Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

January 2026

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 10
- Effective	Page 13
- Responsive	Page 19
- People Management and Culture	Page 26
- Finance	Page 29

Context:

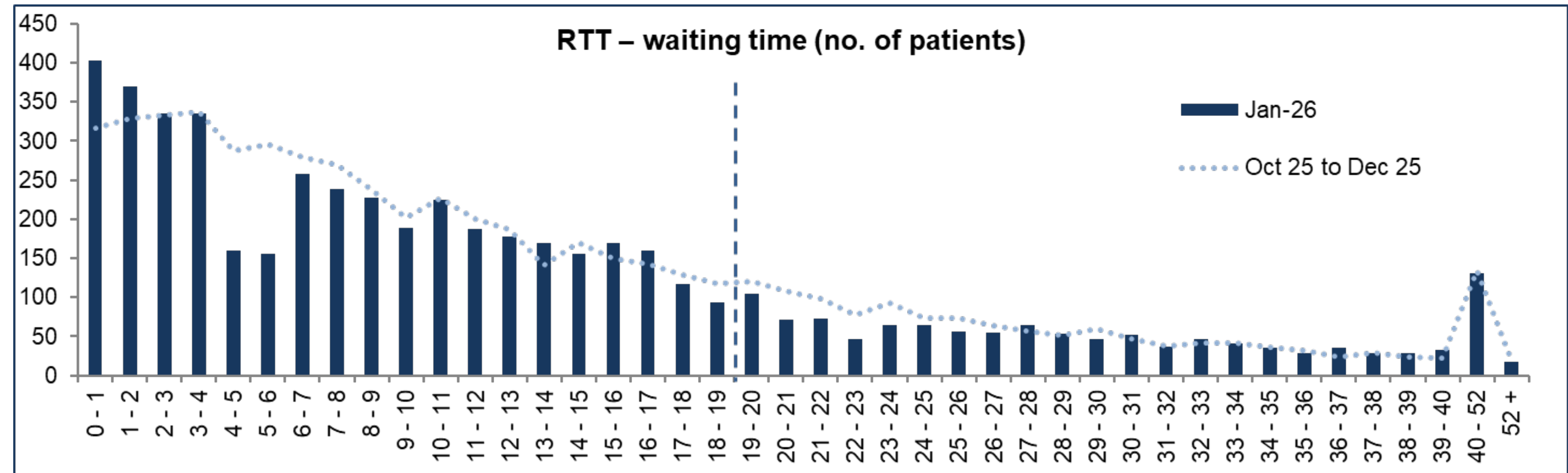
Royal Papworth Hospital
NHS Foundation Trust

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

All Inpatient Spells (NHS only)	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Trend
Cardiac Surgery	143	139	159	153	146	141	
Cardiology	712	727	778	690	717	709	
ECMO	5	0	2	4	2	5	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	11	15	13	14	13	13	
RSSC	744	769	794	670	678	704	
Thoracic Medicine	504	524	589	541	548	557	
Thoracic surgery (exc PTE)	73	79	114	91	104	75	
Transplant/VAD	44	47	55	35	53	58	
Total Admitted Episodes	**2,236**	**2,300**	**2,504**	**2,198**	**2,261**	**2,262**	
Baseline (2019/20 adjusted for working days annual average)	*1,830*	*1,830*	*1,830*	*1,830*	*1,830*	*1,830*	
% Baseline	*122%*	*126%*	*137%*	*120%*	*124%*	*124%*	

Outpatient Attendances (NHS only)	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Trend
Cardiac Surgery	558	575	616	585	577	532	
Cardiology	3,754	4,117	4,550	4,148	4,187	4,448	
RSSC	2,282	2,378	2,370	2,176	2,340	2,529	
Thoracic Medicine	2,141	2,531	2,646	2,361	2,685	2,814	
Thoracic surgery (exc PTE)	140	177	165	125	168	151	
Transplant/VAD	273	382	340	320	323	320	
Total Outpatients	**9,148**	**10,160**	**10,687**	**9,715**	**10,280**	**10,794**	
Baseline (2019/20 adjusted for working days annual average)	*7,418*	*7,418*	*7,418*	*7,418*	*7,418*	*7,418*	
% Baseline	*123%*	*137%*	*144%*	*131%*	*139%*	*146%*	

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



Reading guide

Royal Papworth Hospital
NHS Foundation Trust

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

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

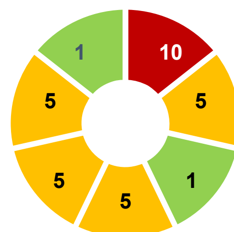
The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

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.

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



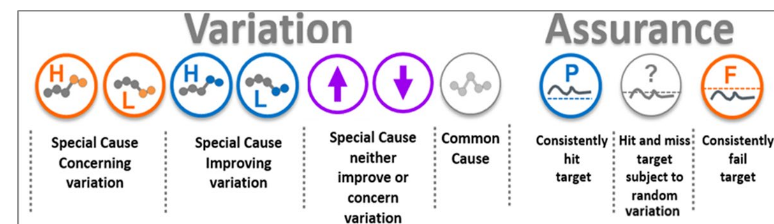
Overall Report Scoring

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

Trend graphs

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

Statistical process control (SPC) key to icons used:



Data Quality Indicator

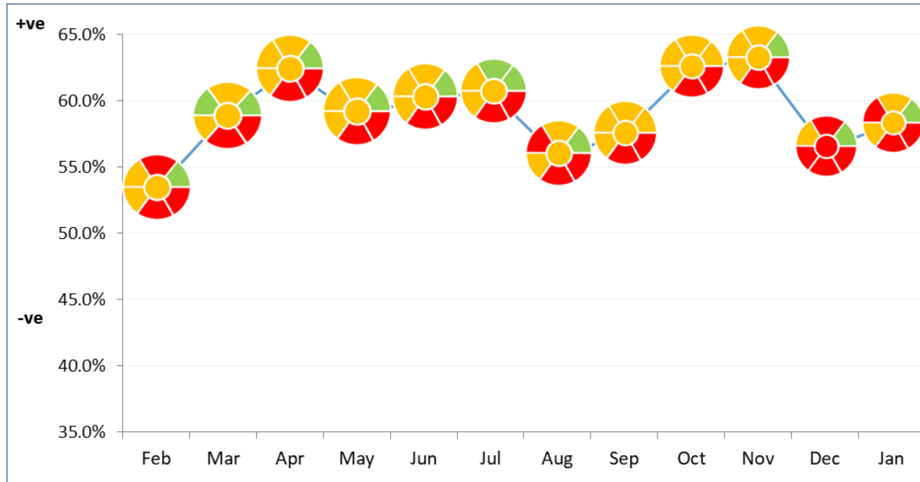
The data quality ratings for each of the KPIs included within the 'at a glance' section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI's is based on the views and judgement of the business owner for that KPI, and has not been subject to formal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

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

Trust performance summary

Royal Papworth Hospital
NHS Foundation Trust

Overall Trust rating - AMBER



FAVOURABLE PERFORMANCE

SAFE: 1) Safer staffing fill rates for Registered Nurses (RN) are above target at 91% for day shifts and 89% for night shifts in January. Health Care Support Workers (HCSW) above target at 92% for night shifts. 2) Cardiac Surgery Mortality (crude monitoring) was 1.8% in January and consistently lower over last 13 months. 3) There were low numbers of medication errors causing harm in month: 12.80% (5/39) all 5 were low harm, the rest were no harm.

CARING: 1) The Trust has continued to achieve high Friends and Family Test (FFT) recommendation scores for both Inpatients and Outpatients. 2) We continue to receive a high volume of compliments about our care, with 1,857 received in month. 3) All Duty of Candour (Stage 1) requirements were met in January with 100% completed in 10 working days.

EFFECTIVE: 1) Enhanced Recovery Unit bed occupancy has improved again in M10 (84.4%), this has been as a result of optimisation initiatives as part of the Elective Recovery Programme. Occupancy continues in an upward trajectory supporting elective recovery. 2) The number of follow up appointments as a Patient Initiated Follow Up (PIFU) continues to improve (14.2%) to help drive changes in clinics to enable more patients to be seen for a first appointment.

RESPONSIVE: 1) The performance for the cancer 31-day standard remains strong at 100%, with all 24 patients treated within 31 days. 2) The overall number of patients on the waiting list continues to reduce as a result of the focused efforts within the elective care recovery programme.

PEOPLE, MANAGEMENT & CULTURE: Vacancy rates and turnover remained both below our KPI.

FINANCE: At Month 10, the YTD position is a small variance to a breakeven plan, a deficit of £43k. . The favourable income position is driven by a stronger-than-planned variable income performance, with favourable variances across core NHSE variable contracts and non recurrent income. This positive income performance, alongside favourable budget phasing impact of planned (elective recovery initiatives) and unallocated reserves, has partially offset adverse cost pressures within pay and non pay within clinical divisions, driven by pay overspends and under-delivery of planned CIP savings which remains the key areas of focus for the Trust to ensure a breakeven plan can be delivered.

ADVERSE PERFORMANCE

SAFE: 1) Ward supervisory sister (SS)/ charge nurse (CN): There has been an increase in SS/CN time to 72% in January from 62% in December, SS/CN remain working clinically in a targeted attempt to reduce temporary staffing usage, therefore not meeting overall target of 90%. 2) Safer staffing fill rates for Health Care Support Workers (HCSW) was slightly below target at 82% for day shifts. 3) VTE risk assessment compliance was 91.3% which is below our target of 95%.

CARING: The % of complaints responded to on time in month was at 66.67% (2/3) for formal complaints responded to in the month were within policy timescales (35 or 45 w/d). Trust target is 100%.

EFFECTIVE: Reduction in Follow Up appointments is consistently below the target of 25% (reduced by 4.1%), while the number of follow up appointments as a PIFU continues to improve. While actions continue to rollout PIFU pathways where appropriate, early reviews of clinic templates have been carried out through job planning, as well as new to follow up ratios. Actions have been identified and are being carried out to support operational planning.

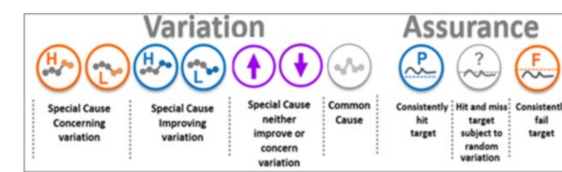
RESPONSIVE: 1) The number of theatre cancellations reduced in M10 compared to the previous month; however, overall theatre utilisation continues to remain above the trust target (91%). 2) While performance for the cancer 62-day standard remains below the target of 85%, significant improvements have been made through enhanced oversight with daily meetings and escalations, and the combined 62-day standard was 73.1%.

PEOPLE, MANAGEMENT & CULTURE: 1) Sickness absence remains above our KPI. 2) Mandatory training compliance has reduced as a result of an increase in the number of staff required to have SG level 3 training. 3) There has been no improvement in appraisal compliance rates.

FINANCE: 1) Pay expenditure year to date is £4.9m adverse to the plan, The vacancies in the YTD position are offset by significant overspends in medical and nursing areas within the clinical divisions alongside YTD non-recurrent backdated medical staff arrears payments for approved additional programme activity and extra sessions . The Nursing overspends are predominantly driven by absence levels in wards covered by temporary staffing above establishment. The position also includes the cost pressure in resident doctors establishment, unplanned costs of strike cover and PSI costs both of which are offset in the income position.

2) Year to date capital expenditure of £3.15m was £1.63m below the plan. Planned spend from FY27 has been brought forwards to manage the forecast position. Mitigations which have now been approved by the Investment Group involve bringing forward planned spend on medical equipment (c£0.8m), Digital (c£0.2m), and EPR (c£2.61m). On conclusion of this, there is a forecast underspend of £2.11m against the increased plan of £11.14m (including PDC funding). Following strategic discussions, the Trust has formally agreed to contribute £2.0m of its forecast underspend to offset a corresponding £2.0m capital pressure at North West Anglia NHS Foundation Trust (NWAFT).

At a glance – Balanced scorecard



Royal Papworth Hospital
NHS Foundation Trust

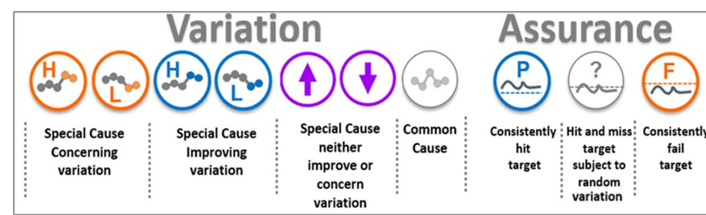
Domain	Metric	Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Trend / SPC Variation & Assurance	
Safe	Never Events	Jan-26	5	0	0	0		
Safe	Number of Patient Safety Incident Invetigations (PSII) commissioners in month	Jan-26	5	0	0	2		
Safe	Learning Responses - Moderate Harm and above as % of total patient safety incidents	Jan-26	5	3%	1.3%	1.2%		
Safe	Number of Trust acquired PU (Category 2 and above)	Jan-26	4	35 pa	1	9		
Safe	Falls per 1000 bed days	Jan-26	5	4	2.0	0.0		
Safe	VTE - Number of patients assessed on admission	Jan-26	5	95%	91%	91%		
Safe	Sepsis - % patients screened and treated (Quarterly) *	Jan-26	3	90%	-	-		
Safe	Trust CHPPD	Jan-26	5	9.6	11.8	12.3		
Safe	Safer staffing: fill rate – Registered Nurses day	Jan-26	5	85%	89.0%	89.7%		
Safe	Safer staffing: fill rate – Registered Nurses night	Jan-26	5	85%	91.0%	91.5%		
Safe	Safer staffing: fill rate – HCSWs day	Jan-26	5	85%	82.0%	86.6%		
Safe	Safer staffing: fill rate – HCSWs night	Jan-26	5	85%	92.0%	92.6%		
Safe	% supervisory ward sister/charge nurse time	Jan-26	New	90%	72.00%	76.4%		
Safe	Cardiac surgery mortality (Crude)	Jan-26	3	3%	1.8%	1.8%		
Safe	MRSA bacteremia	Jan-26	3	0	0	0		
Safe	Monitoring C.Diff (toxin positive)	Jan-26	5	18	2	13		
Caring	FFT score- Inpatients	Jan-26	4	95%	98.80%	99.00%		
Caring	FFT score - Outpatients	Jan-26	4	95%	97.40%	97.58%		
Caring	Mixed sex accommodation breaches	Jan-26	5	0	0	0		
Caring	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Jan-26	4	12.6	8.0	8.0		
Caring	% of complaints responded to within agreed timescales	Jan-26	4	100%	66.66%	79.95%		
Caring	Duty of candour compliance undertaken within10wd (quarterly)	Jan-26	New	100%	100.0%	100.0%		
People Management & Culture	Voluntary Turnover %	Jan-26	4	9.0%	5.5%	7.2%		
People Management & Culture	Vacancy rate as % of budget	Jan-26	4	7.5%	3.8%			
People Management & Culture	% of staff with a current IPR	Jan-26	4	90%	78.96%			
People Management & Culture	% Medical Appraisals*	Jan-26	3	90%	71.32%			
People Management & Culture	Mandatory training %	Jan-26	4	90%	86.08%	88.57%		
People Management & Culture	% sickness absence	Jan-26	5	4.00%	4.87%	4.52%		

Domain	Metric	Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Trend / SPC Variation & Assurance	
Effective	Bed Occupancy (inc HDU but exc CCA and sleep lab)	Jan-26	4	85% (Green 80%-90%)	84.30%	82.51%		
Effective	ICU bed occupancy	Jan-26	4	85% (Green 80%-90%)	81.10%	83.29%		
Effective	Enhanced Recovery Unit bed occupancy %	Jan-26	4	85% (Green 80%-90%)	84.40%	70.30%		
Effective	Elective inpatient and day cases (NHS only)****	Jan-26	4	1763	1,866	18,787		
Effective	Outpatient First Attends (NHS only)****	Jan-26	4	2289	2,574	26,055		
Effective	Outpatient FUPs (NHS only)****	Jan-26	4	7249	8,220	74,468		
Effective	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	Jan-26	4	5%	15.1%	13.2%		
Effective	Reduction in Follow up appointment by 25% compared to 19/20 activity	Jan-26	4	-25%	-1.9%	-3.9%		
Effective	% Day cases	Jan-26	4	85%	75.6%	75.2%		
Effective	Theatre Utilisation (uncapped)	Jan-26	3	85%	91%	90%		
Effective	Cath Lab Utilisation (including 15 min Turn Around Times) ***	Jan-26	3	85%	82%	82%		
Responsive	% diagnostics waiting less than 6 weeks	Jan-26	1	99%	84.9%	90.0%		
Responsive	18 weeks RTT (combined)	Jan-26	4	92%	75.5%			
Responsive	31 days cancer waits*	Jan-26	5	96%	97%	98%		
Responsive	62 day cancer wait for 1st Treatment from urgent referral*	Jan-26	3	85%	50%	36%		
Responsive	104 days cancer wait breaches*	Jan-26	5	0	5	47		
Responsive	Number of patients waiting over 65 weeks for treatment *	Jan-26	New	0	0			
Responsive	Theatre cancellations in month	Jan-26	3	15	34	34		
Responsive	% of IHU surgery performed < 7 days of medically fit for surgery	Jan-26	4	95%	45%	46%		
Responsive	Acute Coronary Syndrome 3 day transfer %	Jan-26	4	90%	82%	75%		
Responsive	Number of patients on waiting list	Jan-26	4	6935	5335			
Responsive	52 week RTT breaches	Jan-26	5	0	18	412		
Finance	Year to date surplus/(deficit) adjusted £000s	Jan-26	4	£43k	£0k			
Finance	Cash Position at month end £000s	Jan-26	5	£73,979k	£66,303k			
Finance	Capital Expenditure YTD (BAU from System CDEL) - £000s	Jan-26	4	£4,777k	£3,150k			
Finance	CIP – actual achievement YTD - £000s	Jan-26	4	£7880k	£6,987k			
Finance	Agency expenditure target £'k	Jan-26	5	£73k	£38k			
Finance	Bank expenditure target £'k	Jan-26	5	£329k	£363k			

* 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 25/26 demand recovery plan.

Safe: Performance Summary

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

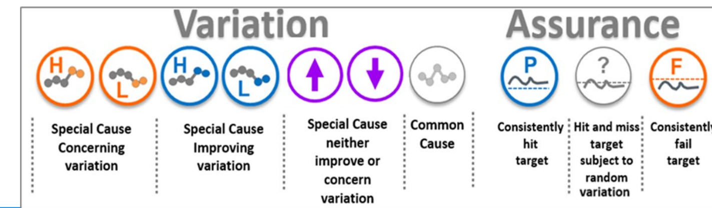


Royal Papworth Hospital
NHS Foundation Trust

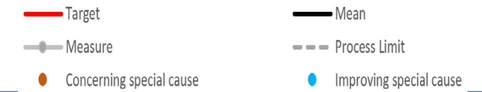
	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	Never Events	0	0	0				Review
	Number of Patient Safety Incident Invetigations (PSII) to commissioners in month	0	0	2				Review
	Learning Responses - Moderate Harm and above as % of total patient safety incidents	3.00%	1.26%	0.87%				Review
	Number of Trust acquired PU (Category 2 and above)	35 pa	1	0				Review
	Falls per 1000 bed days	4.00	1.98	3.14				Review
	VTE - Number of patients assessed on admission	95.0%	91.3%	93.5%				Review
	Sepsis - % patients screened and treated (Quarterly) *	90%	-	90%				Review
	Trust CHPPD	9.6	11.8	12.5				Monitor
	Safer staffing: fill rate – Registered Nurses day	85%	89%	91%				Review
	Safer staffing: fill rate – Registered Nurses night	85%	91%	93%				Review
	Safer staffing: fill rate – HCSWs day	85%	82%	84%				Review
	Safer staffing: fill rate – HCSWs night	85%	92%	93%				Review
	% supervisory ward sister/charge nurse time	90%	72%	62%				Action Plan
	Cardiac surgery mortality (Crude)	3.0%	1.8%	1.9%				Monitor
	MRSA bacteremia	0	0	0				Review
	Monitoring C.Diff (toxin positive)	18 pa	2	0				Review
Additional KPIs	E coli bacteraemia	Monitor	1	0				Monitor
	Klebsiella bacteraemia	Monitor	0	0				Monitor
	Pseudomonas bacteraemia	Monitor	0	0				Monitor
	Other bacteraemia	Monitor	0	2				Monitor
	% of medication errors causing harm (Low Harm and above)	Monitor	12.8%	14.8%				Monitor
	All patient incidents per 1000 bed days (inc.Near Miss incidents)	Monitor	36.3	36.0				Monitor
	SSI CABG infections (inpatient/outpatients/readmissions %)	2.7%	-	3.8%				Review
	SSI CABG infections patient numbers (inpatient/readmisisons)	n/a	-	8				Review
	SSI Valve infections (inc. inpatients/outpatients/readmissions; %)	2.7%	-	1.1%				Review
	SSI Valve infections patient numbers (inpatient/outpatient)	n/a	-	2				Review
	WHO Safety checklist % - Surgery	Monitor	91.2%	91.7%				Monitor
	WHO Safety checklist % - Cath Labs	Monitor	95.7%	92.9%				Monitor

Safe: Patient Safety/Harm Free Care

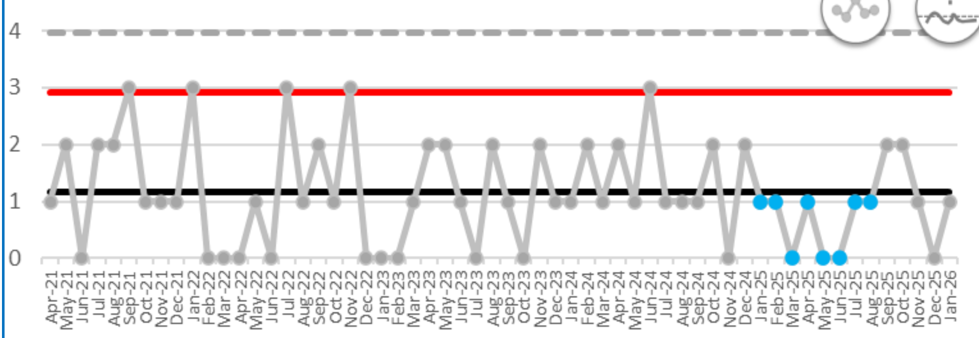
Accountable Executive: *Chief Nurse*
Report Author: *Deputy Chief Nurse / Deputy Director of Quality and Risk*



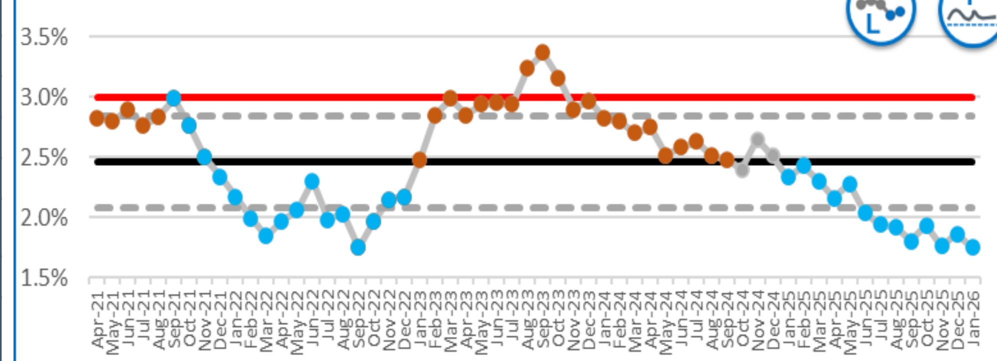
Royal Papworth Hospital
NHS Foundation Trust



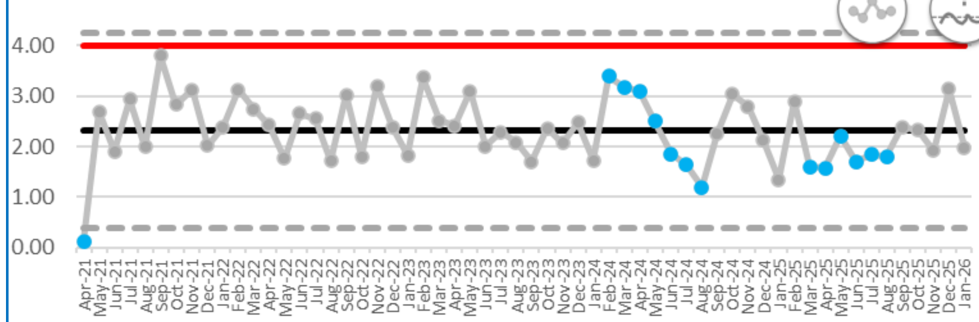
1. Historic trends & metrics



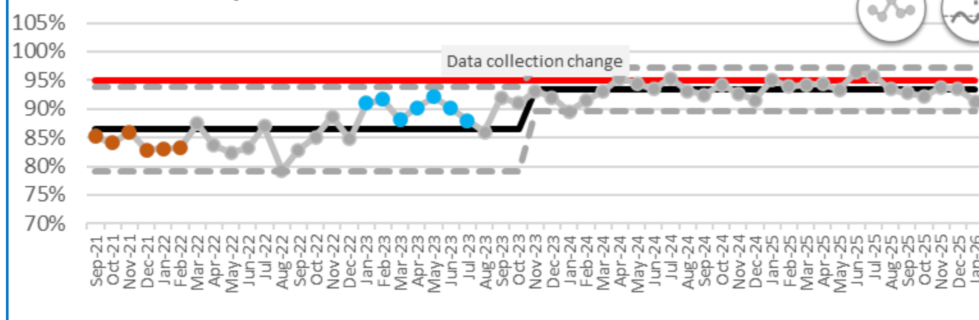
Jan-26
1
Target (red line)
35 per annum
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-26
1.8%
Target (red line)
3.00%
Variation
Special cause variation of an improving nature
Assurance
Has consistently passed the target



Jan-26
1.98
Target (red line)
4
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-26
91.3%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

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

Learning Responses- *Moderate Harm and above reported as % of total patient safety:* In January there were 3 **incidents 1.26% (3/238)** that resulted in moderate harm (WEB59432, WEB59379 & WEB59441).

Medication errors causing harm: 12.80% (5/39) all 5 were low harm, the rest were no harm.

All patient incidents per 1000 bed days: There were **36.3** patient safety incidents per 1000 bed days.

Harm Free Care: in January there was **1** confirmed category 2 Pressure Ulcer. Falls: **2.0** falls per 1000 bed days (Total 13: 5 no harm, 8 low harm). VTE risk assessment compliance was **91.3%,** 3 North East (98.6%) and Day Ward (97.9%) have seen an increase in compliance this month.

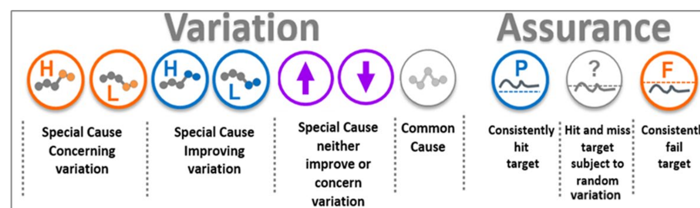
Cardiac Surgery Mortality (crude monitoring): was **1.8%** in January consistently lowered over last year.

Alert Organisms: There were 2 C.Difficile and 1 Ecoli in January but no other reportable organisms. The Trust continue to be below the UKHSA threshold for reportable hospital infections and have the lowest in the region.

WHO Surgical Checklist: is the monitoring of the World Health Organisation (WHO) surgical checklist. For January compliance for the WHO checklist completion in Theatres was **91.20%.** Cath Labs **95.70%.**

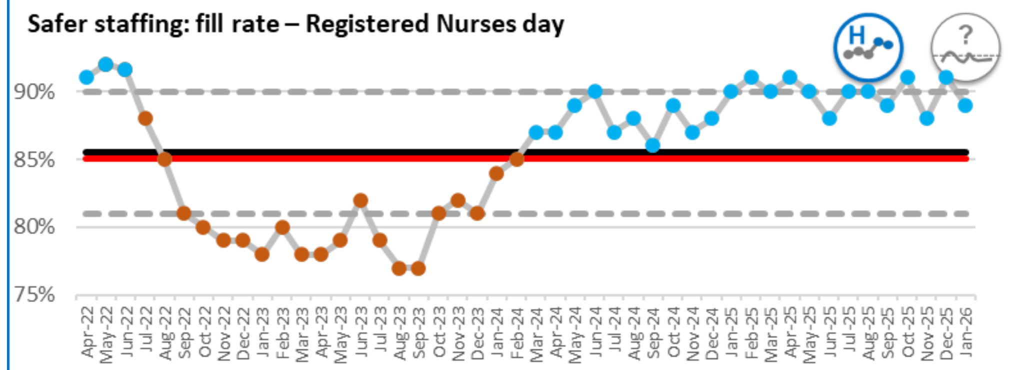
Safe: Safer Staffing

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

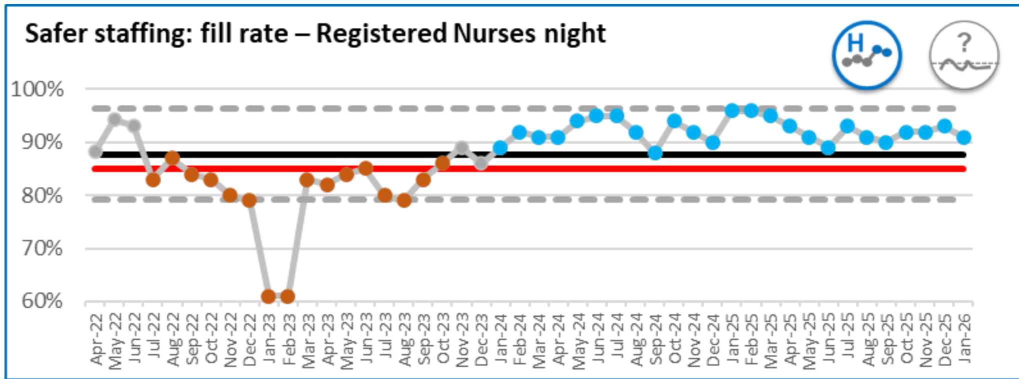


Royal Papworth Hospital
NHS Foundation Trust

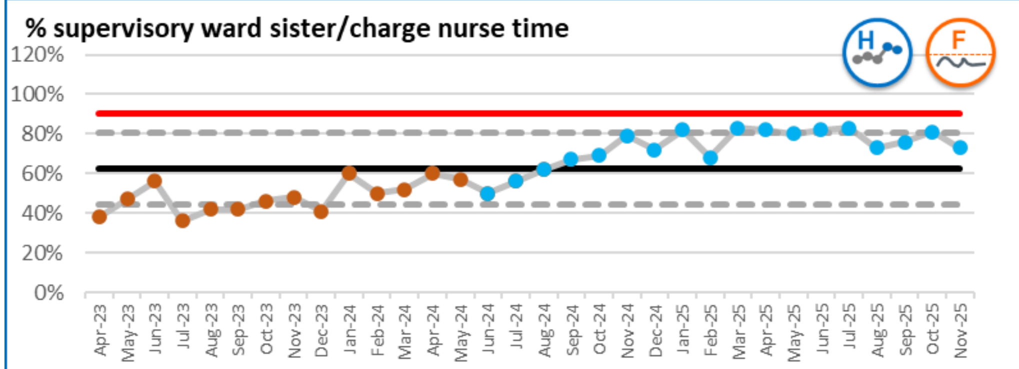
1. Historic trends & metrics



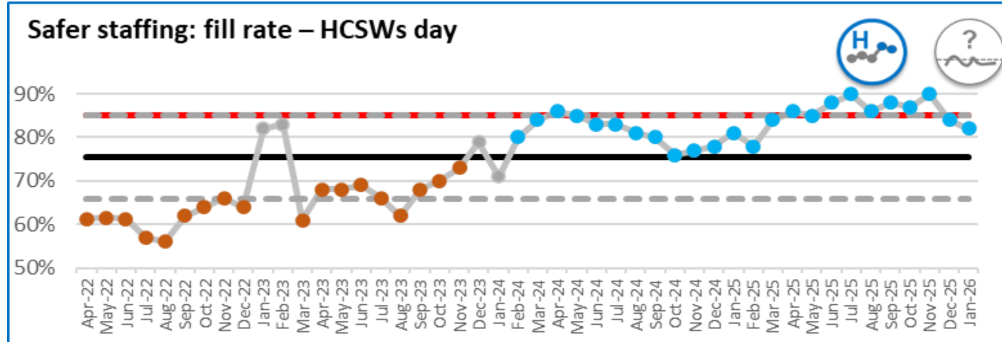
Jan-26
89%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation



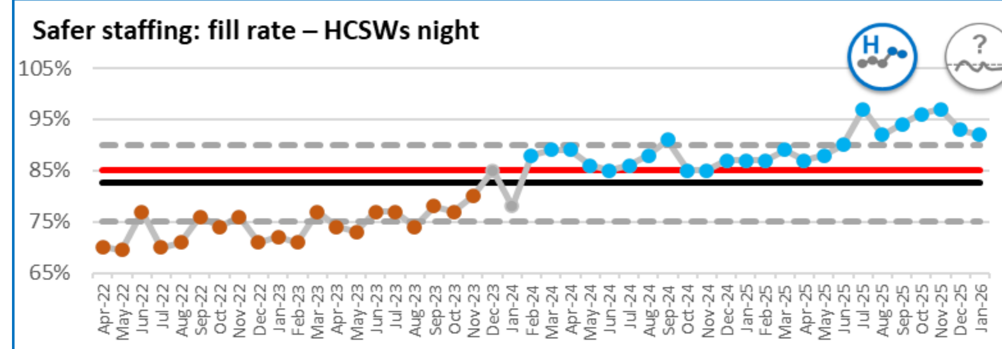
Jan-26
91%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation



Jan-26
72%
Target (red line)
90%
Variation
Special cause variation of an improving nature
Assurance
Has consistently failed the target



Jan-26
82%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

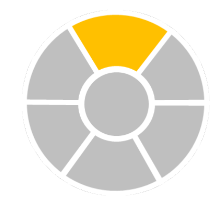


Jan-26
92%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

Safe staffing fill rates: Safer staffing fill rates for Registered Nurses (RN) are above target at 91% for day shifts and 89% for night shifts in January. Safer staffing fill rates for Health Care Support Workers (HCSW) was slightly below target at 82% for day shifts, but above target at 92% for night shifts in January. **Overall CHPPD (Care Hours Per Patient Day) is 11.8** for January.

Ward supervisory sister (SS)/ charge nurse (CN): There has been an increase in SS/CN time to 72% in January from 62% in December, SS/CN remain working clinically in a targeted attempt to reduce temporary staffing usage, therefore not meeting overall target of 90%. The highest achieving areas towards SS/CN time were Outpatients and Cath Labs and Theatres at 100% and 91%. Heads of Nursing and Matrons continue to monitor and report divisional SS/ CN performance to the monthly Clinical Practice Advisory Committee chaired by the Chief Nurse.



Safe: Key Performance on Safeguarding Adults and Children Quarter 3 Report

Accountable Executive: *Chief Nurse* ***Report Oversight:*** *Deputy Chief Nurse*

Royal Papworth Hospital
NHS Foundation Trust

Background to KPI – What is Safeguarding Adults and Children? Adult and children safeguarding means to work with an individual to protect their right to live in safety, free from abuse, harm and neglect. This can include both initiative-taking and reactive interventions to support health and well-being with engagement of the individual and their wider community. Safeguarding is everyone's business at Royal Papworth Hospital (RPH). RPH ensures that all staff access mandatory safeguarding training, support and expert advice via the safeguarding team and named roles. Trust policies **include DN270 Safeguarding Children & Young Adults and DN307 Safeguarding Adults** and a comprehensive Safeguarding page is located on the RPH Intranet.

Quarter 3 - Safeguarding Referrals to the Safeguarding Team and Associated Outcomes

- Q3 data shows **safeguarding activity** has included supporting self-neglect cases, domestic abuse, Learning Disability and Autism alerts for reasonable readjustments, under-18 safeguarding referrals incl. transition to adult care, housing/ homelessness support and benefits advice. All cases were managed within current protocols. There were 2 external statutory safeguarding referrals for further support in accordance with Section 42 Care Act 2014- (statutory duty for local authorities in England to protect adults at risk of abuse or neglect) to Cambridge & Essex Social Services.
- There were no DoLS (Deprivation of Liberty Safeguards) reported in Quarter 3.
- Safeguarding activity this quarter continues to reflect key themes seen previously, particularly regarding self-neglect, where individuals decline support despite significant concerns about personal care, treatment and neglect with environmental concerns i.e., hoarding, damp. Mental Capacity Act (MCA) activity and best interest decisions remains prominent, with staff continuing to navigate complex decisions around consent and best interests. Learning Disability and Autism cases demonstrate continued focus on Reasonable Adjustments and communication tools i.e., hospital passports.
- A notable increase in domestic abuse referrals with emotional support and resources provided, police involvement where appropriate & referral to DASH (Domestic Abuse, Stalking &Honour Based Violence).

Compliments and Good Practice:

Learning and Education Award at AHPs Awards (October 2025) presented to Deputy Safeguarding Education Lead. ICB commendation to RPH Safeguarding Operational Lead for excellence in MCA Audit reporting. **DN270** Safeguarding Children's Policy has been revised and ratified at Safeguarding Committee in Feb 2026.

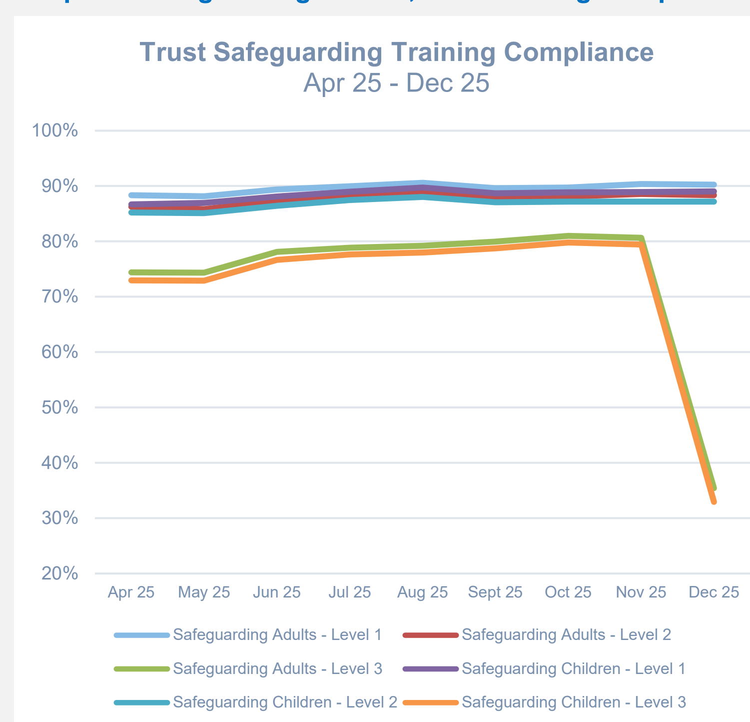
Areas of Focus that Safeguarding Team have develop or been working on in Q3:

The team are developing a Transition Clinical Guideline that encompasses recommendations from NICE clinical standards utilising previous research into transition to include a Transition pathway that is transferable across depts, with governance oversight from RPH Transition Steering Group.
Master classes on safeguarding topics routinely scheduled by safeguarding team for senior staff in Q3 2025.

Risks Oversight

Risk ID 3644 Delayed DoLs applications, national risk identified regarding delays continues in authorising DoLs which affects all local authorities and NHS trusts across England & Wales.
Risk ID 3461 Safeguarding Adult / Children Training Level 3 Compliance– improvement plans in place with training requirement extended to band 5, 6 nursing and AHPs effective from June 2025.
New Risk ID 3890 for Q3 - Trust does not have a Learning Disability Nurse – it is recommended best practice is for all trusts to have a Learning Disability Nurse. An options appraisal regarding how best to address having a RPH learning disability resource is being compiled for review at next Safeguarding Committee.

Graph 1 - Safeguarding Level 1,2 & 3 Training Compliance Adults and Children– Apr- Dec. 2025



As shown **in Graph 1 (left):**
Level 1 & 2 Safeguarding Adults & Children training compliance was reported between **87-90% Q3** Oct-Dec.2025.
Safeguarding Adults and Children training compliance **Level 3** for band 7 and above was reported at **79-81% for Q3** Oct. - Nov (exc. Dec) (approx. 400 staff required to complete).

In December, the Trust training data for Level 3 Safeguarding Adults & Children training compliance has changed. Level 3 safeguarding training has been extended to include all nursing and AHP bands 5, 6 (approx. extra 900 staff) as well as band 7 and above to be in line with intercollegiate safeguarding training guidance. This now means that from **Dec. 2025 our** compliance went down to **32-35% (1372/452).**

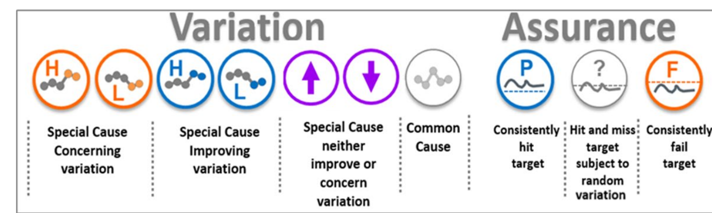
Safeguarding Leads have increased mandatory training capacity for bands 5 and 6 staff to attend and accelerate recovery of training compliance position.
Safeguarding Level 3 compliance will be monitored at divisional & PSS performance meetings, Safeguarding and Workforce Committees.

Key Priorities and Next Steps

- A priority action has been the delivery of the Oliver McGowan Mandatory (OMG) Training on Learning Disability and Autism, the national standard for health and social care staff. Compliance with Tier 1 training is reported at 86%.
- We continue to work with the ICB regarding OMG Tier 2 training compliance**; Risk ID 3727**. Attendee prioritisation underway. Training compliance monitored through Induction and Mandatory Training Group (IMTG).
- RPH has signed up for its 8th Year for Learning Disabilities Improvement Standards Project / Survey; data collection planned for Feb. & Mar. 2026 across patients, families/ carers attending RPH & a staff survey over last 12 months.
- The new DAPB4019: Reasonable Adjustment Digital Flag has been published. All providers requested to have full conformance timeline by 30 September 2026 which is supported by ICB LD Long-term Improvement Programme.
- Monitoring and governance of training compliance is reviewed by the Safeguarding Committee via quarterly reports.
- Safeguarding Champions Bands 4 -7 meet every 6 weeks; roles support the dissemination of information trust wide.
- A Standalone policy for Safeguarding Supervision is planned for review at next Safeguarding Committee (May 2026).
- A Child Death Box is a Toolkit for staff of actions required in event of a child death; a SOP is being developed.
- A Mental Capacity Audit was undertaken in Q3 with action plan in place & oversight provided by Safeguarding Team.
- The NHSE safeguarding team are planning to produce information early 2026 in response to the Independent Fuller Inquiry key safeguarding recommendations to ensure the security and dignity of deceased people in NHS mortuaries.

Caring: Performance Summary

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

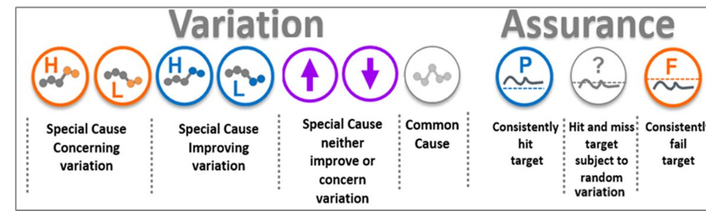


Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	FFT score- Inpatients	95.0%	98.8%	99.0%				Monitor
	FFT score - Outpatients	95.0%	97.4%	96.8%				Monitor
	Mixed sex accommodation breaches	0	0	0				Monitor
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	12.6	8.0	7.9				Review
	% of complaints responded to within agreed timescales	100.0%	66.7%	85.7%				Review
	Duty of candour compliance undertaken within10wd (quarterly)	100.0%	100.0%	100.0%		New	New	Review
Additional KPIs	Friends and Family Test (FFT) inpatient participation rate %	Monitor	43.6%	43.8%				Monitor
	Friends and Family Test (FFT) outpatient participation rate %	Monitor	10.5%	8.2%				Monitor
	Number of complaints upheld / part upheld	3	3	5				Review
	Number of complaints (12 month rolling average)	5	8	7				Review
	Number of complaints	5	8	3				Review
	Number of informal complaints received per month	Monitor	10	7				Monitor
	Number of recorded compliments	Monitor	1857	1497				Monitor

Caring: Patient Experience

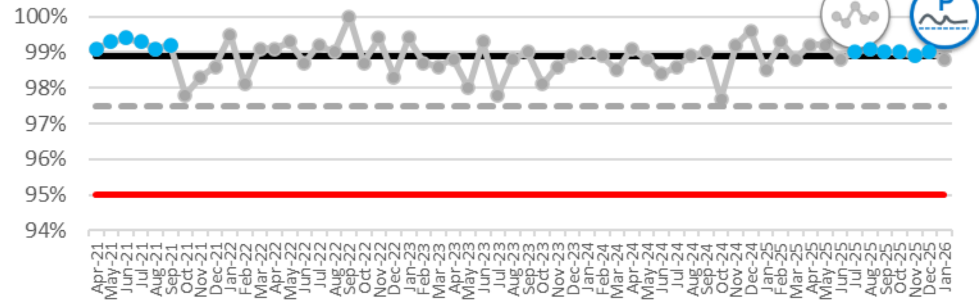
Accountable Executive: *Chief Nurse*
Report Author: *Deputy Director of Quality and Risk*



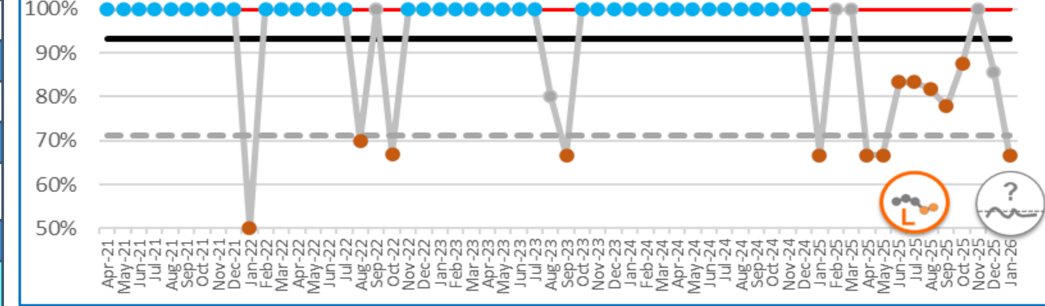
Target
Mean
Measure
Process Limit
Concerning special cause
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

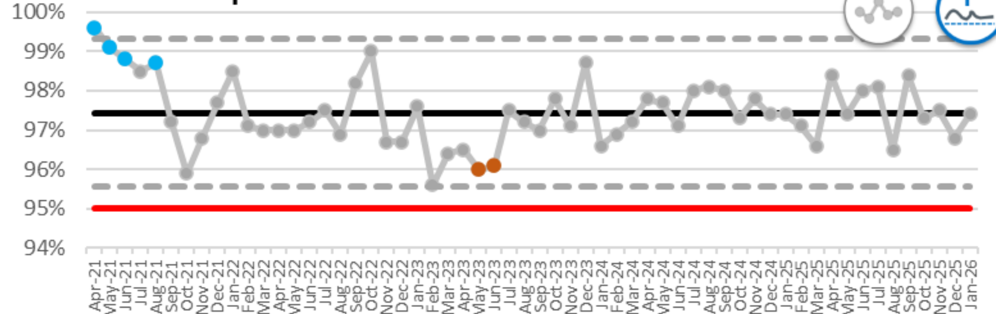
1. Historic trends & metrics



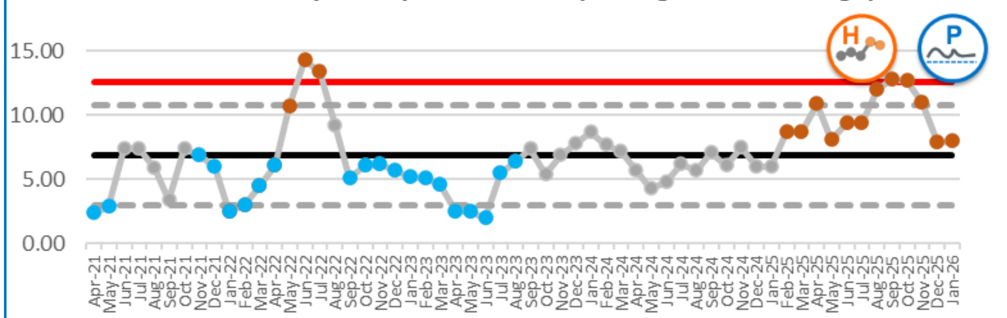
Jan-26
98.8%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Has consistently passed the target



Jan-26
66.7%
Target (red line)
100%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation



Jan-26
97.4%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Has consistently passed the target



Jan-26
8.0
Target (red line)
12.6
Variation
Special cause variation of a concerning nature
Assurance
Has consistently passed the target

2. Comments/Action plans

Patient Experience

FFT (Friends and Family Test): In summary;
Inpatients: Recommendation score was **98.8%** for January, with Participation rate for surveys at 43.60**%.**
Outpatients: Recommendation score was **97.4%** in January, with Participation rate at 10.5**%.**

Compliments: the number of formally logged compliments received during January 2025 was **1,857**. Of these 1,670 were positive responses from FFT surveys and 187 compliments via cards/letters/PALS captured feedback.

Duty of Candour (DoC) Compliance: There were 3 patient safety incidents where duty of candour applied. All of these were completed within the 10-working day standard. These were WEB59432, WEB59060 and WEB59441

Received and Responding to Complaints:
Formal Complaints Received in month: We have received 8 **formal complaints**,
Acknowledging complaints with 3 w/days: Out of the 8 received, all were acknowledged **100%** within 3 days.

Number of written complaints per 1000 staff WTE: was a benchmark figure that used to be provided by NHS Model Health System to enable national benchmarking monthly, this has now ceased. We have continued to use this as an internal metric to aid monthly monitoring. Trust Target is 12.6, we are below this at 8.0. After a 9-month trend (see in chart left), of higher-than-normal numbers of formal complaints being received each month, we have now had three months of average numbers. This continues to be monitored, and it has been benchmarked with others in the C&P area who are also reported an increase of Complaints of approx. 90-100% up on totals received in year against last year.

The % of complaints responded to on time in month: 2 of the 3 (66.67%) formal complaints responded to in the month were within policy timescales (35 or 45 w/d). One complaint with a concurrent incident investigation (response time 45 w/d, was responded to at 67 w/d, the complainant was kept informed during the investigation.

Caring: Key performance challenges

Accountable Executive: Chief Nurse *Report* *Author: Deputy Director of Quality and Risk & Patient Experience Manager*

Received Complaints in Month (Total of all Informal and Formal): During January, we received 10 informal complaints and 8 formal complaints. The most frequently mentioned subjects at the time of receipt for all complaints received in January 2026 was Communication (39%); Delay in Diagnosis/Treatment and Referral (33%); and Clinical Care/Clinical Treatment (33%);

Themes (Subjects) for January 2026: Table 1 below details all the themes from the 10 Informal & 8 Formal Complaints received in January 2026. These are broken down into all the subject themes (top line in table) linked and further broken down into the sub-subject per theme (left-hand column) for each subject.

	Clinical Care/Clinical Treatment	Communication / Information	Delay in Diagnosis / Treatment or Referral	Discharge Arrangements	Information / Advice Requests	Medication Issues	Nursing Care	Privacy or Dignity	Staff Attitude	Thank you / compliment received within a complaint	Total
Abrupt	0	0	0	0	0	0	0	0	1	0	1
Appointments	0	0	0	0	1	0	0	0	0	0	1
Cancellation of Appointment	0	0	1	0	0	0	0	0	0	0	1
Clarification of Medical Information	0	1	0	0	0	0	0	0	0	0	1
Clinical Error - General Medicine Group	1	0	0	0	0	0	0	0	0	0	1
Complaints Procedure	0	0	0	0	2	0	0	0	0	0	2
Delay in admission to hospital or ward	0	0	1	0	0	0	0	0	0	0	1
Delay in Diagnosis / Treatment	0	0	1	0	0	0	0	0	0	0	1
Discriminatory (Age/race/disability etc)	0	0	0	0	0	0	0	1	0	0	1
Dissatisfied with Medical Care/Treatment/Diagnosis/Outcome	5	0	0	0	0	0	0	0	0	0	5
Dissatisfied with Personal Care Provided	0	0	0	0	0	0	1	0	0	0	1
Failure to Book Treatment / Appointment	0	0	1	0	0	0	0	0	0	0	1
Inappropriate discharge / discharged too soon	0	0	0	1	0	0	0	0	0	0	1
Inappropriate Manner / Behaviour	0	0	0	0	0	0	0	0	1	0	1
Incorrect Information Provided	0	2	0	0	0	0	0	0	0	0	2
Kindness / compassion	0	0	0	0	0	0	0	0	0	1	1
Lack of Arrangements for Home After Discharge	0	0	0	1	0	0	0	0	0	0	1
Lack of Information for Patients	0	1	0	0	0	0	0	0	0	0	1
Lack of Information for Relatives	0	2	0	0	0	0	0	0	0	0	2
Lack of or incorrect Communications	0	0	0	1	0	0	0	0	0	0	1
Lack of Privacy / Dignity on Ward	0	0	0	0	0	0	0	1	0	0	1
Poor or Conflicting Information	0	1	0	0	0	0	0	0	0	0	1
Prescriptions	0	0	0	0	0	1	0	0	0	0	1
Rudeness	0	0	0	0	0	0	0	0	1	0	1
Waiting Time for Appointment	0	0	1	0	0	0	0	0	0	0	1
Waiting Time for Operation / Procedure	0	0	1	0	0	0	0	0	0	0	1
Total	6	7	6	3	3	1	1	2	3	1	33

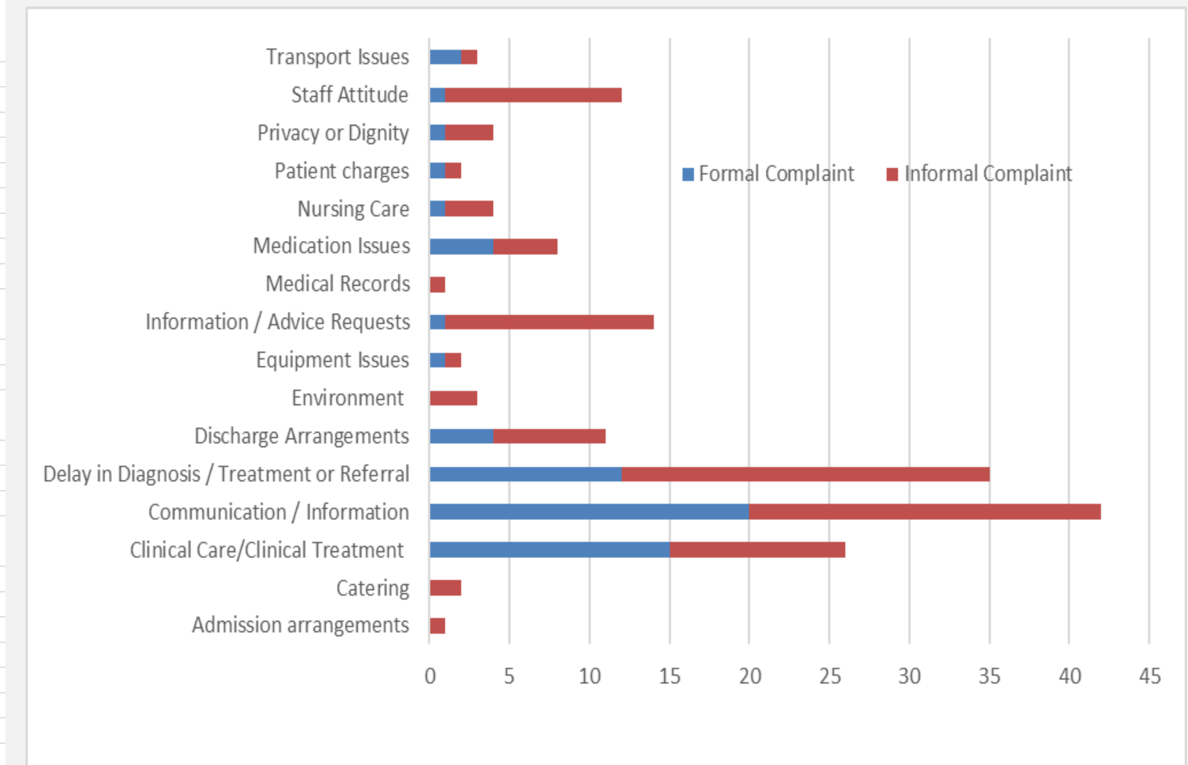
NB: These subjects are based on the complainants' reported concerns logged on receipt of the complaint; there may be later changes on completion of the investigation, and each complaint may have multiple subjects linked.

Overall Running Total of Primary Themes since April 2025 - to end of January 2026:

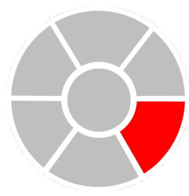
Table 2 below: Displays running total of primary themes (subjects) from closed complaints in year to date: April (M01) - January (M10) (2025/26)

Closed Complaints in year

(M01-M10 2025/26. Total closed to date 170 = 61 Formal & 92 informal. In the graph below this shows the final recorded main themes (subjects) for all the closed responses sent to complainants on completion of a full investigation.

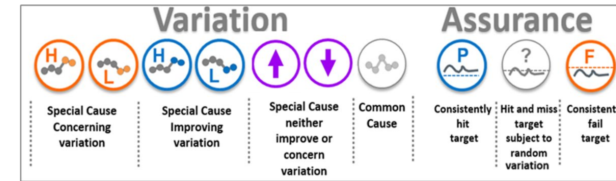


Further detail on the outcomes from Complaints are reported as part of the Bi-annual Trust wide Quality and Risk Report



Effective: Summary

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

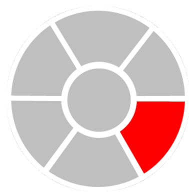


Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance: Trust target	Latest Performance: Most recent position	Previous: Position	In month vs target	Action and Assurance: Variation	Action and Assurance: Assurance	Action and Assurance: Escalation trigger
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	85%	84.3%	79.9%		H	?	Review
	ICU bed occupancy	85%	81.1%	90.0%			?	Review
	Enhanced Recovery Unit bed occupancy %	85%	84.4%	80.6%			?	Review
	Elective inpatient and day case (NHS only)*	1,770	1866 (125% 19/20)	1828 (123% 19/20)		H	?	Review
	Outpatient First Attends (NHS only)*	2,298	2574 (157% 19/20)	2639 (161% 19/20)		H	?	Review
	Outpatient FUPs (NHS only)*	7,278	8220 (141% 19/20)	7641 (131% 19/20)			?	Review
	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	5%	15.1%	14.2%		H	P	Monitor
	Reduction in Follow up appointment by 25% compared to 19/20 activity	-25%	-1.9%	-3.7%		L	F	Action Plan
	% Day cases	85%	75.6%	76.1%		H	F	Action Plan
	Theatre Utilisation (uncapped)**	85%	91%	85%			?	Review
	Cath Lab Utilisation (including 15 min Turn Around Times) ***	85%	82%	82%			?	Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	396 (115% 19/20)	433 (125% 19/20)				Monitor
	ICU length of stay (LOS) (hours) - mean	Monitor	186	204		H		Monitor
	Enhanced Recovery Unit (LOS) (hours) - mean	Monitor	37	39				Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	6.2	6.2				Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	47%	42%			?	Review
	Same Day Admissions - Thoracic (eligible patients)	40%	59%	72%		H	?	Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	8.1	8.2		H	?	Review
	Length of stay – Cardiac Elective – valves (days)	9.7	8.7	9.8			?	Review
	Outpatient DNA rate	6.0%	6.7%	6.7%		L	?	Review

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

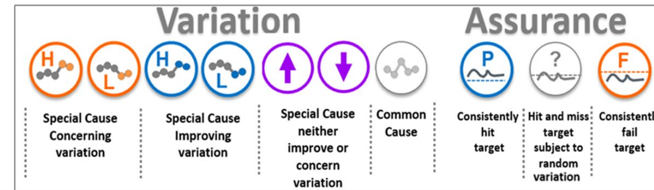
*** from Theatre utilisation is expressed as a % of Trust capacity baseline of 5 theatres from Aug 23 and 5.5 theatres from Sep 23*
**** Cath lab utilisation is provisional pending review of calculation methodology*



Effective: Admitted Activity

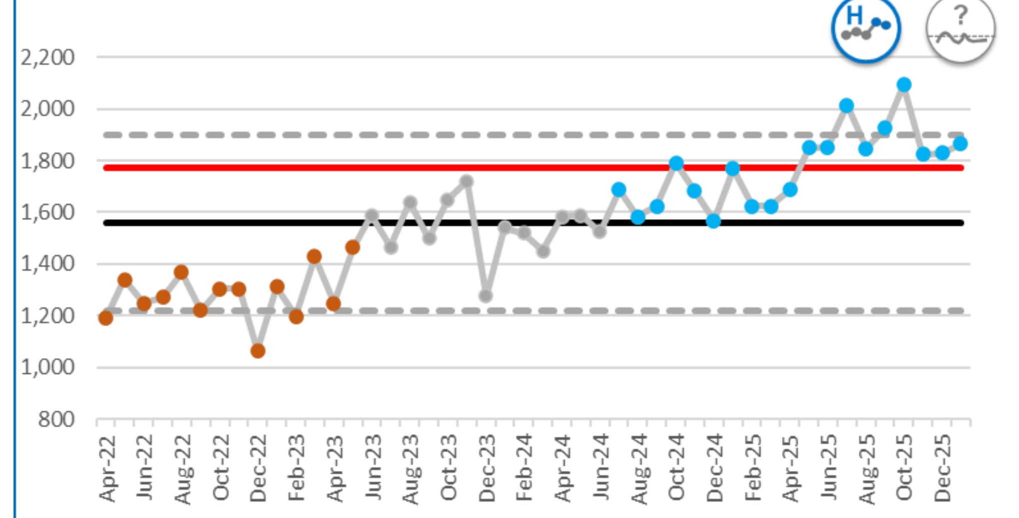
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust



Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

1. Historic trends & metrics



Jan-26
1866
Target* (red line)
1770
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	82%	107%	79%	71%	84%	105%	99%
	Daycases	30%**	115%	n/a	223%	151%	138%	475%

2. Action plans / Comments

Elective inpatient and day case activity has shown an upward trend since April 2024 with the most significant growth observed in day case procedures across all clinical divisions. The elective care recovery programme continues to enable the drive of improved activity and productivity.

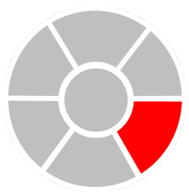
For Month 10 (M10), day cases accounted for 75.6% of overall elective admitted activity. Data for both Cardiology and Thoracic divisions continue to report high day case rates, with both showing a steady increase throughout the year. In contrast, Surgery, Theatres, and Anaesthetics accounts for a small proportion which reflects the complexity of procedures within these specialties and limits the number of patients suitable for day case treatment.

Surgery, Theatres & Anaesthetics
Theatre utilisation in M10 exceeded the Trust KPI of 85%, achieving 91%, supporting ongoing improvements in elective inpatient and day case activity. Activity continues to be monitored against both the 2019/20 baseline and current plan to drive productivity gains. Across surgical specialties, variation remains minimal. Where admitted activity falls below plan, this correlates with increased non-elective activity, particularly in cardiac surgery.

Thoracic & Ambulatory
As of M10, Thoracic and Ambulatory services delivered 12,502 admitted cases, exceeding the planned activity of 10,863. Monitoring against the 2019/20 baseline and plan continues to ensure productivity improvements.

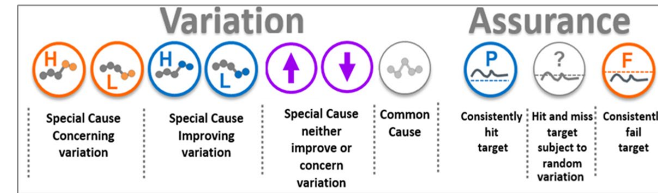
Cardiology
The Cardiology division delivered 731 procedures against a plan of 756. This is reflective of a reduction in Elective PCI activity and reallocation of Cath Lab slots from Intervention to Non-Coronary Intervention slots planned and approved through the elective recovery programme.

** Target set at average 25/26 demand recovery plan ** 19/20 activity (working day adjusted) < 50*



Effective: Non-admitted Activity

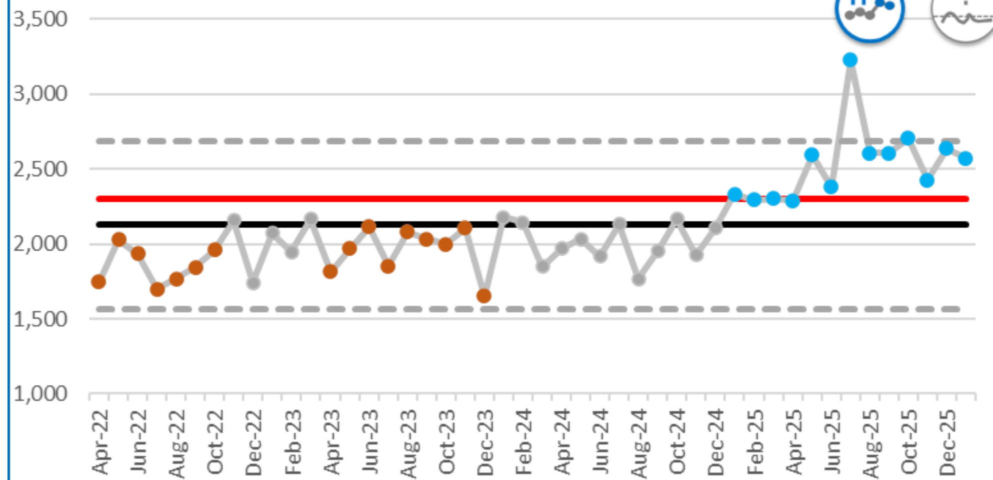
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



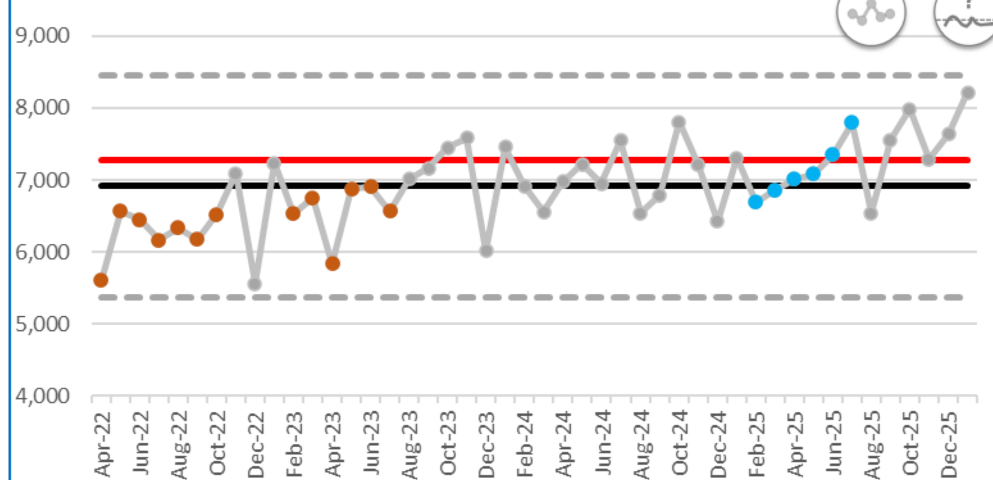
Royal Papworth Hospital
NHS Foundation Trust

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

1. Historic trends & metrics



Jan-26
2574
Target (red line)*
2298
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation



Jan-26
8220
Target (red line)*
7298
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

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

Category		Cardiac Surgery	Cardiology	RSSC	Thoracic Medicine	Thoracic surgery (exc PTE)	Transplant/ VAD
Non Admitted activity	First Outpatients	94%	87%	549%	77%	162%	97%
	Follow Up Outpatients	139%	149%	66%	161%	172%	109%

= YTD activity > 100% of 19/20

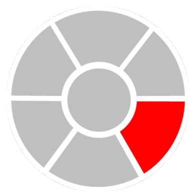
Action plan / comments

Outpatient First Attends has shown an upward trend since December 2024 with the most significant growth observed in Respiratory Services and the Sleep Centre (RSSC), as well as Thoracic Surgery.

Thoracic & Ambulatory
Year-to-date (YTD) activity for the Thoracic and Ambulatory division stands at 49,825, significantly above plan. In January, there were 540 missed appointments (9%). Optimisation of clinics remains a priority with collaborative work with clinical administration teams to improve outpatient clinic utilisation. It is believed that patient-initiated follow ups (PIFU) will also help reduce the missed appointment rate.

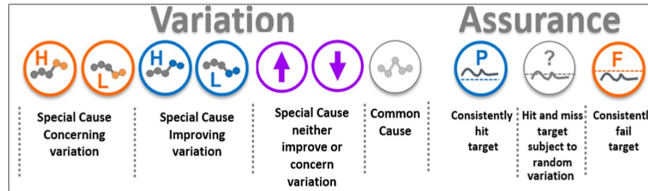
Cardiology
Cardiology delivered above plan for Month 10, with additional clinics taking place through elective recovery mostly within Cardiac Rhythm Management.

** Target set at average 25/26 demand recovery plan ** 19/20 activity (working day adjusted) < 100*



Effective: Occupancy

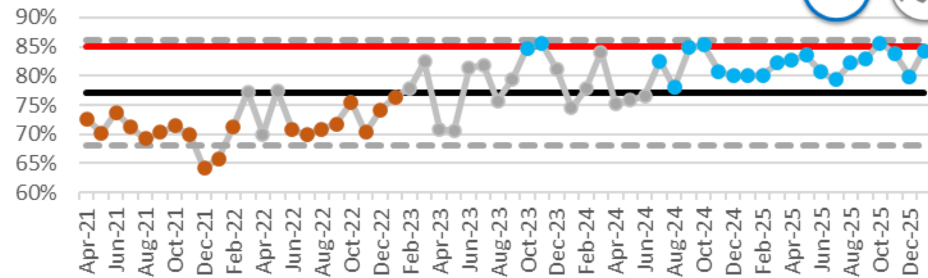
Accountable Executive: *Chief Operating Officer* **Report Author:** *Chief Operating Officer*



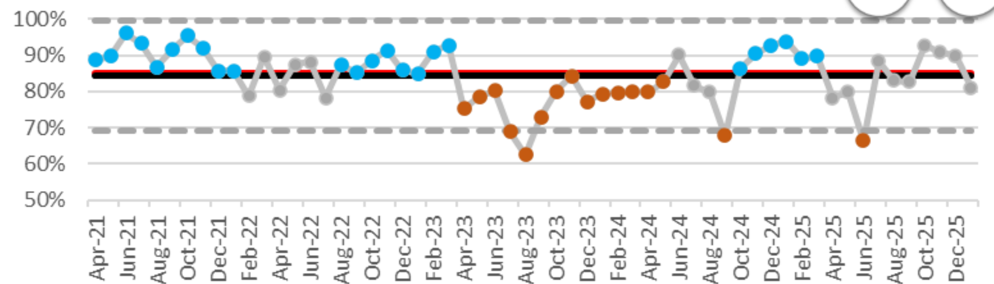
Royal Papworth Hospital
NHS Foundation Trust

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

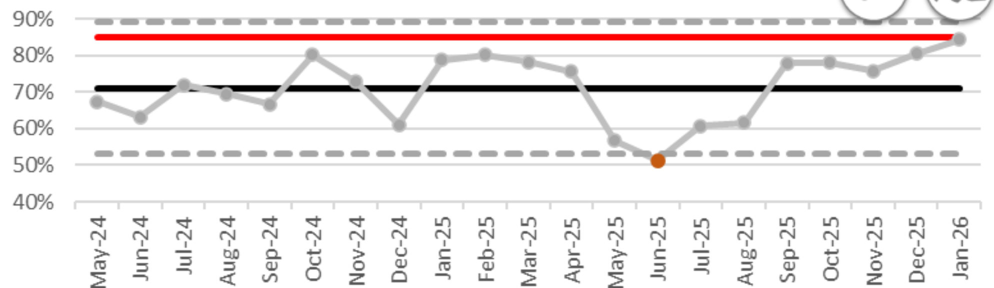
1. Historic trends & metrics



Jan-26
84.3%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation



Jan-26
81.1%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-26
84.4%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Comments

Bed occupancy (excluding CCA and sleep lab)

- Bed occupancy within Month 10 (M10) was below target at 84.3%.
- An internal audit into data quality (including bed occupancy) has been completed; minimal recommendations have been made as a result, none of which relate to bed occupancy.
- G&A bed utilisation and occupancy data has been shared as part of the operational planning process to inform service improvements and productivity gains.
- Since the Virtual Ward opened, bed capacity on Level 5 has increased, driven by the virtual ward days since launch. Leadership teams continue to work collaboratively across divisions to further develop the service and maximise benefits.

(Note: The denominator for bed occupancy (excluding CCA and sleep lab) was reset to commissioned beds from April 2024.)

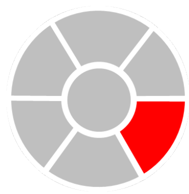
ICU Bed Occupancy

- ICU bed occupancy for M10 was 81.1%, a slight decrease in month, there was an increase in ERU bed occupancy reflecting an increase in elective activity.
- Theatre activity continues to be closely monitored, supported by case mix management processes implemented during the month.

(Note: The denominator for CCA bed occupancy was reset to 36 commissioned beds from April 2023.)

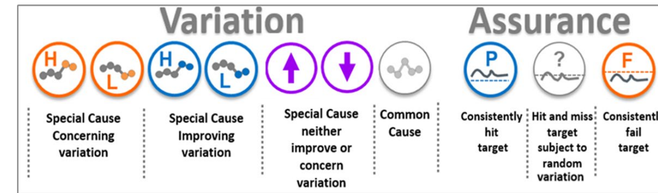
ERU Bed Occupancy

- ERU bed occupancy in M10 increased to 84.4% from 80.6%, an upward trajectory.
- Thoracic patients do not go to ERU but instead recover and transfer to Level 5.
- ERU optimisation is a key component of the Elective Care Recovery programme to ensure full utilisation of available beds.



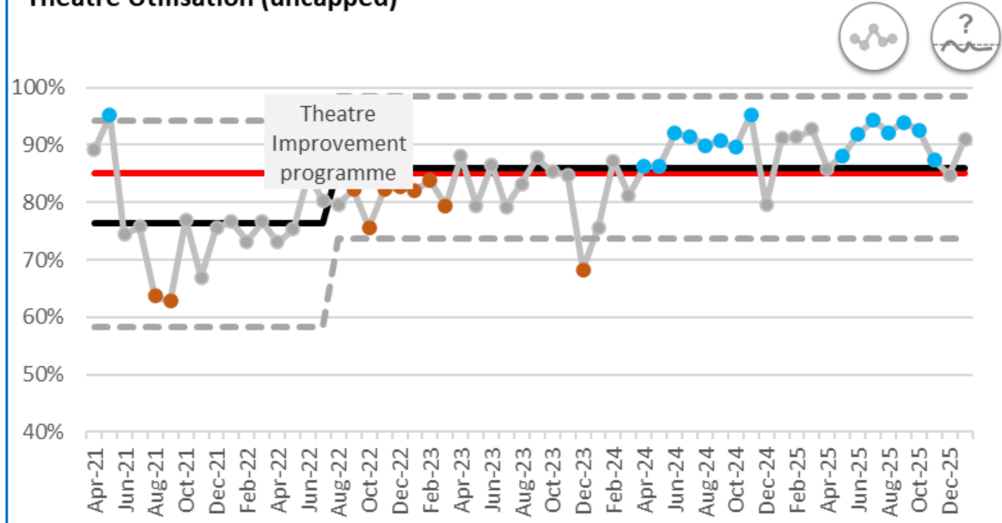
Effective: Utilisation

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

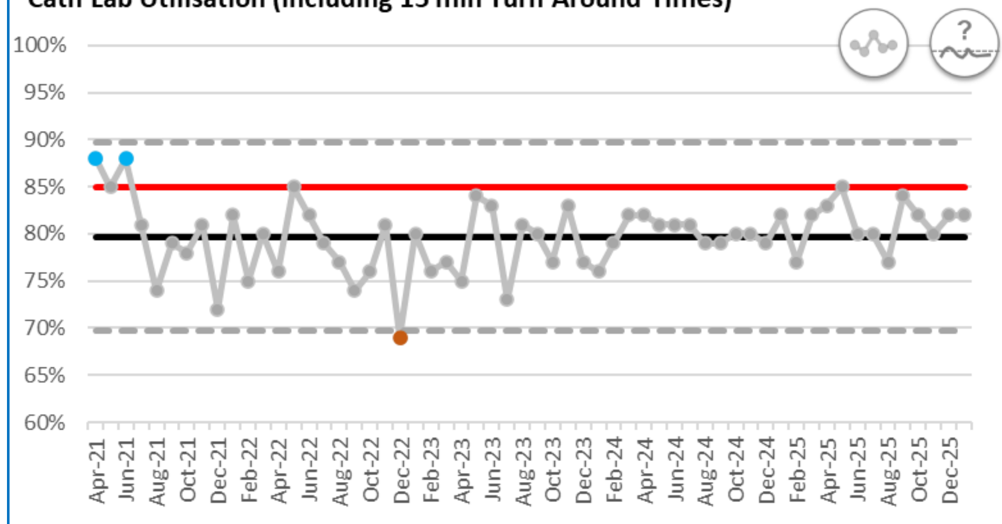


Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Jan-26
91%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-26
82%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments

Theatre Utilisation

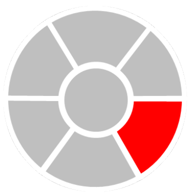
- Theatre utilisation in M10 was 91% this remains above the KPI of 85%.
- Further work continues to review start times and identify efficiency savings within theatres as part of the elective care recovery programme.
- Deep dive into Thoracic surgery productivity in theatres and optimisation of anaesthetic time.
- In addition, the team is collaborating with GIRFT (Getting It Right First Time) to scope potential additional efficiencies for implementation.

Cath Lab Utilisation:

- Cath lab utilisation remains below target, but significant improvements have been achieved through elective recovery initiatives.
- Optimisation group is currently looking at a separate system to capture utilisation and timestamps within the lab to identify gaps for efficiency.
- Recent analysis also demonstrates procedures captured on a separate system that are not included in the overall cath lab utilisation, this equates to an additional 951 procedures in the first seven months of the financial year. The team are reviewing how this information can be included to ensure accuracy in reporting.

(Note: Cath Lab utilisation figures includes the Cath lab 1, which is primarily used for emergency activity, making its usage unpredictable.)

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



Effective: Action plan summary

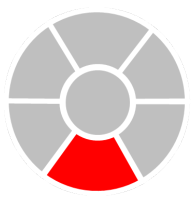
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

Actions are summarised below for those metrics flagged on the dashboard requiring an action plan under the escalation trigger

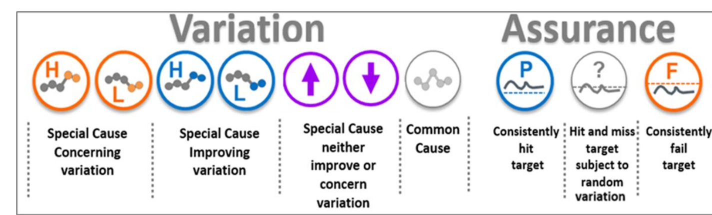
	Metric	Division	Action	Lead	Update	Timescale for completion	RAG Status
Dashboard KPIs	Enhanced Recovery Unit bed occupancy %	STA	A review of bed use/flow/cancellations/scheduling requested. Pipeline project in elective recovery programme to review flex of beds to match the demand.	JS	Initiative has highlighted trends that were not predicted around seasonal usage, therefore the occupancy of ERU is undertaking a wider review and will form part of annual planning.	Apr-26	
	Reduction in follow up appointment by 25% compared to 19/20 activity	Cardiology	PIFU rollout within CRM	LM	Plan presented to Clinical Admin Team for Roll out - Launch date to be confirmed.	Mar-26	
			Review clinic templates: job planning	LM	Job Planning Meetings Currently underway - Process near to completion.	Dec-25	
			Review clinic templates: new:FU ratio / clinic size against 19/20	LM	Process is complete - Findings and solution to be including in 26/27 operational or implemented sooner where possible.	Dec-25	
		STA	Review clinic templates: new:FU ratio / clinic size against 19/20	JS	Clinic templates review completed and ratio changes made to increase new appointments. Unused capacity is being converted to support per operative demand.	Aug-25	
	Cath Lab Utilisation (including 15 min Turn Around Times)	Cardiology	Meet with Business Intelligence to discuss data for metric as includes cath lab 1 (HOT lab)	LM	Methodology for cath lab utilisation is currently under review between business intelligence and cardiology team. Discussion with Fysicon around data reporting to ensure utilisation is captured in all Cath Labs. Looking in to other Reporting systems for Lab start and finish times already being utilised in the trust.	Jan-26	

Key
Embedded as Business as Usual
On track / complete
Behind schedule but mitigations in progress and being tracked
Deadline delayed / not started
Date is currently TBC or 'on going' therefore cannot measure status



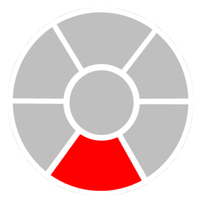
Responsive: Summary

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



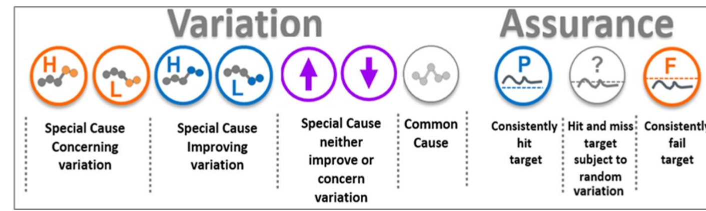
Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance: Trust target	Latest Performance: Most recent position	Previous: Position	In month vs target	Action and Assurance: Variation	Action and Assurance: Assurance	Action and Assurance: Escalation trigger
Dashboard KPIs	% diagnostics waiting less than 6 weeks	99%	84.9%	90.2%				Review
	18 weeks RTT (combined)	92%	75.5%	74.3%				Action Plan
	31 days cancer waits	96%	97%	100%				Review
	62 day cancer wait for 1st Treatment from urgent referral	85%	50%	60%				Review
	104 days cancer wait breaches	0	5	3				Review
	Number of patients waiting over 65 weeks for treatment	0	0	1				Review
	Theatre cancellations in month	15	34	35				Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	45%	18%				Action Plan
	Acute Coronary Syndrome 3 day transfer %	90%	82%	69%				Review
	Number of patients on waiting list	7075 (25/26 Av)	5335	5523				Monitor
	52 week RTT breaches	0	18	16				Action Plan
Additional KPIs	% of IHU surgery performed < 10 days of medically fit for surgery	95%	55%	25%				Review
	18 weeks RTT (cardiology)	92%	60.6%	61%				Action Plan
	18 weeks RTT (Cardiac surgery)	92%	77.3%	80%				Action Plan
	18 weeks RTT (Respiratory)	92%	86.0%	83%				Action Plan
	Other urgent Cardiology transfer within 5 days %	90%	85%	83%				Review
	% patients rebooked within 28 days of last minute cancellation	100%	45%	57%				Review
	Urgent operations cancelled for a second time	0	0	0				Review
	Non RTT open pathway total	Monitor	53413	52909				Monitor
	Validation of patients waiting over 12 weeks	95%	88%	80%				Action Plan



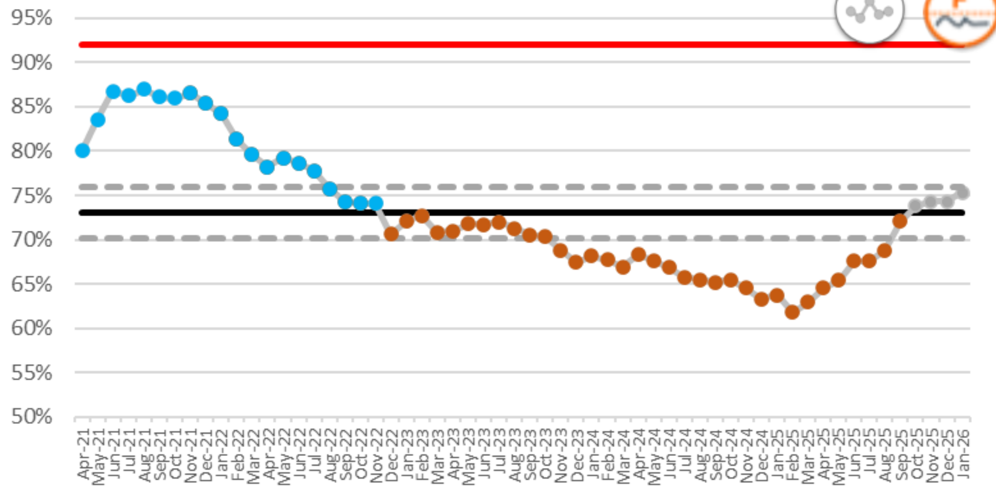
Responsive: RTT

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

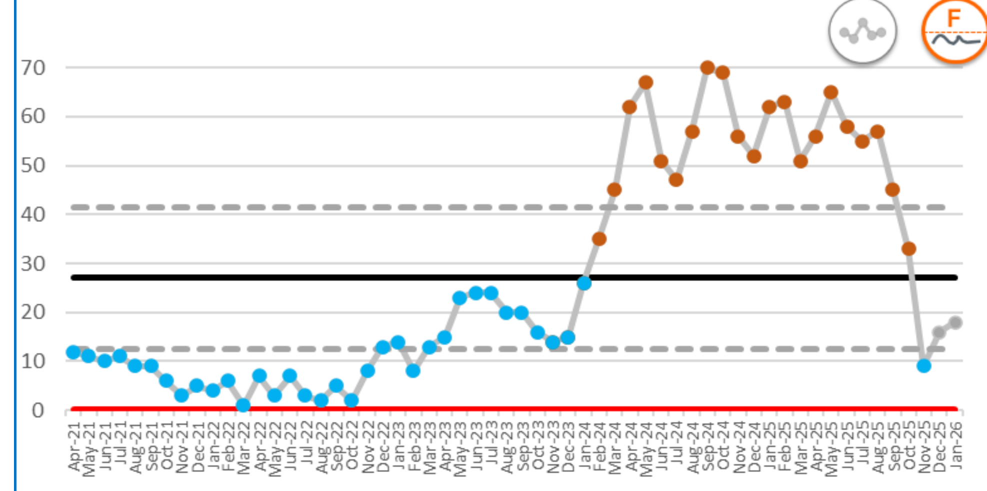


Royal Papworth Hospital
NHS Foundation Trust

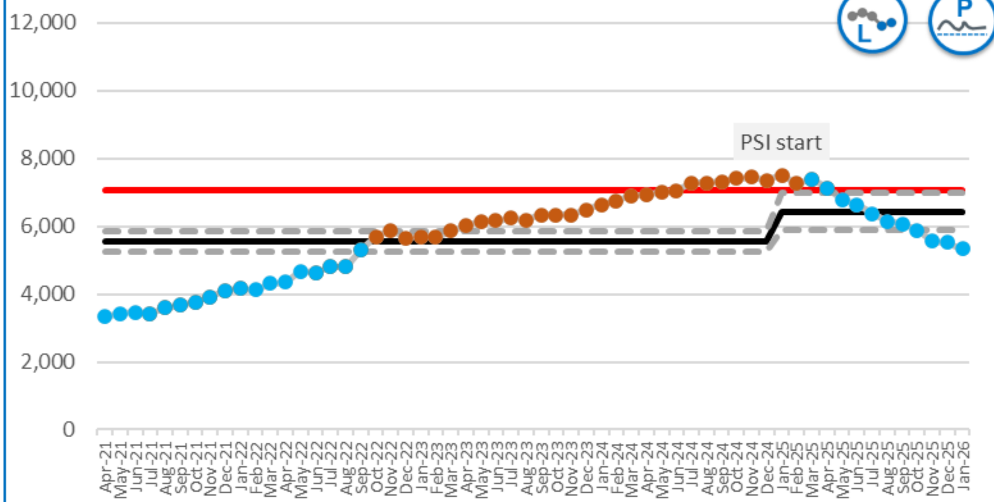
1. Historic trends & metrics



Jan-26
75.5%
Target (red line)
92.0%
Variation
Common cause variation
Assurance
Has consistently failed the target



Jan-26
18
Target (red line)
0
Variation
Common cause variation
Assurance
Has consistently failed the target



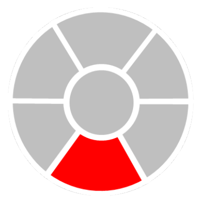
Jan-26
5335
Target (red line)
7075 (25/26 Av)
Variation
Special cause variation of an improving nature
Assurance
Has consistently passed the target

Action plans / Comments

RTT performance is now at its highest level in 3.5 years. There were 18 patients who breached 52 weeks in Month 10 (M10) an increase from M09. An enhanced focus remains in place to ensure patients do not wait longer than 52 weeks for treatment which is monitored through the elective care recovery programme. This also supports the reduction of the number of patients on the waiting list and overall wait time, supporting more patients to be seen within 18 weeks.

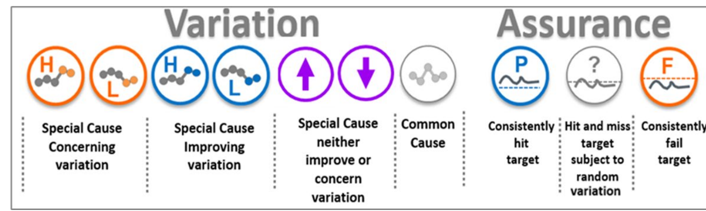
52 Week breakdown by clinical division:

- Cardiology ended M10 with 13 patients waiting longer than 52 weeks. Ten patients have since received treatment with three dated for Feb/March (TEER/Structural Capacity).
- Within Surgery, Transplant and Anaesthetics 4 patients waited longer than 52 weeks, two are dated for February. One was a missed IPT. One late referral.
- Thoracic division ended January (M10) with a single patient waiting over 52 weeks. This patient is a/w LP results from Oxford following disruption to service (equipment failure). Results expected March. Escalated via PTL.



Responsive: **Cancer**

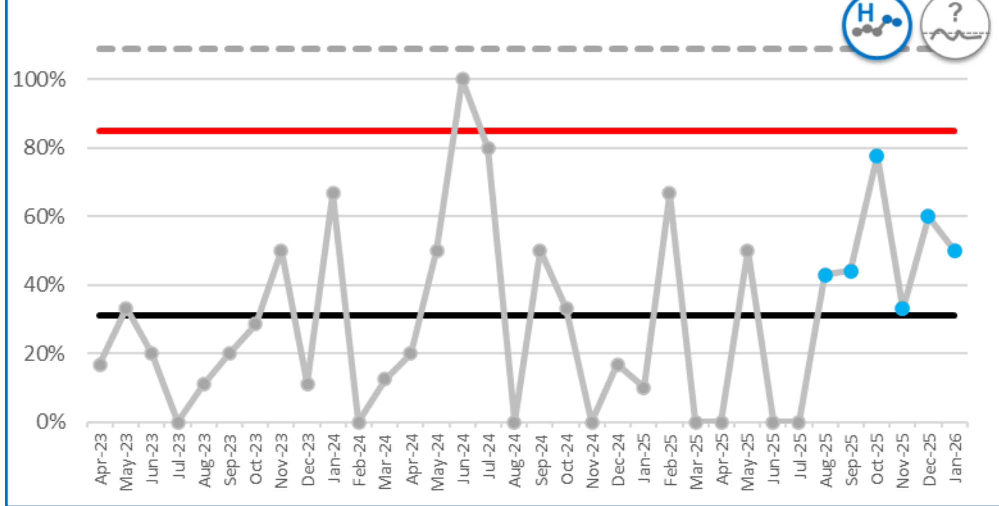
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



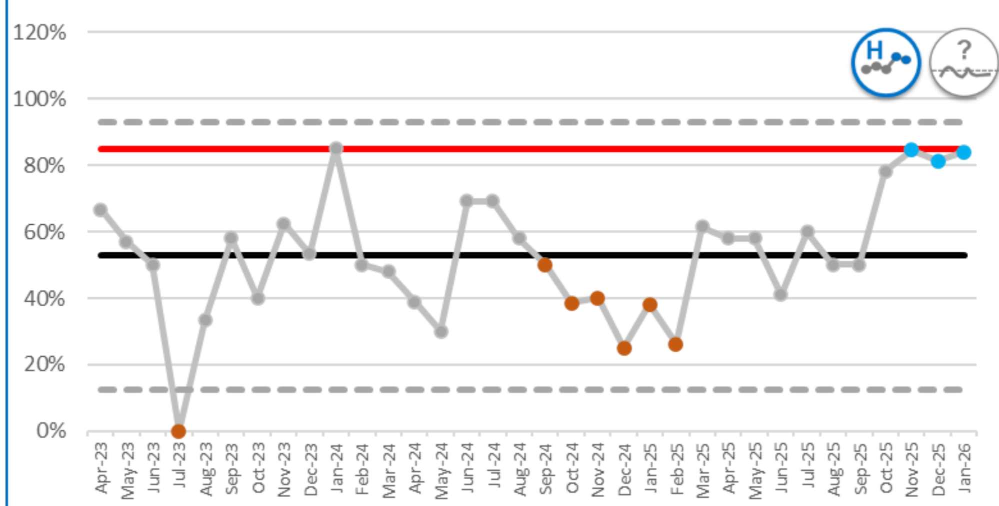
Royal Papworth Hospital
NHS Foundation Trust

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

1. Historic trends & metrics



Jan-26
50%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-26
84%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments

The combined 62-day performance for January 2026 was 75% with 19 patients treated within the standard and 7 breaches. This is an improvement from November data (73.1%) but marks the first time ever that Papworth has had pre-allocation 62-day performance over 70% for four consecutive months. Of those who breached, 3 were treated within 24 days of referral, therefore post-allocation performance will change.

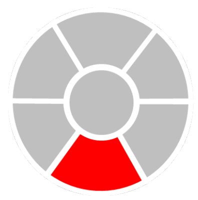
Monthly forensic breach review meetings remain in place to provide robust scrutiny of all breaches, ensure learning is identified, and confirm that corrective actions are implemented. Breaches and action updates are logged and monitored through the Datix system, providing strengthened governance and audit trail.

The Daily PTL continues to have strong grip over cancer patients, with a visit in January from NHSE remarking this; the daily PTL was stepped down to thrice weekly in December with no deterioration of performance or oversight.

Below are the current cancer breaches as of 16 February 2026:

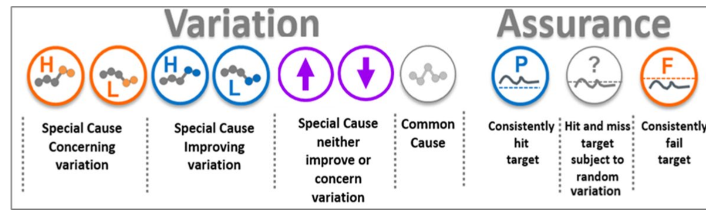
	Pathway days	Details
1	185	OPA 17/03 - Next avail - LS confirmed ok. Post RAB
2	119	DG - OPA 19/02
3	117	MDT 17/02 CTNB 11/02
4	101	Surgery 02/0 -PAUSE 137 days
5	97	CTNB 17/02 - MDT 24/02
6	94	WSH neuro review 23/02 (from OPA 23/12 VR)
7	88	MDT 19/02 - Surgical Bronc 13/02
8	82	PET 19/02 - 24 Day target 27/02
9	80	OPA 16/02 RB
10	66	MDT 17/02 -CTNB 10/02 - - prov OPA 26/02 RB & AP & NT
11	66	OPA 19/02
12	63	MDT 17/02 - CTNB canx

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



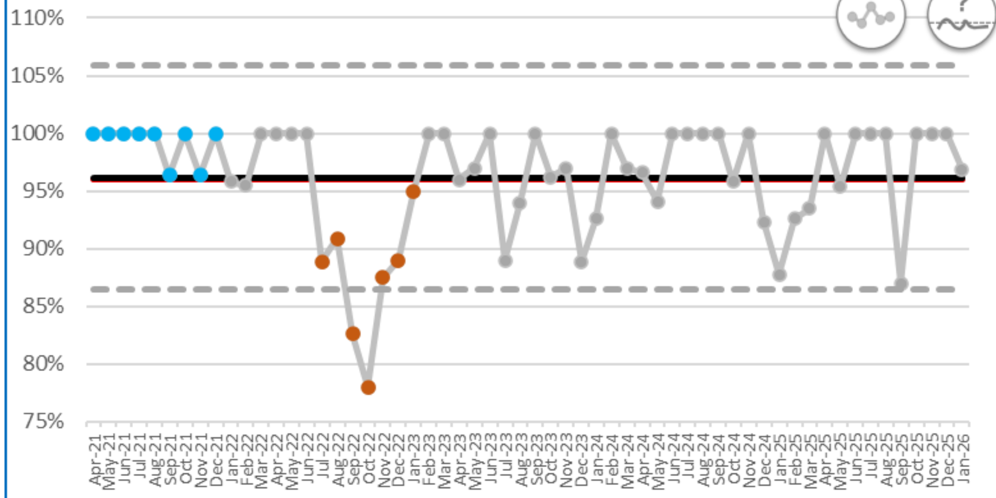
Responsive: Cancer

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

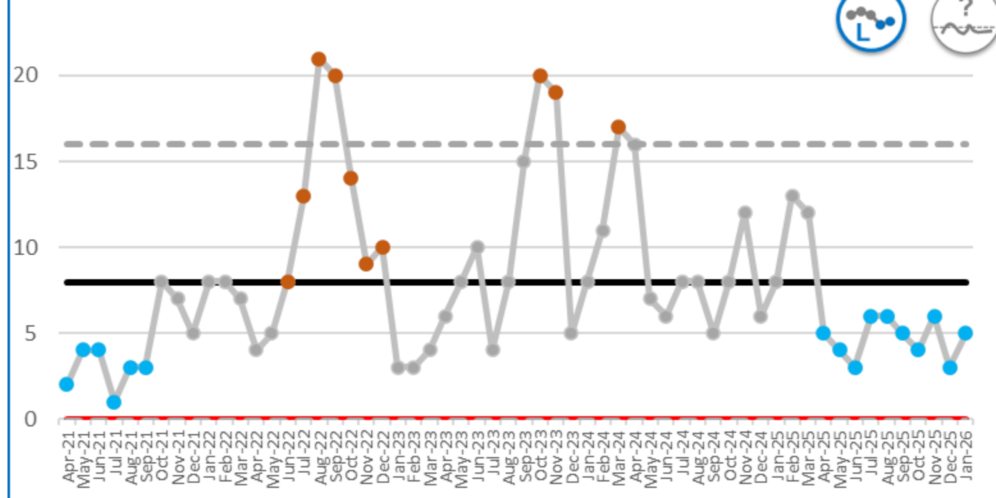


Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Jan-26
97%
Target (red line)
96%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-26
5
Target (red line)
0
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments:

31-Day Standard (Decision to Treat to Treatment)

Performance for January 2026 was at 97.1%, with 34 patients treated within the 31-day standard, with one breach who was treated on day 32 . Average waiting time from decision to treat to surgery dropped to 13.47 days. This, in part, represents a higher number of patients referred over day 38 who needed a rapid turnaround time to meet the 24-day target, necessitating shorter-than-average waiting times.

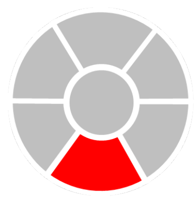
Sustained performance reflects effective theatre scheduling, proactive case management, and close collaboration between clinical and operational teams to maintain timely access to treatment despite increased activity levels. Additional Saturday lists have increased capacity for cancer cases during the week.

104-Day Breaches

There were five 104-day breaches in January. Four patients were referred to the Trust after day 73 of their pathway; of these, two were treated within 24 days of referral. The remaining two required additional diagnostics and onward referral to DGH services, contributing to extended pathway times.

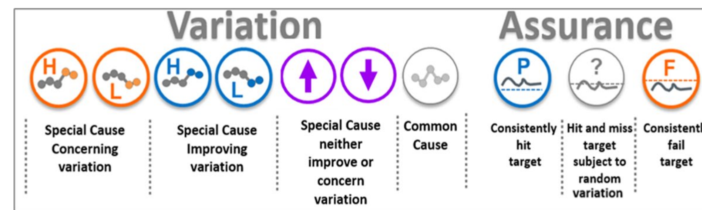
The fifth breach related to patient compliance, with repeated non-engagement resulting in referral back to the originating Trust. All cases have been reviewed through the forensic breach process.

An improvement plan is in place with a revised trajectory to meet the 62-day target which is monitored via Cancer Recovery, Performance and Delivery Group.



Responsive: Other metrics

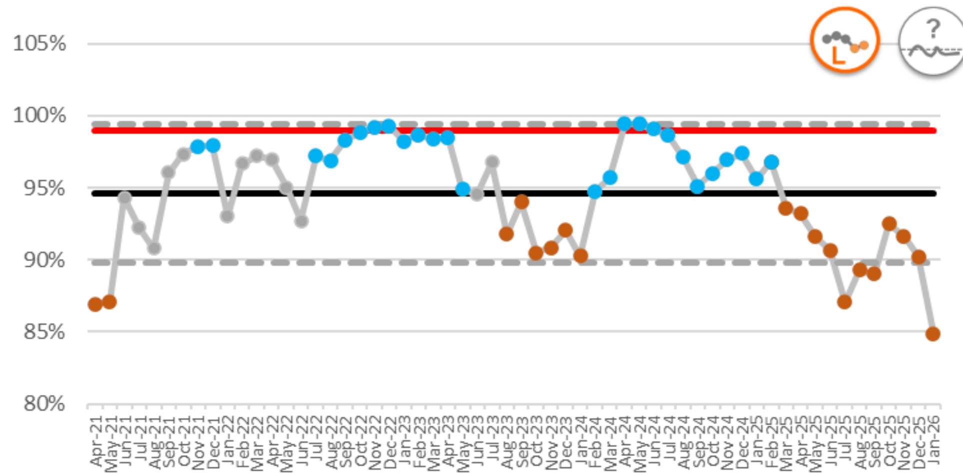
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



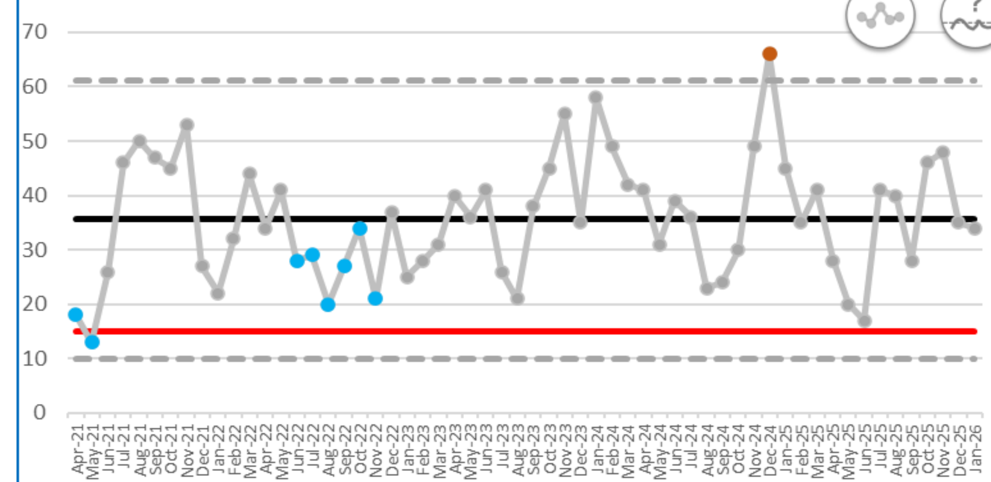
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

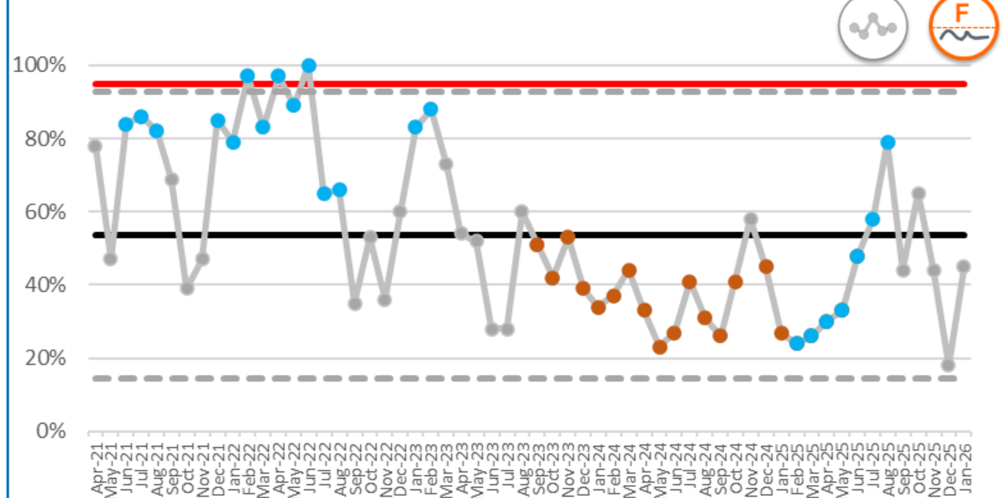
1. Historic trends & metrics



Jan-26
84.9%
Target (red line)
99%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation



Jan-26
34
Target
15
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-26
45%
Target (red line)
95%
Variation
Common cause variation
Assurance
Has consistently failed the target

Action plans / Comments

Diagnostics Waiting Less Than 6 Weeks
Operational oversight of the diagnostic waiting lists has improved with greater monitoring patients at the weekly Patient Tracking List (PTL) and through operational huddles which meet 3 times a week.

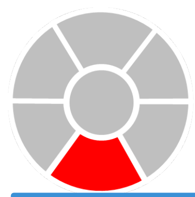
Radiology
The Radiology PTL remains fairly static (circa. 3,500) with long waits in cardiac MRI (around 33 weeks) and CT scanning (12-16 weeks). Internal DM01 specific to Radiology reported as 39.47% in Month 10 (M10) which is a slight improvement from M9 at 38.68%. The published DM01 position for M10 is 71.75% which is a reduction from 85.95% in M9.
Demand within Radiology is under review given the significant increased demands over the past 12 months. This includes a review of external referral practices to identify demand, activity type and changing referral patterns. Further review of commissioned activity against activity delivered undertaken in M10 which identified a higher level of activity delivered and billed than commissioned

Echo
Cardiology currently has 243 patients waiting for echo with 44 43% of patients waiting above 6 weeks. DQ exercise has uncovered many patients incorrectly on DM01 for Echo – Clean up and validation in process.

Sleep
A managed service has been recommissioned to support the community sleep services while sustainable initiatives are finalised. Within M10, 76.81% received a sleep diagnostic within 6 weeks. A considerable increase from M09 (60.52%)

Theatre Cancellations
M10 saw a reduction in theatre cancellations. The most significant reason was 9 patients unfit, 9 case overruns.

In House Urgent patients
Capacity for IHU's continues to be flexed with increased capacity made available to support flow internally and within the region. The 7-day performance indicator continues to be unmet.



Responsive: Radiology Reporting Backlog as of 12/2/26

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

Royal Papworth Hospital
NHS Foundation Trust

Summary of Issues and Mitigations:

There are a number of risks within the Radiology department which subsequently impact on the patient activity and reporting of diagnostics. Risks include:

- 3433 (BAF risk): CT Reporting Backlog, Patient (current risk score 16)
- 3434: CT Reporting Backlog, Dept Issues (current risk score 16)
- 3362: CT Reporting Backlog, Digital Issues (current risk score 12)
- 3696: Radiology Outsourcing Project (current risk score 12, reduced from 16)
- 3540: Consultant Radiologist Staffing (current risk score 12)
- 2953: Radiographer Staffing (current risk score 9)

Consideration for a full risk review once external reporting is fully live and delivering as expected, reporting volumes for RPH & external reporters are tracked as well as improved turnaround times documented

Remote reporting

The VDI solution has been installed and has been undergoing further testing. Reports regarding functionality is variable and other digital alternatives are being explored. The rollout of home reporting workstations is now complete. Good reporting speeds are being reported on the RPH site. VDI/VPN adjusted and tested with one Consultant. Awaiting testing with other consultants before confirming the issue is now resolved. Remains as red on the elective recovery programme pipeline tracker.

Demand and Capacity

Demand and capacity reviews undertaken for all modalities. As demand and activity has increased, job plans have not been amended to reflect the increase in reporting activity required. This is further exacerbated due to the vacancies in the Consultant Radiologist team meaning there are less reporting PAs currently available.

Demand & capacity has identified referral volumes have increased resulting in more referrals arriving every month than scans able to be completed, particularly in MRI. This data has been compared to commissioned activity levels which has also shown a significant level of increased activity undertaken and billed in comparison to the expected level of activity agreed in commissioning.

Any increase in scanner activity to reduce waiting times and meet the increased referral volume, will need to have additional reporting aligned to the activity either by RPH consultants or Medica.

Outsourcing Project (update as of 12/2/26)

Project go-live took place as planned on 2 February 2026. A small number of issues identified which couldn't have been predicted in testing, but all fixed as they arose. Activity is being ramped up throughout February. Reporters are undergoing audit checks to ensure all meet the high standards for our specialist imaging at RPH. Discrepancies raised via the Medica online portal. Activity being carefully managed during February whilst Medica align reporters to the imaging needing reporting which has resulted in some slight delays to report turnaround but this is expected to be resolved by late February. Project board being stepped down in late February and weekly operational meetings with Medica will be stepped up at that point. As the project is now live, risk 3696 Delays in Radiology Outsourcing for Reporting – has been reduced from 16 to 12 and consideration to reduce further once project full live in March. This solution will support reporting in all modalities (specifically CT, plain film and MRI)

Continued Recruitment

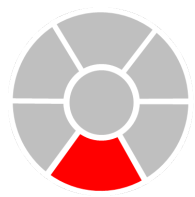
Recruitment into the Consultant Radiologist continues. The role is currently advertised in BMJ and re-advertised in NHS Jobs. Interest expressed in the posts from internal candidates and recruitment processes being planned

Activity

The number of patients awaiting a CT report is monitored on a weekly basis via the Operational Huddles. The LCI contract was reinstated from early January and set to run until end February to ensure there remained CT reporting whilst the outsource project was delivered. Agreement has been reached to switch off the LCI reporting support from 28/2/26 with Medica fully taking over the external reporting from 1/3/26 onwards

MRI Reporting saw a significant improvement during December seeing average monthly turnaround times of around 34 days down to 14 days.

At the end of January, there were 740 patients awaiting CT report of which 253 were waiting more than 4 weeks. By 9/2/26, we were down to 519 patients awaiting a CT report of which 124 were waiting more than 4 weeks (28%)



Responsive: Action plan summary

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

Royal Papworth Hospital
NHS Foundation Trust

Actions are summarised below for those metrics flagged on the dashboard requiring an action plan under the escalation trigger

	Metric	Division	Action	Lead	Update	Timescale for completion	RAG Status
Dashboard KPIs	% diagnostics waiting less than 6 weeks	Cardiology	Review of Echo Lab Capacity againt current waiting lists, and clinic templates.	LM	Data cleansing taken place through creating of centralised Access Plans. Process to be put in to place with Clnical Admin Teams	Dec-25	
		STA	Radiology is now part of the planned care recovery plan, so further actions and tasks will be articulated in due course	HR	Demand and capacity to be undertaken. Data quality validation remains underway.	TBC	
		Thoracic	Sleep Lab expansion New rPG devices and routine weekly clinics managed by clinical admin CSS appointments are part of the elective recovery delivery, whereby 1,000 patients will receive initial diagnostic via WatchPAT	SK	The sleep lab capacity is now modelled against the demand. A three-night model allowing for training and development into the sleep lab service. WatchPat continues while an options appraisal is finalised for sustainable service options.	Mar-26	
	18 weeks RTT (combined)	All	Elective care and delivery group and access board stood up to monitor RTT delivery initiative. Detailed improvement plans in place and reported against weekly. Efficiencies in pathways identified as part of additional activity to ensure RTT remains sustainable.	DDOs	Detailed plans in place and reported separately.	Mar-26	
	Number of patients waiting over 65 weeks for treatment	Cardiology	Currently trying to set up Thursday lists to increase capacity, awaiting the go ahead from STA with regards to addtional GA and ODP support.	LM	List is currently active, priority has been given to address the structural backlog in this capacity. All lists except one staffed untill the end of the Year. (Awaiting Anaesthetic Overtime Confirmation)	Nov-25	
	% of IHU surgery performance < 7 days of medically fit for surgery	STA	Working group between Clinical Admin, STA and Cardiology to review IHU processes.	NH/LM	Two trigger and escalation points in place between Cardiology and STA to review those awaiting surgical dates. Detailed action plan to be generated and to be reported via forthcoming new governance for patient flow.	TBC	
	52 week RTT breaches	Cardiology	Review of process for late additions to waiting list, including IPT corrections	LM	A trajectory is in place to ensure no patient waits longer than 52 weeks (with the exception of late referrals)	Nov-25	
Additional KPIs	18 weeks RTT (cardiology)	All	Non-coronary intervention additional lists alongside additional reporting 33 TAVI lists 14 Structural lists 5 TOE lists	LM	**TAVI PSI lists:** Multidisciplinary Team (MDT) Streamline Triaging continues, with additional patients streamlined each week. Extra MDTs approved and scheduled. **Structural PSI List:** Extra capacity planned from M07 alongside current additional structural capacity continues. **TOE PSI List:** Currently using spare in week capacity for the lists. **EP:** Additional lists are active and exploring additional activity to sustain activity in line with demand.	Mar-26	
			Additional lists and outpatient clinics in relation to CRM including: 100 EP lists 11 Outpatient first appointment clinics	LM	**EP Outpatient Clinics:** OPFA – Additional clinics running as BAU weekly. OPFU – Plan for Increased FU capacity to take place from January - March	Mar-26	
	18 weeks RTT (STA)	All	Extended thoracic lists Green lists and 3 pump lists Pre-admission / same day admission	JS	Extended thoracic lists commenced w/c 12 May and occurs every Friday. Trial of utilisation of emergency theatre x 2 per week, unsuccesful, cancelled. Dedicated Thoracic Anaesthetic team approved. Green lists is implemented and now business as usual.	Mar-26	
	18 weeks RTT (STA)	All	Pre-admission/same day admission	JS	Pre-admission/same day admission: work continues regarding this and also collaborating with thoracic regarding additional rooms to increase preadmission from 60% to 95% for all surgical patients	Mar-26	
	18 weeks RTT (Thoracic)	All	RSSC additional list including: Clear CSS only backlog including reporting Outpatient appointments and one-stop clinics to commence treatment as appropriate	SK	WatchPat continues while an options appraisal is finalised for sustainable service options. Patient Safety Initiatives have stopped within RSSC as activity is absorbed within planned capacity.	Aug-25	
			Additional medical secretary support to discharge patients waiting over 18 weeks	SC	Collaborative working between Thoracic and Clinical Admin to ensure patients are discharged as quickly as possible	Sep-25	

Key
Embedded as Business as Usual
On track / complete
Behind schedule but mitigations in progress and being tracked
Deadline delayed / not started
Date is currently TBC or 'on going' therefore cannot measure status

People, Management & Culture: Summary

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

		Data Quality	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Dashboard KPIs	Voluntary Turnover % **	4	9.0%	10.72%	4.45%	6.97%	8.67%	6.25%	5.47%
	Vacancy rate as % of budget **	4	7.50%	5.79%	5.06%	4.71%	4.07%	3.97%	3.80%
	% of staff with a current IPR	4	90%	79.71%	78.49%	78.36%	77.29%	78.78%	78.96%
	% Medical Appraisals*	3	90%	84.09%	80.15%	82.84%	70.90%	69.12%	71.32%
	Mandatory training %	4	90.00%	90.55%	90.33%	90.41%	89.76%	85.95%	86.08%
	% sickness absence **	5	4.0%	4.14%	4.64%	4.74%	4.79%	4.63%	4.87%
Additional KPIs	FFT – recommend as place to work **	3	72.0%	n/a	n/a	n/a	n/a	n/a	n/a
	FFT – recommend as place for treatment	3	90%	n/a	n/a	n/a	n/a	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	4	5.00%	2.61%	1.68%	1.45%	0.61%	0.00%	0.00%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	4	10.00%	5.59%	6.58%	7.69%	9.82%	12.59%	12.55%
	Long term sickness absence % **	5	1.50%	1.91%	1.97%	1.83%	1.74%	1.90%	1.47%
	Short term sickness absence	5	2.50%	2.23%	2.68%	2.91%	3.05%	2.73%	3.40%
	Agency Usage (wte) Monitor only	5	Monitor only	8.5	6.4	2.8	3.3	3.1	3.5
	Bank Usage (wte) monitor only	5	Monitor only	112.1	113.2	103.3	93.7	97.2	99.4
	Overtime usage (wte) monitor only	5	Monitor only	16.7	15.8	12.9	12.4	9.0	11.1
	Agency spend as % of salary bill	5	2.21%	1.49%	1.15%	0.45%	0.30%	-0.63%	0.28%
	Bank spend as % of salary bill	5	2.42%	3.91%	3.20%	2.49%	3.48%	2.76%	2.68%
	% of rosters published 6 weeks in advance	3	Monitor only	55.90%	52.90%	55.90%	48.50%	45.50%	51.50%
	Compliance with headroom for rosters	4	Monitor only	28.60%	31.29%	27.80%	25.20%	29.90%	29.60%
	Band 5 % White background: % BAME background	5	Monitor only	n/a	41.29% : 57.99%	n/a	n/a	41.36% : 57.94%	n/a
	Band 6 % White background: % BAME background	5	Monitor only	n/a	64.52% : 34.68%	n/a	n/a	63.83% : 35.18%	n/a
	Band 7 % White background % BAME background	5	Monitor only	n/a	78.83% : 18.94%	n/a	n/a	79.23% : 18.85%	n/a
	Band 8a % White background % BAME background	5	Monitor only	n/a	83.61% : 16.39%	n/a	n/a	82.95% : 17.05%	n/a
	Band 8b % White background % BAME background	5	Monitor only	n/a	88.24% : 11.76%	n/a	n/a	91.67% : 8.33%	n/a
	Band 8c % White background % BAME background	5	Monitor only	n/a	72.41% : 27.59%	n/a	n/a	75.00% : 25.00%	n/a
	Band 8d % White background % BAME background	5	Monitor only	n/a	92.31% : 7.69%	n/a	n/a	86.67% : 13.33%	n/a
	Time to hire (days)	3	48	36	40	39	40	40	38

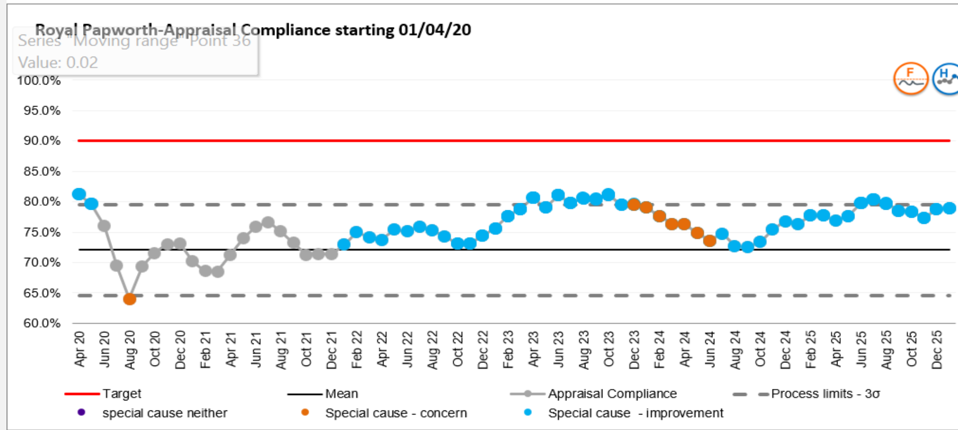
Summary of Performance and Key Messages:

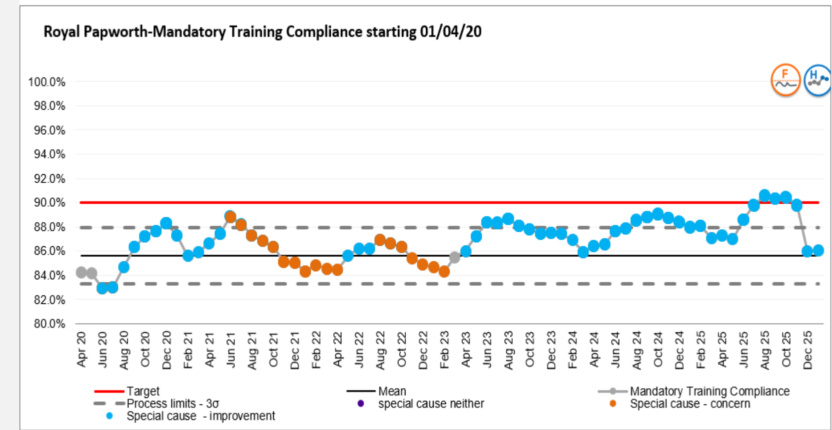
- Turnover was 5.5% in January and year to date turnover is 7.1% which is below our KPI.
- Mandatory training compliance remained at 86% in January. The reason for the deterioration since October 25 is that the majority of clinical Band 5 and 6 staff are now required to undertake Level 3 Safeguarding training and it will take a period of time for this training to be provided.
- We continue to struggle to achieve compliance with the KPI for appraisal. The overall appraisal compliance rate is below 80% with some departments at less than 70%. There are plans in place for all overdue medical appraisals.
- Total sickness absence increased to 4.9% which is in line with seasonal patterns. Our year-to-date rate is 4.5% which is over our KPI. There has been a continued focus from the Workforce Directorate on supporting managers through training and the application of absence management protocols. An absence management support programme for areas with high absence rates has been developed initially focusing on Critical Care. We have shared the approach with the Joint Staff Council who in are support of the plan. Resources to support line managers has been identified by reprioritising the Workforce Strategy Workplan.
- We have seen a further reduction in our vacancy rate in October to 3.8% which is significantly below our Trust KPI.
- We are over-established at Trust level on Registered Nurse against budgets by 5WTE. The ward areas continue to have vacancies with the highest rate in 4th Floor North (15%, 5.1 wte). There are currently 10 registered nurses moving through pre-employment checks plus 1 for temporary staffing. 36 student nurses have submitted an Expression of Interest (EOI) form for employment upon qualifying. Of these, 11 students have been withdrawn from the process due to not meeting the eligibility criteria or have accepted offers elsewhere. Student nurses can only apply up to 4 months prior to qualifying. 9 students have received conditional job offers, with 1 waiting on the talent bank for a vacancy to arise in their chosen area. The remaining candidates are currently being contacted by their first-choice areas and will soon begin the process to join the talent bank.
- The unregistered nurse vacancy rate remained at 12.6%, 29.5 WTE. There are 9 HCSWs in the pipeline of plus 1 for temporary staffing.
- The time to hire for December was 38 days. This is significantly below the national KPI of 48 days.
- Temporary staffing: There is now very limited agency use across the Trust as it is only used in exceptional circumstances or to support agreed projects. Overtime use has also declined significantly and is primarily linked to planned PSI work. Bank use increased in January which will be linked to the increased sickness absence rates.

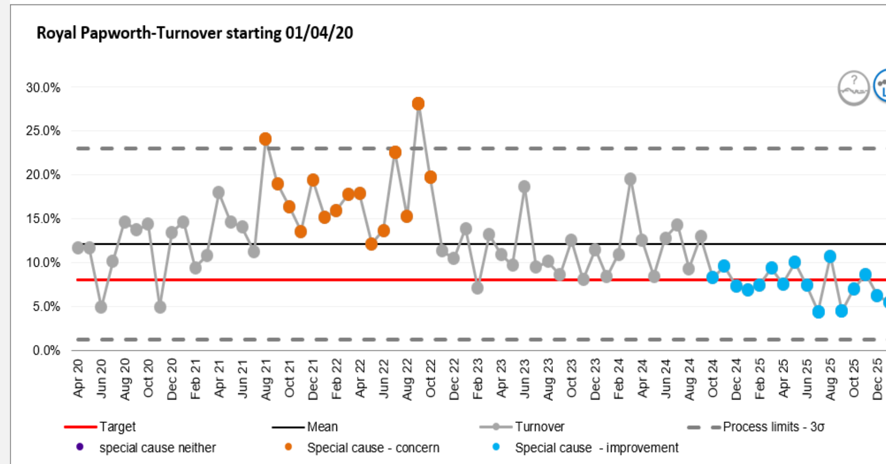
People, Management & Culture: Key performance trends

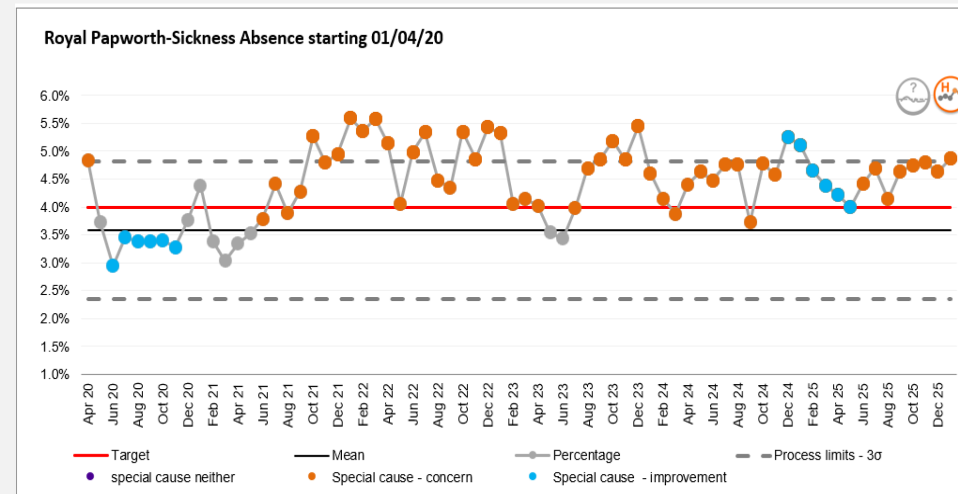
Royal Papworth Hospital NHS Foundation Trust

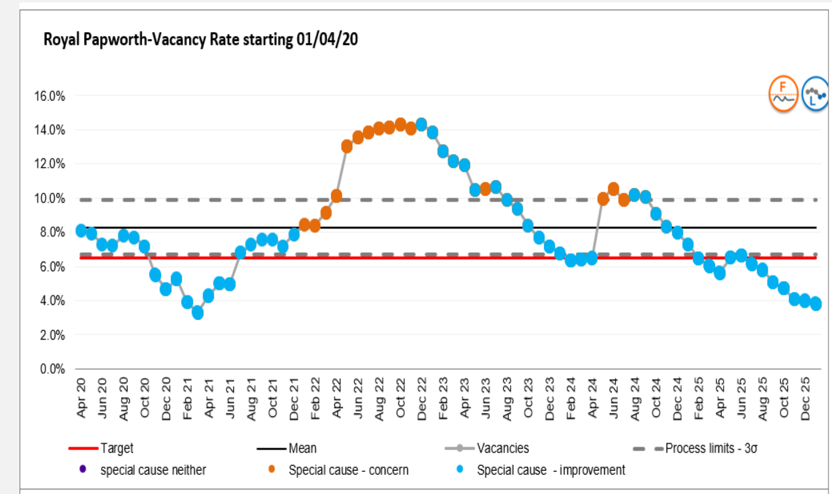
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*









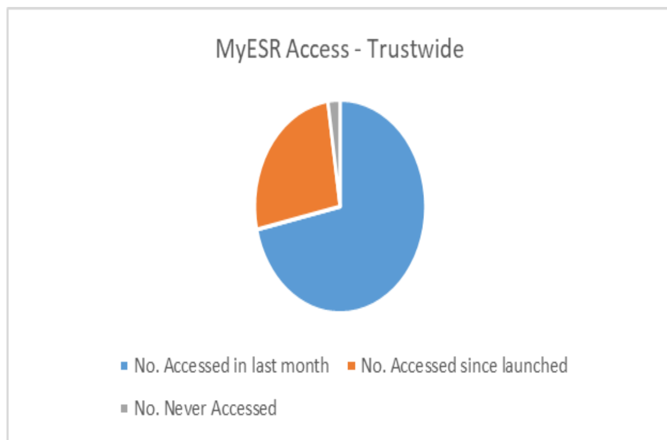


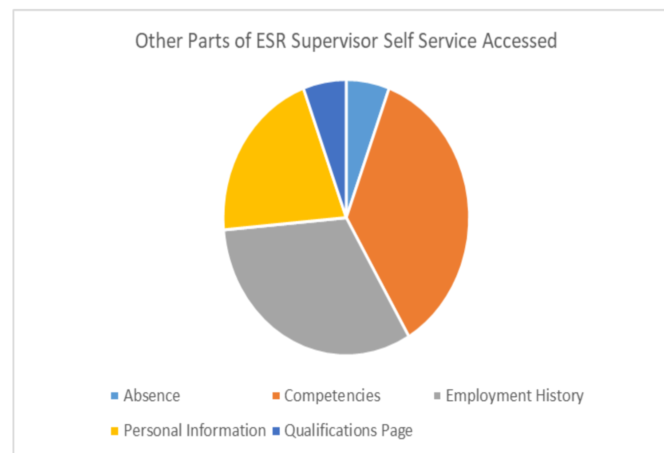
People, Management & Culture: Electronic Staff Record Supervisor Self Service and Dashboard

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

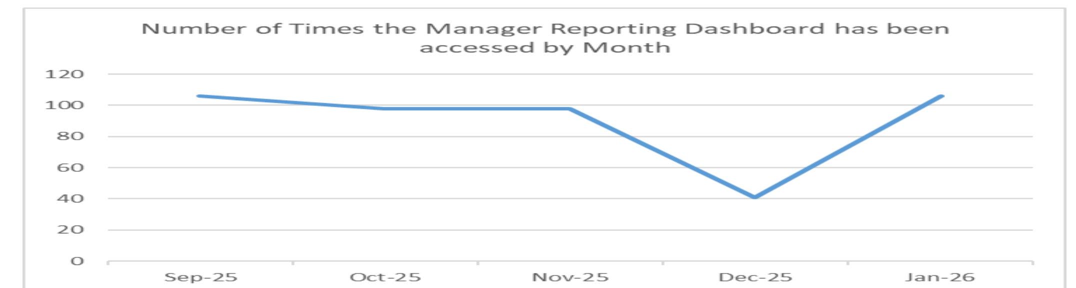
Royal Papworth Hospital
NHS Foundation Trust

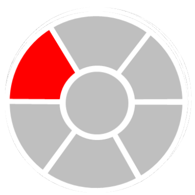
- Supervisor Self Service in ESR enables line managers to view a range of staff information such as absences, employment history, personal information, mandatory training, appraisal records and qualifications. We have also introduced the functionality for flexible working requests to be managed and recorded in ESR. This enables better monitoring of flexible working arrangements that have been agreed and management of review dates.
- ESR Managers Self Service and the Dashboard were rolled out across the Trust in September 2025. This was one of the objectives in the 2025/26 Workforce Workplan. The intended benefits were anticipated to be better access for managers to timely information on key workforce information for their departments and reduced workload for the Workforce Information Department on producing and publishing monthly reports.
- As part of the ESR Supervisor Self Service Dashboard, we also developed an interactive Management Reporting Dashboard ensuring that all Workforce data is accessible on one single place. This includes live reporting data on Appraisal Compliance, Mandatory Training Compliance, Staff in Post Report and Flexible Working– amongst others. The Dashboard also links into other reports that are circulated within the Trust, such as the Monthly OEG Workforce Final Sheet which includes a wealth of insightful data.
- We can expand the Dashboard further as other topics are identified by managers. We launched our first Qlik Dashboard, Temporary Staffing Against Vacancies, in December to a small number of Matrons. This plots departmental temporary staffing usage against vacancies to help review and understand usage. Pending the success of this Dashboard, we will look to introduce more in the coming year. The second Dashboard we will shortly be launching is the Staff Survey Dashboard. The interactive Dashboard will provide Managers access to their Staff Survey data and response rates, as well as allowing comparisons with previous years and Trust scores. It will also include the WDES and WRES indicators. The Dashboard will initially be rolled out to key leaders responsible for staff engagement, and once the embargo is lifted, local Managers will determine wider access needs. This Dashboard has been built following the feedback from last year that access to the Staff Survey data was left far too late (May 2025) due to the time it took to manually collate the data. The Dashboard will allow us to release the data and give Managers the opportunity to explore and understand their results, far earlier than we had previously allowed.
- Uptake by managers has been slower than we had hoped for. We have a number of managers using it, and using it often, but they only equate to a small percentage of those who actually have access. It does seem the majority have accessed the main part of it at least once, however not utilising it in any way. We have not withdrawn the monthly reports published on the shared drive and we believe that managers, out of habit, are continuing to use those.
- We are going to do further comms over the coming months to remind managers of the functionality they have access to and we will withdraw the reports on the shared drive from April.
- Flexible Working - this is another area we are disappointed with the uptake. Only 7 Manager across 4 Departments have added anything. We aim to have a particular focus on getting flexible working requests added to ESR to improve the reporting.





Trust Total	Headcount with Access	No. Accessed Manager Reporting Dashboard	No. Never Accessed	% Accessed	% Never Accessed
175 RPH	390	41	349	10.51%	89.49%





Finance: Performance summary

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

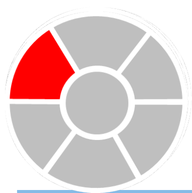
Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£43k	£(311)k	£(66)k	£85k	£39k	£46k	£0k
	Cash Position at month end £000s *	5	£73,979k	£74,342k	£72,948k	£70,125k	£70,121k	£65,173k	£66,303k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£4777 YTD	£419k	£818k	£1,901k	£2,032k	£2,568k	£3,150k
	CIP – actual achievement YTD - £000s	4	£7,880k	£1,742k	£3,477k	£4,517k	£5,592k	£6,292k	£6,987k
	Agency expenditure target £'k	5	£73k	£200k	£156k	£67k	£42k	£(86)k	£38k
	Bank expenditure target £'k	5	£329k	£524k	£437k	£326k	£478k	£377k	£363k
Additional KPIs	Capital Service Ratio YTD	5	1.0	0.6	0.4	0.4	0.4	0.4	0.3
	Liquidity ratio	5	26	25	18	18	20	20	24
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£4,230k	£5,448k	£6,527k	£7,882k	£8,850k	£9,908k
	Total debt £000s	5	Monitor only	£4,070k	£3,760k	£4,500k	£5,240k	£5,020k	£6,220k
	Average Debtors days - YTD average	5	Monitor only	4	4	5	6	6	7
	Better payment practice code compliance YTD - Value £ % (Combined NHS/Non-NHS)	5	Monitor only	98%	94%	94%	94%	94%	93%
	Better payment practice code compliance YTD - Volume % (Combined NHS/Non-NHS)	5	Monitor only	93%	98%	97%	97%	97%	96%
	Elective Variable Income YTD £000s	4	£49691k (YTD)	£27,526k	£32,917k	£36,940k	£41,886k	£47,192k	£52,432k
	CIP – Target identified YTD £000s	4	£9630k	£6,856k	£8,770k	£7,659k	£9,630k	£9,630k	£8,568k
	Implied workforce productivity % - compares real terms growth in pay costs from 19/20 against growth in activity from 19/20	5	Monitor only	0.2%	0.4%	2.1%	0.6%	1.9%	1.8%

- **At Month 10, the YTD position is a small variance to a breakeven plan, a deficit of £43k.** The favourable income position is driven by a stronger-than-planned variable income performance, with favourable variances across core NHSE variable contracts and non recurrent income. This positive income performance, alongside favourable budget phasing impact of planned (elective recovery initiatives) and unallocated reserves, has partially offset adverse cost pressures within pay and non pay within clinical divisions, driven by pay overspends and under-delivery of planned CIP savings which remains the key areas of focus for the Trust to ensure a breakeven plan can be delivered.

  The position does not recognise a deduction of £1.3m of clinical income made by Central East ICB in respect of depreciation funding for 2024/25. The Trust does not agree with the deduction and was not notified in advance that an adjustment was to be made. The Trust is working with the ICB to resolve this matter, with the intention that this is settled by the end of month 11.
- **Clinical Income is £7.2m favourable to plan**, primarily driven by a better than planned NHS variable activity, drugs (offset by expenditure) and other clinical activity performance.
- **Other Operating Income is £4.8m** favourable to plan and mainly attributable to non recurrent income recovery and rebates, staff recharges, Education & Training income, R&D and Charitable Income (which partly offsets additional expenditure).
- **Pay expenditure year to date is £4.9m adverse to the plan**, The vacancies in the YTD position are offset by significant overspends in medical and nursing areas within the clinical divisions alongside YTD non-recurrent backdated medical staff arrears payments for approved additional programme activity and extra sessions . The Nursing overspends are predominantly driven by absence levels in wards covered by temporary staffing above establishment. The position also includes the cost pressure in resident doctors establishment, unplanned costs of strike cover and PSI costs both of which are offset in the income position.
- **Operating non-pay expenditure is £6.4m adverse to plan**, driven primarily by pass through expenditure on high-cost implants and Homecare drugs, which are matched by associated commissioner income within the income position. The position also includes CIP under delivery and overspends in non-clinical activity costs which has been offset by unutilised reserves.
- **Cash closed at £66.3m** an increase of £1.1m to last month position. This is mainly due to lower creditor payments in month.
- **Year to date capital expenditure of £3.15m was £1.63m below the plan.** Planned spend from FY27 has been brought forwards to manage the forecast position. Mitigations which have now been approved by the Investment Group involve bringing forward planned spend on medical equipment (c£0.8m), Digital (c£0.2m), and EPR (c£2.61m). On conclusion of this, there is a forecast underspend of £2.11m against the increased plan of £11.14m (including PDC funding). Following strategic discussions, the Trust has formally agreed to contribute £2.0m of its forecast underspend to offset a corresponding £2.0m capital pressure at North West Anglia NHS Foundation Trust (NWAFT).

Note * Target set at 90% operational plan



Finance: Key Performance – YTD SOCI position

Royal Papworth Hospital
NHS Foundation Trust

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

Year-to-date adjusted financial performance is breakeven. This position reflects strong variable activity and pass-through income over-performance, non recurrent income and supported by favourable phasing of elective recovery funding and contingency reserves, which have offset adverse pay pressures and CIP under-delivery.

		YTD £000's Plan	YTD £000's Underlying Actual	YTD £000's Other Non Recurrent Actual	YTD £000's Actual Total	YTD £000's Variance	RAG
Clinical income - in national block framework							
	Fixed at Tariff	£135,529	£98,484	£0	£98,484	(£37,045)	🔴
	Balance to Fixed Payment	£0	£38,079	£0	£38,079	£38,079	🟢
	Variable at Tariff	£49,705	£53,771	(£1,097)	£52,674	£2,968	🟢
	Homecare Pharmacy Drugs	£41,465	£44,043	£0	£44,043	£2,577	🟢
	High cost drugs	£507	£653	£0	£653	£145	🟢
	Pass through Devices	£22,464	£18,726	£2,954	£21,680	(£785)	🔴
	Sub-total	£249,671	£253,755	£1,857	£255,612	£5,941	🟢
Clinical income - Outside of national block framework							
	Devices	£1,245	£1,654	£0	£1,654	£409	🟢
	Other clinical income	£1,483	£1,223	£1,285	£2,508	£1,024	🟢
	Private patients	£8,652	£8,511	£0	£8,511	(£141)	🔴
	Sub-total	£11,380	£11,388	£1,285	£12,673	£1,293	🟢
Total clinical income		£261,051	£265,143	£3,142	£268,285	£7,234	🟢 ❶
Other operating income							
	Other operating income	£13,302	£17,366	£748	£18,114	£4,812	🟢 ❷
Total operating income		£13,302	£17,366	£748	£18,114	£4,812	🟢
Total income		£274,353	£282,509	£3,890	£286,399	£12,046	🟢
Pay expenditure							
	Substantive	(£124,420)	(£128,481)	(£1,238)	(£129,719)	(£5,298)	🔴
	Bank	(£3,587)	(£4,246)	£0	(£4,246)	(£659)	🔴
	Agency	(£2,067)	(£965)	£0	(£965)	£1,102	🟢
	Sub-total	(£130,074)	(£133,691)	(£1,238)	(£134,929)	(£4,855)	🟢 ❸
Non-pay expenditure							
	Clinical supplies	(£52,106)	(£53,177)	(£3,577)	(£56,754)	(£4,647)	🔴 ❹
	Drugs	(£6,891)	(£5,597)	£0	(£5,597)	£1,294	🟢 ❺
	Homecare Pharmacy Drugs	(£41,465)	(£44,043)	£0	(£44,043)	(£2,578)	🔴
	Non-clinical supplies	(£34,222)	(£35,567)	£737	(£34,830)	(£608)	🔴 ❻
	Depreciation	(£9,149)	(£8,969)	£0	(£8,969)	£180	🟢
	Sub-total	(£143,834)	(£147,352)	(£2,840)	(£150,192)	(£6,359)	🔴
Total operating expenditure		(£273,908)	(£281,044)	(£4,078)	(£285,122)	(£11,214)	🔴
Finance costs							
	Finance income	£3,194	£2,616	£0	£2,616	(£578)	🔴
	Finance costs	£5,174	(£4,768)	£0	(£4,768)	£406	🟢
	PDC dividend	£1,982	(£1,918)	£0	(£1,918)	£65	🟢
	Revaluations/(Impairments)	£0	£0	£0	£0	£0	🟢
	Gains/(losses) on disposals	£0	£0	£0	£0	£0	🟢
	Sub-total	(£3,962)	(£4,069)	£0	(£4,069)	(£107)	🔴
Surplus/(Deficit) For The Period/Year		(£3,517)	(£2,604)	(£188)	(£2,792)	£725	🟢
Control total adjusting items:							
Add back:	Revaluations/(Impairments)	£3,180	£0	£0	£2,722	(£458)	🔴
Remove capital donation	Income (Donated asset)	£380	£70	£0	£70	(£310)	🔴
Remove:	Gains on disposals	£0	£0	£0	£0	£0	🟢
Remove net impact of co	Depreciation (Donated Assets)	£0	£0	£0	£0	£0	🟢
Adjusted financial performance surplus/(deficit)		£43	(£2,534)	(£188)	(£0)	(£43)	🔴

YTD month headlines:

❶ **Clinical income is c£7.2m favourable YTD.**

- Fixed activity (non-elective spells and outpatient follow ups) when priced on tariff basis is £37.0m under the total fixed plan value.
- Variable income is favourable to plan by c£3.0m. The YTD variable position includes a c£3.0m provision against ICB contract overperformance to account for a potential risk of non-payment. Over-performance on ICB variable activity is driven by increases in outpatient activity in RSSC from agreed elective recovery plans. Additional activity within Cardiology service through the patient safety initiative also contributes to the favourable position.

❷ • **Other Operating Income is c£4.8m favourable to plan attributable to** over-performance from staff recharges, R&D, and charitable funding offset in expenditure, Education and Training income offsetting additional expenditure and retrospective income recovery.

❸ • **Pay expenditure is c£4.9m adverse to plan,** reflecting over-establishment within ward areas. Strengthened controls on temporary staffing bookings have been implemented, with further actions to be deployed. The position also includes unachieved CIP, pay arrears, and the pay award (the latter offset within the income position). Medical has seen increases in Resident doctor establishment which is kept under review to ensure that all roles are funded. In addition backdated pay arrears and extra sessions payments have added to the adverse position YTD.

- Agency spend has reduced in line with the planned trajectory, bank costs have increased to cover absences above establishment levels. (see Appendices 7–10 for detailed breakdown).

❹ • **Clinical supplies is c£4.6m adverse to plan**. This is driven by variable cost impact of clinical and pass-through activity overperformance recovered within the income position.

❺ **Total Drugs including Homecare is £1.3m adverse to plan**. Higher than plan homecare drug activity has been recovered with the above income position.

❻ • **Non-clinical Supplies is £0.6m adverse to plan**. The underlying overspend is largely driven by CIP underachievement. Other overspend areas have been reviewed and where appropriate, actions taken to address. This is partially offset by the released of unutilised central reserves.

RAG: 🔴 = adverse to Plan 🟢 = favourable / in line with Plan