Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

July 2025

Compassion
Excellence
Collaboration

Content

Context:

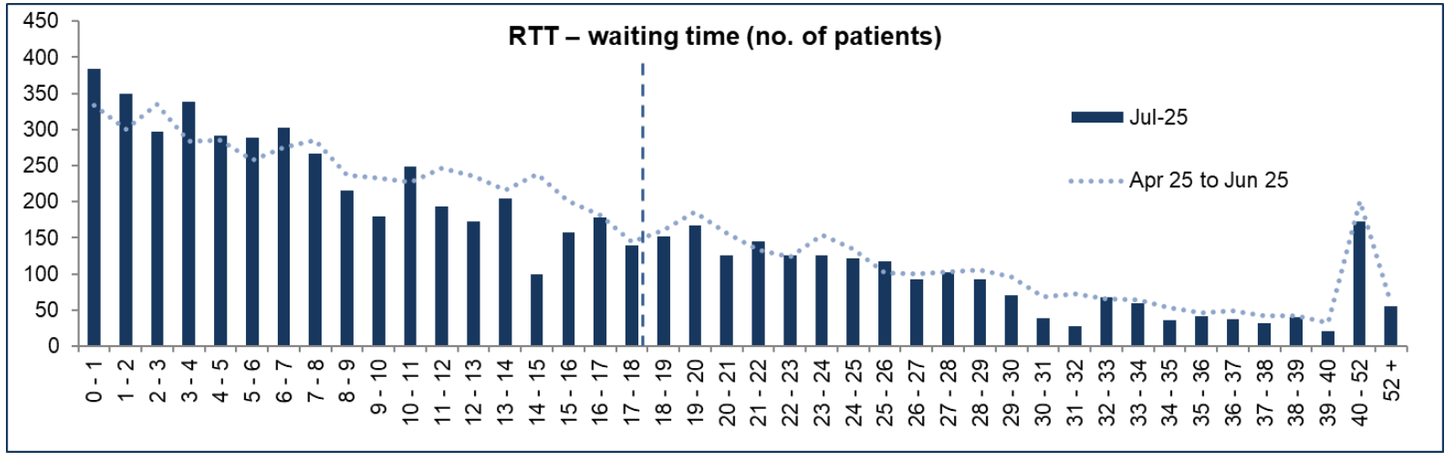
Royal Papworth Hospital
NHS Foundation Trust

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)	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Trend
Cardiac Surgery	147	138	143	147	138	161	
Cardiology	650	679	718	747	709	774	
ECMO	2	8	0	5	4	4	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	9	11	11	9	10	12	
RSSC	536	526	632	726	734	678	
Thoracic Medicine	510	501	497	515	528	564	
Thoracic surgery (exc PTE)	87	82	56	63	66	60	
Transplant/VAD	49	45	45	47	56	39	
Total Admitted Episodes	**1,990**	**1,990**	**2,102**	**2,259**	**2,245**	**2,292**	
Baseline (2019/20 adjusted for working days annual average)	*1,830*	*1,830*	*1,830*	*1,830*	*1,830*	*1,830*	
% Baseline	*109%*	*109%*	*115%*	*123%*	*123%*	*125%*	

Outpatient Attendances (NHS only)	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Trend
Cardiac Surgery	600	573	526	574	558	643	
Cardiology	3,634	3,842	3,945	3,975	4,014	4,218	
RSSC	2,091	2,166	2,096	2,254	2,201	2,987	
Thoracic Medicine	2,285	2,162	2,306	2,459	2,464	2,620	
Thoracic surgery (exc PTE)	125	132	100	110	137	115	
Transplant/VAD	254	281	330	306	346	291	
Total Outpatients	**8,989**	**9,156**	**9,303**	**9,678**	**9,720**	**10,874**	
Baseline (2019/20 adjusted for working days annual average)	*7,418*	*7,418*	*7,418*	*7,418*	*7,418*	*7,418*	
% Baseline	*121%*	*123%*	*125%*	*130%*	*131%*	*147%*	

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

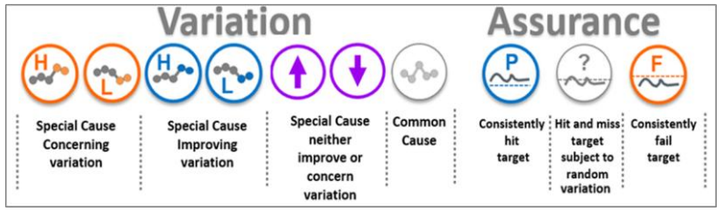
Overall Report Scoring

- **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

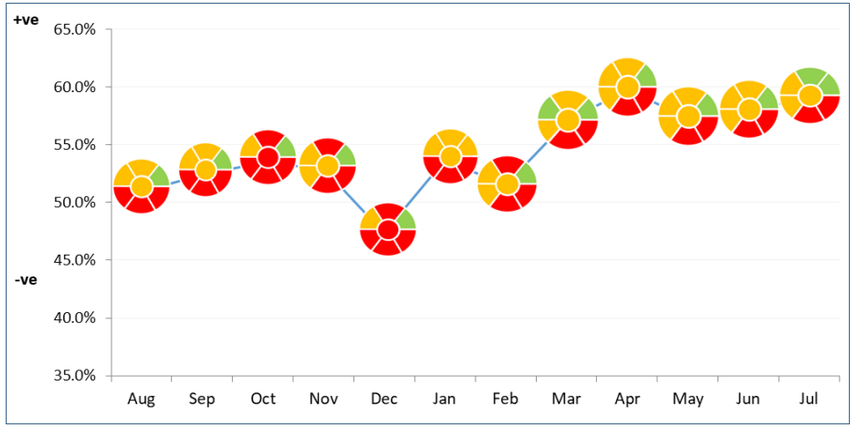
The data quality ratings for each of the KPIs included within the 'at a glance' section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI's is based on the views and judgement of the business owner for that KPI, and has not been subject to formal 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 effect the assurance of the reported figures but no significant known issues exist.
2	Lower level of confidence in the quality of reported data due to known or suspected issues, including the results of assurance activity including internal and external audits. These issues are likely to impact the completeness and accuracy of the reported data and therefore performance should be triangulated with other sources before being used to make decisions.
1	Low level of confidence in the reported data due to known issues within the input, processing or reporting of that data. The issues are likely to have resulted in significant misstatement of the reported performance and therefore should not be used to make decisions.

Trust performance summary

Royal Papworth Hospital
NHS Foundation Trust

Overall Trust rating - AMBER



FAVOURABLE PERFORMANCE

SAFE: 1) Safer staffing fill rates continue to meet target of 85% since April 2025. 2) Harm Free Care- All metrics are within normal variance; Low level of Pressure Ulcers reported for last 6 months, Falls within expected range however there was 1 fall with severe harm in month, VTE Assessments above target of 95% for last 2 months. 3) Cardiac Surgery Mortality (crude monitoring): Within expected variation at 1.9% in July and has consistently been below the mean since December 2024.

CARING: 1) The Trust has continued to achieve high Friends and Family Test (FFT) recommendation scores Inpatients,:99.0% and Outpatients:98.1% in July. 2) Duty of Candour was 100% in month.

EFFECTIVE: 1) ICU Bed occupancy has improved in M04 and is above the KPI at 88.3%, this is reflective of the increase in transplantation in M04. This trend was also reflected in theatre activity where theatre utilisation was 94%. 2) Outpatient First appointments continue to exceed 19/20 baseline with 194% in M04.

RESPONSIVE: RTT - While the RTT fails to meet the national target, month on month improvements continue to be noted through the elective recovery performance and delivery group. The overall number of patients on the waiting list continues to reduce as a result, with enhanced governance ensuring scheduling is optimised 6 weeks in advance, as well as oversight for long-waiter management.

PEOPLE, MANAGEMENT & CULTURE: 1) Turnover has significantly reduced to 4.41% in July, there does tend to be a reduction in the summer months and this is the lowest turnover % since pre covid levels. 2) We have seen a reduction in our vacancy rate in July at 6.12%, remaining below the Trust KPI. 3) The time to hire for July was 40 days. This is the 10th consecutive month below the national KPI of 48 days.

FINANCE: At month 4, the YTD finance position is a deficit of £8k, which represents a favourable variance of £64k to plan. This favourable variance is mainly driven by variable income over-performance within core NHS variable contracts for England which is now YTD £2m favourable and non-England commissioners. Also supporting this slight favourable variance is a favourable budget phasing of planned elective recovery initiatives and contingency reserves against spend over the period; which offsets adverse business-as-usual pay and CIP under-delivery pressures within clinical divisions.

ADVERSE PERFORMANCE

SAFE: 1) Increasing safer staffing fill rates continue to support increases in Supervisory Sister/Charge Nurse time from October 2023 to present (target 85%), slight increase in SS/CN time to 83% in July compared to 82% in June. 2) Falls within expected range; however, there was 1 fall with severe harm in the month.

CARING: The % of complaints responded to on time is below our target (100%) for the fourth month in a row. In July, 2 of 3 (83.33%) of complaints responded to in the month were within agreed timescales.

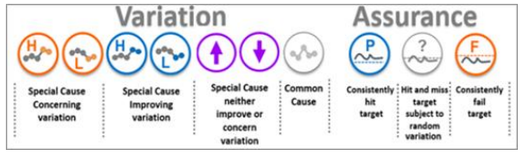
EFFECTIVE: 1) Reduction in Follow Up appointments remains below the target of 25%, however M04 has seen an improvement from a reduction of 2.5% to 7.2%. 2) General bed occupancy continues to show as below target, however data includes uncommissioned beds and further analysis is being undertaken. ERU remains below the target occupancy levels; however, it has improved from M03 to 60.8%. This is reflective of the increase in thoracic surgery and transplantation and improved efficiencies in ERU.

RESPONSIVE: 1) ACS – While improvements were noted in M04, delays continue in ACS transfers from DGHs due to limited transport availability, which results in avoidable breaches for the pathway. 2) A large proportion of the 52-week breaches remain within Cardiology (structural); however, plans are in place to ensure all patients within this cohort are treated by the end of October 2025. 3) 62-day cancer performance remains below plan with a detailed improvement plan being drafted and monitored through new cancer recovery performance and delivery group.

PEOPLE, MANAGEMENT & CULTURE: Total sickness absence increased to 4.69% which is over our KPI. There has been continued focus from the Workforce Directorate to support managers through training and the application of absence management protocols with enhanced focus following the publication of the NHS 10 Year Plan.

FINANCE: Pay expenditure is c£1.8m adverse to the YTD plan (of which c£0.4m relates to backdated pay award settlement, recovered through contract uplifts within the clinical income position). The main drivers are staff over-establishment in clinical divisions of £1.1m, primarily within ward areas, alongside YTD non-recurrent backdated medical staff arrears payments for approved additional programme activity from the recent job planning cycle. Agency spend continues to reduce and deliver against the trajectory for reduction; however, this is offset by increases in bank and overtime spend and over recruitment of staff. A set of new guidelines have now been issued to divisional leadership teams to strengthen and monitor our current grip and control arrangements for over-established areas. The position includes non recurrent costs for pay arrears, costs of industrial action and PSIs.

At a glance – Balanced scorecard



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		Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Trend / SPC Variation & Assurance
Safe	Never Events	Jul-25	5	0	0	0	
	Number of Patient Safety Incident Investigations (PSII) commissioners in month	Jul-25	5	0	0	0	
	Learning Responses - Moderate Harm and above as % of total patient safety incidents	Jul-25	5	3%	1.5%	1.6%	
	Number of Trust acquired PU (Catergory 2 and above)	Jul-25	4	35 pa	1	2	
	Falls per 1000 bed days	Jul-25	5	4	1.8	0.0	
	VTE - Number of patients assessed on admission	Jul-25	5	95%	96%	97%	
	Sepsis - % patients screened and treated (Quarterly) *	Jul-25	3	90%	-	-	
	Trust CHPPD	Jul-25	5	9.6	12.7	12.6	
	Safer staffing: fill rate – Registered Nurses day	Jul-25	5	85%	90.0%	89.8%	
	Safer staffing: fill rate – Registered Nurses night	Jul-25	5	85%	93.0%	91.5%	
	Safer staffing: fill rate – HCSWs day	Jul-25	5	85%	90.0%	87.3%	
	Safer staffing: fill rate – HCSWs night	Jul-25	5	85%	97.0%	90.5%	
	% supervisory ward sister/charge nurse time	Jul-25	New	90%	83.00%	81.8%	
	Cardiac surgery mortality (Crude)	Jul-25	3	3%	1.9%	2.0%	
	MRSA bacteremia	Jul-25	3	0	0	0	
	Monitoring C.Diff (toxin positive)	Jul-25	5	18	2	5	
Caring	FFT score- Inpatients	Jul-25	4	95%	99.00%	99.05%	
	FFT score - Outpatients	Jul-25	4	95%	98.10%	97.98%	
	Mixed sex accommodation breaches	Jul-25	5	0	0	0	
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Jul-25	4	12.6	9.4	9.4	
	% of complaints responded to within agreed timescales	Jul-25	4	100%	83.33%	75.00%	
	Duty of candour compliance undertaken within10wd (quarterly)	Jul-25	New	100%	100.0%	100.0%	
People Management & Culture	Voluntary Turnover %	Jul-25	4	9.0%	4.4%	7.3%	
	Vacancy rate as % of budget	Jul-25	4	7.5%	6.1%		
	% of staff with a current IPR	Jul-25	4	90%	80.34%		
	% Medical Appraisals*	Jul-25	3	90%	82.44%		
	Mandatory training %	Jul-25	4	90%	89.77%	88.15%	
	% sickness absence	Jul-25	5	4.00%	4.69%	4.33%	

		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)	Jul-25	4	85% (Green 80%-90%)	70.00%	72.55%	
	ICU bed occupancy	Jul-25	4	85% (Green 80%-90%)	88.30%	78.18%	
	Enhanced Recovery Unit bed occupancy %	Jul-25	4	85% (Green 80%-90%)	60.80%	61.13%	
	Elective inpatient and day cases (NHS only)****	Jul-25	4	1931	1,878	7,259	
	Outpatient First Attends (NHS only)****	Jul-25	4	2506	3,188	10,459	
	Outpatient FUPs (NHS only)****	Jul-25	4	7939	7,728	29,164	
	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	Jul-25	4	5%	12.7%	12.2%	
	Reduction in Follow up appointment by 25% compared to 19/20 activity	Jul-25	4	-25%	-7.2%	-4.3%	
	% Day cases	Jul-25	4	85%	74.9%	75.7%	
	Theatre Utilisation (uncapped)	Jul-25	3	85%	94%	90%	
	Cath Lab Utilisation (including 15 min Turn Around Times) ***	Jul-25	3	85%	84%	83%	
Responsive	% diagnostics waiting less than 6 weeks	Jul-25	1	99%	87.0%	90.6%	
	18 weeks RTT (combined)	Jul-25	4	92%	67.6%		
	31 days cancer waits*	Jul-25	5	96%	100%	99%	
	62 day cancer wait for 1st Treatment from urgent referral*	Jul-25	3	85%	0%	13%	
	104 days cancer wait breaches*	Jul-25	5	0	6	18	
	Number of patients waiting over 65 weeks for treatment *	Jul-25	New	0	21		
	Theatre cancellations in month	Jul-25	3	15	41	27	
	% of IHU surgery performed < 7 days of medically fit for surgery	Jul-25	4	95%	58%	42%	
	Acute Coronary Syndrome 3 day transfer %	Jul-25	4	90%	84%	77%	
	Number of patients on waiting list	Jul-25	4	7175	6369		
	52 week RTT breaches	Jul-25	5	0	55	234	
Finance	Year to date surplus/(deficit) adjusted £000s	Jul-25	4	£(75)k	£(7)k		
	Cash Position at month end £000s	Jul-25	5	£68,408k	£77,248k		
	Capital Expenditure YTD (BAU from System CDEL) - £000s	Jul-25	4	£642k	£101k		
	CIP – actual achievement YTD - £000s	Jul-25	4	£2767k	£1,331k		
	Agency expenditure target £'k	Jul-25	5	£157k	£52k		
	Bank expenditure target £'k	Jul-25	5	£367k	£522k		

* 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*

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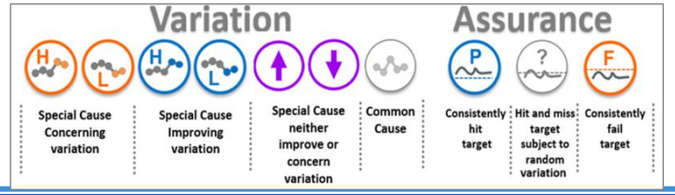
	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	Never Events	0	0	0		L	?	Review
	Number of Patient Safety Incident Invetigations (PSII) to commissioners in month	0	0	0			?	Review
	Learning Responses - Moderate Harm and above as % of total patient safety incidents	3.00%	1.47%	1.90%			P	
	Number of Trust acquired PU (Catergory 2 and above)	35 pa	1	0		L	?	Review
	Falls per 1000 bed days	4.00	1.85	1.70			?	Review
	VTE - Number of patients assessed on admission	95.0%	95.8%	96.5%			?	Review
	Sepsis - % patients screened and treated (Quarterly) *	90%	-	-				Review
	Trust CHPPD	9.6	12.7	12.7			P	Monitor
	Safer staffing: fill rate – Registered Nurses day	85%	90%	88%		H	?	Review
	Safer staffing: fill rate – Registered Nurses night	85%	93%	89%		H	?	Review
	Safer staffing: fill rate – HCSWs day	85%	90%	88%		H	F	Action Plan
	Safer staffing: fill rate – HCSWs night	85%	97%	90%		H	?	Review
	% supervisory ward sister/charge nurse time	90%	83%	82%		H	F	Action Plan
	Cardiac surgery mortality (Crude)	3.0%	1.9%	2.0%		L	P	Monitor
	MRSA bacteremia	0	0	0		L	?	Review
	Monitoring C.Diff (toxin positive)	7 pa	2	2			?	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	9.3%	21.2%				Monitor
	All patient incidents per 1000 bed days (inc.Near Miss incidents)	Monitor	41.7	34.9				Monitor
	SSI CABG infections (inpatient/outpatients/readmissions %)	2.7%	-	9.0%				Review
	SSI CABG infections patient numbers (inpatient/readmisisons)	n/a	-	22				Review
	SSI Valve infections (inc. inpatients/outpatients/readmissions; %)	2.7%	-	3.0%				Review
	SSI Valve infections patient numbers (inpatient/outpatient)	n/a	-	5				Review
	WHO Safety checklist % - Surgery	Monitor	86.0%	89.1%				Monitor
	WHO Safety checklist % - Cath Labs	Monitor	97.4%	97.4%				Monitor

Safe: Patient Safety/Harm Free Care

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



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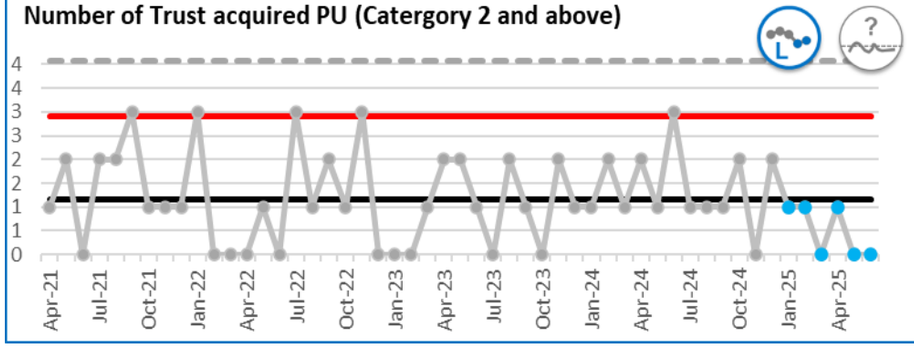
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

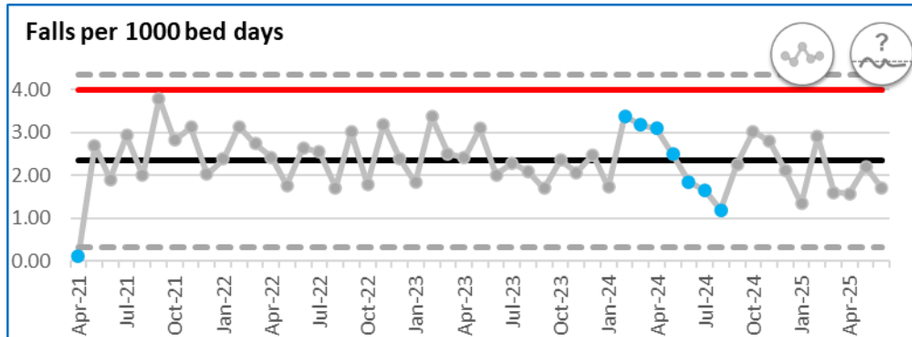
1. Historic trends & metrics

Number of Trust acquired PU (Catergory 2 and above)



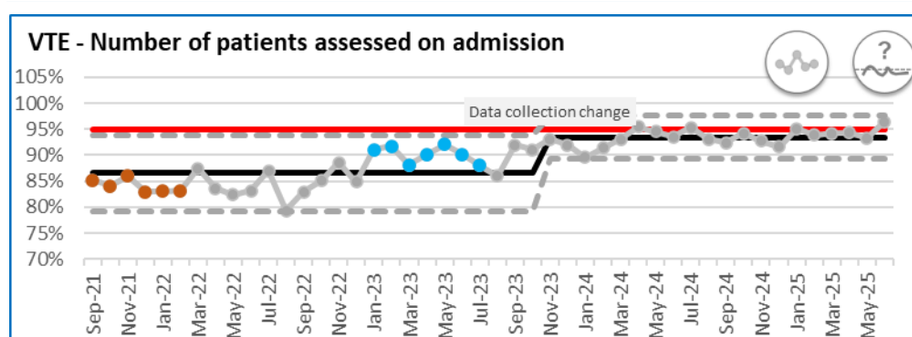
Jul-25
1
Target (red line)
35 per annum
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

Falls per 1000 bed days



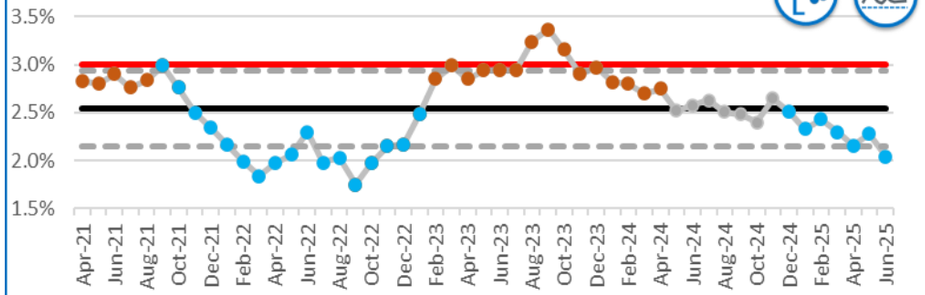
Jul-25
1.85
Target (red line)
4
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

VTE - Number of patients assessed on admission



Jul-25
95.8%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Cardiac surgery mortality (Crude)



Jul-25
1.9%
Target (red line)
3.00%
Variation
Special cause variation of an improving nature
Assurance
Has consistently passed the target

2. Action plans / Comments

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

Learning Responses- ***Moderate Harm and above reported as % of total patient safety:*** In Month there were 1.43% (4/271) of incidents that resulted in harm. The 4 graded at SIERP in month, were 3 moderate harm events (WEB56949, WEB56981, WEB57111) and 1 Severe harm linked to a fall (WEB57154) from initial gradings. Final Investigations/grade will be shared at QRMG.

Medication errors causing harm: 9.25% (5/54) of medication incidents were graded as low harm, remaining no harm or near miss. There was a significant improvement in medication reported incidents in month, in June this was 21.15 % (11/52).
All patient incidents per 1000 bed days: There were 41.7 patient safety incidents per 1000 bed days.

Harm Free Care: In July there was 1 confirmed Pressure Ulcer of category 2 (WEB57201). There were 1.85 falls per 1000 bed days (12 in total, 1 Severe (WEB57154-as reported above), 5 low harm & 6 no harm). The falls group and wards have an active improvement plan in place to support the effectiveness of falls prevention. Compliance for VTE risk assessment was above the target of 95% at 95.8%.

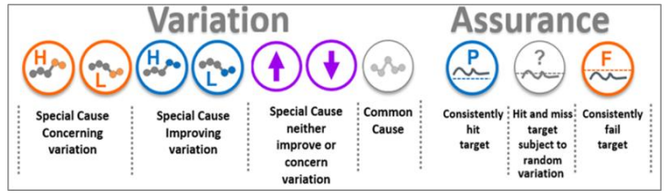
Cardiac Surgery Mortality (crude monitoring): Within expected variation at 1.9% in July and has consistently been below our threshold target of 3% and below the mean since December 2024.

Alert Organisms: There was 2 C Difficile cases; 1 MSSA and 1 Ecoli bacteraemias reported in month which are all below UKHSA threshold.

WHO Surgical Checklist: is the monitoring of the World Health Organisation (WHO) surgical checklist, for July was 86% for Theatres and 93.9% for Cath Labs. The target for WHO check list is 100%.

Safe: Safer Staffing

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



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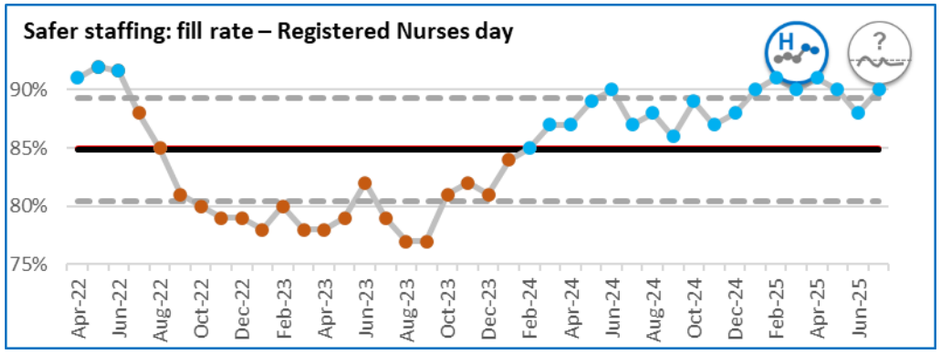
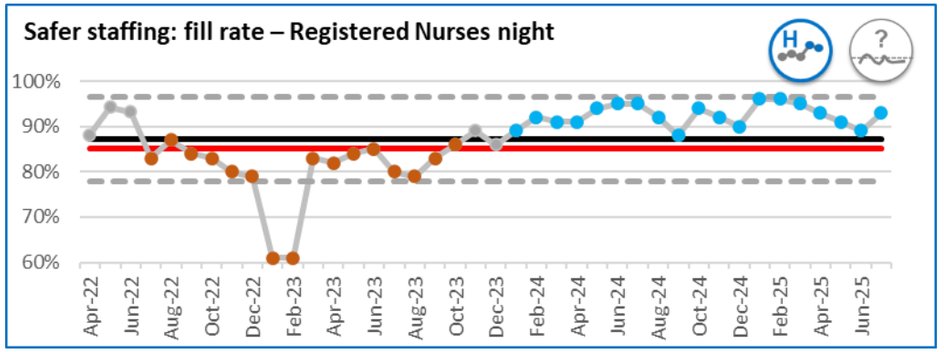
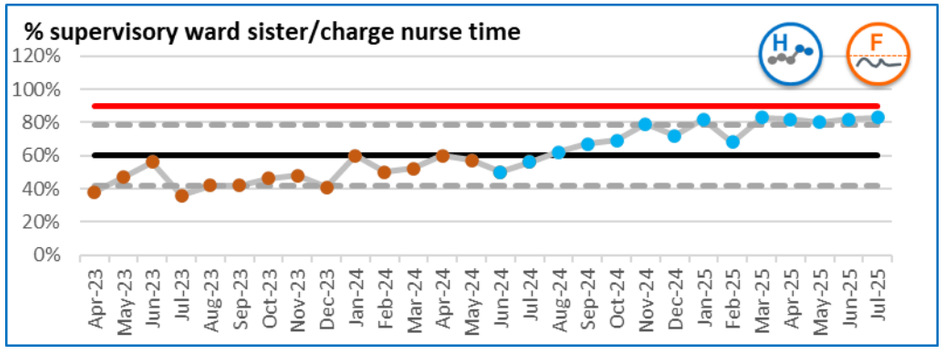
1. Historic trends & metrics



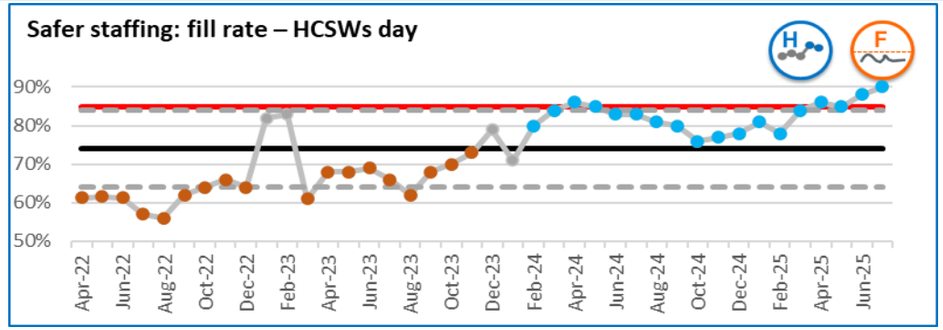
Jul-25
90%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation



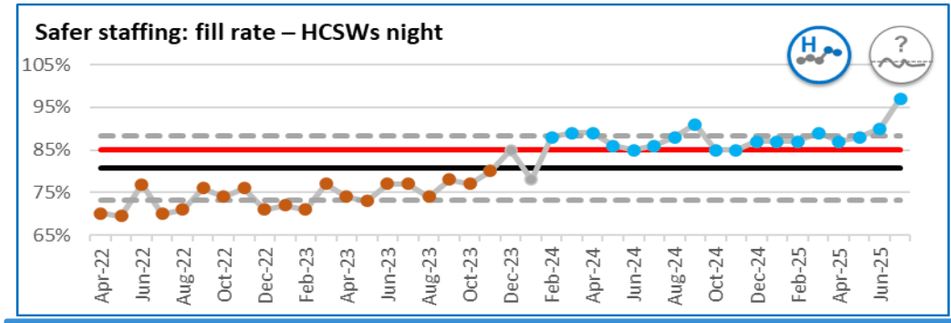
Jul-25
93%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation



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



Jul-25
90%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Has consistently failed the target



Jul-25
97%
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 90% for day shifts and above target at 93% for night shifts in July. Safer staffing fill rates for Health Care Support Workers (HCSW) are above target at 90% for day shifts and above target at 97% for night shifts in July. RPH's active recruitment campaign for HCSWs has contributed to fill rate improvement meeting target of 85% and above.

Overall CHPPD (Care Hours Per Patient Day) is 12.7 for July, unchanged CHPPD position as reported in June.

Ward supervisory sister (SS)/ charge nurse (CN): Increasing safer staffing fill rates continue to support increases in SS/ CN time from October 2023 to present; there has been a slight increase in SS time to 83% in July compared to 82% in June. The highest achieving areas towards SS/ CN time target of 90% are the Respiratory Ward 4 South who achieved 99%, followed by the Enhanced Recovery Unit at 90% and Surgical Ward 5 North at 82%. Outpatients has had an increase in SS time from 44% in June to 61% in July. Heads of Nursing and Matrons continue to monitor and report divisional SS/ CN performance to the monthly Clinical Practice Advisory Committee chaired by the Chief Nurse.

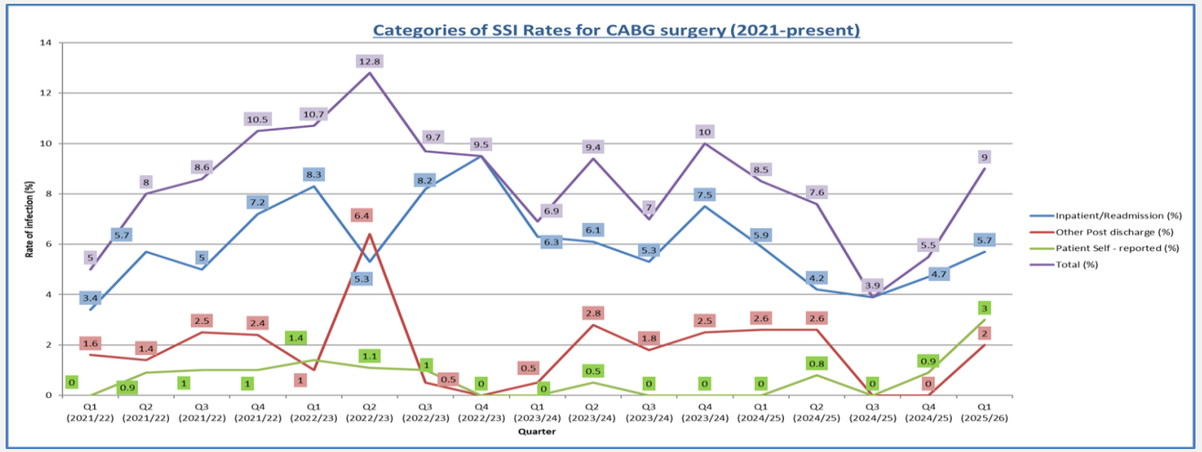
Safe: Key Performance Challenge Surgical Site Infections (SSI) Surveillance

Royal Papworth Hospital NHS Foundation Trust

Accountable Executive: *Chief Nurse* ***Report Author:*** *Deputy Chief Nurse/Deputy Director for Quality and Risk* ***Slide Content:*** *IPC team & STA division*

Escalated Key Performance Challenge: Surgical Site Infection (SSI) surveillance at RPH is an ongoing programme. We have seen an increase in surgical site infection (SSI) in Q1 2025. In particular there has been an increase in the number of CABG patients identified as an inpatient/readmission with an SSI and our current quarterly rate that will be reported to the UK Health Security Agency (UKHSA) in September 2025 is at 5.7% (previous reported Q4 at 4.7%). The monitoring of Inpatient & Readmission rates is used to benchmark RPH against other Trusts performance for SSI by UKHSA. We are still above the national benchmark for CABG surgery currently at 2.7% for UKHSA. Internally, we also monitor other types of surgery and there have been no wound infections in transplants or other cardiac surgery patients in Quarter 1.

During Q1, we have identified so far 5.7% (14/244) Inpatients/Readmission patients that have had a CABG procedure and developed an SSI. There have been 3 organ space infections, 1 deep sternal wound infection and 18 superficial infections (7 sternum, 11 leg wounds). The inpatient/readmission rate so far for the quarter 1 is 5.7% (14/244) with a **total CABG rate of 9% (22/244),** as seen in the Graph below. Of these 2% were in the post discharge category (e.g. referred to RPH by outpatients' teams; consultants/GPs), with a further 3% infections identified in the self-reported category.
For Valve surgery patients so far for Q1 there has been one organ space infection, and 4 superficial sternal wound infections. The inpatient/readmission rate for the quarter to date is 1.8% (3/164) with a **total value rate of 3% (5/164).** We have also seen for PTE surgery 2 SSI (1 organ space and 1 superficial) overall for Q1 for **PTE 5.3% (2/38 patients).** Overall, with 5 organ space SSI this has raised & our SSI improvement work has been enhanced.



Key Action Improvements Programme – This is being managed through the SSI steering group:

1. Re-review of environment and cleanliness of theatre, ERU and level 5 (surgical wards).
2. Increase the deep clean programme of all theatre rooms
3. Work on embedding changes for footfall within operation room and maximum capacity during procedures.
4. TOE probes and ultrasound cleaning management programmes.
5. Carrying out a deep dive review of sterile services by the decontamination lead.
6. Review and report on the humidity levels in theatre and following the HTM.

Key Risk Mitigation Actions in Detail:

1). Environment & Equipment Cleaning:

Audits are now showing an ongoing improvement since April to July 2025, with a continued focus required on level 5, however improvement made from 39% to 61% as seen in table right (Columns April-July 2025).

>94%	Cleaning & Decontamination- Theatres	75%	100%	100%	95%
70-94%	Cleaning & Decontamination- CCA	71%	89%	88%	95%
<70%	Cleaning & Decontamination - Level 5	95%	90%	94%	95%
	Environmental - CCA	64%	85%	83%	90%
	Environmental-Level 5	77%	39%	66%	61%

Other key improvements are a model of care changed (care notes in the room), daily checks, Patient Environment Assistant (PEA) training, daily double cleaning of equipment implemented, plus additional cleaning of elements within the environment. August surveillance by the clinical, IPC team and Chief Nurse has seen a further improvement on level 5.

2). Theatre Deep clean: additional Deep clean programme in place, from every theatre 6 months to 4 monthly. This will be monitored through the Decontamination sub-committee.

3). Footfall and capacity in Theatre: This requires further improvement with 50% compliance rate reported in July. Action agreed:

- Footfall information to be included in all induction packs, ensuring new staff are informed.
- All staff receive up-to-date guidance during audit mornings; key discussions on recent trends & key issues.
- Monthly footfall results are discussed at team meetings & targeted communications via matrons & link staff.
- Door counter now implemented in theatre 4, which gives further data to support the reduction in footfall.

4). Ultrasound and TOE probe decontamination:. Ongoing improvement required as 50% compliance with cleaning standards is low. There is a now an identified lead link for theatres and CCA. Immediate protocol changes reviewed and agreed to better comply with national guidance for Ultrasound and TOE probe cleaning.

5). Sterile services: There was an increase in reported issues with Surgical instruments total of 3 in Q1, with 3 in July. Our decontamination lead & STERIS services completed a deep dive review due to the increase organ space infection and sterile instrument issues. Outcome: No link found to the type of SSI infections organisms/sterile instrument issues and a full report will be shared at Decontamination Sub-committee. *All trays changed and not used on patients once issues found.

6). Humidity in theatres: there were identified spikes in humidity identified in theatre during the extreme weather heat, which has the potential to increase infection rates. Compliance of the HTM standard should be 40-60% humidity in theatres, whereas from the review it was found that it was reaching 70% humidity. To aid ongoing monitoring new sensor have been fitted, which now trigger if the humidity reaches above 60%, as per recommended HTM guidance. This is being monitored through the Ventilation safety group with ICPPC committee having oversite.

Key Ongoing Actions still to be Embedded further in Q2/Q3 Planned:

- Continue the education and embedding best practise on reducing footfall and maximum capacity within theatres. The Door counter will support this work.
- Continue to embed cleaning standards and reduction of clutter within level 5.
- Launch the new way of decontamination of TOE probes.
- Additional cleaning to be embedded in level 5.

Monitoring; SSI rates and related improvement initiatives continue to be monitored through the SSI Stakeholder Group, led by the STA division. Input is provided by the SSI Environment and Decontamination Task & Finish (T&F) group, which feeds into the overarching steering group. Oversight is maintained by the ICPPC committee and the QRMG.

Safe: Focus on Diabetes Management at our Hospital

Royal Papworth Hospital
NHS Foundation Trust

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

What is Diabetes and why is management of this condition important for patients?
Diabetes occurs where the body can't produce enough insulin, or the body is resistant to the insulin being produced. Different types of diabetes mellitus are based on the underlying pathology: type 1 (autoimmune), type 2 (insulin resistant) and due to the specialities at Royal Papworth Hospital, we also routinely see patients with corticosteroid induced diabetes, and cystic fibrosis related diabetes. Sub-optimal management of diabetes can lead to acute complications such as ketoacidosis and severe hypoglycaemic, while chronic complications include heart attack/stroke, kidney failure, eye problems, foot problems and amputation, infection and poor wound healing.

Diabetes management was one of the Trusts Quality Accounts priorities for 2024/2025 in recognition that there was a need for improvement work required for the care of people with diabetes seen at RPH, particularly those within our surgical pathway. This year of focus has meant significant changes and improvements to our diabetes service, guidelines in practice for our staff to adhere to and how we manage patients with diabetes. This focus slide covers the continuous improvement work and activity for Q1 and our plans for the year of 2025/26.

What is our new staffing model at Royal Papworth Hospital (RPH)?: RPH Diabetes Service consist of 3 WTE diabetes specialist nurses, a new diabetes consultant (2 PA/week) started in the team in March 2025 and a diabetes health care support worker, who as a team provide weekday inpatient support and in outpatients with Cystic Fibrosis.

Referrals: April to July 2025 (Q1) there were a total 261 referrals to our Diabetes Service requiring between 10 - 90 minutes per patient. Referrals are across all clinical areas (Cardiology, Thoracic Medicine, Surgery and Transplant).

Patient Incidents Q1: Total number of incidents related to diabetes from Q1 2025 were 17 (these are graded as low harm or no harm events), with any learning from these incidents being overseen by the Harm Free Care Group.
The main themes were; Insulin prescribing errors including inappropriate timing of doses, absence of insulin on prescription, wrong insulin or dose prescribed and poor management of patients on a Variable Rate Intravenous Insulin Infusion (VRIII), including incorrect background fluids, hypoglycaemia due to inadequate BG checks, omission of basal insulin, and delays stopping the VRIII due to insufficient non-specialist staff knowledge.

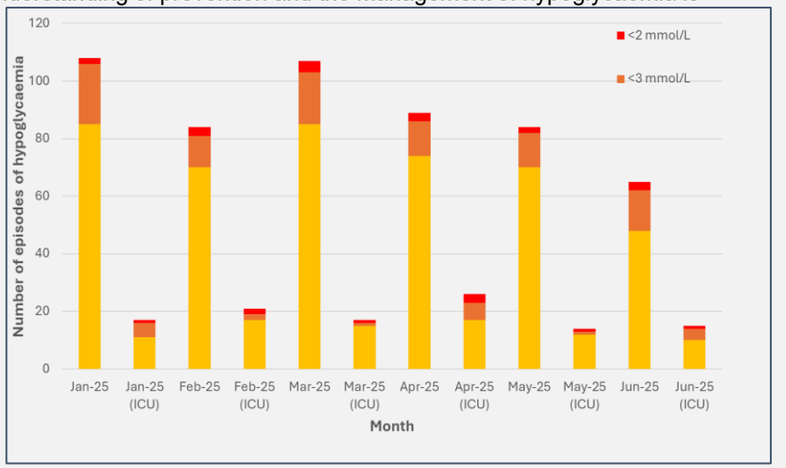
The Diabetes team have applied for Trust wide access to Cambridge Diabetes Education Platform (CDEP), which is a high-quality educational resource designed for Health Care Professionals working with people with diabetes. The team believe it will aid a reduction in incidents, as knowledge is key to these types of events. Alongside this bespoke training on Variable Rate Intravenous Insulin Infusion for rotational doctors by Diabetes Specialist Nurses is being planned to aid knowledge and experience.

Current Quality Improvement Activity underway Q1: Since April 2025, the team have adopted an approach of using the acute admission to our hospital as an opportunity to pro-actively switch people from their existing diabetes therapies to those with proven cardio/renal benefit (SGLT2i and GLP-1RA/Tirzepatide) given the high-risk population at RPH.

In recognition of new diabetes technology and the range of diabetic monitoring devices patient are admitted with, we have started work on how we can continue to promote patient independence when they are admitted to hospital. This requires staff education to up skill on the management of these monitoring devices, alongside securing funding from the RPH Charity to purchase 25 interstitial glucose sensors per month. This will enable consistency of diabetes patient management and facilitate safe and effective care. In addition, it further aids hospital discharge, where patients would otherwise need to have an extra night in hospital, when they are re-started/newly started on this type of monitoring. To support the new way of monitoring we are also developing new guidance "use of diabetes technologies in hospital".

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

Monitoring Hypo/Hyperglycaemic Events
Since the new Consultant Diabetologist joined the team, they are now pulling patient data from Lorenzo on records of hypoglycaemia (blood glucose (BG) <4 mmol/L) and hyperglycaemia (BG > 15 mmol/L) to proactively review high risk patients without waiting for referral to the diabetes team. The graph to the right shows all hypoglycaemic episodes (blood glucose less than 4 mmol/L, with red being <2, orange <3, yellow <4 mmol/L) for Q4/Q1 (6 months) by month for wards and CCA (ITU). It can be seen that the number of overall hypoglycaemic events are reducing.



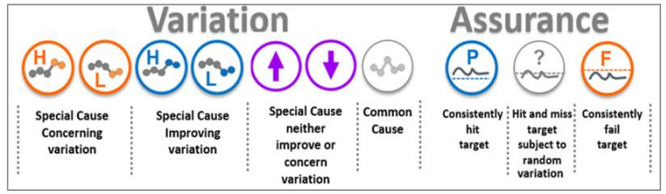
Area Currently Under Review: RPH as a specialist hospital is not fully compliant with all the recommendations as detailed in the Guideline for Perioperative Care for People with Diabetes Mellitus Undergoing Elective and Emergency Surgery (first published 2021,updated last in 2023), produced by Centre for Perioperative Care (CPOC). The main areas of non-compliance link to diabetes input in pre-assessment clinic, inadequate collection of HbA1c at pre-assessment, minimal referral for optimisation, no individualised diabetes care plan and no resources for peri-op diabetes. The Diabetes team are working through these non-compliance areas and have meet with the pre-assessment nurses to plan this workstream. The first step is a review of all patients HbA1c results across the hospital to identify those attending pre-assessment clinic where optimisation of diabetes pre-operatively may be possible and to anticipate the resources required to deliver improved for this area of compliance. The Diabetes team will continue to provide updates into Harm free Care and QRMG with the agreed recommendations towards compliance.

Other Quality improvement initiatives planned: Monitored through Harm Free Care Panel, reporting to QRMG.

- Patient diabetes satisfactory questionnaire to be implemented in Q3 2025 to better understand the patient experience and areas for improvement.
- Diabetes Specialist Nurses are undertaking the Advanced Skills in Clinical Assessment in preparation to become Non-Medical Prescribers, this will support prescribing in our teams alongside medical prescribing.
- Mapping exercise of resources required to support implementation of high efficacy diabetes medications through the RSSC pathway with the support from the diabetes team.
- Standardised pathway for diagnosis & management of reactive hypoglycaemia in people with cystic fibrosis related diabetes.

Caring: Performance Summary

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

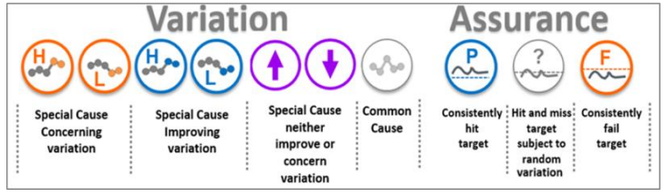


Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	FFT score- Inpatients	95.0%	99.0%	98.8%			P	Monitor
	FFT score - Outpatients	95.0%	98.1%	98.0%			P	Monitor
	Mixed sex accommodation breaches	0	0	0			P	Monitor
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	12.6	9.4	9.4		H	P	Review
	% of complaints responded to within agreed timescales	100.0%	83.3%	83.3%			?	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	42.8%	46.7%				Monitor
	Friends and Family Test (FFT) outpatient participation rate %	Monitor	9.8%	11.4%		L		Monitor
	Number of complaints upheld / part upheld	3	2	3			?	Review
	Number of complaints (12 month rolling average)	5	6	6		H	P	Review
	Number of complaints	5	8	8		H		Review
	Number of informal complaints received per month	Monitor	9	9				Monitor
	Number of recorded compliments	Monitor	1828	1880		H		Monitor

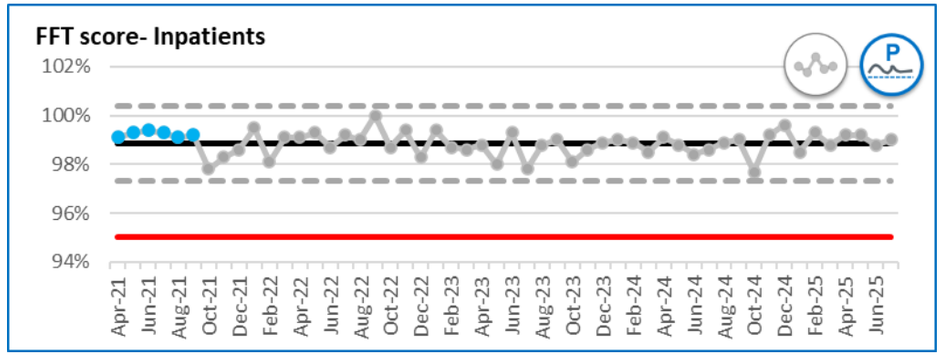
Caring: Patient Experience

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

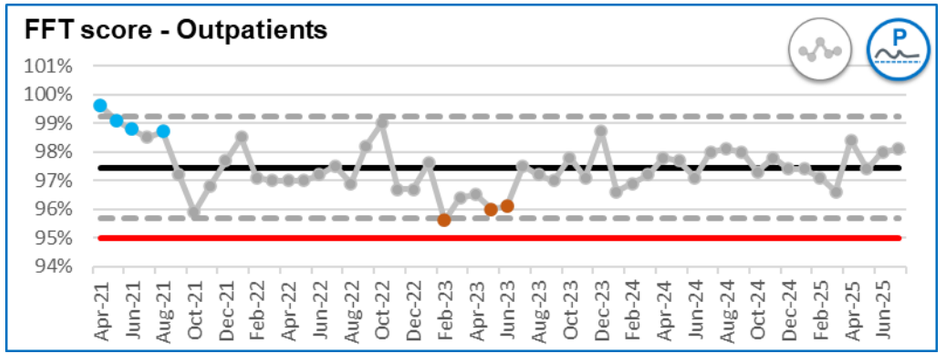


NHS
Royal Papworth Hospital
NHS Foundation Trust

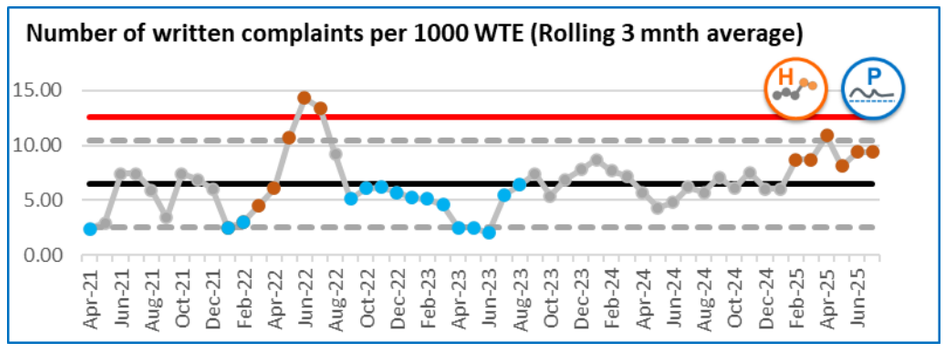
1. Historic trends & metrics



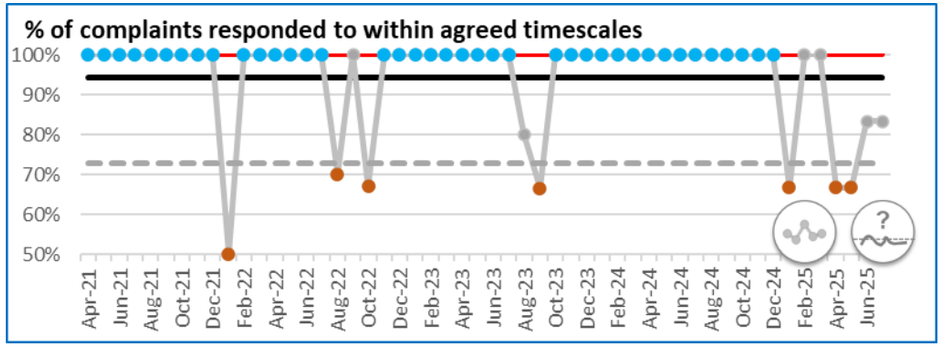
Jul-25
99.0%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Has consistently passed the target



Jul-25
98.1%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Has consistently passed the target



Jul-25
9.4
Target (red line)
12.6
Variation
Special cause variation of a concerning nature
Assurance
Has consistently passed the target



Jul-25
83.3%
Target (red line)
100%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Comments/Action plans

FFT (Friends and Family Test): In summary;

Inpatients: Recommendation score was 99.0% for July, with Participation rate for surveys at 42.8%.

Outpatients: Recommendation score was 98.1% in July, with Participation rate at 9.8%.

Compliments: the number of formally logged compliments received during July 2025 was 1,828. Of these 1.744 were compliments from FFT surveys and 84 compliments via cards/letters/PALS captured feedback.

Responding to Complaints on time: In month we have received 8 formal complaints, which is higher than average for month.

Acknowledging complaints with 3 w/days: Out of the 8 received, all were acknowledged within the target of 3 days.

The % of complaints responded to on time: 2 of 3 (83.33%) of complaints responded to in the month were within agreed timescales. Of the 2 formal complaints responded within agreed timescales (1 required an agreed extension) with the complaints as per policy. There was 1 late response due to the delays in the investigation process (STA), which required extra time owing to clinical pressures and staff availability.

Number of written complaints per 1000 staff WTE: is a benchmark figure that used to be provided by NHS Model Health System to enable national benchmarking monthly, this has now ceased. We will continue to have this as an internal metric to aid monitoring. Trust Target is 12.6, we remained within this target at 9.40.

Duty of Candour (DoC) Compliance: For the month of July there were 4 incidents that met DoC requirements and were fulfilled within 10 working days (WEB56949, WEB56981, WEB57111, WEB57154).

Caring: Key Performance Challenge – Complaint Themes/learning

Royal Papworth Hospital NHS Foundation Trust

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

Received Complaints in Month (Total of all Informal and Formal): During July, we received **9 informal complaints** and **8 formal complaints**. The themes (subjects) linked at the time of receipt for all complaints in July 2025 were related to Communication (35%); Delay in Diagnosis/Treatment and Referral (23%); with Clinical Care/Clinical Treatment, and Staff Attitude (each 15%).

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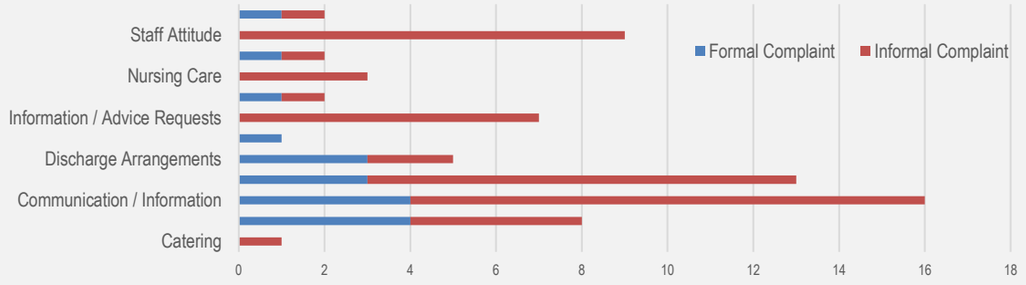
Themes (Subjects for July 2025: Table 1 below details further the breakdown of all the 26 subjects (themes-top line in table) linked to the 9 Informal & 8 Formal Complaints, further broken down into the sub-subject per theme (left-hand column) for each subject, for the complaints received July 2025.

	Clinical Care/Clinical Treatment	Communication / Information	Delay in Diagnosis / Treatment or Referral	Environment - Internal	Nursing Care	Privacy or Dignity	Staff Attitude	Total
Abrupt	0	0	0	0	0	0	1	1
Availability of Wifi	0	0	0	1	0	0	0	1
Breach of Confidentiality	0	1	0	0	0	0	0	1
Cancellation of Appointment	0	0	1	0	0	0	0	1
Consent Issues	0	1	0	0	0	0	0	1
Delay in Diagnosis / Treatment	0	0	4	0	0	0	0	4
Dismissive	0	0	0	0	0	0	1	1
Dissatisfied with Medical Care/Treatment/Diagnosis/Outcome	4	0	0	0	0	0	0	3
Dissatisfied with Nursing Care / Treatment	0	0	0	0	1	0	0	1
Incorrect Information Provided	0	1	0	0	0	0	0	1
Information for Patients	0	2	0	0	0	0	0	2
Lack of Information for Patients	0	3	0	0	0	0	0	3
Lack of Privacy / Dignity on Ward	0	0	0	0	0	1	0	1
Other Communication Issues	0	1	0	0	0	0	0	1
Rudeness	0	0	0	0	0	0	1	1
Uncaring	0	0	0	0	0	0	1	1
Waiting Time for Appointment	0	0	1	0	0	0	0	1
Total	4	9	6	1	1	1	4	26

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.

Table 2: Displays running total of primary themes (subjects) from closed complaints in year to date: (M01-M04) 2025/26



Closed Complaints in year (M01-M04) 2025/26.

Total closed to date 69- 18 Formal & 51 informal. In the graph left this shows the final recorded main Themes (subjects) for all the closed responses sent to Complainants on completion of a full investigation.

Learning from Complaints in month:

Total Complaints Closed in Month: During July 2025, we closed 17 complaint files;14 informal and 3 formal complaints.

Informal Complaints closed in month: All Informal complaints closed in month were resolved by clinicians, senior nursing staff or service/area managers meeting with or phoning complainants to discuss and address concerns at point of care, including arranging outpatient appointments where appropriate. In all cases, appropriate apologies and reassurance was given, and the issues raised shared with staff for reflection and service improvement.

There was 1 Informal case (Cardiology) with identified learning: In this case where wider opportunity for service improvement for the Pacing service was identified, action was taken and following patient feedback a more robust process in communicating clinic delays has been implemented to ensure outpatient reception staff can keep waiting patients more informed and reduce anxiety in cases of prolonged waiting.

Formal complaints closed in month: Of the 3 formal complaints closed in month there was 1 not upheld and 2 were partially upheld; meaning that one or more issues were found to be below expected standards of experience for which appropriate apologies are given, and investigation findings are shared with the Divisional Team for reflection and service improvement.

Any actions identified from formal complaints are shared to promote Trust-wide learning and improvement of our services, these action plans are then are logged and monitored for compliance:

Action/Improvements from Formal complaints closed in July 2025:
Issue: Delay in test results being shared with patient
Findings: Deep dive showed that these tests are not automatically shared with electronic medical record and rely on manual review, hence were missed.

Action/improvement (Cardiology): The service have reviewed this issues and a more robust oversight for these results have been implemented. This will continue to be monitored. Further improvements planned as part of the new Electronic Patient Records Programme that is due to go live in 2027.

Caring: Spotlight On – Bereavement Services

Royal Papworth Hospital
NHS Foundation Trust

Accountable Executive: Chief Nurse *Report* *Author: Deputy Chief Nurse / Deputy Director of Quality and Risk Manager* *Slide Content: PALS Supervisor/Patient Experience*

Compassion Excellence Collaboration

Bereavement Services provided by the Patient Advice & Liaison Service (PALS) at RPH

The PALS team continues to provide a seamless bereavement service for our families: PALS staff support and guide bereaved families in the event of a bereavement by providing information on bereavement, bereavement follow-up, the Coroner's process and the Medical Examiner process. As well as supporting families, PALS staff also support staff across the Trust in what is a tremendously confusing, challenging, and difficult time.

New Hybrid Role – Bereavement and PALS Advisor

The Bereavement and PALS Advisor hybrid role has been in place since November 2024, continuing the collaboration with the Medical Examiner Service for the City of Cambridge, East, and South Cambridgeshire. This role provides dedicated time for the now "Bereavement and PALS Advisor" to focus on all aspects of bereavement, encompassing both the Royal Papworth hospital and within community settings. The introduction of this role has involved upskilling a member of staff and has strengthened the efficiency and partnership between the PALS and Bereavement services.

Faith burials (Rapid release)

On occasions, due to faith considerations, there is a need for a 'rapid release' of the deceased. In 2024/25 this was 6 deaths and, in all cases, the relevant processes were completed in a timely manner allowing release of the body in <24hrs. In these cases, a fantastic collaborative effort is required. With the dedication of all involved, namely: The ward staff, PALS, Medical Examiners, Medical Examiner Officers, Consultant, Mortuary, and the Coroner, we can provide a real show of support and excellence to the bereaved families.

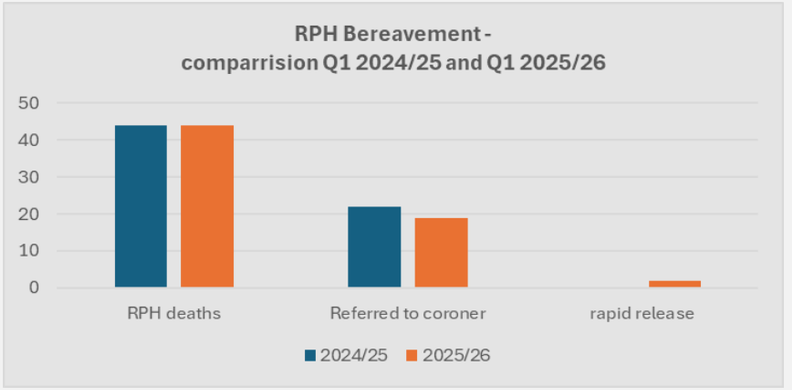
Update to Standard operating processes:

Since the new statutory process came into operation, and the creation of the new role, all related policies, procedures, and guidance have been updated to accurately take this into account.

Supporting Bereavements in From Q1 of 2025/2026

Below are some statistics and information based on PALS and their involvement with Bereavement in Q1 of 2025/26:

- **44** patients passed away at RPH in Q1, which is the same number as Q1 2024/25
- **2** Cases required rapid release due to faith considerations, whereas there were zero for the same quarter in 2024/25.
- **19** referrals were made to the coroner by Medical Examiner's Office for consideration and confirmation of cause(s) of death. Of these 19, 4 of which were closed by the coroner and MCCD (death certificate) was issued by RPH
- The PALS team continued to support the mortuary team at CUH with chasing outstanding paperwork and completion of the bereavement process.



The table to the left shows data comparison for Q1 2025/26 with the same period 2024/25

(data from Bereavement/RCR spreadsheets 20/08/25)

- **21** families were contacted via the Bereavement follow-up process. Each family of a hospital bereavement is sent a letter between 6-8 weeks after the date of bereavement offering them an opportunity to discuss their loved-one's care and death with the medical team. This offers the chance to understand their loved one's medical journey, often providing them with better understanding and providing the opportunity to have any questions they have answered by the care team involved. This can be a hugely important part of the grieving process and helps the families at such a difficult time.
- **13** requests for bereavement follow-up meetings were received
- **9** bereavement meetings were coordinated and attended by the PALS staff.

Effective: Summary

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

Royal Papworth Hospital
NHS Foundation Trust

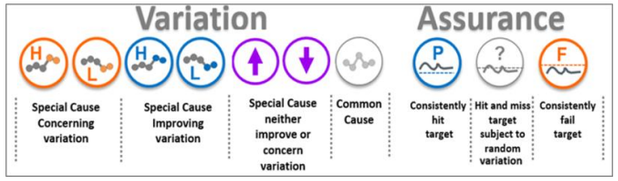
	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	85%	70.0%	71.6%			F	Action Plan
	ICU bed occupancy	85%	88.3%	66.4%			?	Review
	Enhanced Recovery Unit bed occupancy %	85%	60.8%	51.3%			?	Review
	Elective inpatient and day case (NHS only)*	1,770	1878 (126% 19/20)	1846 (124% 19/20)		H	?	Review
	Outpatient First Attends (NHS only)*	2,298	3188 (194% 19/20)	2384 (145% 19/20)		H	?	Review
	Outpatient FUPs (NHS only)*	7,278	7728 (133% 19/20)	7342 (126% 19/20)		H	?	Review
	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	5%	12.7%	12.5%		H	P	Monitor
	Reduction in Follow up appointment by 25% compared to 19/20 activity	-25%	-7.2%	-2.5%		L	F	Action Plan
	% Day cases	85%	74.9%	75.4%		H	F	Action Plan
	Theatre Utilisation (uncapped)**	85%	94%	92%		H	?	Review
	Cath Lab Utilisation (including 15 min Turn Around Times) ***	85%	84%	80%			?	Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	414 (120% 19/20)	399 (115% 19/20)				Monitor
	ICU length of stay (LOS) (hours) - mean	Monitor	119	115				Monitor
	Enhanced Recovery Unit (LOS) (hours) - mean	Monitor	34	29				Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	6.0	5.9				Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	41%	44%			?	Review
	Same Day Admissions - Thoracic (eligible patients)	40%	65%	60%		H	?	Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	7.7	8.1		H	?	Review
	Length of stay – Cardiac Elective – valves (days)	9.7	9.8	9.0			?	Review
	Outpatient DNA rate	6.0%	6.2%	6.7%			?	Review

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

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

Effective: Admitted Activity

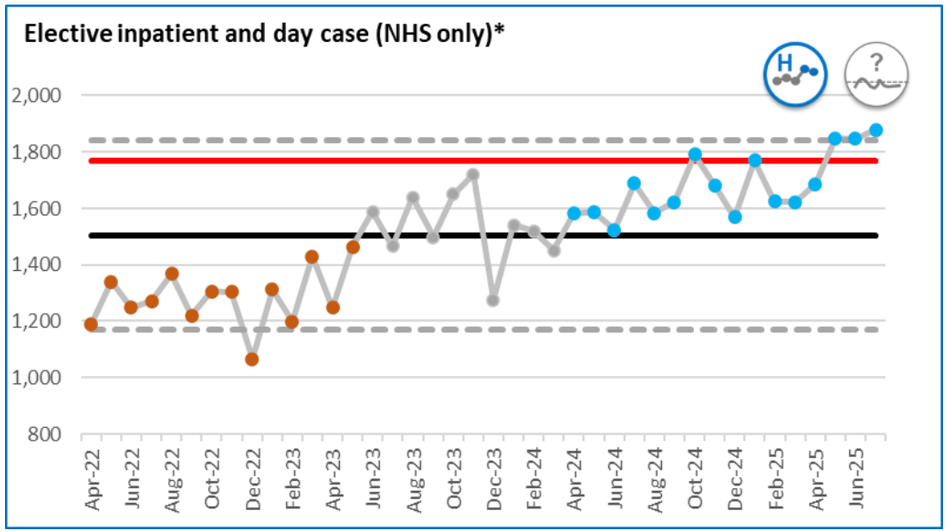
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Jul-25
1878
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	89%	101%	84%**	68%	90%	95%	122%
	Daycases	35%**	137%	n/a	262%	156%	97%**	750%**

= YTD activity > 100% of 19/20

2. Action plans / Comments

Latest data at division level shows day case activity remains above the trust target within Cardiology (86.4%) and just below the trust target within Thoracic (81.7%).

Surgery, Theatres & Anaesthetics

- Theatre activity in M04 exceeded the trust KPI of 85% at 94%. Elective activity continues in an upward trajectory.
- IHU patients continue to be prioritised to support flow within the system, additional capacity was made available as required. IHU patients treated within 7 days continues on an upward trajectory at 58% in M04.

Thoracic & Ambulatory

- As of M04 the division is above planned activity (363 YTD) and above 2019/20 admitted activity (884 YTD).
- Elective inpatient activity within RSSC is reduced compared to 19/20 activity due to changes in the pathway post COVID, but remains above plan. Daycase activity has increased and is above plan. The increase in activity is due to the RTT initiatives to support elective recovery.

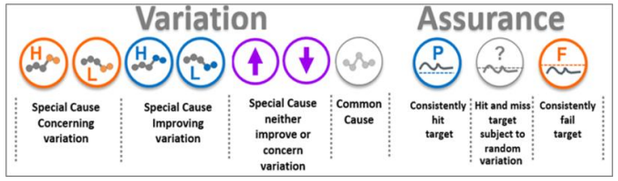
Cardiology

- The division delivered below plan in M04 with some elective scheduling being reallocated to address urgent care for inpatients across Tavi and Structural Services.
- ACS Pathways transferred accepted patients between 24 and 72 hours in M04.
- Capacity has been increased in Tavi with plans to increase structural capacity from September 25.

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

Effective: Non-admitted Activity

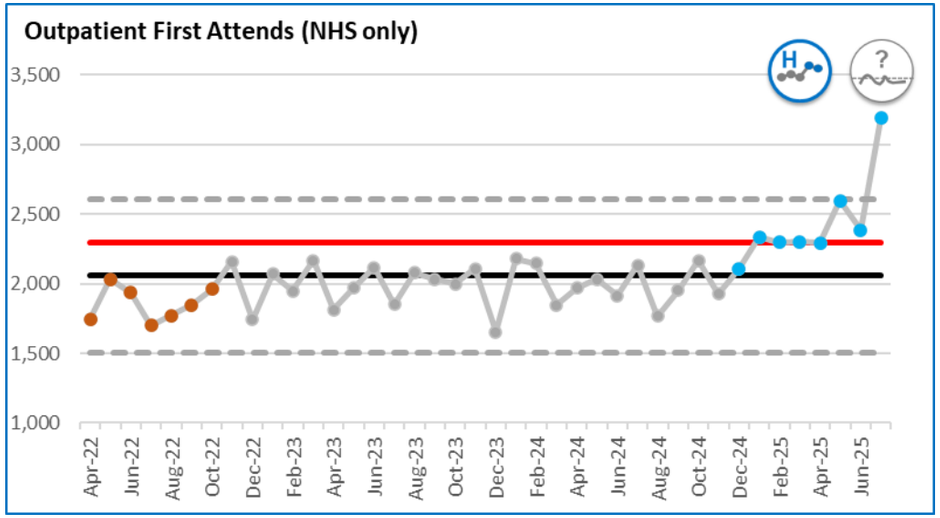
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



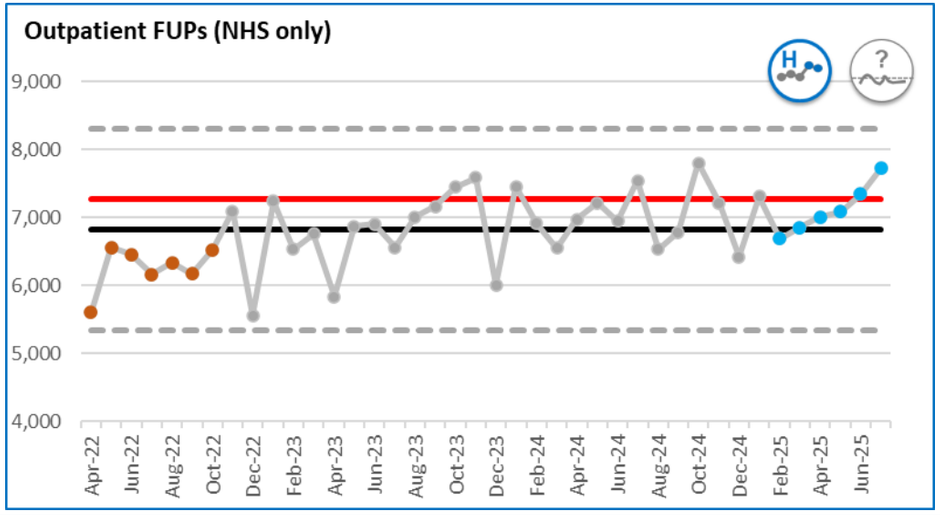
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

NHS
Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Jul-25
3188
Target (red line)*
2298
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation



Jul-25
7728
Target (red line)*
7298
Variation
Special cause variation of an improving nature
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	95%	92%	915%	69%	135%	126%**
	Follow Up Outpatients	180%	155%	64%	176%	153%	117%

= YTD activity > 100% of 19/20

Action plan / comments

Actions embedded into services so far include:

- Clinic template change to 70:30 new:FU ratio in RSSC
- PIFU rollout within CPAP

Further PIFU rollout is being incorporated into the elective recovery delivery to ensure appropriate specialties adopt PIFU. 12.7% of outpatient follow up activity is PIFU and this continues to increase. A full timescale linked to PIFU rollout is being finalised.

The Thoracic and Ambulatory division activity is above planned activity (9,169 YTD) and above 19/20 activity (5,692 YTD). Within M04, there were 458 missed appointments (10%) and 1,332 appointments cancelled by the patient at short notice. Proposal project drafted to reduce patient cancellations & DNAs as part of the RTT recovery, this includes a short notice cancellation and rebooking process and is being led by the Clinical Admin team, initial draft process has been circulated for comment.

Cardiology delivered below plan within M04 (4,426), due to periods of consultant sickness, emergency leave annual leave that took place. The Division are increasing capacity of OP Appointments through the use of PSI clinics especially focussing on the EP sub speciality.

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

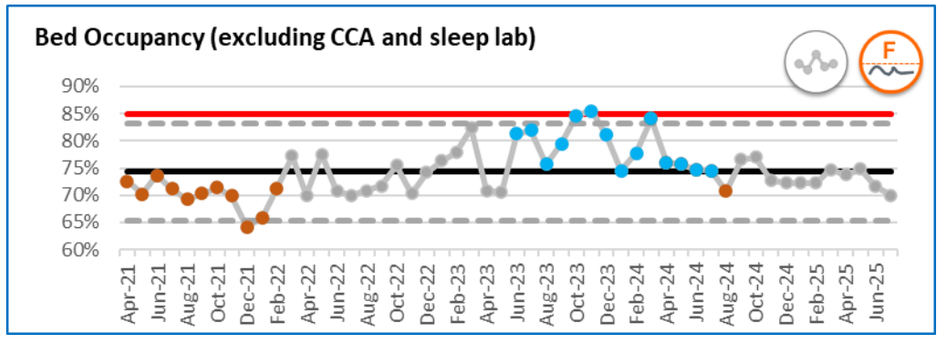
Effective: Occupancy

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

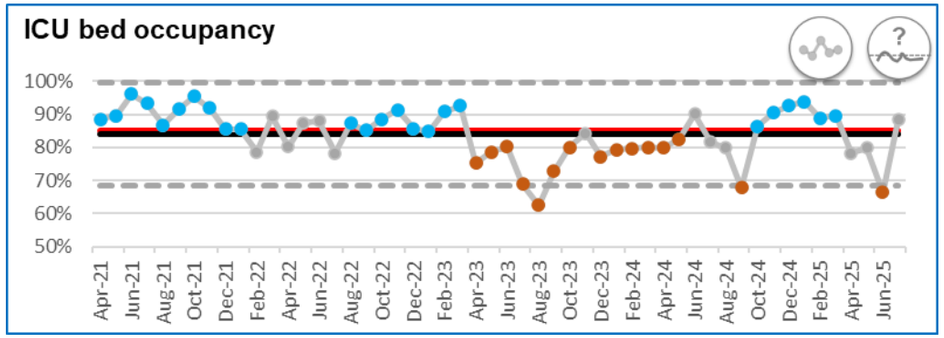
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

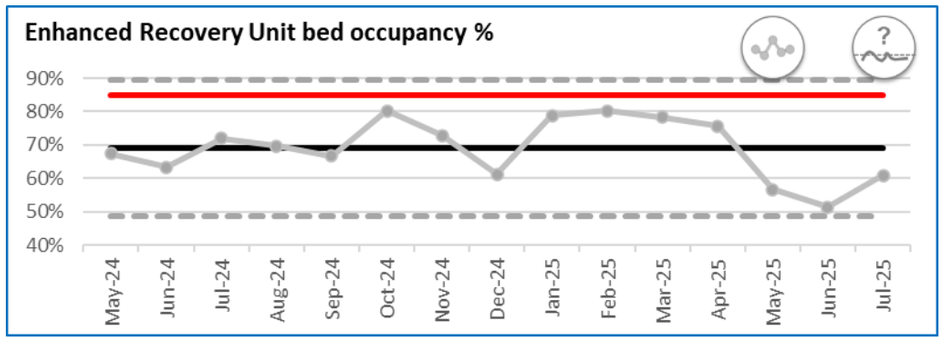
1. Historic trends & metrics



Jul-25
70.0%
Target (red line)
85%
Variation
Common cause variation
Assurance
Has consistently failed the target



Jul-25
88.3%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jul-25
60.8%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Comments

Actions embedded into services so far include:

- Virtual ward to enable additional bed capacity and flow

Bed occupancy (excluding CCA and sleep lab)

- Bed occupancy data currently incudes uncommissioned beds. Further analysis to be completed to demonstrate current status for September.
- Since the Virtual Ward has opened, there has been an increase in bed capacity on level 5 driven by a total of 788 virtual ward days since opening. The leadership team are working collaboratively across the divisions to review and develop the service to further recognise the benefits.

ICU bed occupancy:

- Bed occupancy for M04 was below KPI, however on an upward trajectory at 88.3% reflecting the reduction in cardiac cases, due to increase in transplant patients (6 in M04 the highest number for 4 years) and increased thoracic cases.
- One patient was cancelled for ERU being full and one patient cancelled for ICU being full in M04.
- Theatre activity continues to be monitored with detailed oversight continuing from the leadership team and was aided by the case mix management processes implemented in month.

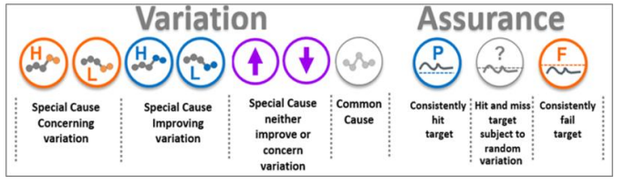
(NB. The denominator for CCA bed occupancy has been reset to 36 commissioned beds from April 2023).

ERU bed occupancy:

- Bed occupancy in M04 was 60.8% reflecting increased efficiency and increased thoracic cases and transplantation.
- This decrease is partly due to unfilled cardiac theatre slots. Thoracic activity was done in lieu of this, but these patients do not go to ERU. Theatre utilisation increased in month although a change in casemix to all day cases meant that these patients also did not go to ERU.
- As one of the Elective Recovery schemes, the leadership team are looking at ERU optimisation

Effective: Utilisation

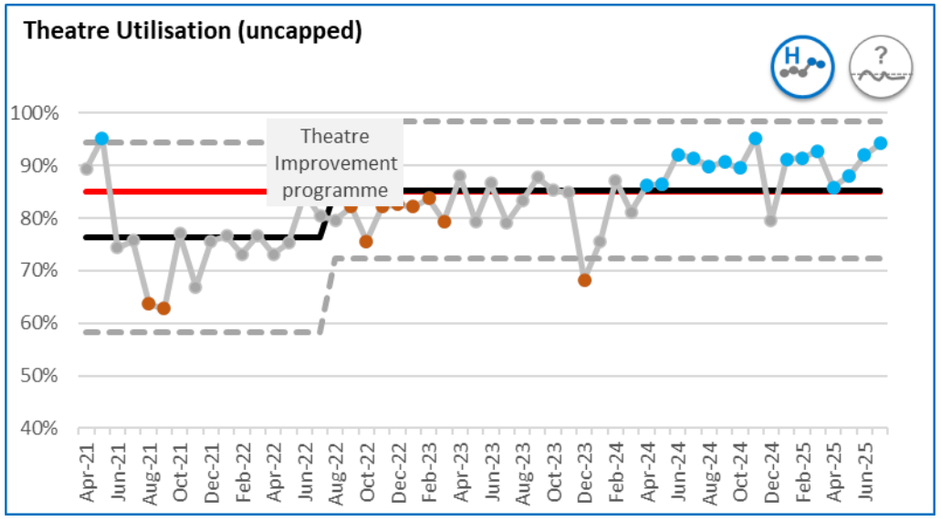
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



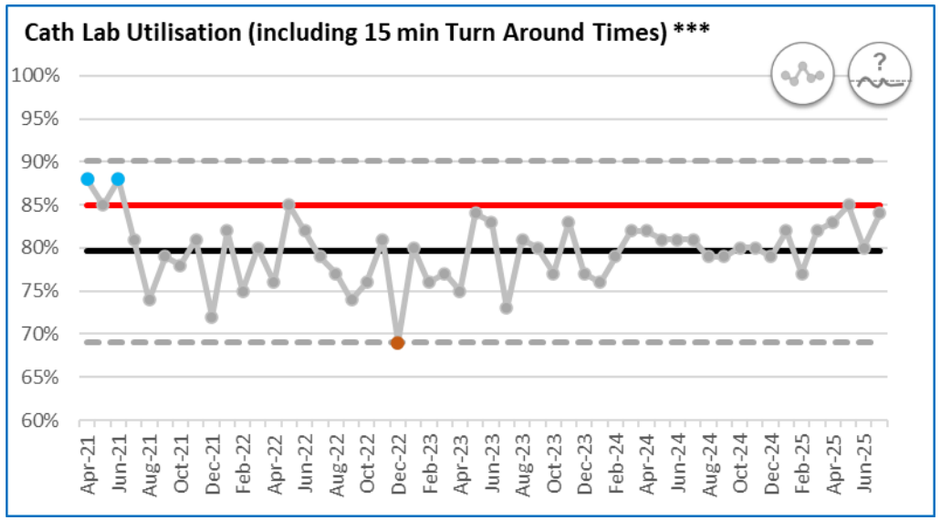
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Jul-25
94%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation



Jul-25
84%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

Theatre Utilisation

- Theatre utilisation was 94% in M04, this remains within variance above KPI and is on an upward trajectory since April.
- Further work is being done to review start times and efficiency savings within theatres which forms part of the elective care recovery.
- The senior leadership team within the division have now embedded the new ways of working for the 10 bedded ERU and 26 bedded ICU, this will bring increased stability to the areas and for the teams whilst not diminishing the collaborative working.

Cath Lab Utilisation:

- There was a decrease in lab utilisation M4 compared to the previous month, recent demand and capacity analysis has underscored a persistent trend regarding data accuracy, which impacts the interpretation of perceived utilisation. Metrics currently show labs 1-6, including Hot Lab fallow time between emergencies. Activity taking place in minor procedure rooms is also not captured. Cardiology Ops reviewing with BI Team.
- Current work taking place to increase capacity within lists through efficiencies between cases. Time in motion review took place by PMO team within Tavi Labs.

*** 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	Enahnced 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	Request made to team to initiate project and complete QIA	Aug-25	
	Reduction in follow up appointment by 25% compared to 19/20 activity	Cardiology	PIFU rollout within CRM	LM	Delayed due to PSI role out, PIFU documents gone to service lead to approve - awaiting Ops resource to roll out	Apr-25	
			Review clinic templates: job planning	LM		Sep-25	
			Review clinic templates: new:FU ratio / clinic size against 19/20	LM	Clinic templates reviewed against 19/20 activity, new to f/u ratio not yet reviewed.	Aug-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. Further review underway following pilot.	Aug-25	
	% Day cases	STA	12.6%: due to complexities of surgery, minimal day cases within STA. JS to check what is counted as a day case	JS	STA daycases predominately thoracic patients, further review being undertaken due to complexities of surgery	Jun-25	
	Cath Lab Utilisation (including 15 min Turn Around Times)	Cardiology	Meet with BI to discuss data for metric as includes cath lab 1 (HOT lab)	LM	Delayed awaiting BI input	May-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

Responsive: Summary

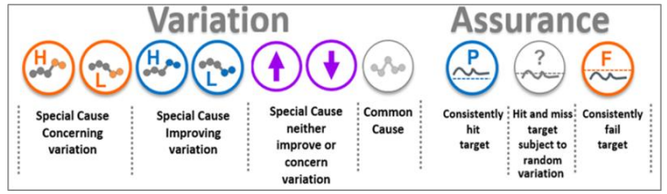
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*

Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	% diagnostics waiting less than 6 weeks	99%	87.0%	90.7%		L	?	Review
	18 weeks RTT (combined)	92%	67.6%	67.6%		L	F	Action Plan
	31 days cancer waits	96%	100%	100%			?	Review
	62 day cancer wait for 1st Treatment from urgent referral	85%	0%	0%			?	Review
	104 days cancer wait breaches	0	6	3			?	Review
	Number of patients waiting over 65 weeks for treatment	0	21	14			F	Action Plan
	Theatre cancellations in month	15	41	17			?	Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	58%	48%		H	F	Action Plan
	Acute Coronary Syndrome 3 day transfer %	90%	84%	76%		L	?	Review
	Number of patients on waiting list	7075 (25/26 Av)	6369	6640		L	?	Review
	52 week RTT breaches	0	55	58		H	F	Action Plan
Additional KPIs	% of IHU surgery performed < 10 days of medically fit for surgery	95%	67%	64%		L	?	Review
	18 weeks RTT (cardiology)	92%	60.4%	60%		L	F	Action Plan
	18 weeks RTT (Cardiac surgery)	92%	73.2%	74%		H	F	Action Plan
	18 weeks RTT (Respiratory)	92%	70.8%	71%		L	F	Action Plan
	Other urgent Cardiology transfer within 5 days %	90%	70%	73%		L	?	Review
	% patients rebooked within 28 days of last minute cancellation	100%	100%	86%			?	Review
	Urgent operations cancelled for a second time	0	0	0		L	?	Review
	Non RTT open pathway total	Monitor	51048	50369		H		Monitor
	Validation of patients waiting over 12 weeks	95%	89%	49%		H	F	Action Plan

Responsive: RTT

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

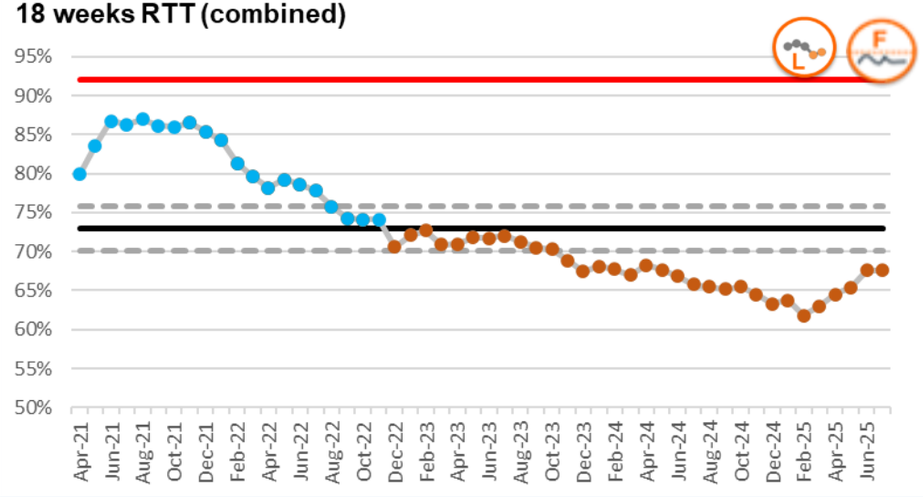


Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

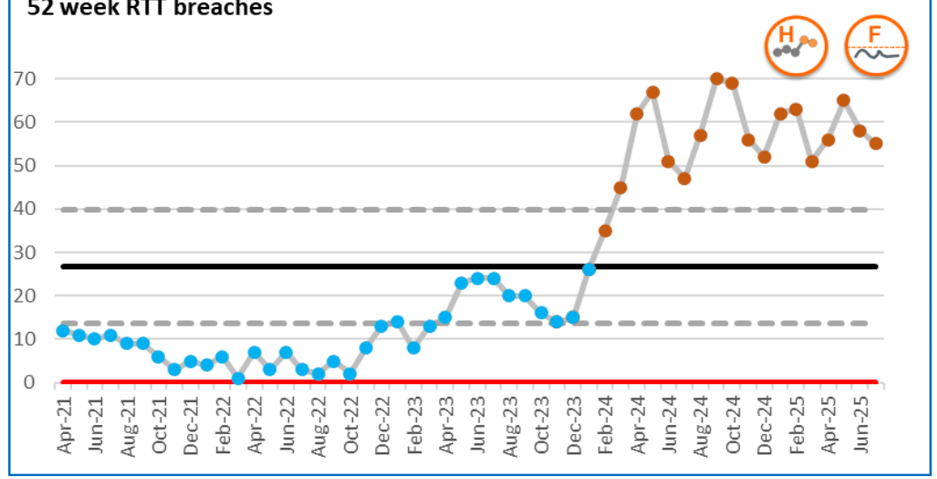
1. Historic trends & metrics

18 weeks RTT (combined)



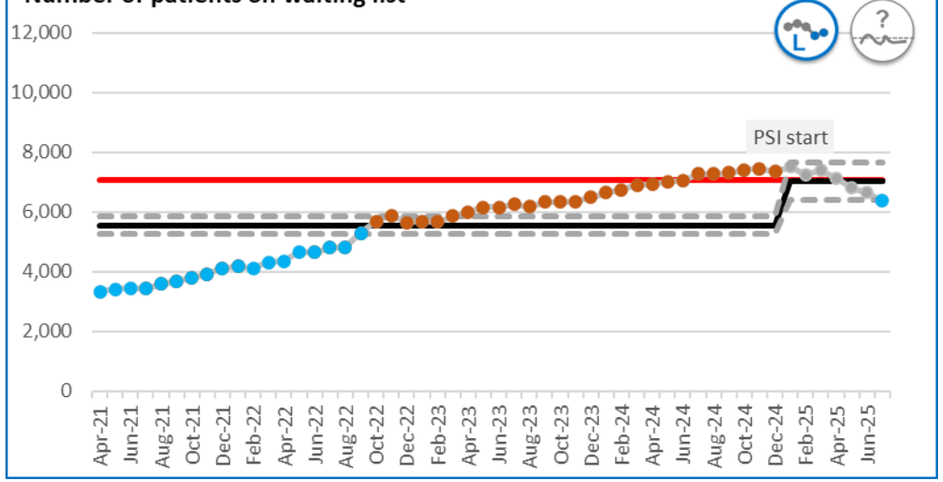
Jul-25
67.6%
Target (red line)
92.0%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

52 week RTT breaches



Jul-25
55
Target (red line)
0
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Number of patients on waiting list



Jul-25
6369
Target (red line)
7075 (25/26 Av)
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments

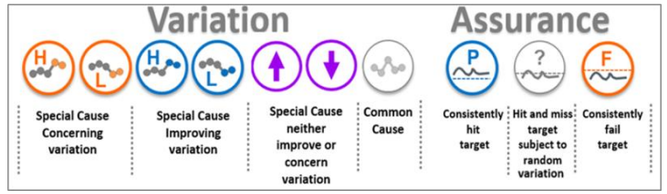
- Month on month improvements continue to be noted through the elective recovery performance and delivery group. The impact is evident through the reduction in the number of patients on the waiting list as well as the improvements within 18 weeks RTT. Enhanced governance continues to ensure scheduling is being optimised 6 weeks in advance, as well as oversight of long waiters to remove.
- There were 55 52-week RTT breaches in month.

52 Week breakdown:

- 47 of the breaches took place in cardiology, 22 Structural, 11 were Tavi, 13 were in EP, and 1 intervention, 7 referrals were incoming late referrals from external referrers, awaiting review after being deferred from surgical pathways for consideration.
- Three of the 52-week breaches occurred within the Thoracic and Ambulatory service, one was a late referral and discharged within three days of receipt. One was delayed due to patient choice and has received treatment and the third was due to a missed appointment and validation error, however the patient has now received treatment.
- STA: There were five patients in M04 that breached 52 weeks. All of which are late inherited clocks with plans in place to treat.

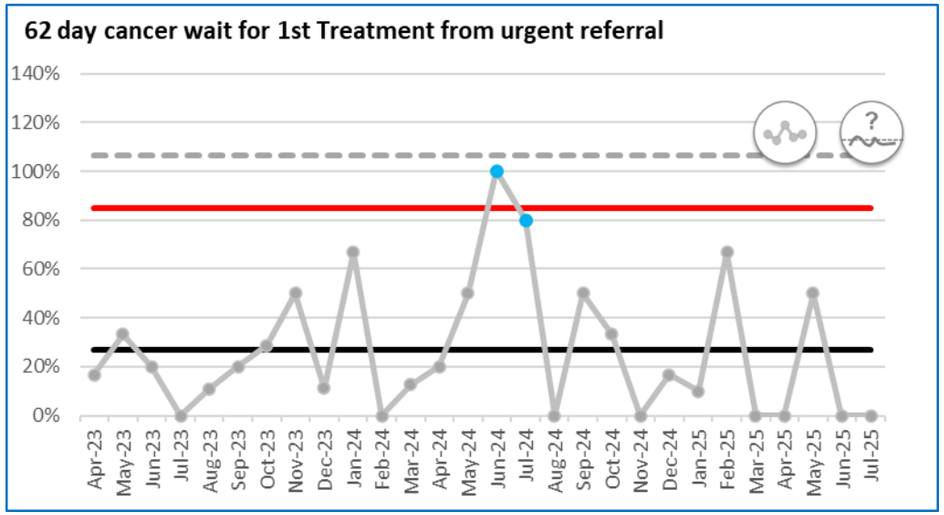
Responsive: Cancer

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

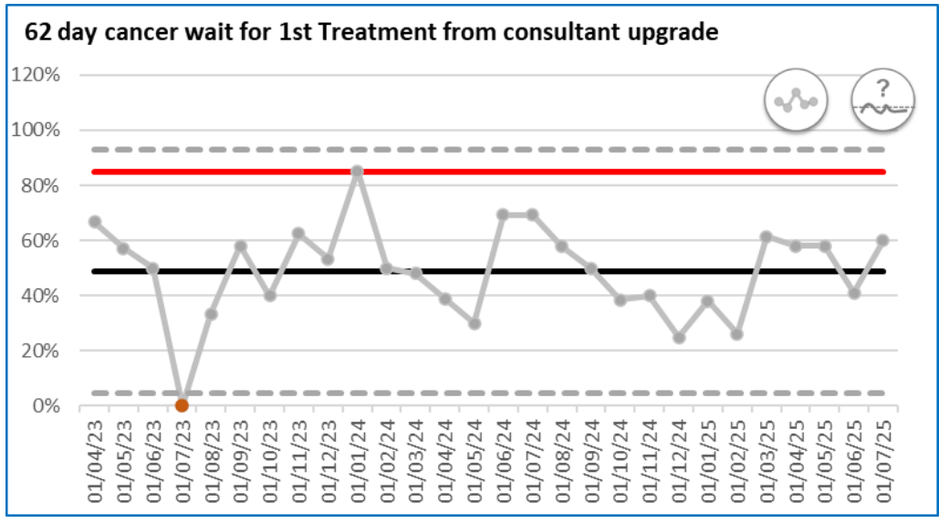


Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



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



Jul-25
60%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments

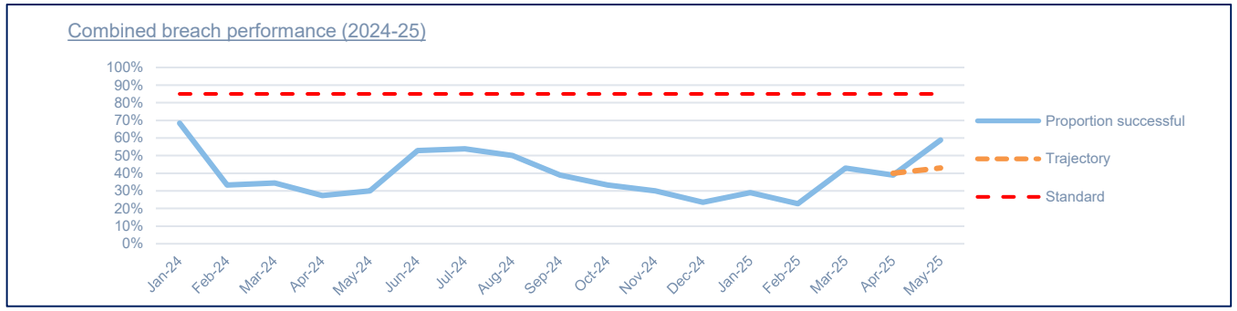
The average day of referral for M04, was 27.8 days, the same as M03 (87 referrals received). 18 referrals were received after day 38. The combined breached performance for 62-days was 33% (same as M03) and below the trajectory.

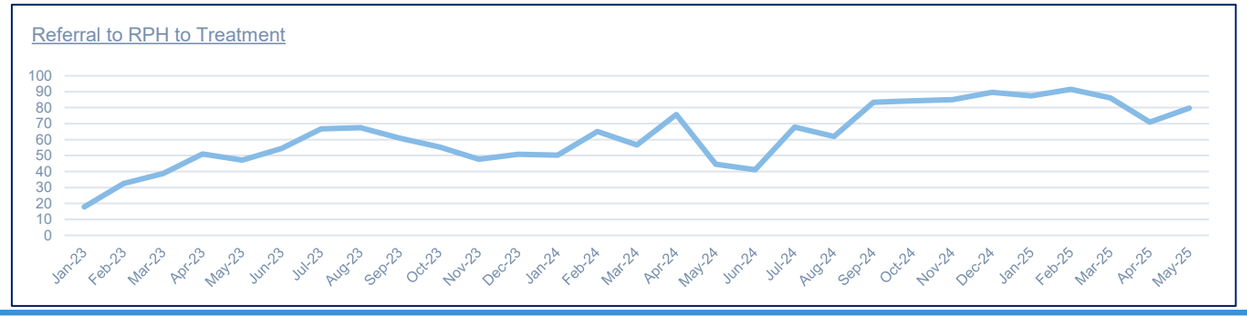
Breach themes include:

- Surgical clinic wait was too long in some of these cases
- Surgical waits were a problem
- Some patients waiting too long for their CTNB
- One patient referred for surgery with an out-of-date CT – this meant we could not achieve the 24-day target

Diagnostic pathway bundles continue to be rolled out and the impact will be assessed through the cancer recovery programme.

Cancer Recovery Delivery Group continues to meeting weekly, with the pipeline schemes to be reviewed on 5th September and a date to be agreed to develop the CTNB pathway.

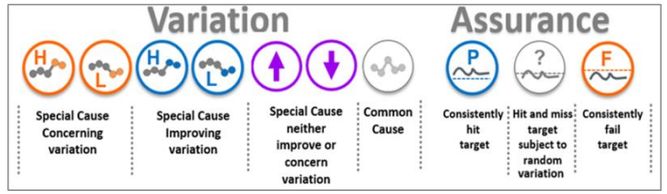




Please note the compliance data submitted to PIPR is pre-allocation. It does not consider patients who would later be found not to have a cancer diagnosis or patients that are referred on for treatments at other trust where breach or treatment allocation are later made.

Responsive: Cancer

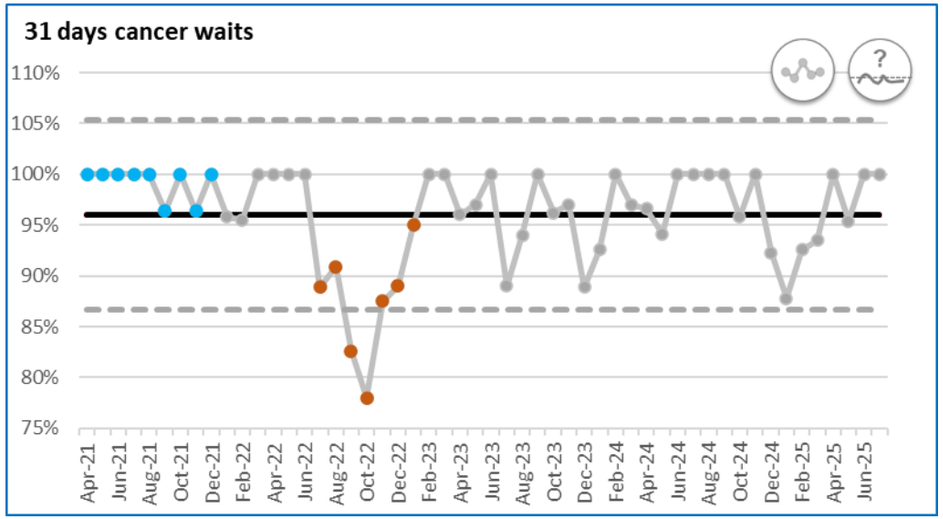
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



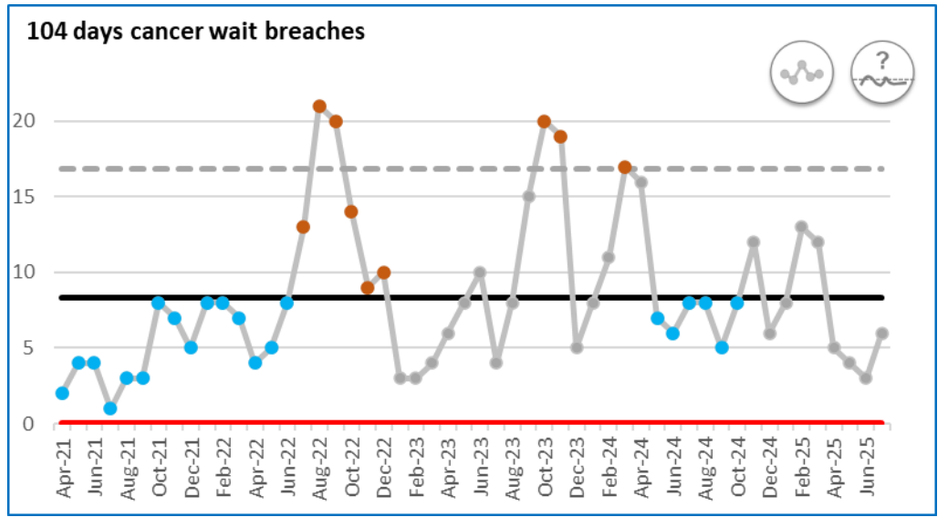
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Jul-25
100%
Target (red line)
96%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

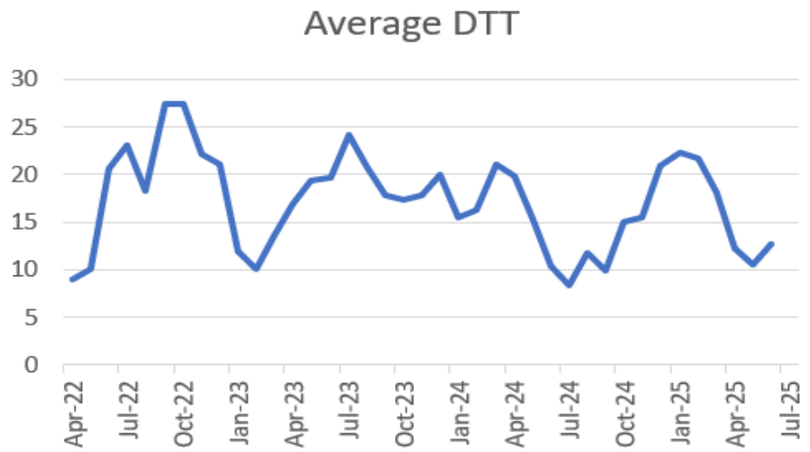


Jul-25
6
Target (red line)
0
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments

31 Day breaches: The 31-day target was achieved in M04 with a compliance of 100%. However, the averaged decision-to-treat continues to reduce (11.7 days) and is attributed to improved scheduling within thoracic surgery.

Decision-To-Treat



104 day breaches: Continued low numbers of 104+ breaches, clear improvement with PTL
6 breaches M04. Of these, 1 was treated in July. All breaches in previous months were treated.

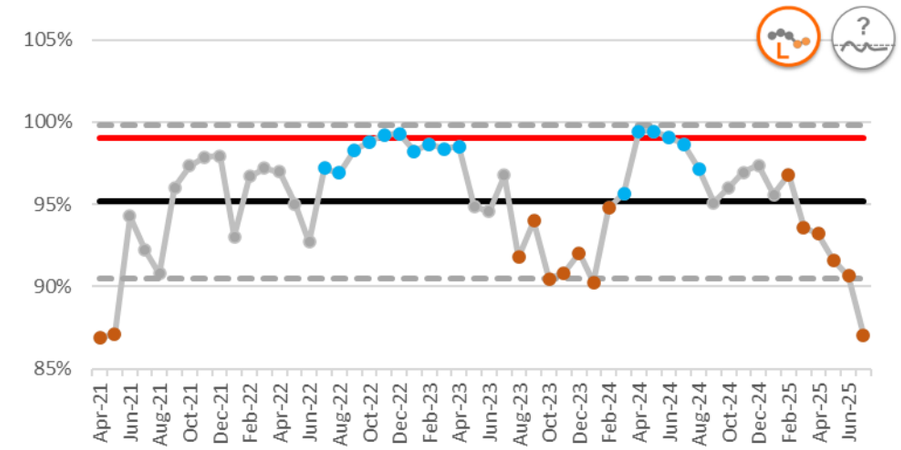
Responsive: Other metrics

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

NHS
Royal Papworth Hospital
NHS Foundation Trust

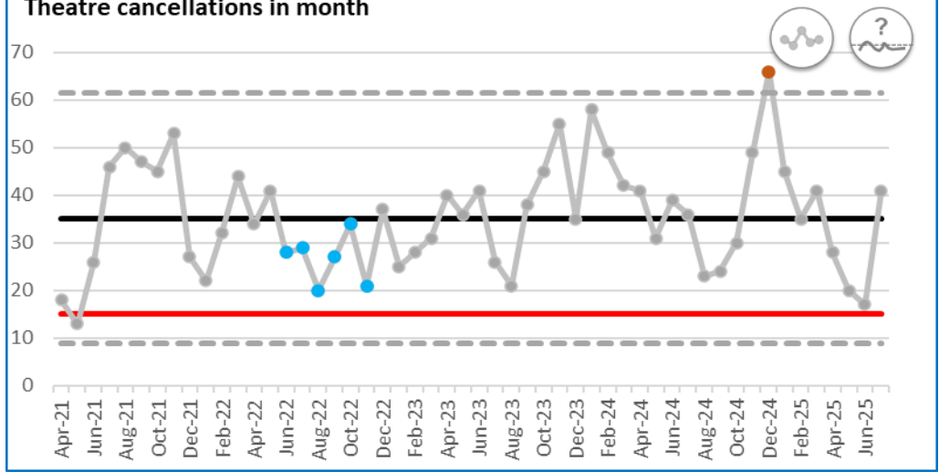
1. Historic trends & metrics

% diagnostics waiting less than 6 weeks



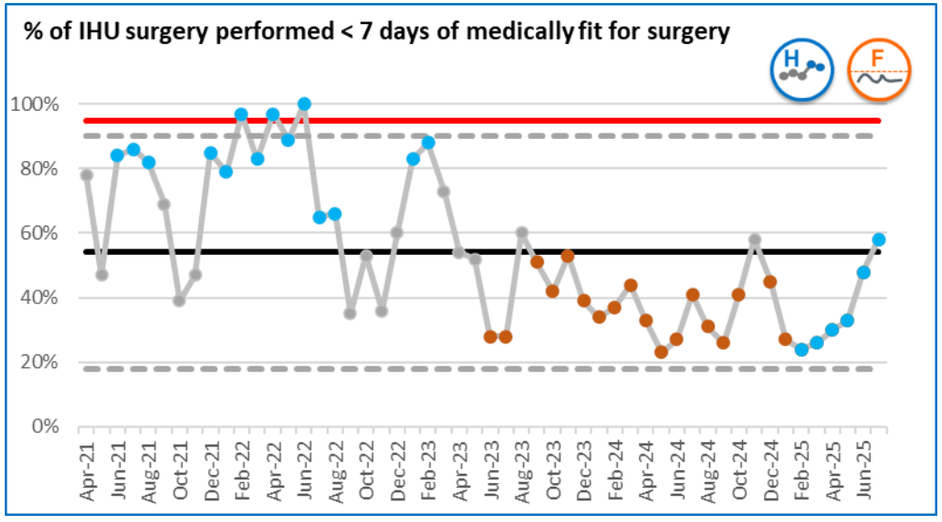
Jul-25
87.0%
Target (red line)
99%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

Theatre cancellations in month



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

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



Jul-25
58%
Target (red line)
95%
Variation
Special cause variation of an improving nature
Assurance
Has consistently failed the target

Action plans / Comments

DM01

•Trust compliance reflects the overall diagnostic position (not just radiology).
•Radiology continues to present a position of long waiters which continues to be primarily driven by longer waits in cardiac MRI and CT scanning.
•The additional weekend lists which were being undertaken in MRI to try and support long waiting patients have now reduced to once a month to protect staff work life balance whilst we also support additional weekend cath labs lists that are also drawing on the same finite pool of radiographers.
•PTL size is now circa 3,500 and appears to be stable
•Radiology validator commenced in late July.
•Diagnostic Imaging now involved in the Elective Recovery Programme with data being added to the weekly Huddles
•Meeting planned for 2/9/25 with x3 CDs, STA DDO, Radiology Ops, Radiology CL. Multiple areas of focus on referral management to try and improve patients waiting & waiting times, as well as report management
•WatchPAT managed service commenced in July to aid CSS backlog for RTT patients and therefore anticipate improvement in DM01 specific to sleep in M04. PSG and Respiratory Polygraphy studies are improving month on month. DM01 for thoracic overall was 95.12%

Theatre Cancellations

41 cancellations in M04 an additional 45 major emergency cases were undertaken, which is reflected in the overall theatre utilisation and activity data. The most significant reason for cancellation on the day was due to planned case overruns (13) and additional case took time (6), In addition there were 16 transplants in M04 the highest number for 2 years which impacts elective activity and result in cancellation. There were a 4 cancellations in M04 due to excess theatre humidity during the extreme heat wave.

In House Urgent patients

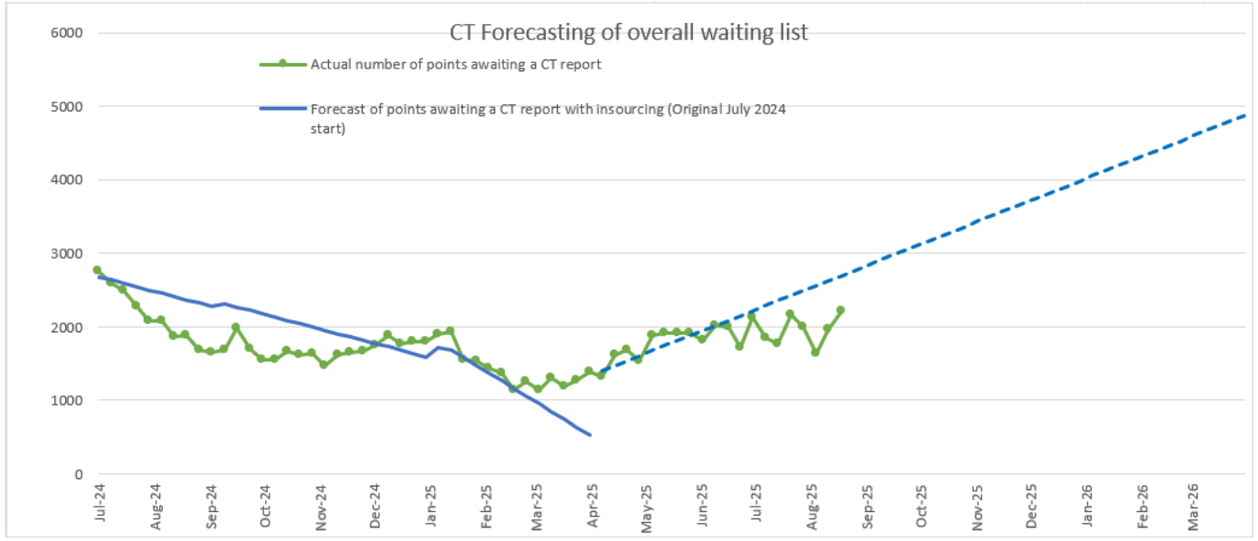
- Capacity for IHU's continues to be flexed. Increased capacity is made available to support flow at RPH and the region, 7 day KPI, continues on an upward trajectory with 58% of patients treated within 7 days.
- STA leadership team are working collaboratively with cardiology and clinical admin on flow and new ways of working.

Responsive: Spotlight – CT Backlog

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

Royal Papworth Hospital
NHS Foundation Trust

		07/07/2025	14/07/2025	21/07/2025	28/07/2025	04/08/2025	11/08/2025	18/08/2025
Actual	Actual number of points awaiting a CT report	1846	1764	2166	1998	1640	1968	2205
	Actual points backlog awaiting a CT report **for more than 4 weeks**	654	639	794	608	495	647	783
	Actual points on waiting list for a CT report **waiting less than 4**	1192	1125	1372	1390	1145	1321	1422
	Proportion of CT reports waiting **for more than 4 weeks**	35%	36%	37%	30%	30%	33%	36%
	Number of patients awaiting a CT **report**	786	749	790	724	697	720	817
	Number of patients waiting CT **report** over 4 weeks	227	166	262	172	134	187	246
	Number of patients awaiting a CT scan based on PTL	1765	1710	1716	1683	1632	1685	1656



Recruitment
Remains 9 Consultant Radiologists (8.5 WTE) in post against a budgeted WTE of 13.77

- 1 substantive Consultant Radiologist successfully appointed (start date Sept 2025)
- 1 fixed term Consultant Radiologist recruitment underway (start date Sept 25)
- 1 substantive Consultant Radiologist resignation, Sept 2025

Advert remains active and available for applicants. Advert also to be placed in the BMJ.

External Reporting:
Langley Clark (LCI) contract continuing. Additional shifts worked in July to compensate for the reduction in number of shifts during June. August roster for LCI has been fully staffed but this is offset by annual leave within the team of RPH Consultant Radiologists resulting in an overall drop in CT reporting shifts as a combined roster.

Validation of longest wait CT reports down to 4 weeks undertaken twice in the past 4 weeks. Once TAVI scans, DQ issues and pending reviews (reported but need checking) were removed, there were 84 CTs waiting over 4 weeks.

TAVI reporting with an external provider supported by Cardiology has commenced to reduce the backlog of TAVI reports awaiting over 4 weeks.

CT report average turnaround time in July – 28 days (range 0-175 days)
Remains within the 4 week national KPI
Total of 1354 CT reports published in July (180 more than June)

Outsource project update (as of 19 August 2025)

- Project remains within documented timescales and on plan
- To support all modality reporting, not just CT
- Scoring, financial scoring and mediation completed in July 2025
- Preferred bidder known
- ATIR currently being written (now the preferred bidder & costs are known)
- VPN line upgrade continuing with expected implementation August 2025 (pipe widening), to be followed by VDI re-testing before implementation of remote working shifts for the Consultant Radiologists

Responsive: Spotlight – 52 week waits

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

Royal Papworth Hospital
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As of 20 August 2025, there are 6,218 patients on the PTL. Of these, 56 have been waiting in excess of 52 weeks from their original referral. This equates to 0.9% of the PTL.

Number of patients on RTT	Number of patients on RTT >52w		Number of patients on RTT >52w that are booked	
6218	56	0.9%	45	80.4%

For reference, the RPH plan submitted to NHS England for the number of patients waiting over 52 weeks is below. Regardless of this, RPH are striving to achieve a position where no patient waits in excess of 52 weeks (with the exception of genuinely late referrals):

	April	May	June	July	August	Sept	October	Nov	Dec	January	February	March
Number 52w waiters plan	163	147	132	119	107	96	87	78	70	63	57	51
Number 52w waiters position	56	65	58	55								

Of these 56 patients, 49 are Cardiology patients, 1 is a Thoracic patient and 6 are STA patients.

Number of patients on RTT >52w	Cardiology		Thoracic		STA	
56	49	87.5%	1	1.8%	6	10.7%

The Thoracic patient has been waiting for 53 weeks, all of which were with RPH. This is a unique case.

The 6 STA patients were all referred to STA late in their pathway. Of these, 4 have been waiting with RPH for less than 10 weeks to date. The other 2 however were late referrals from Cardiology and have been waiting with RPH for 57.2 and 59.2 weeks. Of these 6 patients, 4 already have their date with STA booked.

Of the 49 Cardiology patients, 10 are EP, 12 are TAVI and 25 are Structural.

Number of patients on RTT >52w	EP		TAVI		Structural		Other	
49	10	20.4%	12	24.5%	25	51.0%	2	980.0%

Of these 49 Cardiology patients, 40 were referred to RPH within 1 week of their original clock starting or are the original referral. The other 9 are ‘late referrals’. All 49 have been with RPH in excess of 18 weeks and 42 have been with RPH in excess of 52 weeks.

Of the 49 Cardiology patients, 45 now have their next date booked. This is a result of a targeted operational effort as well as a planned increase in weekly structural capacity from 11 September 2025 onwards. This will see all current structural patients waiting over 52 weeks have their clock stopped by the end of October 2025. The new rotas will continue beyond October to absorb any patients that become 52 week waiters. The additional TAVI and EP work as part of the ECR programme, should result in no patients waiting over 52 weeks for Cardiology services at RPH unless they are referred late in their pathway.

Responsive: Spotlight – 52 week waits

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

Royal Papworth Hospital
NHS Foundation Trust

Patient	Weeks Waiting	Weeks on RPH PTL	Weeks Waiting Before Referral to RPH	Division	Speciality
1	132.1	0.2	131.9	STA	Surgery
2	52.6	1.1	51.5	STA	Surgery
3	90.7	1.6	89.1	STA	Surgery
4	56.3	8.9	47.4	STA	Surgery
5	75.7	21.2	54.5	Cardiology	Structural
6	68.3	28.7	39.6	Cardiology	TAVI
7	54.3	30.9	23.3	Cardiology	TAVI
8	54.6	32.7	21.9	Cardiology	EP
9	55.3	39.6	15.7	Cardiology	TAVI
10	52.7	45.2	7.5	Cardiology	Surgery
11	70.1	47.2	22.9	Cardiology	TAVI
12	52.1	52.1	0.1	Cardiology	TAVI
13	53.7	52.6	1.1	Cardiology	EP
14	52.7	52.6	0.1	Cardiology	Structural
15	52.9	52.8	0.1	Cardiology	EP
16	52.9	52.8	0.1	Cardiology	TAVI
17	53.1	53.1	0.1	Cardiology	TAVI
18	53.7	53.7	0.1	Thoracic	RSSC
19	53.7	53.7	0.0	Cardiology	Structural
20	54.0	53.8	0.2	Cardiology	Structural
21	54.0	53.9	0.1	Cardiology	TAVI
22	54.1	54.1	0.0	Cardiology	Structural
23	69.0	54.2	14.8	Cardiology	Structural
24	57.1	54.2	2.9	Cardiology	Intervention
25	54.3	54.3	0.0	Cardiology	Structural
26	55.0	54.9	0.1	Cardiology	Structural
27	55.1	55.1	0.0	Cardiology	Structural
28	67.0	55.2	11.8	Cardiology	Structural

Patient	Weeks Waiting	Weeks on RPH PTL	Weeks Waiting Before Referral to RPH	Division	Speciality
29	55.9	55.8	0.1	Cardiology	EP
30	60.0	56.2	3.8	Cardiology	TAVI
31	56.3	56.3	0.0	Cardiology	Structural
32	56.7	56.6	0.1	Cardiology	EP
33	57.1	57.1	0.1	Cardiology	EP
34	57.3	57.2	0.1	STA	Surgery
35	58.1	58.1	0.1	Cardiology	Structural
36	67.9	58.4	9.5	Cardiology	TAVI
37	59.3	59.2	0.1	STA	Surgery
38	59.6	59.5	0.1	Cardiology	EP
39	61.1	61.1	0.0	Cardiology	EP
40	63.1	63.1	0.1	Cardiology	Structural
41	63.3	63.3	0.0	Cardiology	EP
42	63.9	63.8	0.1	Cardiology	TAVI
43	64.1	64.1	0.1	Cardiology	Structural
44	64.7	64.6	0.1	Cardiology	Structural
45	66.9	65.8	1.1	Cardiology	Structural
46	66.0	66.0	0.0	Cardiology	Structural
47	66.0	66.0	0.0	Cardiology	Structural
48	67.0	67.0	0.0	Cardiology	Structural
49	67.0	67.0	0.0	Cardiology	Structural
50	68.0	68.0	0.0	Cardiology	EP
51	68.3	68.3	0.0	Cardiology	TAVI
52	69.3	69.3	0.0	Cardiology	Structural
53	69.7	69.7	0.0	Cardiology	Structural
54	73.3	73.3	0.0	Cardiology	Structural
55	74.7	74.7	0.0	Cardiology	Structural
56	81.1	81.1	0.0	Cardiology	Structural

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.	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		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	NH	WatchPat launched the 3rd July. Expansion of sleep lab under way with band 6 appointed and band 5 appointed. Additional equipment being made available from company to ensure enough equipment for demand. Over 700 devices ent out to date (13/8/25) and DM01 has improved as a result	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	New governance in place to report RTT through to Access Board and Performance Committee. 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	Lists now in motion with additional 4 Tavi patients scheduled each week, 3 lists accross August and Sept stood down due to Anaesthetic Resource not being avaialable. (Staffed on overtime)	Mar-26	
	% of IHU surgery performance < 7 days of medically fit for surgery	STA	Working group between Clinical Admin, STA and Cardiology to review IHU processes. Propose spotlight slide to be shared for June PIPR.	NH/LM	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	
	Number of patients on waiting list	Thoracic	Demand and capacity review of RSSC to ensure capacity meets growing demand	NH	Conversion rates completed which needs to be used to complete demand and capacity. July there is ongoing work for capacity and demand to ensure the service can deliver RTT. An optins appraisal is in development for service provision and modelling once WatchPat is complete	Jul-25	
	52 week RTT breaches	Cardiology	Review of process for late additions to waiting list, including IPT corrections	LM	Ongoing collaboration with Clinical Admin to review processes	Jun-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:** MDT Streamline Triaging working well, additional patients streamlined through MDT each week. 27 additional patients treated through PSI and additional in week capacity. **Structural PSI List:** 4 MTEERs Treated, Structural Booking plan in place, patients booked from September onwards, MTEER extra capacity planned from October **TOE PSI List:** Currently using spare in week capacity for the lists. 3 Lists completed.	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 – 48 Patients seen, 16 Booked OPFU – 30 Patients seen Lab Bookings - 51 Patients Treated	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. Green lists is implemented and now business as usual. 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. RTT is improving	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	NH	WatchPAT commenced in July with SDC clinics in the pipeline. A reduction in conversion to CPAP starter and SDC has been seen, so this will be taken into account in service modelling going forward.	Mar-26	
			Additional medical secretary support to discharge patients waiting over 18 weeks	SC	Number of discharge ACDs decreased from 180 to 118. Appointed, awaiting start dates	Aug-25	
	Validation of patients waiting over 12 weeks	All	Digital validation	ZR	Pilot of 50 patients completed: 60% response rate, 1 confirmed did not want to attend RPH. Rollout confirmed for end of Quarter 2.	Sep-25	
			Validation sprints - detailed action plan to be drafted Q1 in line with national validation sprints	DDOs	Validation for quarter 1 was above baseline, quarter 2 sprint has commenced and remains above baseline. 100% achieved and maintained over the last month	Jun-25	
		Thoracic	6 month FTC validator within thoracic to support RTT delivery	NH	Role recruited to and validation has improved as a result	Jul-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*

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
Dashboard KPIs	Voluntary Turnover % **	4	9.0%	7.48%	9.39%	7.57%	10.03%	7.41%	4.41%
	Vacancy rate as % of budget **	4	7.50%	6.45%	6.01%	5.60%	6.51%	6.62%	6.12%
	% of staff with a current IPR	4	90%	77.74%	77.74%	76.86%	78.04%	79.73%	80.34%
	% Medical Appraisals*	3	90%	79.03%	80.31%	79.53%	75.78%	79.53%	82.44%
	Mandatory training %	4	90.00%	88.07%	87.07%	87.30%	86.97%	88.56%	89.77%
	% sickness absence **	5	4.0%	4.65%	4.39%	4.22%	4.00%	4.41%	4.69%
Additional KPIs	FFT – recommend as place to work **	3	72.0%	58.00%	n/a	n/a	n/a	60.00%	n/a
	FFT – recommend as place for treatment	3	90%	85.00%	n/a	n/a	n/a	88.10%	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	4	5.00%	1.80%	1.77%	1.59%	2.44%	2.68%	3.02%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	4	10.00%	12.06%	11.01%	7.34%	6.93%	7.85%	5.70%
	Long term sickness absence % **	5	1.50%	1.84%	1.94%	2.08%	1.72%	2.16%	2.13%
	Short term sickness absence	5	2.50%	2.82%	2.45%	2.13%	2.28%	2.25%	2.56%
	Agency Usage (wte) Monitor only	5	Monitor only	29.2	27.8	17.7	10.9	10.2	9.9
	Bank Usage (wte) monitor only	5	Monitor only	93.9	100.5	95.3	98.2	95.7	122.1
	Overtime usage (wte) monitor only	5	Monitor only	45.5	54.0	26.0	22.8	19.1	16.3
	Agency spend as % of salary bill	5	2.32%	2.52%	1.12%	1.44%	1.32%	0.70%	0.38%
	Bank spend as % of salary bill	5	2.51%	3.18%	2.25%	3.00%	3.08%	3.90%	3.91%
	% of rosters published 6 weeks in advance	3	Monitor only	60.60%	57.60%	54.50%	51.50%	51.50%	57.60%
	Compliance with headroom for rosters	4	Monitor only	30.40%	30.10%	29.90%	26.20%	27.20%	26.50%
	Band 5 % White background: % BAME background	5	Monitor only	n/a	41.43%:57.38 %	n/a	n/a	39.55%:59.27 %	n/a
	Band 6 % White background: % BAME background	5	Monitor only	n/a	62.31%:36.47 %	n/a	n/a	61.70%:37.13 %	n/a
	Band 7 % White background % BAME background	5	Monitor only	n/a	75.69%:21.76 %	n/a	n/a	75.57%:21.95 %	n/a
	Band 8a % White background % BAME background	5	Monitor only	n/a	85.40%:13.14 %	n/a	n/a	85.31%:13.99 %	n/a
	Band 8b % White background % BAME background	5	Monitor only	n/a	86.21%:13.79 %	n/a	n/a	87.10%:12.90 %	n/a
	Band 8c % White background % BAME background	5	Monitor only	n/a	80.65%:19.35 %	n/a	n/a	78.79%:21.21 %	n/a
	Band 8d % White background % BAME background	5	Monitor only	n/a	90.00%:10.00 %	n/a	n/a	90.91%:9.09%	n/a
	Time to hire (days)	3	48	42	38	36	41	38	40

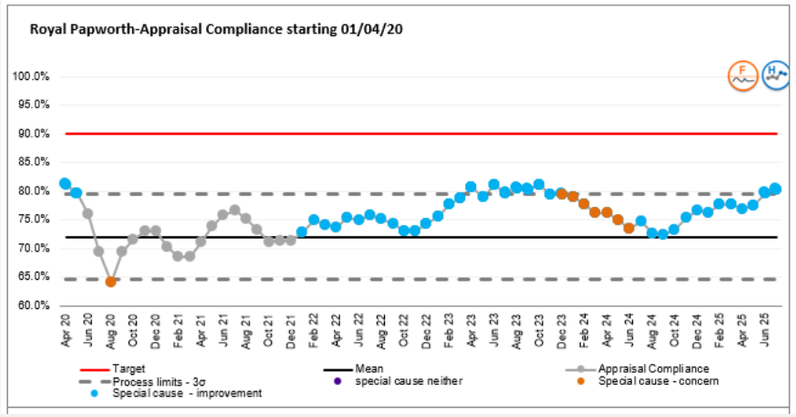
Summary of Performance and Key Messages:

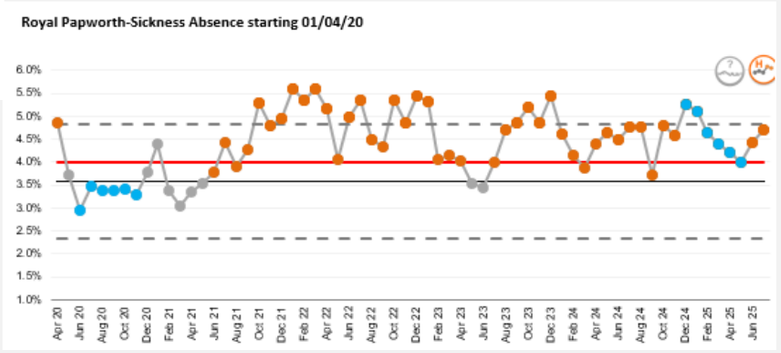
- Turnover has significantly reduced to 4.41% in July, there does tend to be a reduction in the summer months but this is the lowest turnover percentage since pre covid levels as noted in the SPC. There were 14 leavers equating to 12 WTE non medical leavers in July. There were 14 leavers (12.7 wte) non-medical leavers, from across departments and for a range of reasons i.e. there were no themes.
- We are continuing to see an improvement in July in respect of compliance with mandatory training (89.77%) requirements and annual appraisal (80.34%), however both are not achieving the Trust KPI.
- Total sickness absence increased to 4.69% which is over our KPI. There has been continued focus from the Workforce Directorate to support managers through training and the application of absence management protocols with enhanced focus following the publication of the NHS 10 Year Plan. An absence management support programme for areas with high absence rates is being developed initially with Critical Care.
- We have seen a reduction in our vacancy rate in July at 6.12%, remaining below the Trust KPI.
- Registered Nurse vacancy rates increased again for the third consecutive month to 3.02%. This equates to 23.56 WTE vacancies. There are currently 22 registered nurses moving through pre-employment checks to meet this demand plus 7 temporary staffing. The ‘talent pool’ process has now been set up and we have 4 student nurses currently working through this process. This will allow us to seamless appoint candidates as soon as vacancies become available as all pre-employment checks will have been completed.
- The unregistered nurse vacancy rate fell to the lowest on record to 5.7%, 13.38 WTE. Whilst this is a healthy picture, the current pipeline of Healthcare Support Workers is sitting at 3 plus 17 temporary staffing. A more aggressive approach to HCSW recruitment is being applied and we have a recruitment event in September to address the significant deficit in the pipeline.
- The time to hire for July was 40 days. This is the 10th consecutive month below the national KPI of 48 days. We anticipate that this figure will increase slightly as we maintain a rolling pipeline without immediate vacancies, though some flexibility here is necessary to support our long-term strategy.
- Temporary staffing: There is limited agency use across the Trust (only being used in exceptional circumstances), such as Healthcare Support Workers in Theatres. Overtime use has also declined significantly. Bank use increased in July which continues to cause pay costs to exceed budgets. Controls from managers and matrons to ensure additional duties are not being created and greater roster scrutiny should help in managing this issue.

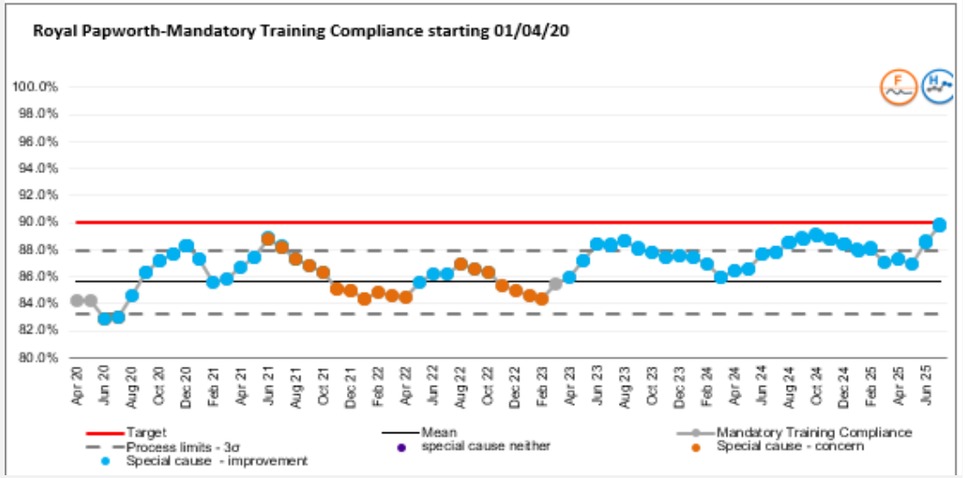
People, Management & Culture: Key performance trends

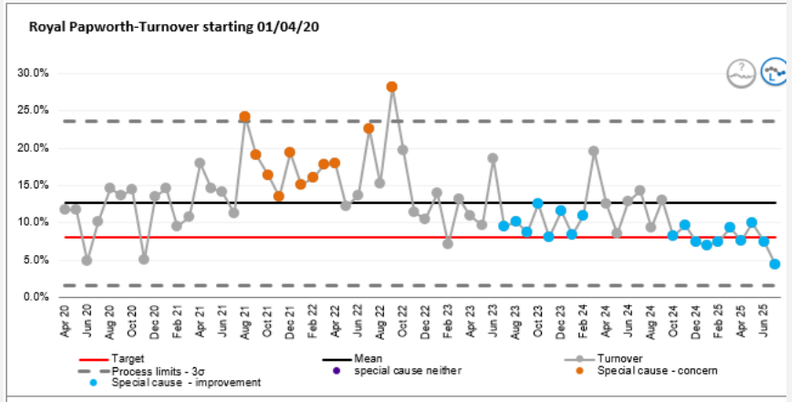
Royal Papworth Hospital
NHS Foundation Trust

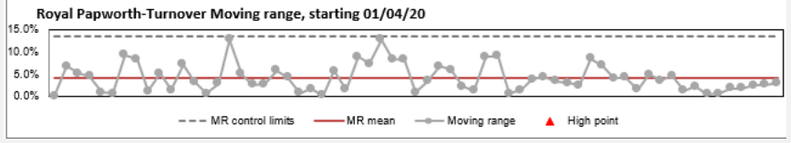
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*

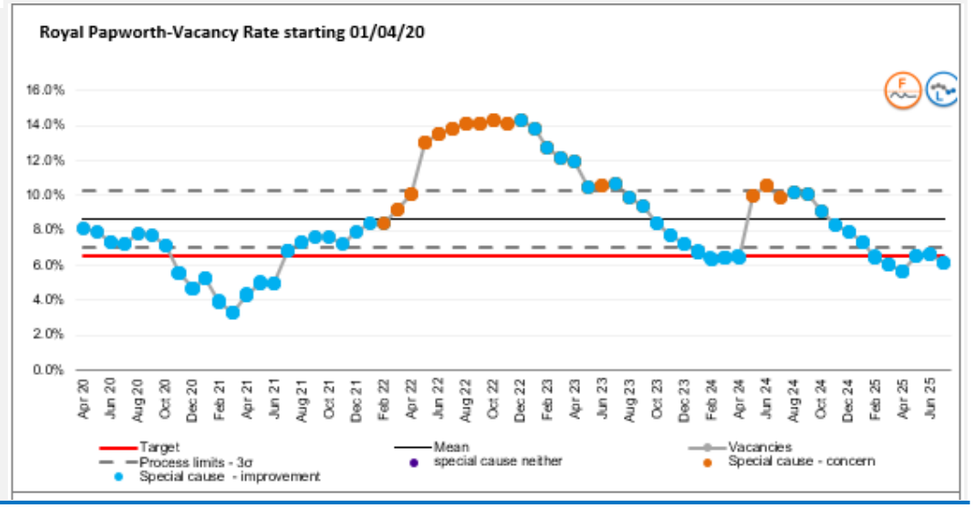










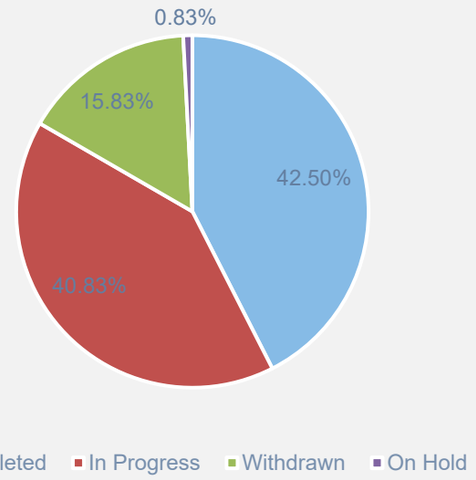


People, Management & Culture: Apprenticeships

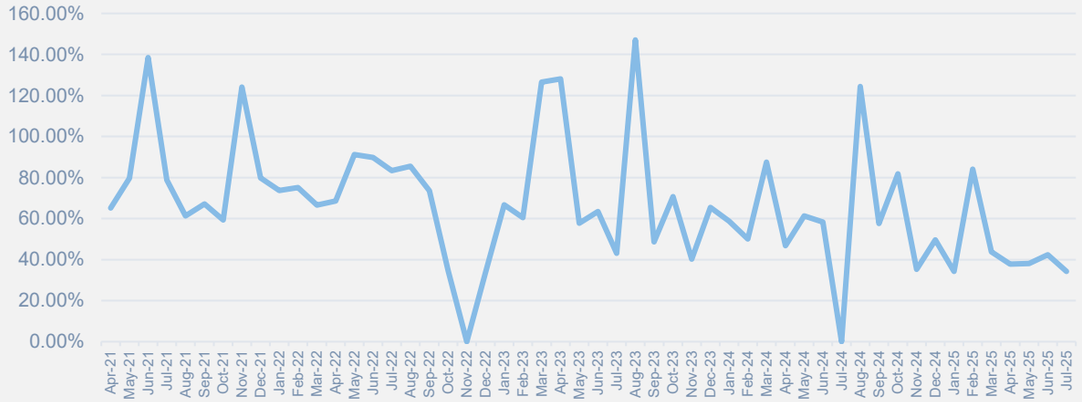
Royal Papworth Hospital
NHS Foundation Trust

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

Apprenticeships by Completion Status since Apr-22



Levy Spend Percentage by Month - since April 2021



What is an Apprenticeship?

An Apprenticeship is a paid job combining work with structured training which leads to a nationally recognised qualification, covering a wide range of roles clinical and non-clinical (Level 2-6). Apprenticeships also enable both new recruits and existing staff to gain skills while working. Apprenticeships typically run for between 1–5 years, from a funding perspective, Funding is through the apprenticeship levy or co-investment.

Recent changes; Level 7 apprenticeships:

Government is stopping Level 7 (Master's level) programmes being funded through the levy. There has been agreement in August 2025, that 5 NHS professions are to receive level 7 funding, with this criteria the one applicable to RPH is Advanced Clinical Practitioner Apprenticeships 'mitigation fund' until 2029. The aim is to ensure levy funds are focused on entry-to-mid-level training, widening access rather than funding senior management qualifications. In respect of our position, this will mean reduced availability for some leadership and advanced practice pathways, requiring us to explore alternative development routes for senior staff.

The Apprenticeship levy

The apprenticeship levy has been UK-wide government policy since April 2017, employers whose pay bill is over £3m pay 0.5% of that into the levy, these funds are stored in a digital account to pay for apprenticeship training and assessment, unused funds expire after 24 months and are returned to the Treasury. We can also transfer up to 25% of our levy funds to other organisations (e.g., partner trusts, social care providers).

The Cost Challenge for RPH

Training costs are covered by levy funds, meaning that backfill costs (covering the apprentice's time away from normal duties) are not covered, this is the largest financial barrier to increasing apprenticeship numbers, especially in clinical areas. We pay an apprentice as 1 WTE but are required as part of apprenticeship to have 0.2WTE off the job training each week, some apprenticeships have long term placements away from the Trust.

Government Legislation, The 10 Year Plan and Next Steps

The NHS Fit for the Future: 10 Year Health Plan emphasises overhauling the NHS workforce. It commits every staff member to a personalised development plan and "skills escalators" for clear career progression – explicitly sets out apprenticeships as a key training route. There is a notable suggested shift in recruitment toward local communities and away from overseas reliance, by increasing earn-while-you-learn routes. These ambitions aim to create an additional 2,000 additional nursing apprenticeships over 3 years, targeting areas of greatest need. These measures show apprenticeships are intended as a core part of future workforce planning. We are currently in the process of reviewing the impact of the removal of Level 7 courses and the impact on our local apprenticeship levy.

Finance: Performance summary

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

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£(75)k	£1,044k	£335k	£(29)k	£(58)k	£(98)k	£(7)k
	Cash Position at month end £000s *	5	£68,408k	£76,448k	£75,314k	£79,265k	£75,114k	£77,044k	£77,248k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£642 YTD	£2,506k	£4,918k	£26k	£39k	£101k	£101k
	CIP – actual achievement YTD - £000s	4	£2,767k	£6,018k	£6,630k	£226k	£439k	£661k	£1,331k
	Agency expenditure target £'k	5	£157k	£305k	£243k	£188k	£179k	£128k	£52k
	Bank expenditure target £'k	5	£367k	£395k	£491k	£391k	£417k	£523k	£522k
Additional KPIs	Capital Service Ratio YTD	5	1.0	0.5	0.5	0.5	0.2	0.4	0.6
	Liquidity ratio	5	26	29	29	29	25	30	44
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£10,863k	£11,060k	£944k	£1,888k	£2,828k	£3,671k
	Total debt £000s	5	Monitor only	£4,090k	£6,580k	£5,400k	£4,300k	£3,500k	£4,600k
	Average Debtors days - YTD average	5	Monitor only	5	7	6	5	4	5
	Better payment practice code compliance YTD - Value £ % (Combined NHS/Non-NHS)	5	Monitor only	98%	98%	98%	98%	98%	92%
	Better payment practice code compliance YTD - Volume % (Combined NHS/Non-NHS)	5	Monitor only	97%	97%	97%	86%	90%	98%
	Elective Variable Income YTD £000s	4	£0k (YTD)	£55,178k	£58,151k	£4,927k	£10,160k	£15,621k	£21,567k
	CIP – Target identified YTD £000s	4	£9630k	£6,632k	£6,632k	£4,650k	£4,727k	£4,912k	£6,093k
	Implied workforce productivity % - compares real terms growth in pay costs from 19/20 against growth in activity from 19/20	5	Monitor only	-0.3%	5.1%	n/a	7.2%	-2.0%	-5.6%

Summary of Performance and Key Messages:

- **At month 4, the YTD finance position is a deficit of £8k, which represents a favourable variance of £64k to plan.** This favourable variance is mainly driven by variable income over-performance within core NHS variable contracts for England which is now YTD £2m favourable and non-England commissioners. Also supporting this slight favourable variance is a favourable budget phasing of planned elective recovery initiatives and contingency reserves against spend over the period; which offsets adverse business-as-usual pay and CIP under-delivery pressures within clinical divisions.
- **Income is £3.4m favourable to plan**, primarily driven by NHS variable clinical income. The Trust has now concluded and signed all its ICB commissioner contracts for the year. Other Operating Income is £6m YTD with an over-recovery of £0.53m to budget mainly attributable to staff recharges, R&D and Charitable Income which partly offsets additional expenditure.
- **Pay expenditure is c£1.8m adverse to the YTD plan (of which c£0.4m relates to backdated pay award settlement, recovered through contract uplifts within the clinical income position).** The main drivers are staff over-establishment in clinical divisions of £1.1m, primarily within ward areas, alongside YTD non-recurrent backdated medical staff arrears payments for approved additional programme activity from the recent job planning cycle. Agency spend continues to reduce and deliver against the trajectory for reduction; however, this is offset by increases in bank and overtime spend and over recruitment of staff. A set of new guidelines have now been issued to divisional leadership teams to strengthen and monitor our current grip and control arrangements for over-established areas. The Position includes non recurrent costs for pay arrears, costs of industrial action and PSIs.
- **Operating non-pay spend is adverse to plan by £1.6m.** This has been driven by non-recurrent spend mainly high-cost implants which have associated income from commissioners within the income position. CIP under-delivery is a key driver of this adverse variance, with a year-to-month 4 shortfall of £0.5m. CIP remains a key area of focus for the Trust, with enhanced delivery support provided to divisional teams; alongside further grip and control arrangement (see CIP report).
- **Cash closed at £77.2m**, an increase of **£0.2m** with no significant change in working capital.
- The capital plan for the year resulted from a risk-based prioritisation process undertaken by the Medical Devices Group, Digital and Estates teams with oversight from Investment Group. Spending the EPR capital is the most significant risk (representing over 50% of the programme and profiled to be spend in Q4), and this will continue to be monitored as the Full Business Case progresses. The year-to-date capital delivery is £0.5m behind plan, driven by slippages within medical equipment and digital replacement programme.

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*

The YTD adjusted financial performance is £8k deficit, representing a favourable variance to plan of £64k. This position is mainly driven by variable activity and pass through income over-performance and the favourable budget phasing of planned elective recovery initiatives and contingency reserves, offsetting 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	£54,211	£39,722	£149	£39,871	(£14,341)	
	Balance to Fixed Payment	£0	£14,614	£0	£14,614	£14,614	
	Variable at Tariff	£19,809	£20,871	£1,041	£21,912	£2,104	
	Homecare Pharmacy Drugs	£16,527	£17,356	£0	£17,356	£829	
	High cost drugs	£203	£231	£0	£231	£29	
	Pass through Devices	£8,953	£8,016	£211	£8,227	(£726)	
	Sub-total	£99,702	£100,810	£1,401	£102,211	£2,509	
Clinical income - Outside of national block framework							
	Devices	£498	£652	£0	£652	£154	
	Other clinical income	£592	£922	£0	£922	£330	
	Private patients	£3,448	£3,405	£0	£3,405	(£43)	
	Sub-total	£4,538	£4,979	£0	£4,979	£440	
Total clinical income		£104,241	£105,789	£1,401	£107,190	£2,949	
Other operating income							
	Other operating income	£5,394	£5,708	£250	£5,958	£564	
Total operating income		£5,394	£5,708	£250	£5,958	£564	
Total income		£109,635	£111,497	£1,651	£113,148	£3,513	
Pay expenditure							
	Substantive	(£50,257)	(£50,834)	(£616)	(£51,450)	(£1,193)	
	Bank	(£835)	(£1,741)	£0	(£1,741)	(£906)	
	Agency	(£882)	(£547)	£0	(£547)	£335	
	Sub-total	(£51,974)	(£53,122)	(£616)	(£53,738)	(£1,764)	
Non-pay expenditure							
	Clinical supplies	(£20,842)	(£21,582)	(£538)	(£22,121)	(£1,278)	
	Drugs	(£2,815)	(£2,336)	£0	(£2,336)	£480	
	Homecare Pharmacy Drugs	(£16,527)	(£17,319)	£0	(£17,319)	(£792)	
	Non-clinical supplies	(£13,734)	(£14,997)	£1,032	(£13,965)	(£231)	
	Depreciation	(£3,660)	(£3,569)	£0	(£3,569)	£91	
	Sub-total	(£57,579)	(£59,803)	£494	(£59,309)	(£1,730)	
Total operating expenditure		(£109,552)	(£112,924)	(£122)	(£113,046)	(£3,494)	
Finance costs							
	Finance income	£1,278	£1,144	£0	£1,144	(£134)	
	Finance costs	(£2,070)	(£1,908)	£0	(£1,908)	£161	
	PDC dividend	(£793)	(£792)	£0	(£792)	£1	
	Revaluations/(Impairments)	£0	£0	£0	£0	£0	
	Gains/(losses) on disposals	£0	£0	£0	£0	£0	
	Sub-total	(£1,585)	(£1,557)	£0	(£1,557)	£28	
Surplus/(Deficit) For The Period/Year		(£1,502)	(£2,984)	£1,529	(£1,455)	£47	
Adjusted financial performance surplus/(deficit)		(£75)	(£2,827)	£1,529	(£8)	£67	

YTD month headlines:

1. **Clinical income is c£2.9m favourable YTD.**
   - Fixed activity (non-elective spells and outpatient follow ups) when priced on tariff basis is £14.3m under the total fixed payment value. Variable income is favourable to plan by c£2.1m and reflects c123% performance against 2019/20 baseline.

2. • Other Operating Income is c£0.6m favourable to plan

   Other Operating Income is £6m YTD with an over-recovery of £0.5m to budget mainly due to staff recharges, R&D and Charitable Income surpluses to budget which partly offsets additional expenditure.

3. • **Pay expenditure is £1.8m adverse to plan.** Ongoing pay pressures driven by over-establishment on ward areas is being actively managed through recently implemented enhance control on temporary staffing booking. The expected benefit from this further grip and control will be monitored weekly for effectiveness. The position includes unachieved CIP, PSI cost offset in income, pay arrears and pay-award which is offset in the income position.
   - Agency spend reduction - sustained delivery against planned trajectory at Trust level, continues over the period, with variations within areas being subject to further scrutiny through divisional PRMs.

4. • Clinical supplies is c£1.3m adverse to plan. This is driven by activity costs as reflected in the income position.
   - **Drugs including Homecare is in line with plan overall**, within which, homecare pharmacy overspend is offset within the income position.

5. • **Non-clinical Supplies is £0.2m adverse to plan**. The underlying overspend which includes CIP underachievement, overspend on professional fees, premises costs and establishment costs, including printing and stationery, is offset by unwinding of unused provisions and contingency reserves phasing benefits.

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