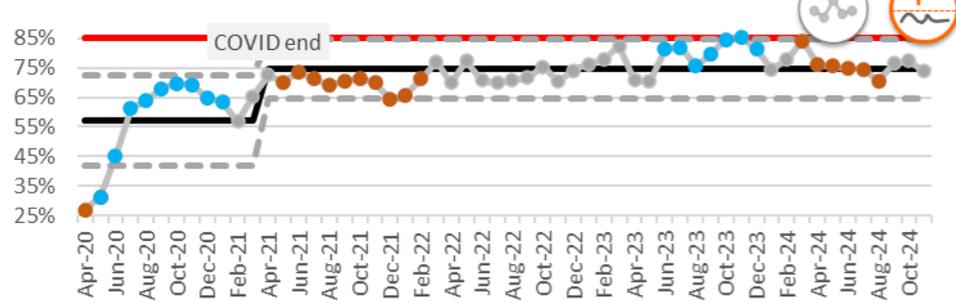


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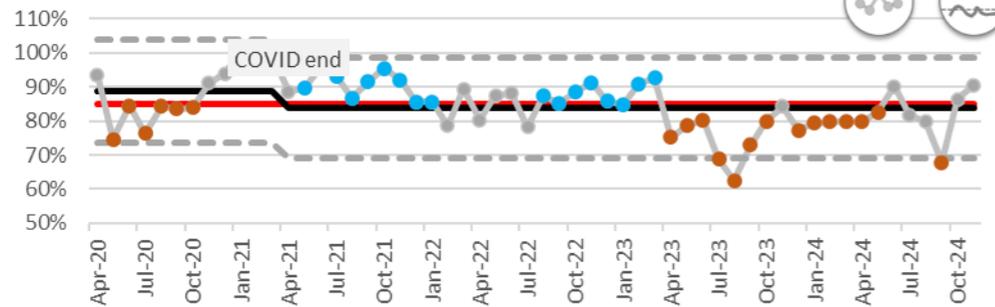
## 1. Historic trends & metrics

### Bed Occupancy (excluding CCA and sleep lab)



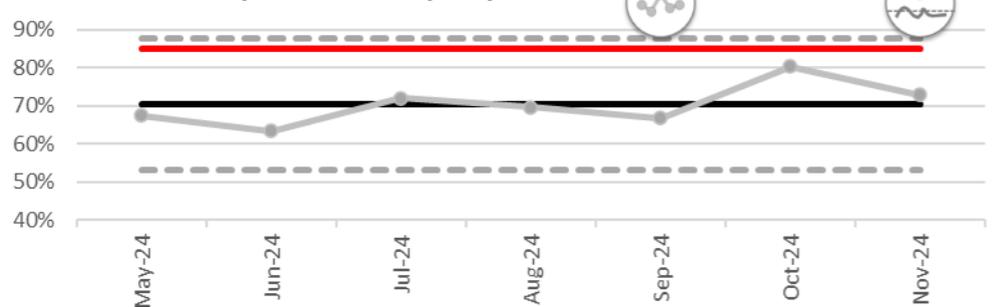
|                                    |
|------------------------------------|
| Nov-24                             |
| 73.8%                              |
| Target (red line)                  |
| 85%                                |
| Variation                          |
| Common cause variation             |
| Assurance                          |
| Has consistently failed the target |

### ICU bed occupancy



|  |
|--|
| Nov-24   |
| 90.5%  |
| Target (red line)  |
| 85%  |
| Variation  |
| Common cause variation                                       |
| Assurance  |
| Hit and miss on achieving target subject to random variation |

### Enhanced Recovery Unit bed occupancy %



|  |
|--|
| Nov-24   |
| 72.8%  |
| Target (red line)  |
| 85%  |
| Variation  |
| Common cause variation                                       |
| Assurance  |
| Hit and miss on achieving target subject to random variation |

## 2. Comments

### CCA bed occupancy:

- We have seen a significant improvement in M8 ICU bed utilisation as a result of improved pathway management and case mix management by the theatres and surgical bookings team and emergency activity.
- ICU bed occupancy in M8 was 90.5%
- The reduction of ICU occupancy in M6 reflected some seasonal trends with a decrease in transplantation and ECMO activity, which we did see in September 23.
- M8 saw an increase in ECMO and transplant activity (9 in M8), which impacted on IHU activity and saw an increase in on the day cancellations.
- Theatre activity increased in M8 as a result of the more detailed oversight 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 M8 is 72.8%, this is reflected in the adjustment of beds open in ERU 10 Monday to Friday, 7 Saturday and 5 Sunday. Staffing is reallocated to CCA to support the CCA safe staffing levels.
- ERU is facilitating an increase in planned activity (including IHU patients) in theatres, flow and reduction in length of stay. This has been challenged in M8 due to the increase in emergency activity.
- ERU average LOS in M8 was 34hrs.
- A review of the ratio of ERU and ICU beds is currently been undertaken to confirm the if the current ratio is correct



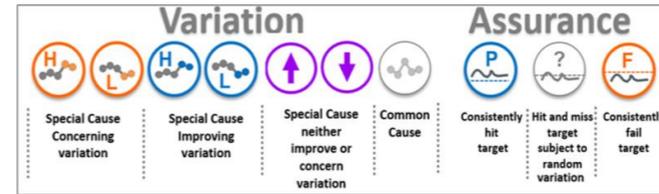
# Effective: Utilisation

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

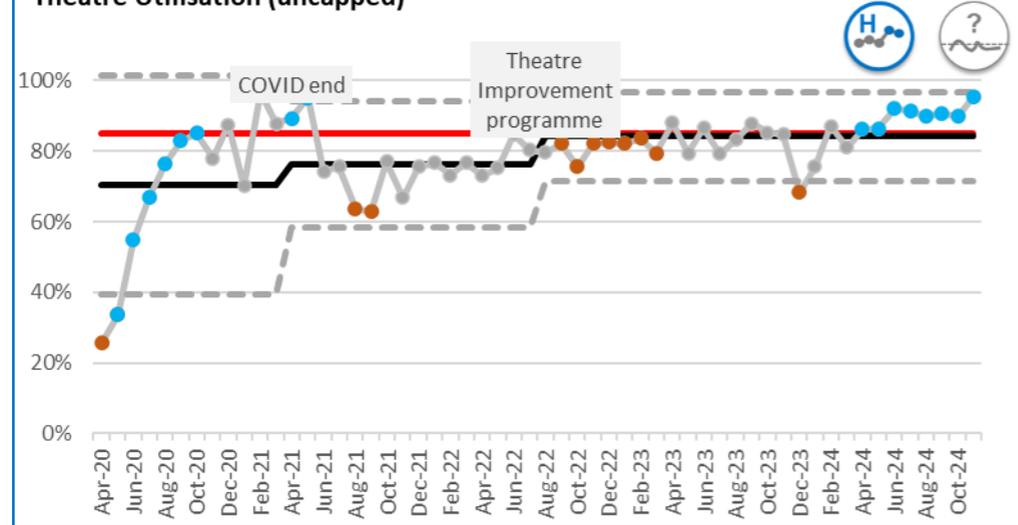


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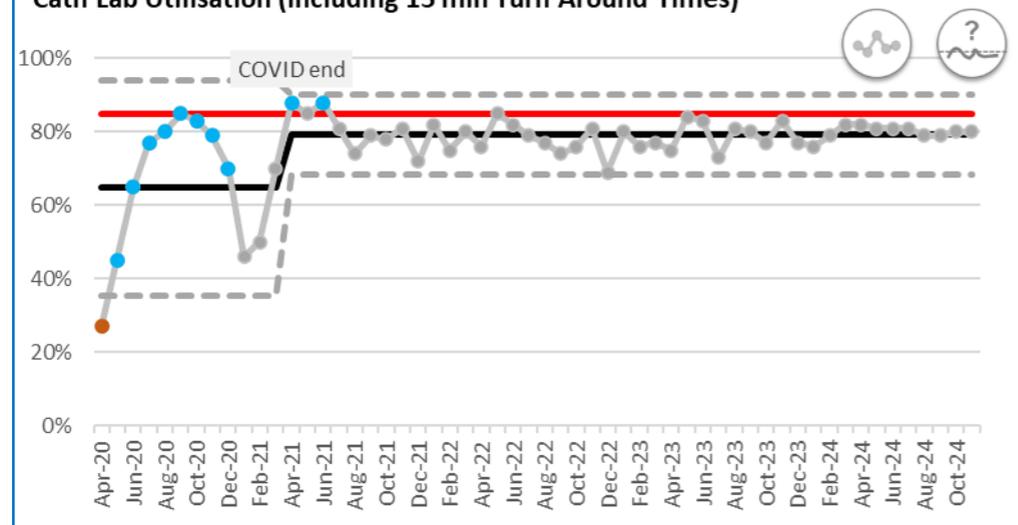
## 1. Historic trends & metrics

### Theatre Utilisation (uncapped)



|  |
|--|
| Nov-24   |
| 95%  |
| <b>Target (red line)</b>                                     |
| 85%  |
| <b>Variation</b>   |
| Special cause variation of an improving nature               |
| <b>Assurance</b>   |
| Hit and miss on achieving target subject to random variation |

### Cath Lab Utilisation (including 15 min Turn Around Times) \*\*\*



|  |
|--|
| Nov-24   |
| 80%  |
| <b>Target (red line)</b>                                     |
| 85%  |
| <b>Variation</b>   |
| Common cause variation                                       |
| <b>Assurance</b>   |
| Hit and miss on achieving target subject to random variation |

## 2. Action plans / Comments

### Theatre Utilisation:

- Theatre utilisation was again above the trust target at 95% uncapped in M8, this continues to be an upward trajectory
- 5.5 elective theatres were scheduled in month to align with 36 CCA beds open.
- Theatre activity has increased in M8
- The opening to 10 ERU beds has supported improved flow and increased elective activity
- Daily scheduling and theatre planning is reviewed by DDO and COO.

### Cath Lab Utilisation:

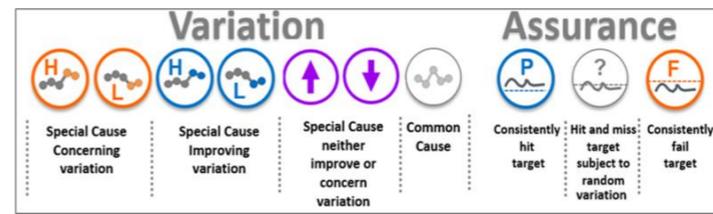
- Cath lab performance remained consistent in M08, reporting at 80% utilisation.
- Recent demand and capacity analysis has underscored a persistent trend regarding data accuracy, which impacts the interpretation of perceived utilisation.
- The division is actively collaborating with the Business Intelligence (BI) team to enhance the recording of procedures; however, progress is challenged by the presence of multiple IT systems used for capturing throughput.



# Responsive: Summary

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer



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|  | Metric   | Latest Performance  |                      |          | Previous | In month vs target | Action and Assurance |           |                    |
|--|--|---|----------------------|----------|----------|--------------------|----------------------|-----------|--------------------|
|  |  | Trust target  | Most recent position | Position | Position |                    | Variation            | Assurance | Escalation trigger |
| Dashboard KPIs   | % diagnostics waiting less than 6 weeks                          | 99%   | 97.0%                |          | 96.0%    | Red                | Wavy                 | ?         | Review             |
|  | 18 weeks RTT (combined)  | 92%   | 64.5%                |          | 65.5%    | Red                | L                    | F         | Action Plan        |
|  | 31 days cancer waits   | 96%   | 100%                 |          | 96%      | Green              | Wavy                 | ?         | Review             |
|  | 62 day cancer wait for 1st Treatment from urgent referral        | 85%   | 0%                   |          | 33%      | Red                | Wavy                 | ?         | Review             |
|  | 104 days cancer wait breaches                                    | 0   | 12                   |          | 8        | Red                | Wavy                 | ?         | Review             |
|  | Number of patients waiting over 65 weeks for treatment           | 0   | 12                   |          | 12       | Red                | Wavy                 | F         | Action Plan        |
|  | Theatre cancellations in month                                   | 15  | 49                   |          | 30       | Red                | Wavy                 | ?         | Review             |
|  | % of IHU surgery performed < 7 days of medically fit for surgery | 95%   | 33%                  |          | 41%      | Red                | L                    | F         | Action Plan        |
|  | Acute Coronary Syndrome 3 day transfer %                         | 90%   | 95%                  |          | 68%      | Green              | Wavy                 | ?         | Review             |
|  | Number of patients on waiting list                               | 3851  | 7525                 |          | 7411     | Red                | H                    | F         | Action Plan        |
|  | 52 week RTT breaches   | 0   | 58                   |          | 69       | Red                | H                    | F         | Action Plan        |
|  | Additional KPIs  | % of IHU surgery performed < 10 days of medically fit for surgery | 95%                  | 36%      |          | 54%                | Grey                 | L         | ?                  |
| 18 weeks RTT (cardiology)                                      |  | 92%   | 61.3%                |          | 61%      | Grey               | L                    | F         | Action Plan        |
| 18 weeks RTT (Cardiac surgery)                                 |  | 92%   | 61.5%                |          | 64%      | Grey               | L                    | F         | Action Plan        |
| 18 weeks RTT (Respiratory)                                     |  | 92%   | 66.4%                |          | 68%      | Grey               | L                    | F         | Action Plan        |
| Other urgent Cardiology transfer within 5 days %               |  | 90%   | 97%                  |          | 67%      | Grey               | Wavy                 | ?         | Review             |
| % patients rebooked within 28 days of last minute cancellation |  | 100%  | 50%                  |          | 64%      | Grey               | L                    | ?         | Review             |
| Urgent operations cancelled for a second time                  |  | 0   | 0                    |          | 0        | Grey               | L                    | ?         | Review             |
| Non RTT open pathway total                                     |  | Monitor   | 46790                |          | 46326    | Grey               | H                    |           | Monitor            |
| Validation of patients waiting over 12 weeks                   |  | 95%   | 27%                  |          | 34%      | Grey               | H                    | F         | Action Plan        |



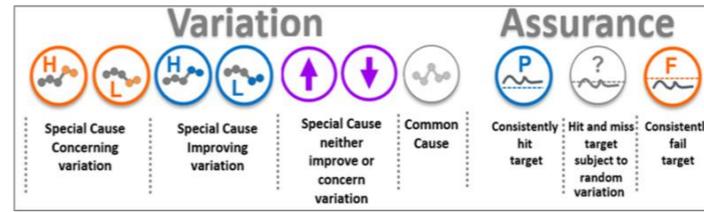
# Responsive: RTT

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

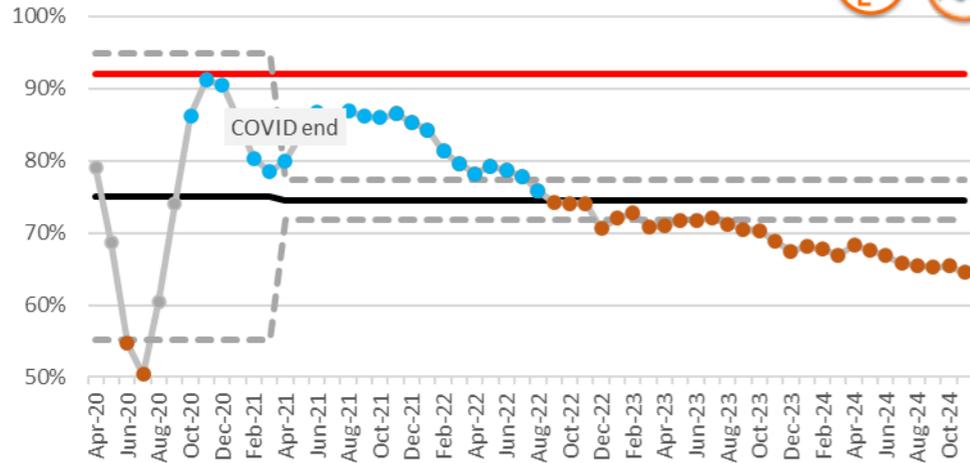


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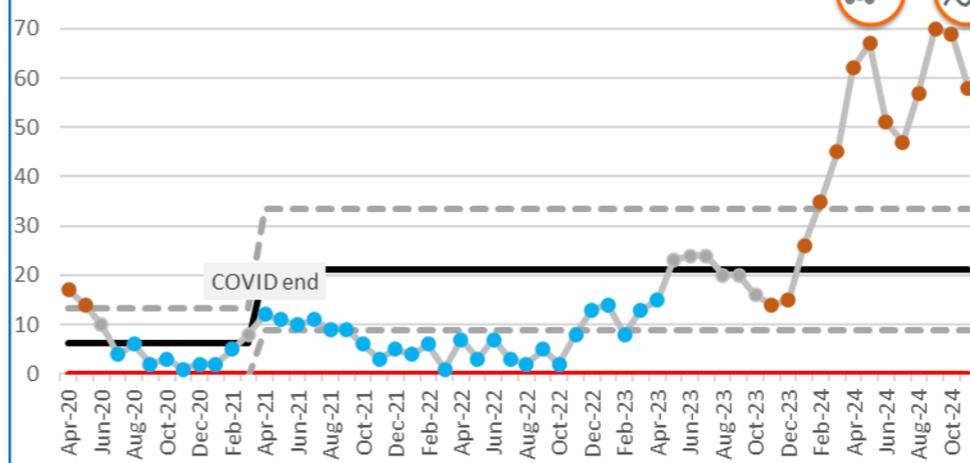
## 1. Historic trends & metrics

### 18 weeks RTT (combined)



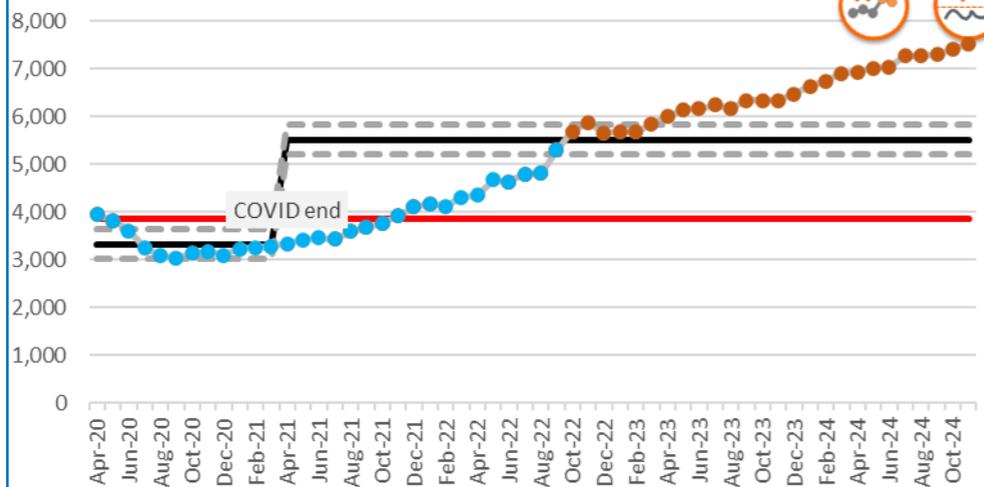
|                   |  |
|-------------------|--|
| Nov-24            | 64.5%  |
| Target (red line) | 92.0%  |
| Variation         | Special cause variation of a concerning nature |
| Assurance         | Has consistently failed the target             |

### 52 week RTT breaches



|                   |  |
|-------------------|--|
| Nov-24            | 58   |
| Target (red line) | 0  |
| Variation         | Special cause variation of a concerning nature |
| Assurance         | Has consistently failed the target             |

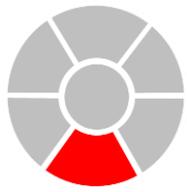
### Number of patients on waiting list



|                   |  |
|-------------------|--|
| Nov-24            | 7525   |
| 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. Weekly meetings continue to take place (led by COO) focussing on reducing over 40 week waits. Additional capacity in cardiology continued in August for TAVI services aimed at reducing long waiting patient numbers.
  - There were 58 52-week RTT breaches in month, which is a decrease of 1 from the previous month.
- 52 Week breakdown:
- 36 of the 52-week breaches were in Cardiology, a reduction of 7 from last month. 16 of these were received above 40 weeks, 13 are internal delays linked to capacity in structural pathways, 3 have planned dates and 4 are awaiting plans for admission.
  - 9 of the 52-week breaches were in Thoracic and Ambulatory. Four breaches were inherited clocks referred after 52 weeks. Two were referred, however the IPT was missed, 2 have been delayed to due PSG scoring and 1 has been treated.
  - 13 of the 52 weeks breaches were in surgery. 3 of these were late referrals above 40 weeks, 2 are due to missed IPT dates on referrals and 8 due to internal delays.



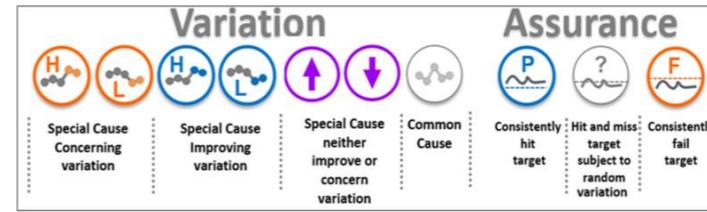
# Responsive: Cancer

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

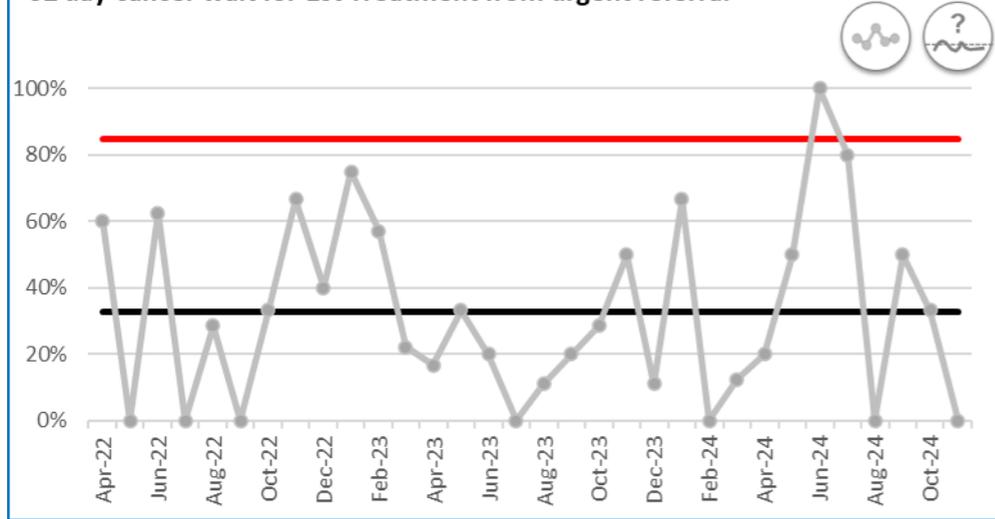


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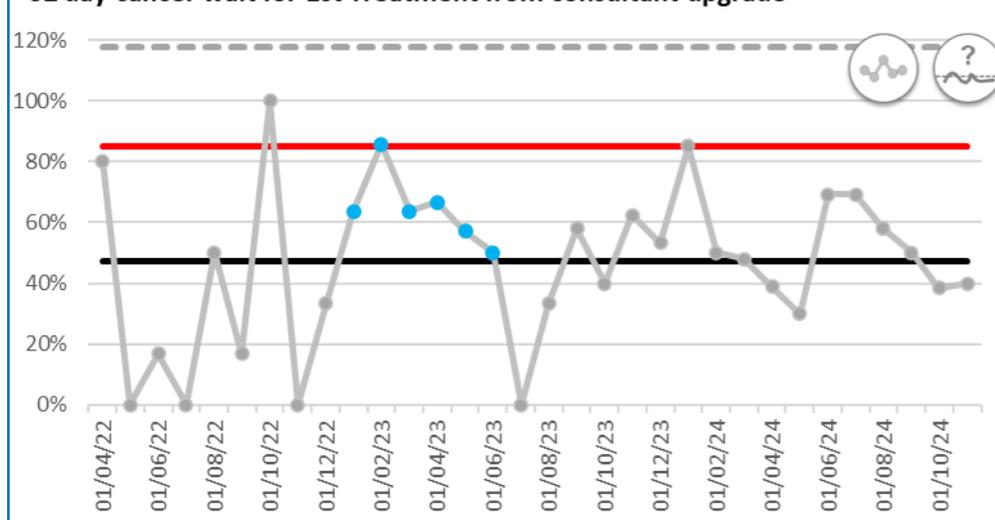
## 1. Historic trends & metrics

62 day cancer wait for 1st Treatment from urgent referral



|  |
|--|
| Nov-24   |
| 0%   |
| <b>Target (red line)</b>                                     |
| 85%  |
| <b>Variation</b>   |
| Common cause variation                                       |
| <b>Assurance</b>   |
| Hit and miss on achieving target subject to random variation |

62 day cancer wait for 1st Treatment from consultant upgrade



|  |
|--|
| Nov-24   |
| 40%  |
| <b>Target (red line)</b>                                     |
| 85%  |
| <b>Variation</b>   |
| Common cause variation                                       |
| <b>Assurance</b>   |
| Hit and miss on achieving target subject to random variation |

## Action plans / Comments

There continues to be long waits for PET-CT at CUH, which is being mitigated through the option of Northampton General Hospital. Additional surgical clinics have been carried out to mitigate limited surgical clinic capacity due to surgical leave. Waits for CT Needle Biopsy have increased, partly due to demand and due to cancelled lists in M08. The team continue to receive late referrals and meetings are in place to continue these discussions and improve the number of late referrals. Work continues to implement a bundled pathway to mitigate against complex diagnostic pathways

Patient breakdown:

- 1) Echo prior to surgery, PET-CT 14 days, 2 weeks prednisolone prior to surgery due to ILD
- 2) Referred day 95, 7 day wait for clinic, 28 day wait for surgery
- 3) IPT day 36, PET 24 day wait, 9 day wait EBUS, 11 day wait CTNB, 16 day wait surgery
- 4) Referral day 81, 18 day wait for surgery
- 5) Referral day 37, 20 day wait for surgery, 10 day wait for Echo
- 6) Referral day 29, CT 12 day, 14 days for clinic, 30 days for surgery
- 7) EBUS offered but declined, neoadjuvant offered but declined, 16 day wait for surgery
- 8) Referred day 48, 13 day wait for clinic, 13 day wait for surgery
- 9) Patient related reasons, unfit for CTNB (aortic stenosis) which required alternative plan; could not have second attempted CTNB.
- 10) Patient related reasons, required PCI/stent,
- 11) Referred day 61, 14 day wait for clinic, 29 day wait for surgery
- 12) Referred day 34, 15 day wait for surgery
- 13) Complex diagnostic pathway

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. For those highlighted as breached, but treated within 24-days, this data will be reflected within the post-allocation breach data.



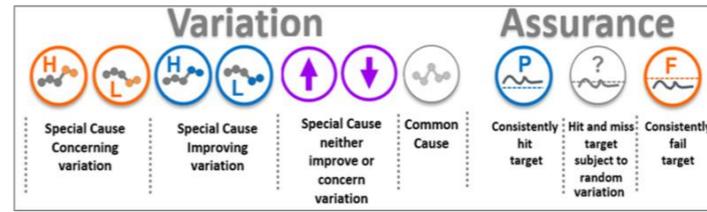
# Responsive: Cancer

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

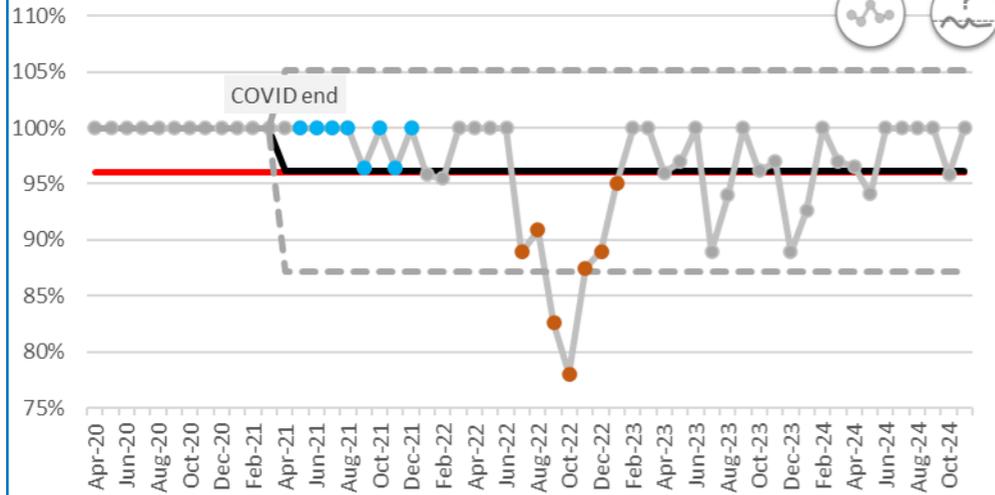


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## 1. Historic trends & metrics

31 days cancer waits



Nov-24

100%

Target (red line)

96%

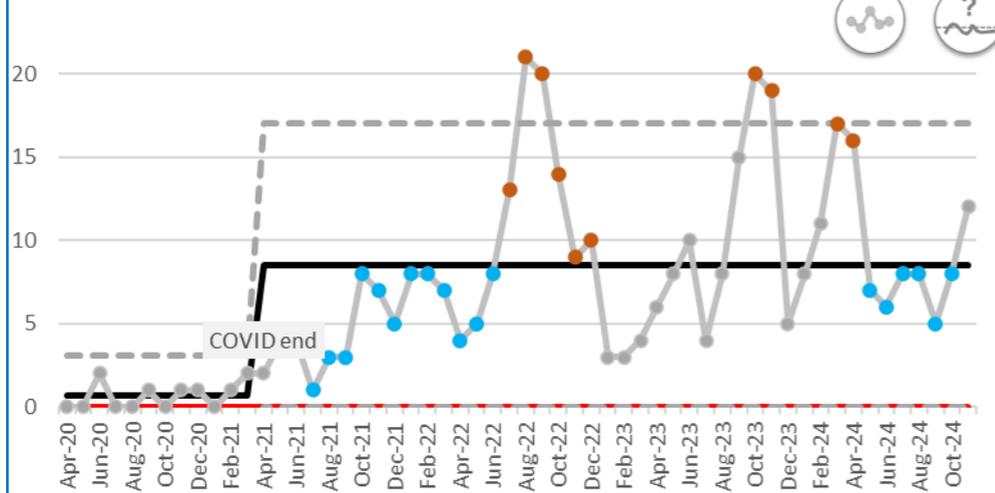
Variation

Common cause variation

Assurance

Hit and miss on achieving target subject to random variation

104 days cancer wait breaches



Nov-24

12

Target (red line)

0

Variation

Common cause variation

Assurance

Hit and miss on achieving target subject to random variation

## Action plans / Comments

**31 Day breaches:** All eligible patients were treated within 31 days. The average decision to treat, however has increased from an average of 10.5 days in M06 to 18.6 days in M08. This was largely due to surgeon unavailability as well as cancellations. While this remains under the local target of 24-days, the concern remains regarding surgery being cancelled and the potential impact this has on one patient's outcomes.

**104 day breaches:** 12 in total. 104-day breaches were largely due to patients requiring additional investigations, however others have been delayed due to late referrals and subsequently impacted by surgery clinical capacity and surgery capacity.



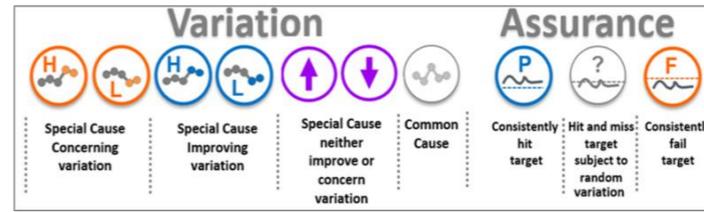
# Responsive: Other metrics

Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer

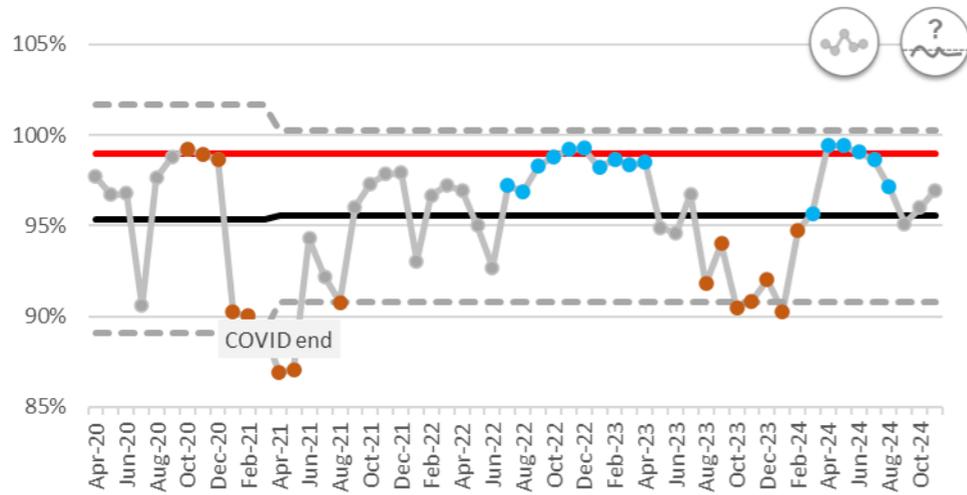


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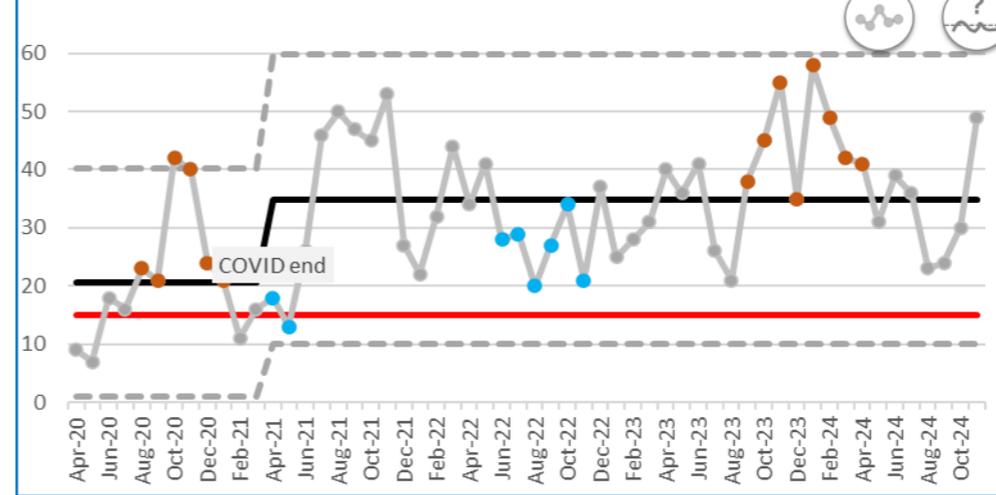
## 1. Historic trends & metrics

% diagnostics waiting less than 6 weeks



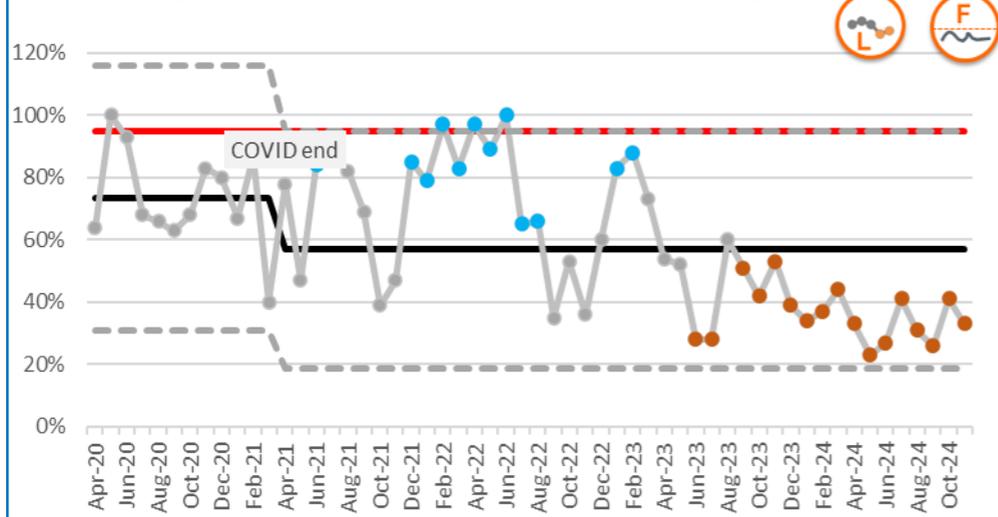
|  |
|--|
| Nov-24   |
| 97%  |
| Target (red line)  |
| 99%  |
| Variation  |
| Common cause variation                                       |
| Assurance  |
| Hit and miss on achieving target subject to random variation |

Theatre cancellations in month



|  |
|--|
| Nov-24   |
| 49   |
| 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



|  |
|--|
| Nov-24   |
| 33%  |
| Target (red line)                              |
| 95%  |
| Variation                                      |
| Special cause variation of a concerning nature |
| Assurance                                      |
| Has consistently failed the target             |

### Action plans / Comments

#### DM01

- Diagnostic radiology continues to track DM01 using Qlik with weekly PTL management. Qlik DM01 compliance for Radiology at end November 81.16%
- Change management work underway with the booking team to commence booking from a PTL to ensure patients are booked in date order. Initially starting with Nuclear Medicine but will progress to CT & MRI during Q4.
- Mutual Aid is being requested by NWAFT for scanning & reporting but awaiting their requirements via a working group to ensure RPH are fully aware of the ask and the impact on our activity & reporting.
- DM01 is not just diagnostic radiology but encompasses diagnostic imaging in other specialties (echo & sleep).
- Sleep diagnostics continue to be monitored and actions taken to improve the unvalidated position. Patients are still put onto the wrong access plan which causes incorrect data. Additional capacity has been invested in, and has been rolled out for CSS. PSG additional capacity is anticipated for February 2025.

#### CT Reporting Delays

Please refer to slide 6.

#### Theatre Cancellations

- 49 cancellations occurred in M8
- 30 cancellations in month were linked to capacity in CCA
- 11 of these 49 cancellations were IHUs that were booked into second slot on the elective list

#### In House Urgent patients

- IHU performance has decreased in month from 41% to 33% as a result of an increase in emergency activity and an increase in cancellations (49 in M8) 20 cancellations in M8 due to CCA beds being full and 10 due to lack of staff in CCA.
- STA divisional team continue to monitor daily



# Responsive: Other metrics

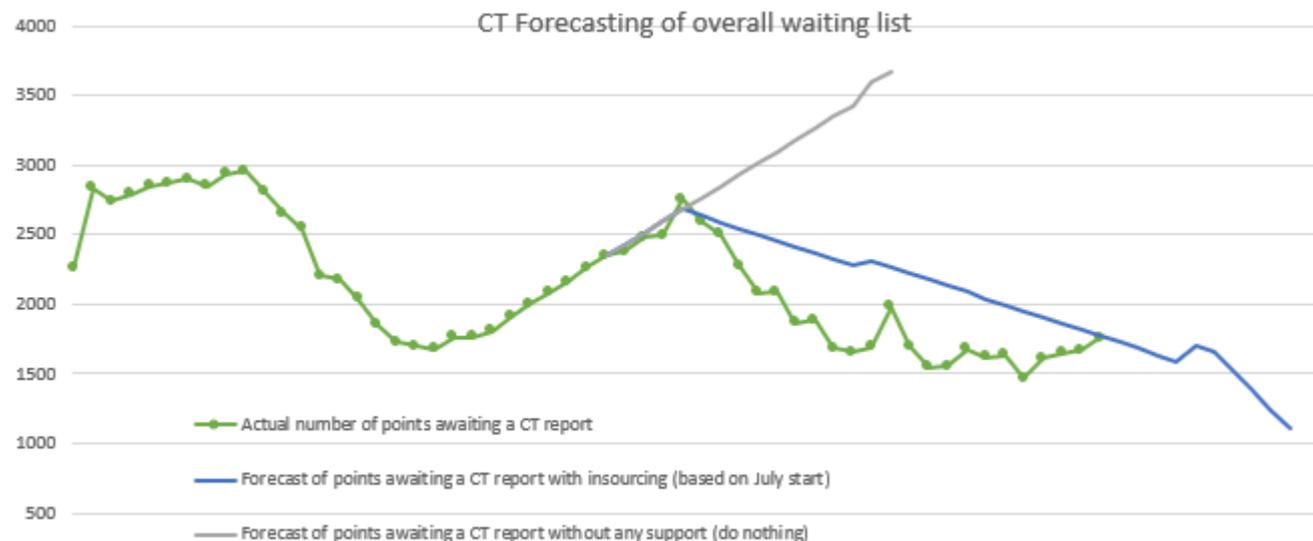
Accountable Executive: Chief Operating Officer

Report Author: Chief Operating Officer



## CT Waiting list reporting - Executive Summary

| Focus  | Aim   | Forecast | 11/11/2024 | 18/11/2024 | 25/11/2024 | 02/12/2024 | Trend |
|--|---|----------|------------|------------|------------|------------|-------|
| Actual new CTs undertaken and added to waiting list (points)<br>(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      | 540        | 580        | 596        | 538        | ↘     |
| Total CT points reported   | Increase the numbers of CT reports per week   | 533      | 391        | 546        | 574        | 451        | ↘     |
| Actual number of points awaiting a CT report   | Decrease the overall waiting list   | 4587     | 1613       | 1647       | 1669       | 1756       | ↗     |
| 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  | 908      | 464        | 463        | 509        | 524        | ↗     |
| Number of patients awaiting a CT report  | Decrease patients awaiting CT reports   | n/a      | 546        | 564        | 573        | 618        | ↗     |
| Number of patients awaiting a CT report for more than 4 weeks  | Decrease patients awaiting CT reports more than 4 weeks   |          | 135        | 133        | 150        | 231        | ↗     |
| Proportion of CT reports waiting for more than 4 weeks   | Decrease the proportion of waiters who wait over 4 weeks (backlog)  | 20%      | 29%        | 28%        | 30%        | 30%        | ↗     |
| % 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) |          | 101%       | 141%       | 113%       | 103%       | ↘     |
| % 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)  |          | 121%       | 86%        | 68%        | 40%        | ↘     |
| Number of patients awaiting a CT scan based on PTL   | Tracking only   |          | 1175       | 1191       | 1306       | 1317       | ↗     |



- Total CT points reported last week of Nov - 451
- Actual number of points awaiting a report has increased by 87
- The number of patients awaiting a CT report has risen by 45
- The number of patients awaiting a CT report >4 weeks, has increased by 81 up to 231. 70% of patients are being reported within the 4-week TAT
- Reducing number of reporting sessions provided by the external company during November which has continued into December.
- **Update as of 9/12/24 –**
- 4 reports outstanding from August, 25 from September, 52 from October
- Multiple meetings held with Langley Clark during December to review expectations against delivery due to the continued reduction in points reported by week by the insource consultants. Reporter provision for the rest of December and January has been requested from the company. A review of reporting numbers against expected delivery has also been provided to the company.
- RPH has released a reporting workstation on a weekday from January to try and ensure external reporter availability & support as weekends are not being delivered.
- Discussions with SBS commenced on the procurement for the digitally connected solution, companies being checked against the frameworks before a procurement document can be written before publication & invitation to bid. Statement of Requirements completed & return to SBS for commencement of the procurement process. Estimated 6-10 month process, requested this is undertaken much more quickly. Await response.



# People, Management & Culture: Summary

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



Royal Papworth Hospital  
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|                 | Data Quality   | Target | Jun-24       | Jul-24          | Aug-24 | Sep-24 | Oct-24          | Nov-24 |        |
|-----------------|--|--------|--------------|-----------------|--------|--------|-----------------|--------|--------|
| Dashboard KPIs  | Voluntary Turnover % **  | 4      | 9.0%         | 12.78%          | 14.32% | 9.34%  | 12.98%          | 8.26%  | 9.62%  |
|                 | Vacancy rate as % of budget **   | 4      | 7.50%        | 10.53%          | 9.89%  | 10.20% | 10.09%          | 9.08%  | 8.31%  |
|                 | % of staff with a current IPR  | 4      | 90%          | 73.60%          | 74.78% | 72.73% | 72.47%          | 73.35% | 75.39% |
|                 | % Medical Appraisals*  | 3      | 90%          | 74.59%          | 76.00% | 70.63% | 72.22%          | 66.67% | 70.25% |
|                 | Mandatory training %   | 4      | 90.00%       | 87.63%          | 87.85% | 88.52% | 88.78%          | 89.03% | 88.72% |
|                 | % sickness absence **  | 5      | 4.0%         | 4.48%           | 4.76%  | 3.72%  | 4.56%           | 4.78%  | 4.58%  |
| Additional KPIs | FFT – recommend as place to work **  | 3      | 72.0%        | n/a             | n/a    | 61.00% | n/a             | n/a    | n/a    |
|                 | FFT – recommend as place for treatment   | 3      | 90%          | n/a             | n/a    | 88.00% | n/a             | n/a    | n/a    |
|                 | Registered nursing vacancy rate (including pre-registered nurses)                      | 4      | 5.00%        | 5.45%           | 6.62%  | 6.44%  | 6.29%           | 5.29%  | 3.37%  |
|                 | Unregistered nursing vacancies excluding pre-registered nurses (% total establishment) | 4      | 10.00%       | 7.76%           | 7.50%  | 8.73%  | 9.53%           | 9.35%  | 12.66% |
|                 | Long term sickness absence % **  | 5      | 1.50%        | 1.94%           | 2.30%  | 1.65%  | 2.01%           | 2.14%  | 1.62%  |
|                 | Short term sickness absence  | 5      | 2.50%        | 2.53%           | 2.46%  | 2.06%  | 2.55%           | 2.65%  | 2.97%  |
|                 | Agency Usage (wte) Monitor only  | 5      | Monitor only | 46.9            | 54.3   | 43.8   | 42.4            | 50.0   | 43.6   |
|                 | Bank Usage (wte) monitor only  | 5      | 6703.22%     | 79.0            | 86.1   | 90.6   | 90.2            | 90.0   | 80.8   |
|                 | Overtime usage (wte) monitor only  | 5      | 3804%        | 47.2            | 49.7   | 50.4   | 41.2            | 45.9   | 41.1   |
|                 | Agency spend as % of salary bill   | 5      | 2.25%        | 2.59%           | 2.19%  | 2.43%  | 2.29%           | 3.62%  | 2.73%  |
|                 | Bank spend as % of salary bill   | 5      | 2.45%        | 2.65%           | 2.57%  | 2.89%  | 3.04%           | 2.72%  | 2.97%  |
|                 | % of rosters published 6 weeks in advance  | 3      | Monitor only | 47.10%          | 47.10% | 36.40% | 36.40%          | 57.60% | 48.50% |
|                 | Compliance with headroom for rosters   | 4      | Monitor only | 28.20%          | 28.60% | 29.80% | 31.00%          | 28.30% | 26.50% |
|                 | Band 5 % White background: % BAME background   | 5      | Monitor only | 49.14% : 49.90% | n/a    | n/a    | 45.36% : 53.43% | n/a    | n/a    |
|                 | Band 6 % White background: % BAME background   | 5      | Monitor only | 66.12% : 33.26% | n/a    | n/a    | 64.94% : 34.23% | n/a    | n/a    |
|                 | Band 7 % White background % BAME background  | 5      | Monitor only | 79.68% : 18.41% | n/a    | n/a    | 78.40% : 19.44% | n/a    | n/a    |
|                 | Band 8a % White background % BAME background   | 5      | Monitor only | 84.00% : 16.00% | n/a    | n/a    | 82.35% : 17.65% | n/a    | n/a    |
|                 | Band 8b % White background % BAME background   | 5      | Monitor only | 85.19% : 11.11% | n/a    | n/a    | 85.71% : 14.29% | n/a    | n/a    |
|                 | Band 8c % White background % BAME background   | 5      | Monitor only | 81.82% : 18.18% | n/a    | n/a    | 75.00% : 25.00% | n/a    | n/a    |
|                 | Band 8d % White background % BAME background   | 5      | Monitor only | 90.91% : 9.09%  | n/a    | n/a    | 90.91% : 9.09%  | n/a    | n/a    |
|                 | Time to hire (days)  | 3      | 48           | 50              | 37     | 57     | 59              | 58     | 41     |

## Summary of Performance and Key Messages:

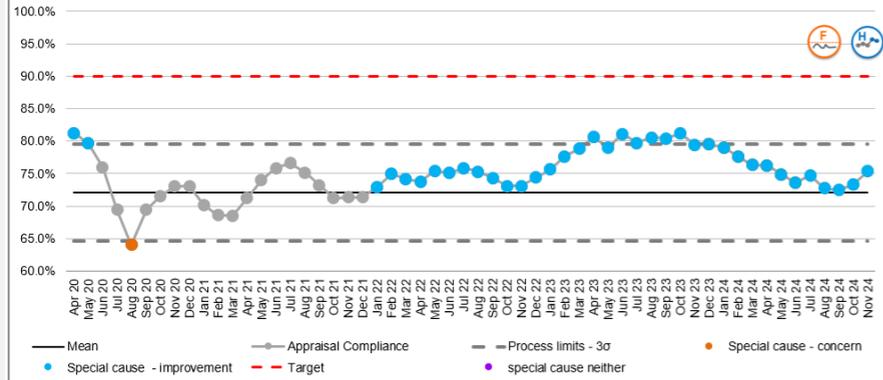
- The turnover rate was 9.6% in November – year to date is 11%. There were 17wte non-medical leavers in month. The most common reason given was lack of opportunities. This reason was given by approximately a third of leavers who were in a wide range of roles across the Trust. There were 39.9 WTE new starters in November meaning we were a net gainer of staff by 21.9 WTE in month.
- Total Trust vacancy rate decreased to 8.3% (194WTE). Funded establishment has increased by 117.1 wte since 23/24.
- Registered nurse vacancy rate decreased to 3.4% which is 25.9wte. This is the first time we have been below our KPI in 24/25. There are 23 Registered Band 5 Nurses currently in our pipeline plus 5 for temporary staffing. All areas have strong pipelines.
- The Unregistered Nurse vacancy rate increased to 12.7% (29.6wte) which was above our KPI. There are 13 Healthcare support workers in the pipeline plus 24 for Temporary Staffing.
- Time to hire reduced to below our KPI. The team have been exploring the reasons for our elevated time to hire and have been working on factors that may have been inflating it. They are optimistic the new measures we have in place will help us sustain a time to hire closer to the KPI.
- Total sickness absence decreased marginally to 4.6% which is above our KPI. The Workforce Directorate continue to support managers with utilising the absence management processes and providing training for line managers in approaches to managing absence.
- Temporary staffing usage reduced to the lowest level in 6 months. Departments are being asked to strengthen their oversight and controls on the use of overtime and agency to fill staffing gaps/maintain safe staffing levels.
- There continues to be month on month variation in the % of rosters published 6 weeks in advance. There are matron lead weekly review of rotas and safer staffing and six monthly executive reviews of rostering practice to identify areas of good practice and areas for improvement.



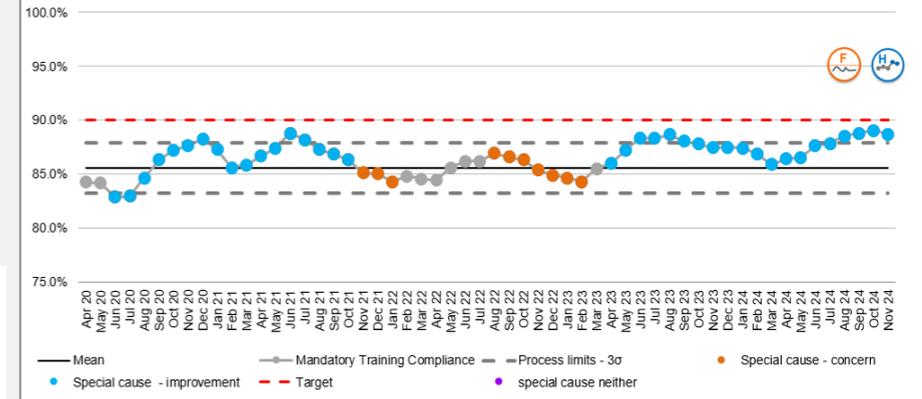
# People, Management & Culture: Key performance trends

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

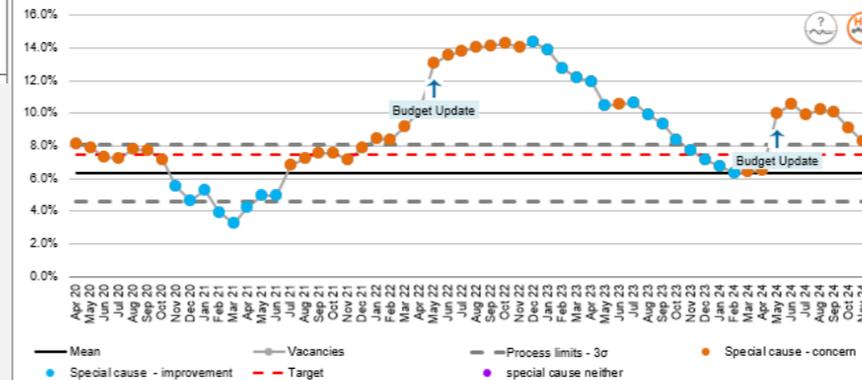
Royal Papworth-Appraisal Compliance starting 01/04/20



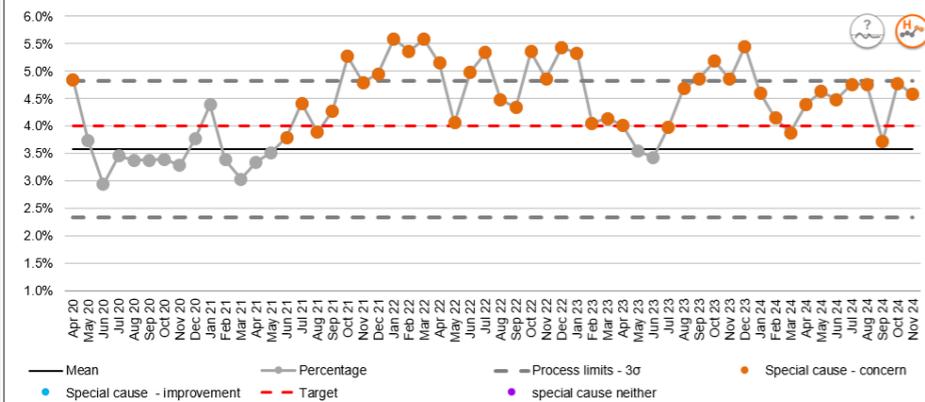
Royal Papworth-Mandatory Training Compliance starting 01/04/20



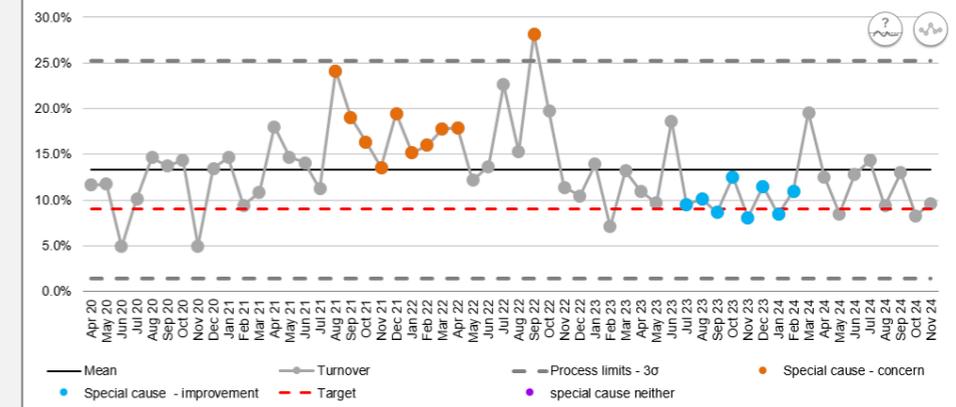
Royal Papworth-Vacancy Rate starting 01/04/20



Royal Papworth-Sickness Absence starting 01/04/20



Royal Papworth-Turnover starting 01/04/20





# Finance: Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer



Royal Papworth Hospital  
NHS Foundation Trust

|   | Data Quality  | Target       | Jun-24        | Jul-24   | Aug-24   | Sep-24   | Oct-24   | Nov-24   |          |
|---|---|--------------|---------------|----------|----------|----------|----------|----------|----------|
| Dashboard KPIs  | Year to date surplus/(deficit) adjusted £000s                                 | 4            | £83k          | £434k    | £688k    | £886k    | £962k    | £1,244k  | £1,413k  |
|   | Cash Position at month end £000s *  | 5            | £72,098k      | £75,638k | £77,211k | £78,784k | £77,694k | £83,674k | £80,260k |
|   | Capital Expenditure YTD (BAU from System CDEL) - £000s                        | 4            | £2876 YTD     | £278k    | £600k    | £748k    | £961k    | £1,494k  | £1,641k  |
|   | CIP – actual achievement YTD - £000s  | 4            | £4,420k       | £1,343k  | £2,293k  | £2,827k  | £3,406k  | £3,889k  | £5,313k  |
| Additional KPIs   | Capital Service Ratio YTD   | 5            | 1             | 1.0      | 0.9      | 0.9      | 1.1      | 1.2      | 1.0      |
|   | Liquidity ratio   | 5            | 26            | 32       | 31       | 32       | 32       | 30       | 31       |
|   | Year to date EBITDA surplus/(deficit) £000s                                   | 5            | Monitor only  | £4,098k  | £5,481k  | £6,653k  | £7,800k  | £8,761k  | £10,190k |
|   | Total debt £000s  | 5            | Monitor only  | £3,500k  | £4,720k  | £4,780k  | £4,060k  | £3,110k  | £3,720k  |
|   | Average Debtors days - YTD average  | 5            | Monitor only  | 4.7      | 5.8      | 6.1      | 5.5      | 4.4      | 4.2      |
|   | Better payment practice code compliance YTD - Value % (Combined NHS/Non-NHS)  | 5            | Monitor only  | 98%      | 95%      | 96%      | 97%      | 96%      | 97%      |
|   | Better payment practice code compliance YTD - Volume % (Combined NHS/Non-NHS) | 5            | Monitor only  | 96%      | 97%      | 97%      | 97%      | 97%      | 97%      |
|   | Elective Variable Income YTD £000s  | 4            | £35367k (YTD) | £13,181k | £18,221k | £22,711k | £27,699k | £33,942k | £38,720k |
|   | CIP – Target identified YTD £000s   | 4            | £6630k        | £6,144k  | £5,978k  | £6,204k  | £6,939k  | £6,965k  | £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 | 2.4%          | -        | -        | -2.2%    | -2.0%    | -2.2%    |          |

## Summary of Performance and Key Messages:

- **At month 8, the Year to date (YTD) finance position is a surplus of c£1.4m, this represents a £1.6m favourable variance to plan.** This is driven by a better than planned bank interest income (from a higher cash balance and interest rate), variable activity over-performance and budget benefit of reserve items still to be drawn-down later in the year.
- **YTD income is favourable to plan by £14.1m. The financial position reflects the continuation of the national aligned payment incentive arrangements** where 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 YTD, due to elective and pass-through Homecare drugs and devices over-performance. Variable performance year-to-date is estimated at c104% (latest national lens was published M5 YTD), against a national variable activity baseline target of c108%. The income position includes pay award income to offset the costs included in pay below and also includes a provision for system funding redistribution of £1.5m.
- **YTD pay spend is adverse to plan by c£5.8m. The underlying underspend in substantive pay, due to vacant establishment is offset by pay award costs (the latter being funded in actual terms within the income position) and use of premium temporary staffing.** The impact of using premium cover, particularly the use of agency staff, is a key spotlight within ongoing roster reviews, led by the Chief Nurse and Director of Workforce. The year-to-date position also includes a provision for medical bank back-dated holiday pay (c£0.4m).
- **YTD operating non-pay spend is adverse to plan by c£7.9m.** This is predominantly driven by pass-through spend for Homecare drugs and tariff excluded devices, both of which are recovered through income. This position also includes a c£1.0m provision for the staff welfare allocation, subject to Board approval in the coming months. The Trust currently holds central budget in reserves for strategic initiatives which we expect to be drawn down once business cases are approved at the Investment Group.
- **Net finance costs** are favourable to plan, owing to a higher than anticipated level current bank interest rates (which are forecast to reduce over the next few months), and Trust cash balance.
- **The cash position closed at £80.2m,** a reduction of £3.5m on last month's position due to working capital movement (of which c£3.0m was a decrease in payables in addition to other small movements).
- **The Trust has a revised 2024/25 capital allocation (total CDEL) of £5.8m for the year which includes allocation for right of use assets and PFI residual interest capital charges.** As at month 8, 58% of the Trust's capital expenditure plan has been committed. The year-to-date expenditure position includes a rephasing for the Pathology LIMS project and a delay in the bypass equipment replacement scheme. These collectively drives an underspend of £1.3m. The Investment Group has undertaken a re-prioritisation exercise on schemes to ensure the delivery of full spend against annual allocation.



# Finance: Key Performance – Year to date SOCI position

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

The YTD position is c£1.4m surplus. The favourable position is driven by finance interest income, central reserves to be drawn-down by services for approved cases and an over-performed variable activity to plan. Pay adverse position is driven by premium on temporary staffing to backfill vacancies. This continues to be an area of focus for the Trust, with enhanced controls currently being implemented. This position also includes a provision for the redistribution of System funding of £1.5m.

|  | YTD<br>£000's<br>Plan | YTD<br>£000's<br>Underlying<br>Actual | YTD<br>£000's<br>Other Non<br>Recurrent<br>Actual | YTD<br>£000's<br>Actual<br>Total | YTD<br>£000's<br>Variance | RAG |
|--|-----------------------|---------------------------------------|---|----------------------------------|---------------------------|-----|
| <b>Clinical income - in national block framework</b>         |                       |                                       |   |                                  |                           |     |
| Fixed at Tariff  | £101,582              | £73,170                               | (£1,500)  | £71,670                          | (£29,912)                 | ●   |
| Balance to Fixed Payment                                     | £0                    | £31,364                               | £0  | £31,364                          | £31,364                   | ●   |
| Variable at Tariff   | £35,367               | £37,900                               | £819  | £38,720                          | £3,353                    | ●   |
| Homecare Pharmacy Drugs                                      | £30,194               | £34,782                               | £0  | £34,782                          | £4,588                    | ●   |
| High cost drugs  | £404                  | £516                                  | £0  | £516                             | £112                      | ●   |
| Pass through Devices   | £13,359               | £14,777                               | £1,717  | £16,494                          | £3,135                    | ●   |
| <b>Sub-total</b>   | <b>£180,906</b>       | <b>£192,510</b>                       | <b>£1,036</b>                                     | <b>£193,546</b>                  | <b>£12,640</b>            | ●   |
| <b>Clinical income - Outside of national block framework</b> |                       |                                       |   |                                  |                           |     |
| Devices  | £1,684                | £1,002                                | £0  | £1,002                           | (£682)                    | ●   |
| Other clinical income  | £1,764                | £2,605                                | £0  | £3,024                           | £1,260                    | ●   |
| Private patients   | £6,635                | £6,754                                | £0  | £6,754                           | £119                      | ●   |
| <b>Sub-total</b>   | <b>£10,083</b>        | <b>£10,361</b>                        | <b>£0</b>   | <b>£10,780</b>                   | <b>£697</b>               | ●   |
| <b>Total clinical income</b>                                 | <b>£190,988</b>       | <b>£202,871</b>                       | <b>£1,036</b>                                     | <b>£204,326</b>                  | <b>£13,338</b>            | ① ● |
| <b>Other operating income</b>                                |                       |                                       |   |                                  |                           |     |
| Other operating income                                       | £11,460               | £11,894                               | £338  | £12,232                          | £771                      | ② ● |
| <b>Total operating income</b>                                | <b>£11,460</b>        | <b>£11,894</b>                        | <b>£338</b>                                       | <b>£12,232</b>                   | <b>£771</b>               | ●   |
| <b>Total income</b>  | <b>£202,449</b>       | <b>£214,764</b>                       | <b>£1,374</b>                                     | <b>£216,557</b>                  | <b>£14,109</b>            | ●   |
| <b>Pay expenditure</b>                                       |                       |                                       |   |                                  |                           |     |
| Substantive  | (£91,794)             | (£91,618)                             | (£1,050)  | (£92,668)                        | (£874)                    | ●   |
| Bank   | (£260)                | (£2,593)                              | (£14)   | (£2,608)                         | (£2,348)                  | ●   |
| Agency   | £0                    | (£2,531)                              | (£37)   | (£2,568)                         | (£2,568)                  | ●   |
| <b>Sub-total</b>   | <b>(£92,054)</b>      | <b>(£96,742)</b>                      | <b>(£1,101)</b>                                   | <b>(£97,844)</b>                 | <b>(£5,790)</b>           | ③ ● |
| <b>Non-pay expenditure</b>                                   |                       |                                       |   |                                  |                           |     |
| Clinical supplies  | (£36,547)             | (£38,514)                             | (£1,838)  | (£40,354)                        | (£3,807)                  | ④ ● |
| Drugs  | (£4,701)              | (£4,450)                              | £0  | (£4,450)                         | £251                      | ⑤ ● |
| Homecare Pharmacy Drugs                                      | (£29,103)             | (£33,520)                             | £0  | (£33,520)                        | (£4,417)                  | ⑥ ● |
| Non-clinical supplies  | (£29,972)             | (£28,351)                             | (£1,700)  | (£30,057)                        | (£85)                     | ●   |
| Depreciation   | (£7,295)              | (£7,174)                              | £0  | (£7,174)                         | £121                      | ●   |
| <b>Sub-total</b>   | <b>(£107,617)</b>     | <b>(£112,009)</b>                     | <b>(£3,538)</b>                                   | <b>(£115,555)</b>                | <b>(£7,937)</b>           | ●   |
| <b>Total operating expenditure</b>                           | <b>(£199,671)</b>     | <b>(£208,751)</b>                     | <b>(£4,639)</b>                                   | <b>(£213,398)</b>                | <b>(£13,727)</b>          | ●   |
| <b>Finance costs</b>   |                       |                                       |   |                                  |                           |     |
| Finance income   | £2,000                | £2,767                                | £0  | £2,767                           | £767                      | ⑦ ● |
| Finance costs  | (£3,943)              | (£4,042)                              | £0  | (£4,042)                         | (£99)                     | ●   |
| PDC dividend   | (£1,389)              | (£1,579)                              | £0  | (£1,579)                         | (£190)                    | ●   |
| Revaluations/(Impairments)                                   | £0                    | £0                                    | £0  | £0                               | £0                        | ●   |
| Gains/(losses) on disposals                                  | £0                    | (£0)                                  | £0  | (£0)                             | (£0)                      | ●   |
| <b>Sub-total</b>   | <b>(£3,332)</b>       | <b>(£2,854)</b>                       | <b>£0</b>   | <b>(£2,854)</b>                  | <b>£478</b>               | ●   |
| <b>Surplus/(Deficit) For The Period/Year</b>                 | <b>(£554)</b>         | <b>£3,159</b>                         | <b>(£3,265)</b>                                   | <b>£305</b>                      | <b>£859</b>               | ●   |
| <b>Adjusted financial performance surplus/(deficit)</b>      | <b>(£149)</b>         | <b>£3,354</b>                         | <b>(£3,265)</b>                                   | <b>£1,412</b>                    | <b>£1,562</b>             | ●   |

(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:

- Clinical income is c£13.3m favourable to plan.**
  - Fixed income on a tariff lens is behind plan by c£29.9m. This is mitigated by current block contract arrangements, which provides security to the Trust's income position. The commissioner plan (agreed via the contract) attributes a material element of this balancing figure to ITU block income growth. The position also includes a provision for system funding redistribution of £1.5m and captures a pay award settlement of £2.9m.
  - Variable income is favourable to plan by c£3.4m and reflects c104% performance against the expected national baselines. Variable activity delivery remains a key focus for the Trust. This position also includes a pay award settlement of £1.2m.
  - Devices outside framework are behind plan by c£0.7m, this adverse variance is offset by an equal and opposite favourable variance in expenditure.
- Other operating income is c£0.8m favourable to plan driven by** donations of physical assets income, increase in staff accommodation usage, claim awarded for sustainable energy usage, increase in R&D income offset by adverse variance on charitable income.
- Pay expenditure is c£5.8m adverse to plan.** This position includes unplanned provision for prior year medical bank staff holiday pay of £0.4m. The underlying underspend in the substantive pay reflects ongoing vacancies which currently sits at c8.3%. Substantive underspends are being offset by premium temporary staffing spend. The pay award cost in the underlying position is offset in income.
- Clinical Supplies is c£3.8m adverse to plan.** This YTD position reflects the activity position including pass-through device over-performance which is recovered in the income position. The position also includes a TAVI device rebate (£0.3m). The non recurrent actual relates to PSI delivery costs.
- Homecare drugs is £4.4m adverse to plan.** The adverse variance on expenditure is driven by increase in patients within the pathway is recovered from commissioners.
- Non-clinical supplies is £0.1m adverse to plan.** The position includes provision for staff benefit (£1.0m). The underlying favourable position is driven by underspent strategic reserves, which are contributing to support the overall Trust bottom line position.
- Finance income** favourable position is driven by higher-than-expected cash balances and interest rates. Included in the adjusted performance is the treatment of PFI costs. The national team are exploring a change to the adjusted surplus / deficit position to reflect UKGAAP treatment of PFI costs. We are seeking external review and validation of our figures and not expecting a downside impact however future upside may come.