Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

September 2025

Compassion
Excellence
Collaboration

Content

Context:

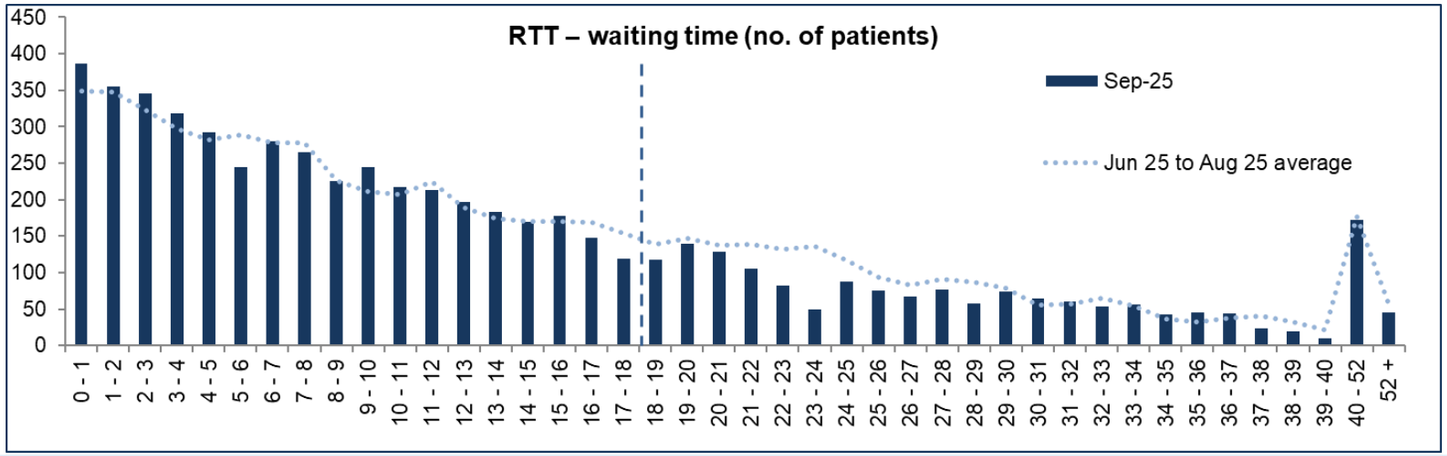
Royal Papworth Hospital
NHS Foundation Trust

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)	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Trend
Cardiac Surgery	143	147	138	162	142	139	
Cardiology	718	747	710	786	707	713	
ECMO	0	5	4	4	5	0	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	11	9	10	12	11	14	
RSSC	632	726	739	757	663	706	
Thoracic Medicine	497	515	529	587	498	521	
Thoracic surgery (exc PTE)	56	63	66	60	72	78	
Transplant/VAD	45	47	56	39	44	46	
Total Admitted Episodes	**2,102**	**2,259**	**2,252**	**2,407**	**2,142**	**2,217**	
Baseline (2019/20 adjusted for working days annual average)	*1,830*	*1,830*	*1,830*	*1,830*	*1,830*	*1,830*	
%Baseline	*115%*	*123%*	*123%*	*132%*	*117%*	*121%*	

Outpatient Attendances (NHS only)	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Trend
Cardiac Surgery	526	574	558	644	558	574	
Cardiology	3,945	3,975	4,022	4,296	3,728	4,091	
RSSC	2,096	2,254	2,201	2,996	2,275	2,369	
Thoracic Medicine	2,306	2,459	2,464	2,687	2,082	2,521	
Thoracic surgery (exc PTE)	100	110	137	115	140	177	
Transplant/VAD	330	306	346	292	273	381	
Total Outpatients	**9,303**	**9,678**	**9,728**	**11,030**	**9,056**	**10,113**	
Baseline (2019/20 adjusted for working days annual average)	*7,418*	*7,418*	*7,418*	*7,418*	*7,418*	*7,418*	
%Baseline	*125%*	*130%*	*131%*	*149%*	*122%*	*136%*	

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



Reading guide

Royal Papworth Hospital
NHS Foundation Trust

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

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

Key

KPI 'RAG' Ratings

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

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

Overall Scoring within a Category

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

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

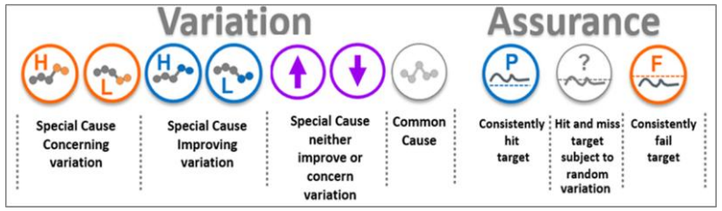
Overall Report Scoring

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

Trend graphs

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

Statistical process control (SPC) key to icons used:



Data Quality Indicator

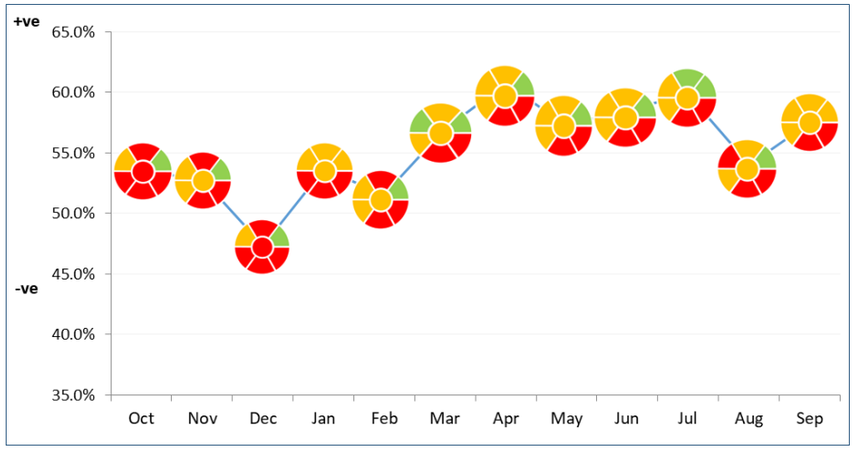
The data quality ratings for each of the KPIs included within the 'at a glance' section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI's is based on the views and judgement of the business owner for that KPI, and has not been subject to formal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

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

Trust performance summary

Royal Papworth Hospital
NHS Foundation Trust

Overall Trust rating - AMBER



FAVOURABLE PERFORMANCE

SAFE: 1) Safer staffing fill rates continue to be above our target of 85% since April 2025. 2) Harm Free Care – The metrics for pressures ulcers, Falls are within expected range in month. 3) There were no patient harm event graded through the SIERP process in September. 4) There were no C Difficile cases or bacteraemia reported in September.

CARING: 1) The Trust has continued to achieve high Friends and Family Test (FFT) recommendation scores for both Inpatients and Outpatients. 2) We continue to receive a high volume of compliments about our care, with 1,757 received in month

EFFECTIVE: 1) G&A bed occupancy reflects occupancy of commissioned beds from M06 and achieved 82.9%. ICU Bed occupancy in M06 is above the KPI at 82.6%, bed occupancy is still being measured on un-commissioned beds. This upward trend was also reflected in theatre activity where theatre utilisation was 94% in M06. 2) Elective inpatient and day-case activity was 124% of the 2019/20 baseline in M06.

RESPONSIVE: 1) 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. As of M06, the trust has achieved 72.1% which is a significant improvement since the commencement of the elective recovery programme. 2) The overall number of patients on the waiting list continues to reduce as a result. A trajectory has been completed to eliminate all 52- week breaches within Cardiology, recognising 52-week breaches in other divisions have been because of late referrals. As such, M06 saw 45 in-month 52-week breaches.

PEOPLE, MANAGEMENT & CULTURE: 1) Vacancy and turnover rates reduced further and are both below our KPI. 2) Mandatory training compliance improved remained above our KPI. 3) The use of agency and overtime continued to reduce.

FINANCE: As at Month 6, the Trust is reporting a year-to-date deficit of £66k representing a favourable variance of £13k to plan. The key driver to this position is a stronger-than-planned income performance, with favourable variances across core NHS variable contracts (notably £2.6m year-to-date from commissioners in England) and other non-England commissioners. This positive income performance, alongside favourable budget phasing impact of planned (elective recovery initiatives) and unallocated reserves, has partially offset adverse key cost pressures in the period to date. These pressures are concentrated within clinical divisions, driven by pay overspends linked to temporary staffing over-employment, and under-delivery of planned CIP savings. CIP delivery remains a critical organisational priority, with enhanced support now in place for divisional teams alongside strengthened grip and control measures

ADVERSE PERFORMANCE

SAFE: 1) Increasing safer staffing fill rates continue to support increases in Supervisory Sister/Charge Nurse time from October 2023 to July (target 85%), however for August we were below target at 73% and we were 76% in September due to SS/CN working clinically in a targeted attempt to reduce temporary staffing usage. 2) VTE is slightly below our target at 92.8%.

CARING: 1) The number of written complaints received per 1000 staff WTE, is above our target at 12.8 (Target 12.6). 2) The % of complaints responded to on time is below our target (100%) for the 6th month in a row. Within September 7 of 9 (77.8%) of complaints responded to in the month were within agreed timescales. However, with the number of complaints received in month being high, this is affecting the overall response time.

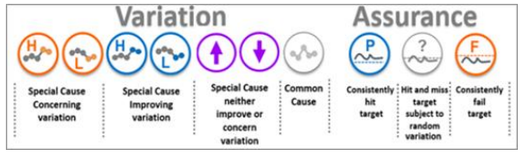
EFFECTIVE: Reduction in Follow Up appointments remains below the target of 25% (reduced by 3.7%). While initiatives are ongoing to support digital enabled PIFU, trust wide oversight has been stepped up to ensure clear timescales and potential impacts on clinic templates are outlined and actioned.

RESPONSIVE: 1) 62-day cancer performance remains below plan with a detailed improvement plan drafted and monitored through enhanced oversight and daily PTLs. As a result, the trust is on target to meet the revised trajectory set out to meet the 62-day cancer standard. 2) Diagnostic capacity remains a concern with a gradual increase in referrals specifically in radiology. Capacity for sleep diagnostics has been increased to meet demand, and a validation exercise is underway for the echo waiting list.

PEOPLE, MANAGEMENT & CULTURE: 1) Sickness absence increased and is above our KPI. 2) There has been improvement in appraisal compliance rates

FINANCE: 1) Pay expenditure year to date is £2.1m adverse to the plan, this includes pay award settlements impact, which is recovered through contract uplifts within the clinical income position. Nursing over-establishment within clinical divisions and ward areas have been partly offset by reducing agency spend in line with the agreed CIP trajectory. Increased bank, overtime costs and over-recruitment have negatively impacted on the agency CIP achievement. Enhanced workforce management guidelines have been issued to divisional leadership teams to strengthen grip and control in over-established areas. These have been followed by further management measures to support recovery. Medical overspends are being driven by backdated staff arrears, strike cover and cost pressures in resident doctors after the most recent rotation. 2) Year-to-date capital expenditure is £0.31m behind plan, predominantly due to slippage within the Digital BAU programme. A detailed capital forecast has now been completed for Month 6 together with proposed actions to provide assurance on year-end delivery. Delivery of the EPR capital programme continues to represent the key risk, comprising over half of the overall programme value and being significantly weighted to Q4. remains a material risk of slippage within the current financial year.

At a glance – Balanced scorecard



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		Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Trend / SPC Variation & Assurance
Safe	Never Events	Sep-25	5	0	0	0	
	Number of Patient Safety Incident Invetigations (PSII) commissioners in month	Sep-25	5	0	0	0	
	Learning Responses - Moderate Harm and above as % of total patient safety incidents	Sep-25	5	3%	0.0%	1.2%	
	Number of Trust acquired PU (Category 2 and above)	Sep-25	4	35 pa	2	5	
	Falls per 1000 bed days	Sep-25	5	4	2.4	0.0	
	VTE - Number of patients assessed on admission	Sep-25	5	95%	93%	93%	
	Sepsis - % patients screened and treated (Quarterly) *	Sep-25	3	90%	81%	81%	
	Trust CHPPD	Sep-25	5	9.6	12.1	12.5	
	Safer staffing: fill rate – Registered Nurses day	Sep-25	5	85%	89.0%	89.7%	
	Safer staffing: fill rate – Registered Nurses night	Sep-25	5	85%	90.0%	91.2%	
	Safer staffing: fill rate – HCSWs day	Sep-25	5	85%	88.0%	87.2%	
	Safer staffing: fill rate – HCSWs night	Sep-25	5	85%	94.0%	91.3%	
	% supervisory ward sister/charge nurse time	Sep-25	New	90%	76.00%	79.3%	
	Cardiac surgery mortality (Crude)	Sep-25	3	3%	1.8%	1.8%	
	MRSA bacteremia	Sep-25	3	0	0	0	
	Monitoring C.Diff (toxin positive)	Sep-25	5	18	0	7	
Caring	FFT score- Inpatients	Sep-25	4	95%	99.00%	99.05%	
	FFT score - Outpatients	Sep-25	4	95%	98.40%	97.80%	
	Mixed sex accommodation breaches	Sep-25	5	0	0	0	
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Sep-25	4	12.6	12.8	12.8	
	% of complaints responded to within agreed timescales	Sep-25	4	100%	77.77%	76.60%	
	Duty of candour compliance undertaken within10wd (quarterly)	Sep-25	New	100%	100.0%	100.0%	
People Management & Culture	Voluntary Turnover %	Sep-25	4	9.0%	4.5%	7.4%	
	Vacancy rate as % of budget	Sep-25	4	7.5%	5.1%		
	% of staff with a current IPR	Sep-25	4	90%	78.49%		
	% Medical Appraisals*	Sep-25	3	90%	80.15%		
	Mandatory training %	Sep-25	4	90%	90.33%	88.91%	
	% sickness absence	Sep-25	5	4.00%	4.64%	4.35%	

		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)	Sep-25	4	85% (Green 80%-90%)	82.90%	74.00%	
	ICU bed occupancy	Sep-25	4	85% (Green 80%-90%)	82.60%	79.72%	
	Enhanced Recovery Unit bed occupancy %	Sep-25	4	85% (Green 80%-90%)	78.00%	64.02%	
	Elective inpatient and day cases (NHS only)****	Sep-25	4	1848	1,843	11,021	
	Outpatient First Attends (NHS only)****	Sep-25	4	2397	2,602	15,702	
	Outpatient FUPs (NHS only)****	Sep-25	4	7595	7,511	43,214	
	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	Sep-25	4	5%	13.2%	12.5%	
	Reduction in Follow up appointment by 25% compared to 19/20 activity	Sep-25	4	-25%	-3.7%	-4.6%	
	% Day cases	Sep-25	4	85%	74.6%	75.3%	
	Theatre Utilisation (uncapped)	Sep-25	3	85%	94%	91%	
	Cath Lab Utilisation (including 15 min Turn Around Times) ***	Sep-25	3	85%	84%	82%	
Responsive	% diagnostics waiting less than 6 weeks	Sep-25	1	99%	89.0%	90.1%	
	18 weeks RTT (combined)	Sep-25	4	92%	72.1%		
	31 days cancer waits*	Sep-25	5	96%	87%	97%	
	62 day cancer wait for 1st Treatment from urgent referral*	Sep-25	3	85%	44%	23%	
	104 days cancer wait breaches*	Sep-25	5	0	5	29	
	Number of patients waiting over 65 weeks for treatment *	Sep-25	New	0	10		
	Theatre cancellations in month	Sep-25	3	15	28	29	
	% of IHU surgery performed < 7 days of medically fit for surgery	Sep-25	4	95%	44%	49%	
	Acute Coronary Syndrome 3 day transfer %	Sep-25	4	90%	72%	77%	
	Number of patients on waiting list	Sep-25	4	7095	6080		
	52 week RTT breaches	Sep-25	5	0	45	336	
Finance	Year to date surplus/(deficit) adjusted £000s	Sep-25	4	£(79)k	£(66)k		
	Cash Position at month end £000s	Sep-25	5	£66,926k	£72,948k		
	Capital Expenditure YTD (BAU from System CDEL) - £000s	Sep-25	4	£1,160k	£818k		
	CIP – actual achievement YTD - £000s	Sep-25	4	£4422k	£3,477k		
	Agency expenditure target £'k	Sep-25	5	£118k	£157k		
	Bank expenditure target £'k	Sep-25	5	£347k	£437k		

* Latest month of 62 day and 31 cancer w ait metric is still being validated ***Data Quality scores re-assessed M03 and M08 **** Plan based on 25/26 demand recovery plan.

Safe: Performance Summary

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

Royal Papworth Hospital
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	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	Never Events	0	0	0				Review
	Number of Patient Safety Incident Invetigations (PSII) to commissioners in month	0	0	0				Review
	Learning Responses - Moderate Harm and above as % of total patient safety incidents	3.00%	0.00%	0.76%				
	Number of Trust acquired PU (Category 2 and above)	35 pa	2	1				Review
	Falls per 1000 bed days	4.00	2.39	1.80				Review
	VTE - Number of patients assessed on admission	95.0%	92.8%	93.5%				Review
	Sepsis - % patients screened and treated (Quarterly) *	90%	81%	-				Review
	Trust CHPPD	9.6	12.1	12.3				Monitor
	Safer staffing: fill rate – Registered Nurses day	85%	89%	90%				Review
	Safer staffing: fill rate – Registered Nurses night	85%	90%	91%				Review
	Safer staffing: fill rate – HCSWs day	85%	88%	86%				Action Plan
	Safer staffing: fill rate – HCSWs night	85%	94%	92%				Review
	% supervisory ward sister/charge nurse time	90%	76%	73%				Action Plan
	Cardiac surgery mortality (Crude)	3.0%	1.8%	1.9%				Monitor
	MRSA bacteremia	0	0	0				Review
	Monitoring C.Diff (toxin positive)	7 pa	0	2				Review
Additional KPIs	E coli bacteraemia	Monitor	0	0				Monitor
	Klebsiella bacteraemia	Monitor	0	0				Monitor
	Pseudomonas bacteraemia	Monitor	0	1				Monitor
	Other bacteraemia	Monitor	0	0				Monitor
	% of medication errors causing harm (Low Harm and above)	Monitor	14.0%	7.0%				Monitor
	All patient incidents per 1000 bed days (inc.Near Miss incidents)	Monitor	42.3	44.2				Monitor
	SSI CABG infections (inpatient/outpatients/readmissions %)	2.7%	5.0%	-				Review
	SSI CABG infections patient numbers (inpatient/readmisisons)	n/a	11	-				Review
	SSI Valve infections (inc. inpatients/outpatients/readmissions; %)	2.7%	1.1%	-				Review
	SSI Valve infections patient numbers (inpatient/outpatient)	n/a	2	-				Review
	WHO Safety checklist % - Surgery	Monitor	94.6%	94.4%				Monitor
	WHO Safety checklist % - Cath Labs	Monitor	97.6%	95.0%				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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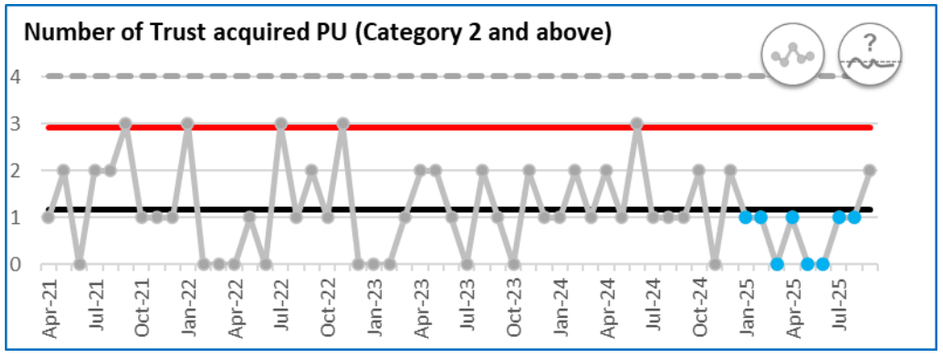
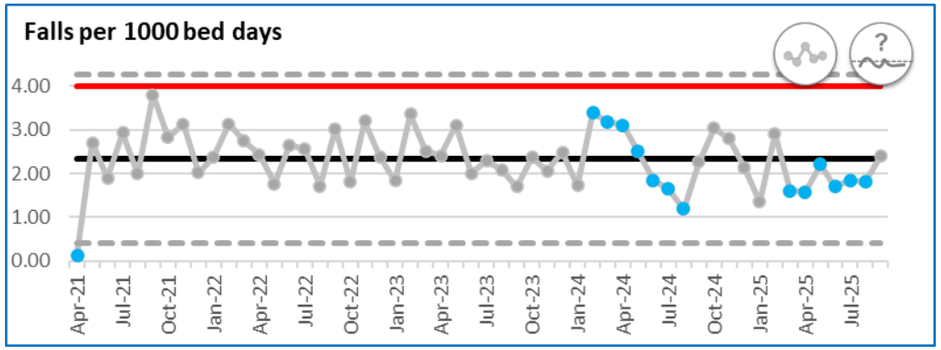
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

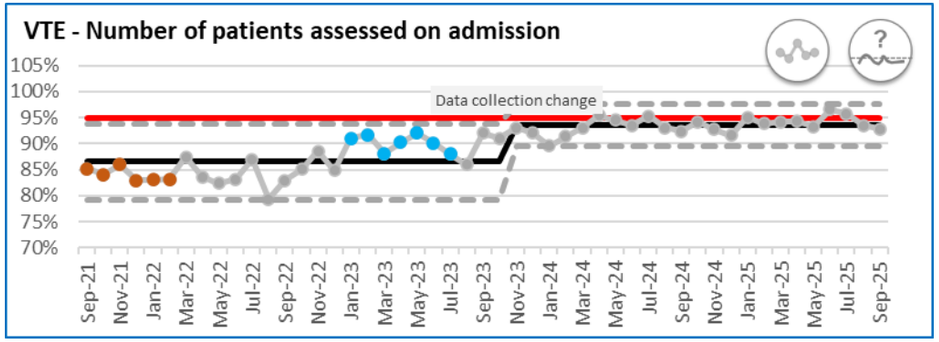
1. Historic trends & metrics



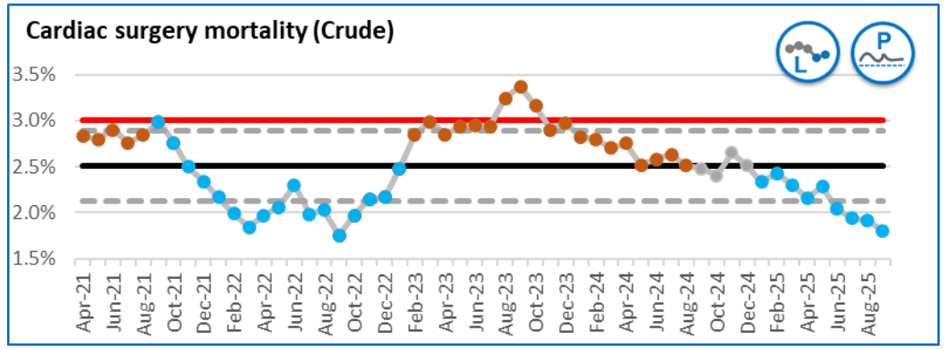
Sep-25
2
Target (red line)
35 per annum
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation



Sep-25
2.39
Target (red line)
4
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation



Sep-25
92.8%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Sep-25
1.8%
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 September

Learning Responses- ***Moderate Harm and above reported as % of total patient safety:*** In Month there were Zero incidents **0.00% (0/266)** that resulted in moderate or above patient harm.

Medication errors causing harm: 14 % (7/50) of medication incidents were graded as low harm, (43 no harm).

All patient incidents per 1000 bed days: There were **42.3** patient safety incidents per 1000 bed days.

Harm Free Care: In September there were **2** confirmed Pressure Ulcer of category 2 (WEB58007 & WEB58004). There were **2.39** falls per 1000 bed days (15 total; 3 no harm, 12 low harm). The Trust has an improvement plan in place to support the effectiveness of falls prevention. Compliance for VTE risk assessment was slightly below target at **92.8%**.

Sepsis- Quarter 2 (Wards): For all wards (excluding CCA) we had an **81.25% (13/16)** sepsis bundle compliance. We have carried out a clinical review of the 16 patient records, and all of them had 100% documented actions for the sepsis 6 bundle required actioned. However, they were not confirmed and completed in the sepsis 6 bundle.
For Q2 CCA: we are unable to report on CCA due to the digital configuration issues in Metavision. Urgent work is underway to re-establish the audit reporting on this bundle. All patients had the required assessment carried out and sepsis actions completed in records, but we are unable to report on compliance due to digital issues. This will be completed in future reports.

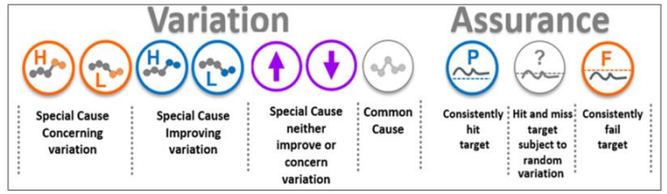
Cardiac Surgery Mortality (crude monitoring): Within expected variation at **1.8%** in September.

Alert Organisms: There was No C Difficile cases or bacteraemia reported in the month.

WHO Surgical Checklist: is the monitoring of the World Health Organisation (WHO) surgical checklist, for September we have continued to see improvement in the WHO checklist completion, Theatres **94.60%** and Cath Labs **97.60%**. 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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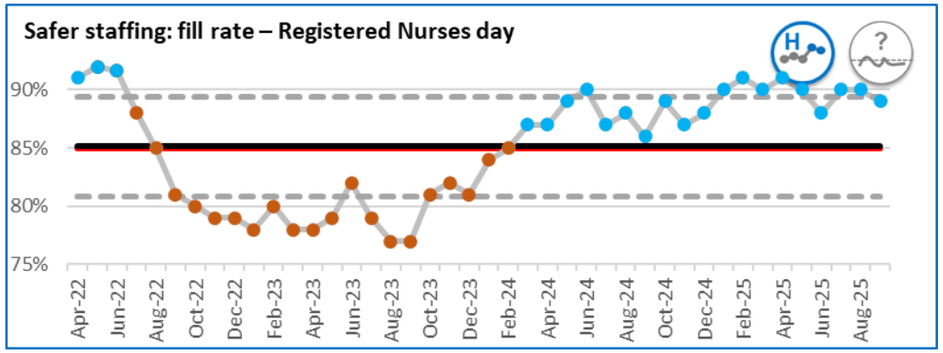
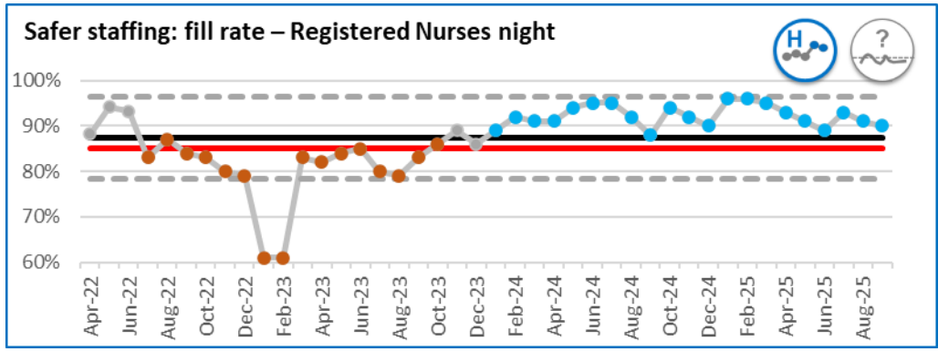
1. Historic trends & metrics

Safer staffing: fill rate – Registered Nurses day



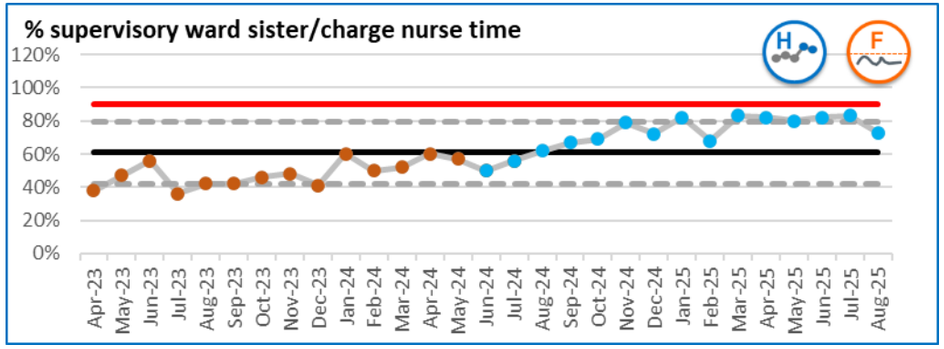
Sep-25
89%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

Safer staffing: fill rate – Registered Nurses night



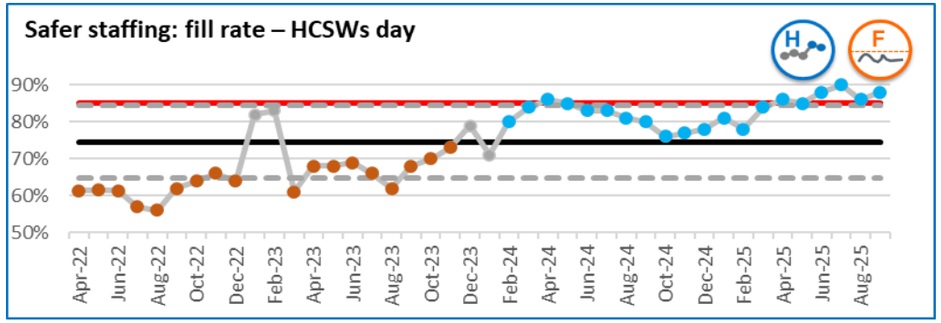
Sep-25
90%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

% supervisory ward sister/charge nurse time



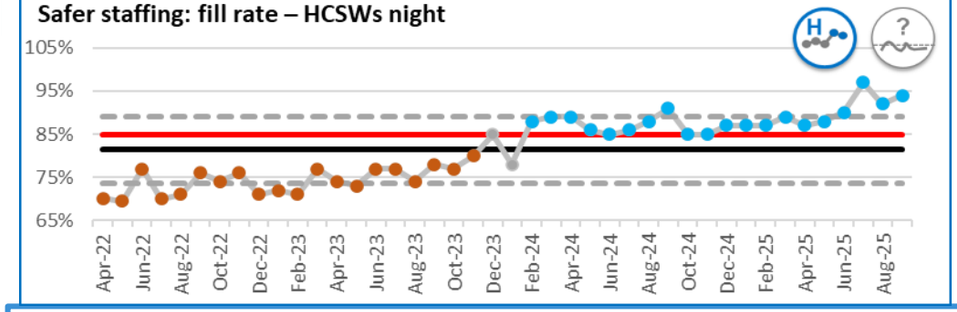
Sep-25
76%
Target (red line)
90%
Variation
Special cause variation of an improving nature
Assurance
Has consistently failed the target

Safer staffing: fill rate – HCSWs day



Sep-25
88%
Target (red line)
85%
Variation
Special cause variation of an improving nature
Assurance
Has consistently failed the target

Safer staffing: fill rate – HCSWs night



Sep-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

2. Action plans / Comments

Safe staffing fill rates: Safer staffing fill rates for Registered Nurses (RN) are above target at 89% for day shifts and above target at 90% for night shifts in September. Safer staffing fill rates for Health Care Support Workers (HCSW) are above target at 88% for day shifts and above target at 94% for night shifts in September. 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** 12.1 for September.

Ward supervisory sister (SS)/ charge nurse (CN): There has been a decrease in SS/CN time to 76% in September due to SS/CN working clinically in a targeted attempt to reduce temporary staffing usage. The highest achieving areas towards SS/ CN time target of 90% were ERU who achieved 96%, followed by 4 North at 83%. 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: Patient Safety Incident Investigation (PSII) on ReSPECT

Royal Papworth Hospital NHS Foundation Trust

Accountable Executive: *Chief Nurse* ***Report Author:*** *Deputy Director for Quality and Risk* ***Slide Content****: Julie Bracken, Deputy Sister Governnace from PSII Report on ReSPECT*

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) In 2016, the Resuscitation Council UK introduced the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) as a national initiative to ensure that emergency medical decisions are made in collaboration with patients and/or their families, sharing the clinician's expertise on medical treatments and the patient's knowledge of their own values and wishes. This was further supported by NHS England Universal Principles for Advanced Care Planning (ACP) 2022.

Who might benefit from ACP conversations? These are relevant for any individual who wishes to plan for their future care or who may be at increased risk of losing their mental capacity in the future, including people:

- Facing the prospect of deteriorating health due to a long-term condition or progressive life limiting illness
- With declining functional status, increased burden of illness or persistent physical or mental health symptoms
- Facing key transitions in their health and care needs, e.g. multiple hospital admissions, shifts in focus of treatment to a more palliative intent, moving into a care home, etc.
- Facing major surgery or high-risk treatments
- Facing acute life-threatening conditions which may not be fully reversible

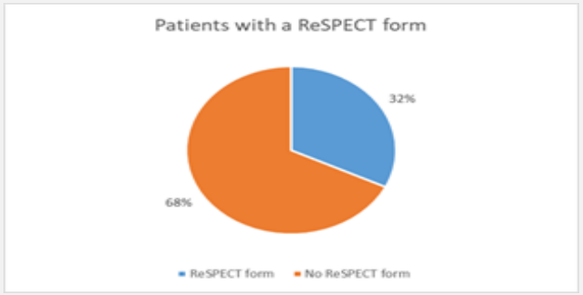
These categories cover most of our patients at Royal Papworth Hospital (RPH)

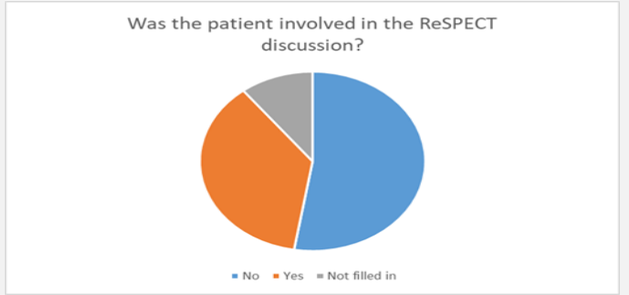
Review of ReSPECT process at RPH A Patient Safety Incident Investigation (PSII) was commissioned following the findings of a patient safety incident (WEB54304) in November 2024, where a ReSPECT form was not completed at time of emergency admission. A recommendation from the review was to seek wider understanding on the use of ReSPECT on Critical Care (which is where the patient was being cared for) and identify where improvements were required.
RPH has guidelines (DN751 ReSPECT Procedure – updated July 2024) and a ReSPECT group with membership from senior medical, nursing and Allied Health Professionals (AHP's) from all clinical divisions in the Trust.

Investigation approach The investigators looked at both quantitative and qualitative data to understand any shortfalls or discrepancies in the process. Three data collective approaches were undertaken to gain information about the current process of ReSPECT in CCA.

1. **Audit of ReSPECT forms on CCA:** A retrospective audit of 59 patients who had been admitted to CCA between January and December 2024 was undertaken. All clinical divisions were represented. Length of stay ranged from 0-215 days (mean:21 days; median 6 days). The audit criteria have been taken from Trust ReSPECT procedure (DN751).
2. **Staff survey:** The views and understanding of staff on the ReSPECT process were sought using a staff survey. This electronic survey was circulated to the staff groups likely to be involved in initiating or reviewing the ReSPECT process. This was medical and nursing staff within Critical Care
3. **Stakeholder engagement:** Within RPH, each clinical division has an identified medical lead for ReSPECT. The investigators spoke with each of these leads to discuss their ideas for embedding the ReSPECT process. These discussions, both individually and within the ReSPECT Steering group meetings informed the recommendations of this report

Audit of ReSPECT forms on CCA; the audit was for the Data period Jan-Dec 2024: Out of the 59 patients audited, 19 had a completed ReSPECT form in place (32%) (Graph 1 below). Of these 19 in place, 7 patients were involved in these discussions (37%), graph 2 below.





Completion of ReSPECT form by division: of the 19 patients with a ReSPECT from in place, the patients were from the following speciality, as detailed in the table below:

Cardiac/Thoracic surgery	Cardiology	ECMO	Respiratory Medicine	Transplant
1 patient (8%)	2 patients (17%)	6 patients (55%)	5 patients (46%)	5 patients (42%)

Staff Survey/ knowledge and engagement outcomes were summarised as:

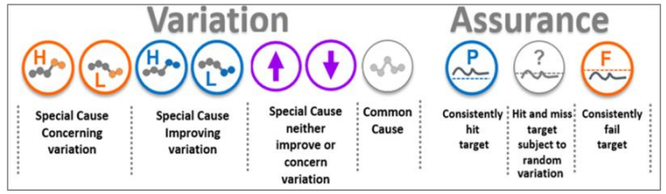
- Awareness of the ReSPECT process and agreement with the principles driving it.
- Staff strongly agreed that this should be offered to all patients being admitted to CCA.
- It was felt that there were clear benefits to all patients as well as providing clarity to staff.

Summary of the Agreed Improvement Actions from the PSII report:

- The investigation highlighted the importance of ReSPECT discussions taking place earlier in a patient pathway (where possible) to ensure optimal patient and family involvement.
- This was our overall agreed statement for improvement- A ReSPECT conversation should be held with every patient who is planned for, or has the possibility of , admission to CCA before the patient arrives on the unit. In the case of any emergency admissions to CCA, a ReSPECT conversation should be held at the earliest opportunity.
- The CCA team will:
  - Prompt referring teams as to whether a ReSPECT discussion has already taken place.
  - Support improved handover between ward and CCA in relation to ReSPECT.
- Each clinical division (outside of CCA) will:
  Develop processes to ensure ReSPECT discussions have been initiated with all patients within their speciality who have the possibility of admission to CCA. This should include:
  - Review of the role of non-medical staff involvement in ReSPECT discussions.
  - Inclusion of ReSPECT discussions in Speciality Morbidity and Mortality meetings.

Caring: Performance Summary

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



Royal Papworth Hospital
NHS Foundation Trust

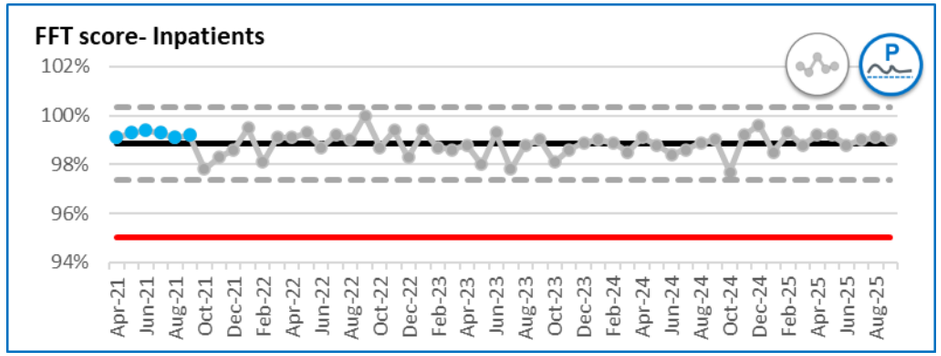
	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	FFT score- Inpatients	95.0%	99.0%	99.1%				Monitor
	FFT score - Outpatients	95.0%	98.4%	96.5%				Monitor
	Mixed sex accommodation breaches	0	0	0				Monitor
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	12.6	12.8	12.0				Review
	% of complaints responded to within agreed timescales	100.0%	77.8%	81.8%				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	44.0%	41.2%				Monitor
	Friends and Family Test (FFT) outpatient participation rate %	Monitor	11.3%	10.0%				Monitor
	Number of complaints upheld / part upheld	3	6	6				Review
	Number of complaints (12 month rolling average)	5	7	7				Review
	Number of complaints	5	10	11				Review
	Number of informal complaints received per month	Monitor	5	8				Monitor
	Number of recorded compliments	Monitor	1757	1589				Monitor

Caring: Patient Experience

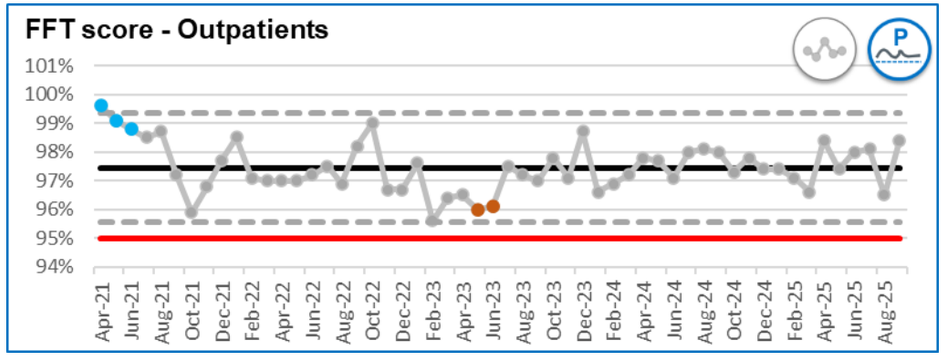
Accountable Executive: *Chief Nurse*
Report Author: *Deputy Director of Quality and Risk*

NHS
Royal Papworth Hospital
NHS Foundation Trust

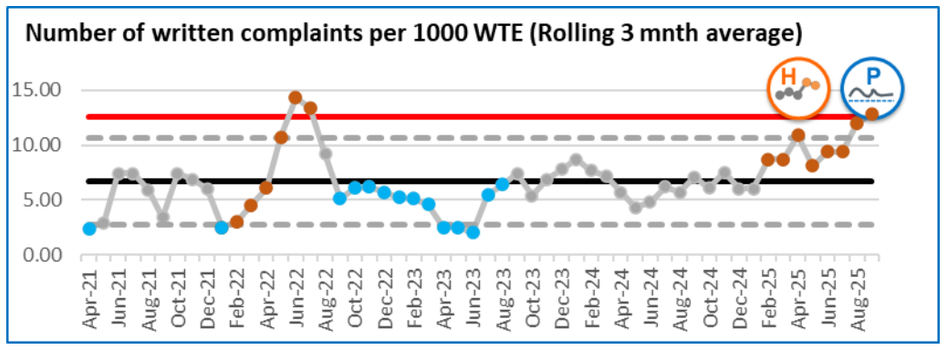
1. Historic trends & metrics



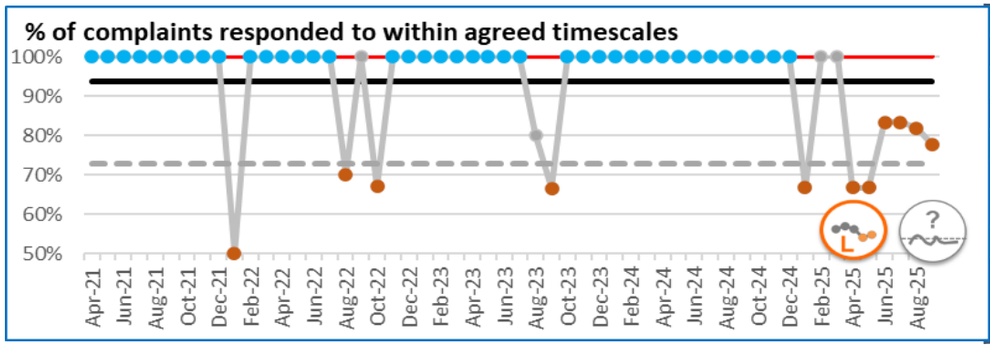
Sep-25
99.0%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Has consistently passed the target



Sep-25
98.4%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Has consistently passed the target



Sep-25
12.8
Target (red line)
12.6
Variation
Special cause variation of a concerning nature
Assurance
Has consistently passed the target



Sep-25
77.8%
Target (red line)
100%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

2. Comments/Action plans

Patient Experience

FFT (Friends and Family Test): In summary;
Inpatients: Recommendation score was **99.0%** for September, with Participation rate for surveys at **44.0%.**
Outpatients: Recommendation score was **98.4%** in September, with Participation rate at **11.3%.**

Compliments: the number of formally logged compliments received during September 2025 was **1,757**. Of these 1,706 were compliments from FFT surveys and 51 compliments via cards/letters/PALS captured feedback.

Duty of Candour (DoC) Compliance: There were no harm events requiring DOC compliance in month.

Received and Responding to Complaints:
Formal Complaints Received in month: We have received **10 formal complaints**, which is higher than average.
Acknowledging complaints with 3 w/days: Out of the 10 received, all were acknowledged **100%** within 3 days.

Number of written complaints per 1000 staff WTE: was a benchmark figure that used to be provided by NHS Model Health System to enable national benchmarking monthly, this has now ceased. We have continued to use this as an internal metric to aid monthly monitoring. Trust Target is 12.6, we are above this at **12.8**. We have now had a tread of 7 months (see in chart left), of higher-than-normal numbers of formal complaints being received each month. We were last above this target in June 2022. This is being monitored.

The % of complaints responded to on time in month: 7 of 9 (77.8%) of formal complaints responded to in the month were within policy timescales (35 or 45 w/d). There were 2 late responses – 1 Cardiology late (ID19528) due to clinical pressures within the team, and 1 STA investigation (ID18549) owing to complex issues and a clinician led meeting was held, at a mutually convenient time and a further investigation was required post meeting.

Caring: Key Performance Challenge – In month Complaint Themes/learning

Royal Papworth Hospital
NHS Foundation Trust

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

Received Complaints in Month (Total of all Informal and Formal): During September, we received **5 informal complaints** and **10 formal complaints**. The most frequently mentioned subjects at the time of receipt for all complaints received in September 2025 was Delay in Diagnosis/Treatment and Referral (47%); Communication (40%); and Clinical Care/Clinical Treatment (33%).

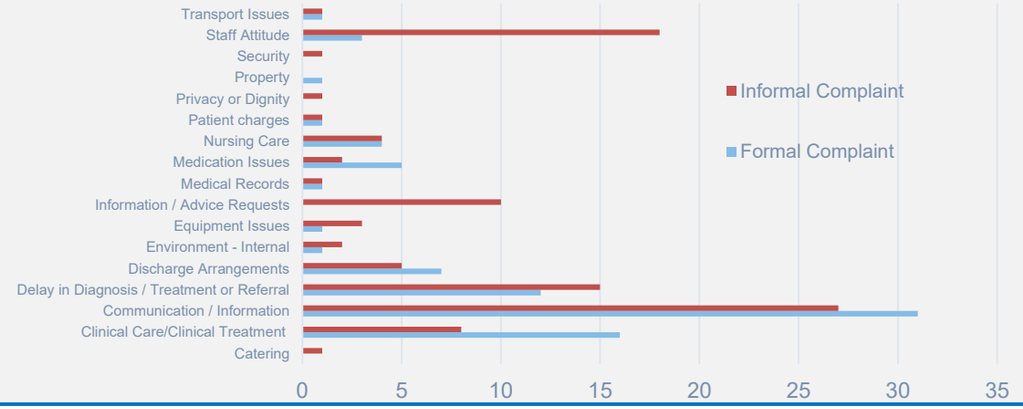
Themes (Subjects) for September 2025: Table 1 below details the 5 Informal & 10 Formal Complaints received in September 2025 broken down into all the subjects (themes-top line in table) linked, further broken down into the sub-subject per theme (left-hand column) for each subject.

Table 1

	Clinical Care/ Clinical Treatment	Communication / Information	Delay in Diagnosis / Treatment or Referral	Discharge Arrangements	Information / Advice Requests	Medical Records	Nursing Care	Privacy or Dignity	Total
Appointments	0	0	0	0	1	0	0	0	1
Breach of Confidentiality	0	1	0	0	0	0	0	0	1
Cancellation of Treatment	0	0	2	0	0	0	0	0	2
Delay in admission to hospital or ward	0	0	1	0	0	0	0	0	1
Discriminatory (Age/race/disability etc)	0	0	0	0	0	0	0	1	1
Dissatisfied with Medical Care /Treatment/Diagnosis/Outcome	3	0	0	0	0	0	0	0	3
Dissatisfied with Personal Care Provided	0	0	0	0	0	0	1	0	1
Failure to Book Treatment / Appointment	0	0	1	0	0	0	0	0	1
Follow-Up	0	0	1	0	0	0	0	0	1
Inappropriate discharge / discharged too soon	0	0	0	1	0	0	0	0	1
Incorrect Information on Health Record	0	0	0	0	0	1	0	0	1
Lack of Arrangements for Home After Discharge	0	0	0	1	0	0	0	0	1
Lack of Information for another Professional	0	1	0	0	0	0	0	0	1
Lack of Information for Patients	0	4	0	0	0	0	0	0	4
Medication (TTOs)	0	0	0	1	0	0	0	0	1
Poor Recovery After Discharge (e.g. Post Op Wounds)	2	0	0	0	0	0	0	0	2
Waiting Time for Appointment	0	0	2	0	0	0	0	0	2
Total	5	6	7	3	1	1	1	1	25

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: MO1-MO7-025/26



Closed Complaints in year
(M01-M07) 2025/26.

Total closed to date 105 = 38 Formal & 67 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 September 2025, we closed 18 complaint files; 9 informal and 9 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 (Estates) which has provided valuable insight from a visitor's perspective for the Estates team to continue to review is signage to stairs should be increased for those who may not wish to use the Lifts.

Formal complaints closed in month: Of the 9 formal complaints closed in month there were 5 partly upheld, and 1 fully 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. 3 cases were not upheld.

Learning Actions: actions identified from formal complaints are shared to promote Trust-wide learning and improvement of our services, in month below are some of the key actions underway that have been logged and will be monitored for compliance:

1). Issue: Waiting for results of cardiac scan. Advised results were in therefore appointment arranged but consultant unable to access results.
Findings: There were missed opportunities to provide better communication to this patient

Action/improvement (Private Care): Learning identified and taken forward to strive to keep our patients informed of timeframes and any delays in future.

2). Issue: Concern that diagnosis of AF detected, but patient felt not informed.
Findings: There was a missed opportunity, patient was not informed in a timely way.

Action/Improvement (Cardiology): The protocol for the AF referral clinic and the weekly physiologist/consultant devices escalation protocol has been updated and shared with staff.

3). Issue: Patient returned sleep monitoring equipment and has not had results
Findings: There was a delay in sending letters, apologies given.

Action/improvement (Thoracic): We are developing new patient information leaflet to include expected dates for results and next steps post having a sleep monitor device

Caring: Spotlight On - Formal Complaints (April-September 2025/26)

Royal Papworth Hospital
NHS Foundation Trust

Accountable Executive: Chief Nurse *Report Author: Deputy Director of Quality and Risk* *Slide Content by: Patent Experience Manager*

Formal Complaints

Every year the Trust must make a statement under the NHS Health & Social care Act 2009 about how many complaints it has received, their subject, the issues they raise, whether or not they were well founded, and any actions taken. Last year 2024/25, we finished the year with 53 Formal Complaints (issues of concern investigated), responded to in accordance with the formal complaints process. For the first 6 months of 2025/26, we have so far received and are processing 45 issues of concern as formal complaints, a 95% increase in formal complaints when compared to the same period last year (23). This can be seen in the graph below (figure 1) which shows the total formal complaints received over the past 18 months.

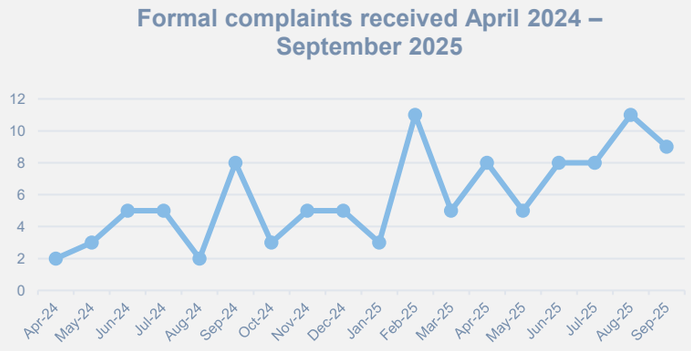


Figure 1: formal complaints received Apr-Sept 2025/26 (Data source Datix 22/10/2025)

The number of formal complaints generally fluctuates, with some months showing spikes. There are noticeable peaks in February 2025 and August 2025, where the number of complaints reached 11. The lowest number of complaints was 2, occurring in August 2024. After April 2025, there is a general upward trend in the number of complaints, with more months having complaints in the range of 7 to 11. This is currently giving a prediction that we potentially may receive around 98 formal complaints by the end of this financial reporting year. To try to manage this increase, the Patient Experience Team are monitoring the themes of the complaints received and are supporting the clinical divisions to focus on areas where improvements can be made. The chart below (figure 2) shows the subjects of formal complaints received since April 2025, which highlights the areas for closer monitoring.

Subject and Trends

If we focus on the top 3 primary subjects of formal complaints received April-September 2025/26, we can see that **Communication / Information** (38%) accounts for the largest share of complaints. High complaint volumes in July and August align with spikes in this category and indicates that the increase in total complaints in July and August is largely driven by communication issues.

Clinical Care / Clinical Treatment (27%) has spikes in April, June, August, and September. This aligns with months where total complaints are moderately high. The fluctuations in this category contribute notably to overall complaint volume. **Delay in Diagnosis / Treatment or Referral** (18%) are mostly stable but rises in September. Contributes to the higher complaint volume in September.

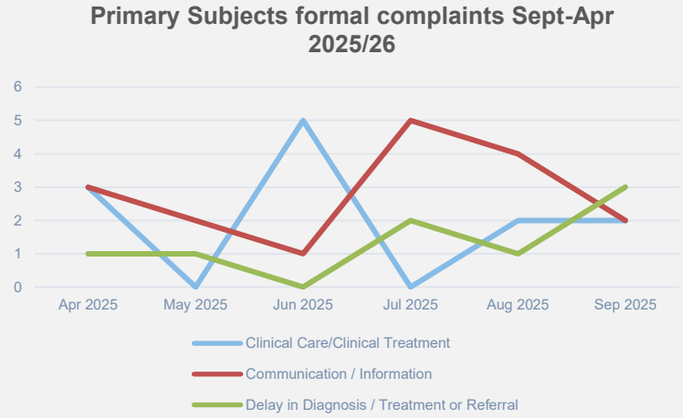


Figure 2: formal complaints by month / primary subject

What this means for volume trends and categories:

The peaks in complaint volumes (July, August, September) strongly correspond to spikes in Communication/Information and Clinical Care.

Communication is the dominant driver behind fluctuations in complaint volume. The predicted increase in complaints from April 2025 to March 2026 (around 98 complaints total) will likely be heavily influenced by these two categories.

Special attention to improving communication processes and clinical care consistency could potentially reduce overall complaint volumes significantly.

Divisional and Team Breakdown:

From the 45 formal complaints received in the first 6 months of 2025/26, the number are broken down into division/specialty (to note 10 of these are still under review as of 22/10/25):

Cardiology: Received 14 complaints (31% of the Trust total)

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

Thoracic and Ambulatory Care: Received 20 complaints (44% of the Trust total)

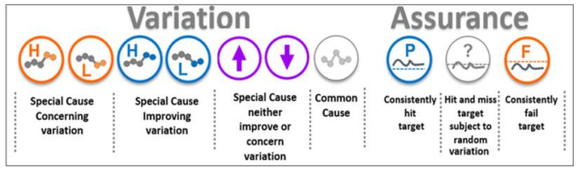
Other Services (Private Care / Clinical Administration): Received 4 complaints (9%)

Next Steps:

- **Benchmarking across the Cambridge and Peterborough (C&P) ICB:** we have reviewed our current rise in complaints with other Complaints teams within the C&P ICB and it has also been noted that these Trust are also seeing an approx. 90% in complaints in the same period. This is being reviewed further as part of the Quality Systems meetings to see how we could look at this rise as a System wide review, review the reasons for the rise, to look at the themes and how we could work together on as part of learning from complaints and in particular the detail behind this rise.
- **Trust wide Quality and Risk Report:** We are currently compiling our 6- month full Trust wide Quality and Risk Report and will provide a further deep dive into the rise in complaints (informal and formal), compared to patient activity and the themes of the concerns and agree the plan for improvement with our divisional teams.

Effective: Summary

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



Royal Papworth Hospital
NHS Foundation Trust

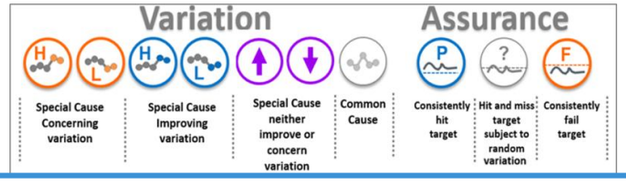
	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	85%	82.9%	70.9%			F	Action Plan
	ICU bed occupancy	85%	82.6%	83.0%			?	Review
	Enhanced Recovery Unit bed occupancy %	85%	78.0%	61.6%			?	Review
	Elective inpatient and day case (NHS only)*	1,770	1843 (124% 19/20)	1780 (119% 19/20)		H	?	Review
	Outpatient First Attends (NHS only)*	2,298	2602 (159% 19/20)	2604 (159% 19/20)		H	?	Review
	Outpatient FUPs (NHS only)*	7,278	7511 (129% 19/20)	6460 (111% 19/20)			?	Review
	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	5%	13.2%	13.1%		H	P	Monitor
	Reduction in Follow up appointment by 25% compared to 19/20 activity	-25%	-3.7%	-6.7%		L	F	Action Plan
	% Day cases	85%	74.6%	74.3%		H	F	Action Plan
	Theatre Utilisation (uncapped)**	85%	94%	92%		H	?	Review
	Cath Lab Utilisation (including 15 min Turn Around Times) ***	85%	84%	77%			?	Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	374 (108% 19/20)	390 (113% 19/20)				Monitor
	ICU length of stay (LOS) (hours) - mean	Monitor	127	137				Monitor
	Enhanced Recovery Unit (LOS) (hours) - mean	Monitor	32	36				Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	6.0	6.0				Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	39%	46%			?	Review
	Same Day Admissions - Thoracic (eligible patients)	40%	56%	59%		H	?	Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	7.4	9.3		H	?	Review
	Length of stay – Cardiac Elective – valves (days)	9.7	8.0	8.9			?	Review
	Outpatient DNA rate	6.0%	6.3%	5.6%		L	?	Review

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

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

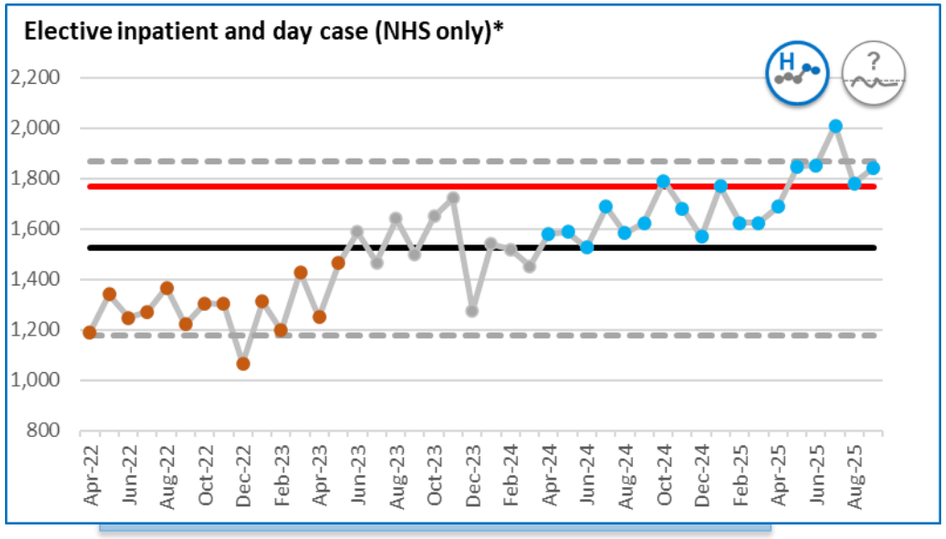
Effective: Admitted Activity

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



Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Sep-25
1843
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	83%	99%	84%	69%	85%	97%	108%
	Daycases	36%**	125%	n/a	238%	148%	98%	391%**

= YTD activity > 100% of 19/20

2. Action plans / Comments

Elective inpatient and day case activity has been on an upward trend since April 2024 with the largest increased being within day case across the clinical divisions.

The overall percentage of day cases was 74.6% for M06. Day case activity within Cardiology and Thoracic remains high (82.7% and 82.5% respectively) noting a steady increase in Thoracic over the year. However, Surgery, Theatres and Anaesthetics day case activity shows as 14.5% for M06. Due to the complexities of the procedures within Surgery, Theatres and Anaesthetics there is a limited cohort of patients appropriate for day case activity.

Surgery, Theatres & Anaesthetics

- Theatre activity in M06 exceeded the trust KPI of 85% at 94% which continues to support the improvements within Surgery, Theatres and Anaesthetics in terms of elective inpatient and day case activity.
- Activity continues to be monitored against both 19/20 baseline and plan to enable improvements in productivity. Across the surgical specialties there is minimal variation. Where admitted activity is below plan, this correlates within an increase in non-elective activity specific to cardiac surgery.

Thoracic & Ambulatory

- As of M06, Thoracic and Ambulatory is above planned admitted activity (5,229) against a plan of 4,577. The increase in activity is due to the RTT initiatives to support elective recovery, specifically for day case activity to support the commencement of treatment.

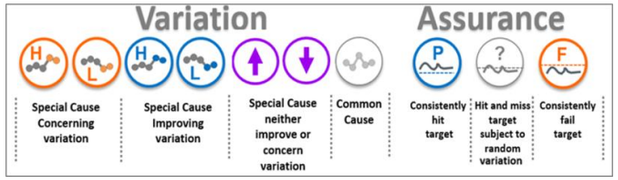
Cardiology

- The Cardiology division delivered above plan in most specialities.
- In line with the elective recovery programme, capacity has been increased for specific procedures which has enabled the reduction of long waiters. This is planned to continue.

** 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

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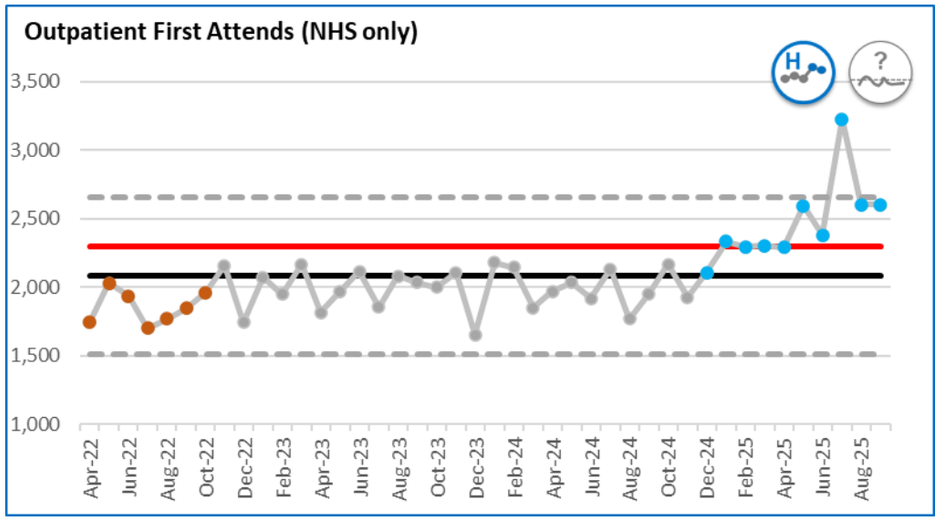
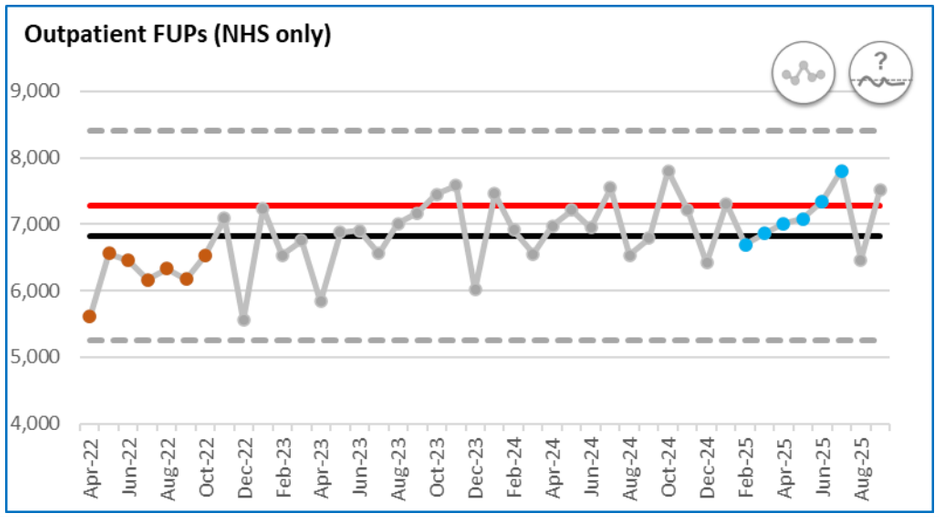
1. Historic trends & metrics



Sep-25
2602
Target (red line)*
2298
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation



Sep-25
7511
Target (red line)*
7298
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

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

Category		Cardiac Surgery	Cardiology	RSSC	Thoracic Medicine	Thoracic surgery (exc PTE)	Transplant/ VAD
Non Admitted activity	First Outpatients	95%	87%	725%	69%	155%	101%
	Follow Up Outpatients	152%	148%	63%	168%	159%	110%

= YTD activity > 100% of 19/20

Action plan / comments

PatientAide is due to be rolled out within the Respiratory Services and Sleep Centre from December 2025. Scoping has already commenced with other specialties to determine how digitally-enabled PIFU can support services. PIFU remains in place across specific specialties within both Thoracic and Cardiology.

The Thoracic and Ambulatory division activity is above planned activity (1,891 YTD). Within M06, 5% of appointments were missed by patients.

Cardiology delivered above plan within M06, extra clinics were stood up for CRM through the elective recovery initiative facilitated within withdrawn clinic slots across the division.

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

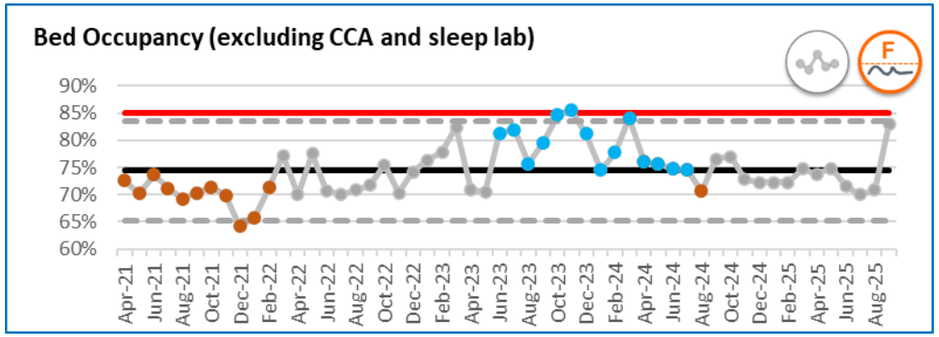
Effective: Occupancy

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

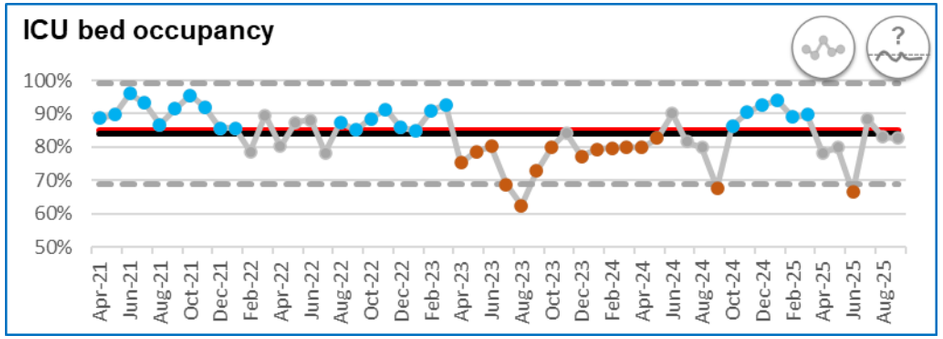
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

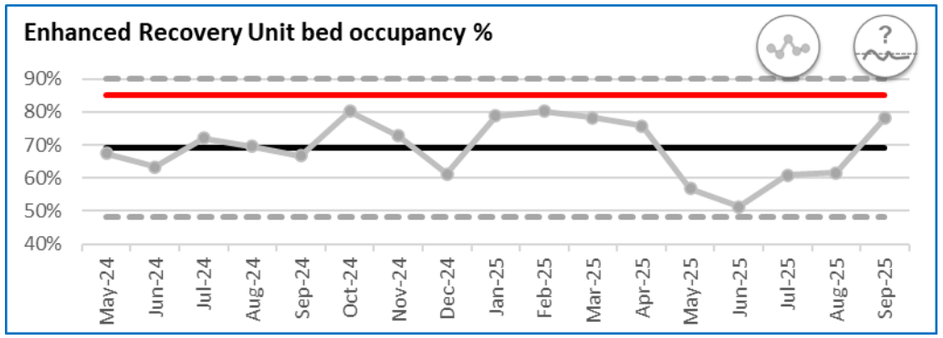
1. Historic trends & metrics



Sep-25
82.9%
Target (red line)
85%
Variation
Common cause variation
Assurance
Has consistently failed the target



Sep-25
82.6%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Sep-25
78.0%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Comments

Bed occupancy (excluding CCA and sleep lab)

- Bed occupancy data has been rectified from M06 to include commissioned beds only.
- Internal audit into data quality (including bed occupancy) is underway, recommendations will be reviewed and acted on.
- G&A bed utilisation and occupancy will be shared as part of operational planning to influence service improvements and improvements in productivity.
- Since the Virtual Ward has opened, there has been an increase in bed capacity on level 5 driven by a total of 999 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 M06 was 82.6% reflecting the reduction in cardiac cases, due to increase in transplant patients and increased thoracic cases supporting the Oncology pathway.
- Three patients were cancelled due to ICU being full in M06.
- 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.

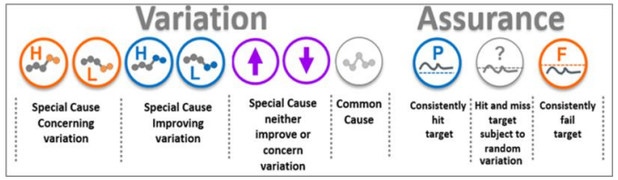
(NB. The denominator for CCA bed occupancy has been reset to 36 commissioned beds from April 2023).

ERU bed occupancy:

- Bed occupancy in M06 remains in an upward trajectory at 78% in M06, a significant increase in M06.
- Additional thoracic activity was carried out to support the cancer pathway, however these patients do not go to ERU. Theatre utilisation increased in month.
- ERU optimisation is one of the Elective Care Recovery schemes to ensure beds are fully optimised.

Effective: Utilisation

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

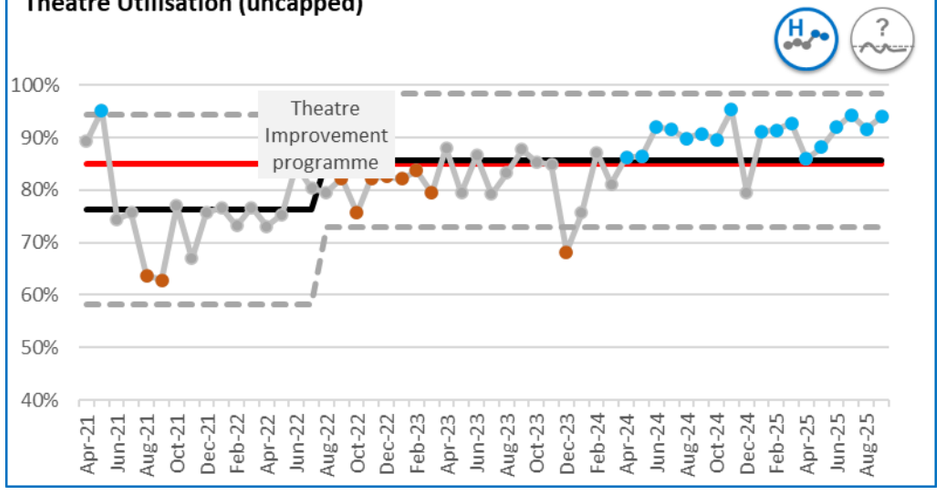


Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

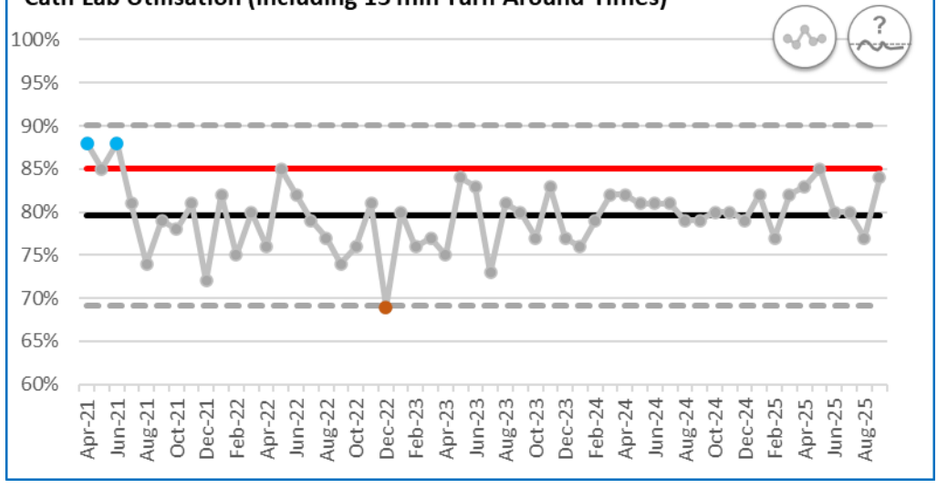
1. Historic trends & metrics

Theatre Utilisation (uncapped)



Sep-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

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



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

Action plans / Comments

Theatre Utilisation

- Theatre utilisation was 94% in M06, 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.
- Work with GIRFT in month to scope potential additional efficiencies

Cath Lab Utilisation:

- Cath lab utilisation remains below target, however significant improvements have been made in line with elective recovery initiatives. Elective care recovery initiatives remain in place to ensure cath lab usage is optimised, including increased number of procedures per list, where clinically suitable.
- Please note cath lab utilisation includes the cath lab 1 which is utilised for emergency activity, therefore usage is not predictable.

*** 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 trust PIFU rollout, Meeting planned to ensure governance is complete.	Dec-25	
			Review clinic templates: job planning	LM	Job Planning Meetings Currently underway.	Dec-25	
			Review clinic templates: new:FU ratio / clinic size against 19/20	LM	Review will be taking place by new DOM in Cardiology over the next 2 Months.	Dec-25	
		STA	Review clinic templates: new:FU ratio / clinic size against 19/20	JS	Clinic templates review completed and ratio changes made to increase new appointments. Unused capacity is being converted to support per	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 returning for drain changes. No further action needed.	Jun-25	
	Cath Lab Utilisation (including 15 min Turn Around Times)	Cardiology	Meet with Business Intelligence to discuss data for metric as includes cath lab 1 (HOT lab)	LM	Methodology for cath lab utilisation is currently under review between business intelligence and cardiology team.	Nov-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*

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	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	% diagnostics waiting less than 6 weeks	99%	89.0%	89.3%		L	?	Review
	18 weeks RTT (combined)	92%	72.1%	68.8%		L	F	Action Plan
	31 days cancer waits	96%	87%	100%			?	Review
	62 day cancer wait for 1st Treatment from urgent referral	85%	44%	43%			?	Review
	104 days cancer wait breaches	0	5	6		L	?	Review
	Number of patients waiting over 65 weeks for treatment	0	10	15			F	Action Plan
	Theatre cancellations in month	15	28	40			?	Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	44%	79%			F	Action Plan
	Acute Coronary Syndrome 3 day transfer %	90%	72%	81%		L	?	Review
	Number of patients on waiting list	7075 (25/26 Av)	6080	6141		L	?	Review
	52 week RTT breaches	0	45	57		H	F	Action Plan
Additional KPIs	% of IHU surgery performed < 10 days of medically fit for surgery	95%	67%	90%		L	?	Review
	18 weeks RTT (cardiology)	92%	59.6%	59%		L	F	Action Plan
	18 weeks RTT (Cardiac surgery)	92%	77.7%	75%		H	F	Action Plan
	18 weeks RTT (Respiratory)	92%	78.9%	74%			F	Action Plan
	Other urgent Cardiology transfer within 5 days %	90%	81%	74%		L	?	Review
	% patients rebooked within 28 days of last minute cancellation	100%	75%	75%			?	Review
	Urgent operations cancelled for a second time	0	0	0		L	?	Review
	Non RTT open pathway total	Monitor	51673	51423		H		Monitor
	Validation of patients waiting over 12 weeks	95%	98%	93%		H	F	Action Plan

Responsive: RTT

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

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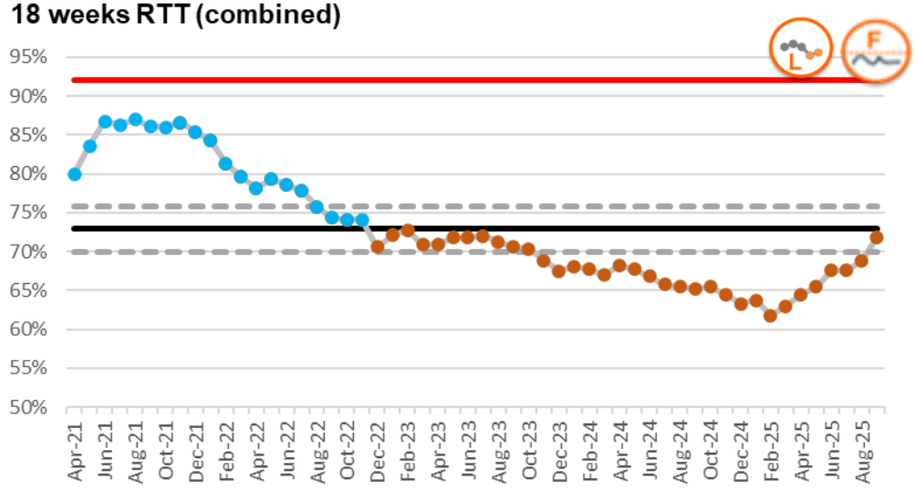
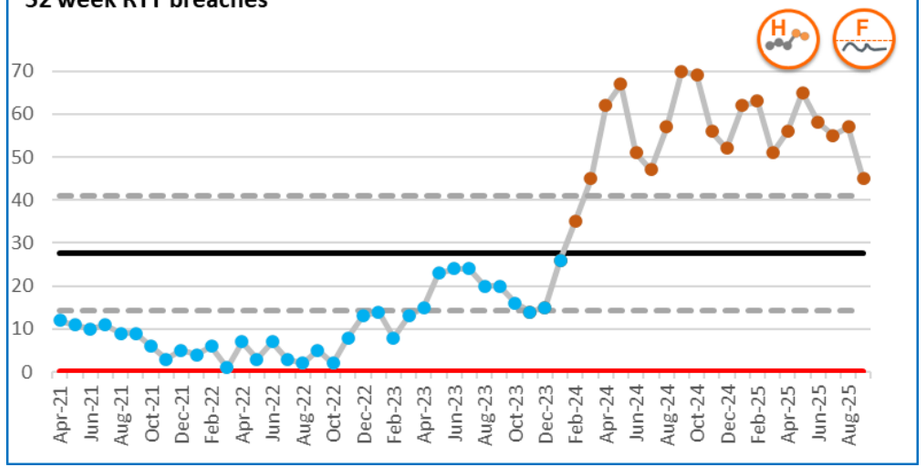
1. Historic trends & metrics

18 weeks RTT (combined)



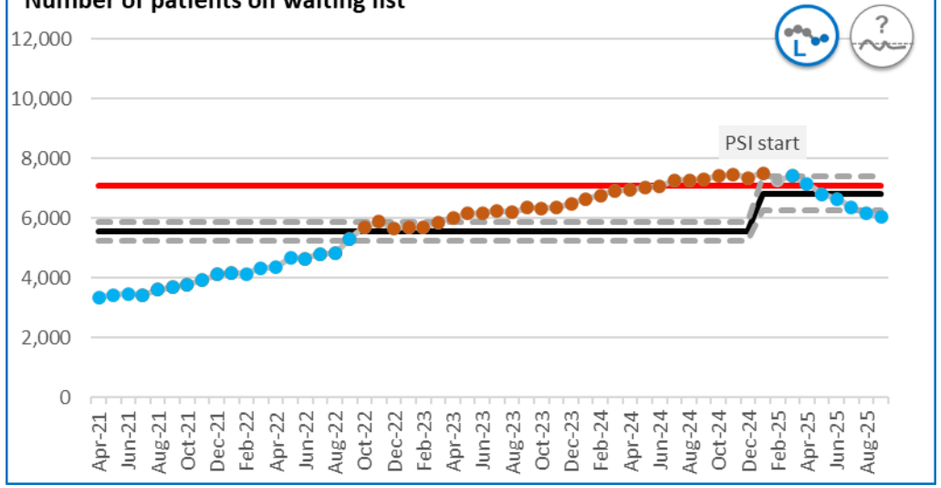
Sep-25
72.1%
Target (red line)
92.0%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

52 week RTT breaches



Sep-25
45
Target (red line)
0
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Number of patients on waiting list



Sep-25
6080
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

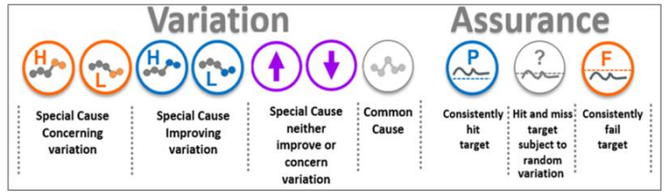
- There were 45 52-week RTT breaches in month (reduction of 57 from the previous month). Focus on 52-week breaches alongside the elective recovery programme are working towards removal of all 52-week breaches by end of November 2025.

52 Week breakdown:

- 38 of the breaches took place in cardiology, 18 Structural, 11 were Tavi, 9 were in EP. These contained 1 Late referral and 3 missed IPT Forms.
- Two of the 52-week breaches occurred within the Thoracic and Ambulatory service: Patient 1 – ILD patient who was complex and Patient 2- waiting lumbar puncture with increased lab waits
- STA: There were 5 patients in M06 that breached 52 weeks. All of which are late inherited clocks with plans in place to treat by 17.10.25. There are no patients on the PTL that will breach 52 weeks.

Responsive: Cancer

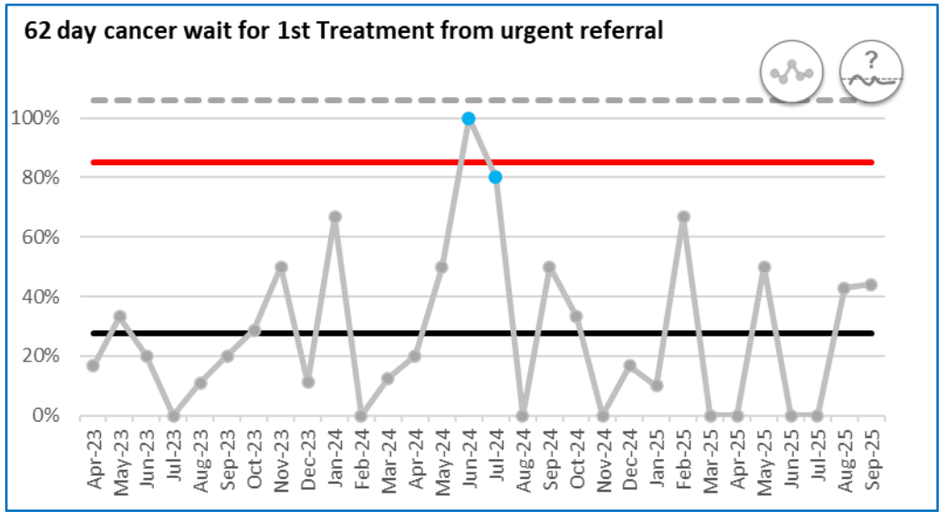
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



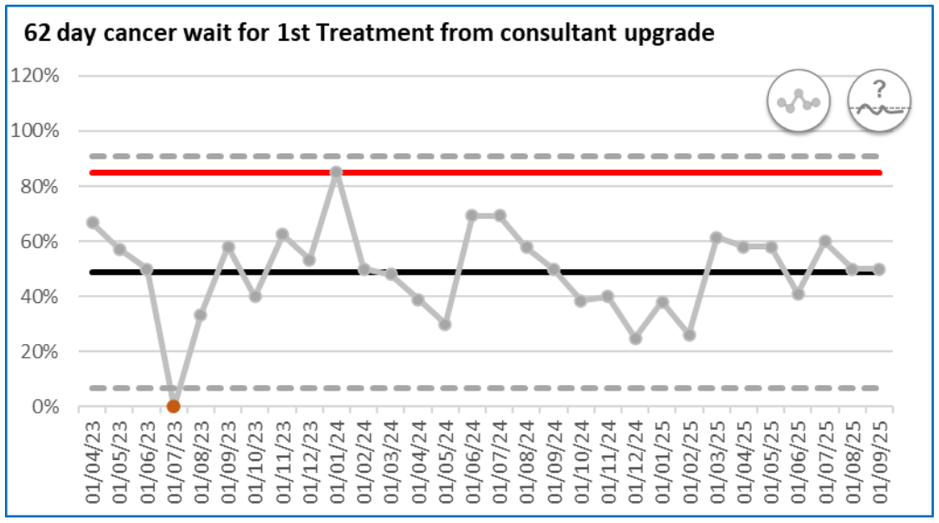
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Sep-25
44%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Sep-25
50%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments

The combined 62-day performance for September 2025 was 45%, this equated to 9 patients being treated within 62-days and 11 breaches.

The governance structure has been enhanced for additional assurance and oversight which includes daily PTL's (commenced on 15 September 2025). This operational grip is showing improvements through reduced waits for next steps internally.

Themes for patients who breached within September 2025 include theatre cancellations and surgical waits.

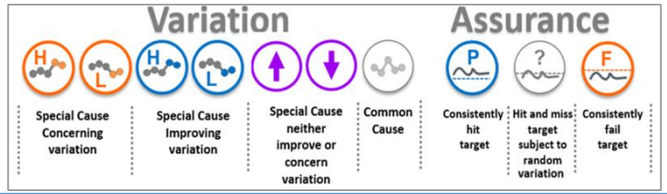
An improvement plan is in place with a revised trajectory to meet the 62-day target which is monitored via Cancer Recovery, Performance and Delivery Group. This group reports into the Cancer Delivery Strategic Oversight Group and subsequently into Access Board.

Further work is being undertaken with Cancer Alliance to encourage and support referring trusts to expedite referrals where possible and ensure full minimum datasets are in place to prevent any unnecessary delays in the patient's 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

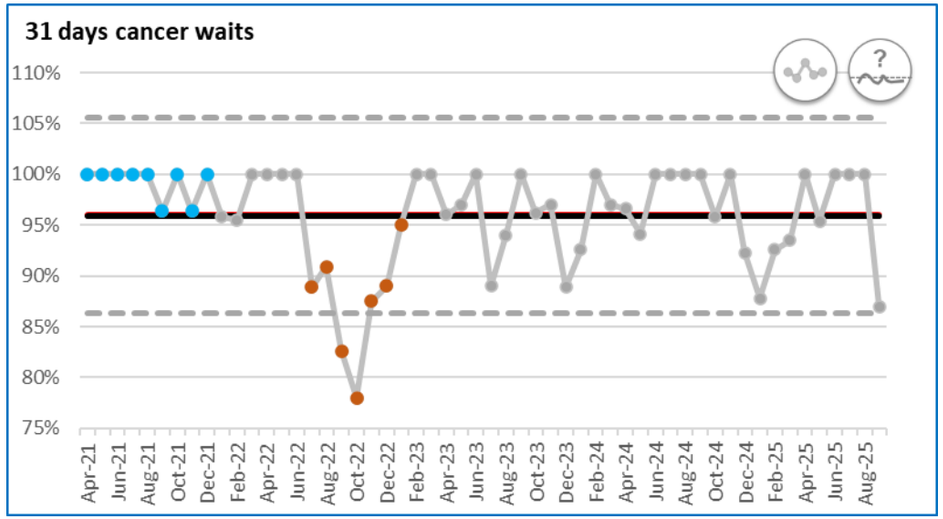
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



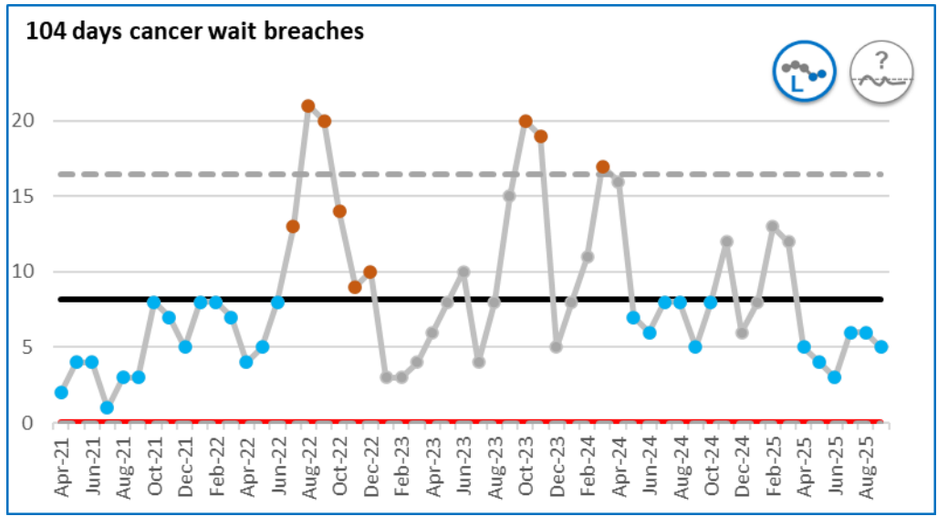
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

NHS
Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Sep-25
87%
Target (red line)
96%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Sep-25
5
Target (red line)
0
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments:

There were three 31-day breaches in September 2025, reasons for breaches are outlined below:

- 1 was booked post 31 day
- 2 patients were cancelled by RPH at least once

There were four 104-day breaches within September 2025, reasons for breaches are outlined below:

- Of these 3 were referred over day 62
- All four were treated in September

An improvement plan is in place with a revised trajectory to meet the 62-day target which is monitored via Cancer Recovery, Performance and Delivery Group. This group reports into the Cancer Delivery Strategic Oversight Group and subsequently into Access Board.

Responsive: Other metrics

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

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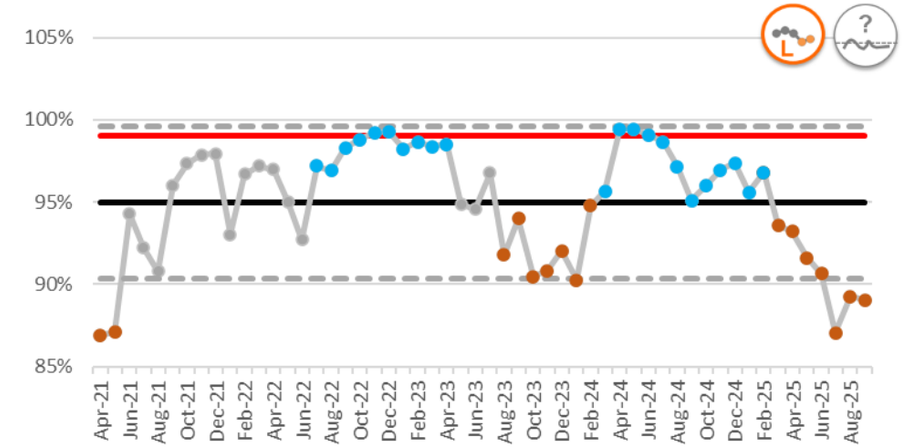
NHS Foundation Trust

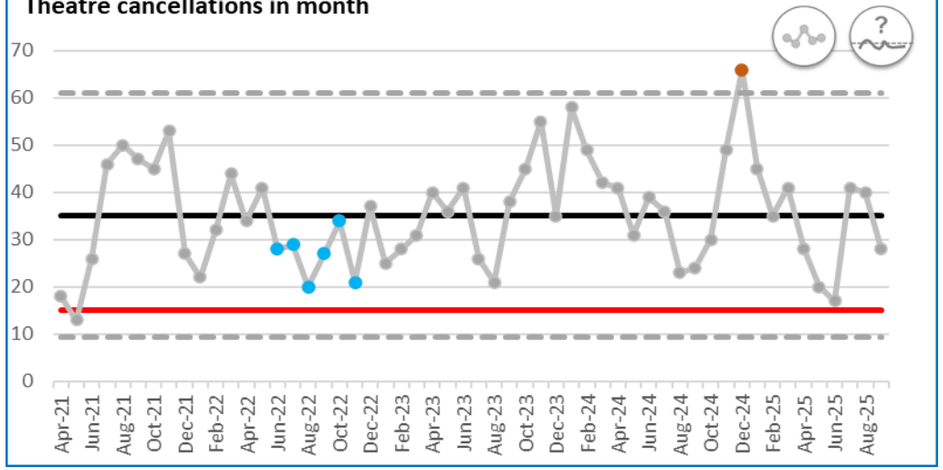
1. Historic trends & metrics

% diagnostics waiting less than 6 weeks



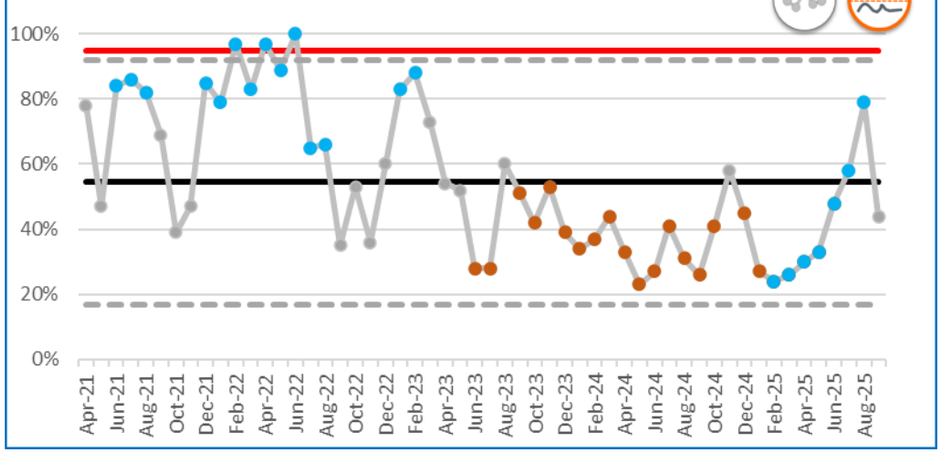
Sep-25
89.0%
Target (red line)
99%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

Theatre cancellations in month



Sep-25
28
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



Sep-25
44%
Target (red line)
95%
Variation
Common cause variation
Assurance
Has consistently failed the target

Action plans / Comments

DM01

- Radiology continues to present a position of long waiters, primarily driven by longer waits in cardiac MRI and CT scanning.
- Radiology PTL size is circa 3,300 and is stable.
- Longest wait CT 22 weeks, MRI 28 weeks, NM 35 weeks. Potential for additional weekend activity to reduce waiting list, however there is no additional reporting availability.
- Diagnostic Imaging initiatives monitored via the Elective Recovery Programme.
- Currently 329 patients awaiting echo on DMO1 with 58% of patients waiting above 6 weeks. Data Quality exercise taking place around Diagnostic Waits.
- **WatchPAT** managed service commenced in July to aid CSS backlog for RTT patients this has led to increased CSS DM01 for M06. DM01 for thoracic overall was 84.79%. We expect a dip in DM01 as watchpat has now stopped. The division is requesting to continue Watchpat through Access Board.

Theatre Cancellations

There were 28 cancellations in M06 a downward trajectory from 40 cancellations in M05. The most significant reason for cancellation on the day was due to planned case overruns (6 cases in M06 an improvement from 13 in M05) and sub optimal work up (5).

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, reduced in M06 to 44% and 67% patients were treated with 10 days.
- STA leadership team are working collaboratively with cardiology and clinical admin on flow and new ways of working.

Responsive: CT BACKLOG as of end September 2025

Royal Papworth Hospital
NHS Foundation Trust

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

Actual	Actual number of points awaiting a CT report	2061	2112	1732	1668	1875
	Proportion of CT reports waiting **for more than 4 weeks**	38%	42%	41%	38%	38%
	Number of patients awaiting a CT **report**	989	775	732	703	680
	Number of patients waiting CT **report** over 4 weeks	325	354	244	221	210
	Number of patients awaiting a CT scan based on PTL	1592	1592	1551	1510	1463

Risks:
3433 (BAF) – CT Reporting Backlog, Patient (16)
3434 – CT Reporting Backlog, Dept Issues (16)
3362 – CT Reporting Backlog, Digital Issues (6)
3696 – Radiology Outsourcing Project (16)
3540 – Consultant Radiologist Staffing (12)
2953 – Radiographer Staffing (9)

Summary of Issues:-

- Reporting activity set into job plans in line with 2023 activity level. Activity has increased through the scanners since that date.
- Consultant radiologists budgeted to 13.77 WTE. Since September 2025, establishment is 9.5 WTE. However, establishment has been reduced over the last two year (8 WTE).
- Consultant recruitment and retention has been problematic. RPH cannot offer the work life balance or the digital enablement offered in other centres, so RPH has not been a first-choice workplace.
- Recruitment for Cardiothoracic Radiologists is both a national and international issue.
- Career/role balance for Consultant Radiologists who cannot undertake a number of elements of their job plans as reporting has to be the priority.
- Slow reporting workstations meeting the minimum spec requirements only.
- Digital challenges – PACS needed embedding, unable to work remotely due to VPN speed, voice recognition issues.
- Reporting expectations from all divisions and external referrers resulting in patients reported out of order.
- Peaks and troughs in CT reporting as external support solution agreed, switched off and re-started on multiple occasions due to delays from within the hospital structure.

Corrective Actions/Mitigations/Lessons Learned:-

- Ongoing recruitment to Consultant posts
- PACS system and workflows reviewed and improved
- VPN upgraded
- VDI solution installed (for remote reporting). Currently undergoing testing
- Onsite fleet of reporting workstations replaced with higher spec
- Home reporting workstations currently being rolled out (expected completion by end Oct 2025)
- Voice recognition for reporting fixed
- LCI employed to support with CT reporting but not in other modalities
- Capacity/demand undertaken to evidence the shortfall in staff and increased expectation on reporting demands
- Outsource model to be implemented (to support the backlog and additional activity not currently covered due to vacancies or shortfall in staff when fully staffed). Implementation expected by mid-December 2025
- Reduction in additional shifts and bank reporting shifts once outsourcing model is functional
- One action plan needed for all actions identified throughout this issue (identified by the external auditor CT audit)
- CT Backlog Working Group undertaken to track actions and backlogs against the risks on datix and BAF. Not currently running as CT reporting is within 4 weeks (on average)
- Multiple reports submitted to Execs, Board, Performance Committee over the past 18 months
- Constant escalation within Radiology, STA and within the radiology business unit reporting

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	SK	The sleep lab capacity is now modelled against the demand. A three-night model allowing for training and development into the sleep lab service. The Watch-Pat initiative has finished- request to Access Board to continue is in place as DM01 figures are starting to drop following the completion of the initial round of Watchpat	Mar-26	
	18 weeks RTT (combined)	All	Elective care and delivery group and access board stood up to monitor RTT delivery initiative. Detailed improvement plans in place and reported against weekly. Efficiencies in pathways identified as part of additional activity to ensure RTT remains sustainable.	DDOs	Detailed plans in place and reported separately.	Mar-26	
	Number of patients waiting over 65 weeks for treatment	Cardiology	Currently trying to set up Thursday lists to increase capacity, awaiting the go ahead from STA with regards to addtional GA and ODP support.	LM	List is currently active, priority has been given to address the structural backlog in this capacity. All lists except one staffed untill the end of the Year. (Awaiting Anaesthetic Overtime Confirmation)	TBC	
	% of IHU surgery performance < 7 days of medically fit for surgery	STA	Working group between Clinical Admin, STA and Cardiology to review IHU processes.	NH/LM	Two trigger and escalation points in place between Cardiology and STA to review those awaiting surgical dates. Detailed action plan to be generated and to be reported via forthcoming new governance for patient flow.	TBC	
	52 week RTT breaches	Cardiology	Review of process for late additions to waiting list, including IPT corrections	LM	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. **Structural PSI List:** MTEER extra capacity planned from October alongside current additional structural capacity. **TOE PSI List:** Currently using spare in week capacity for the lists. 3 Lists completed. **EP :** Lab Bookings - 75 Patients Treated Work taking place to facilitate BAU solutions for all areas.	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 – 37 Patients seen, 24 Booked OPFU – 30 Patients seen, 90 Booked.	Mar-26	
	18 weeks RTT (STA)	All	Extended thoracic lists Green lists and 3 pump lists Pre-admission / same day admission	JS	Extended thoracic lists commenced w/c 12 May and occurs every Friday. Trial of utilisation of emergency theatre x 2 per week, unsuccesful, cancelled. Dedicated Thoracic Anaesthetic team approved. Green lists is implemented and now business as usual.	Mar-26	
	18 weeks RTT (STA)	All	Pre-admission/same day admission	JS	Pre-admission/same day admission: work continues regarding this and also collaborating with thoracic regarding additional rooms to increase preadmission from 60% to 95% for all surgical patients	Mar-26	
	18 weeks RTT (Thoracic)	All	RSSC additional list including: Clear CSS only backlog including reporting Outpatient appointments and one-stop clinics to commence treatment as appropriate	SK	The Watch-Pat initiative is drawing to a close with 1054 devices having been sent out. The CSS DM01 continues to improve.	Aug-25	
			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	Sep-25	

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

People, Management & Culture: Summary

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

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Dashboard KPIs	Voluntary Turnover % **	4	9.0%	7.57%	10.03%	7.41%	4.41%	10.72%	4.45%
	Vacancy rate as % of budget **	4	7.50%	5.60%	6.51%	6.62%	6.12%	5.79%	5.06%
	% of staff with a current IPR	4	90%	76.86%	78.04%	79.73%	80.34%	79.71%	78.49%
	% Medical Appraisals*	3	90%	79.53%	75.78%	79.53%	82.44%	84.09%	80.15%
	Mandatory training %	4	90.00%	87.30%	86.97%	88.56%	89.77%	90.55%	90.33%
	% sickness absence **	5	4.0%	4.22%	4.00%	4.41%	4.69%	4.14%	4.64%
Additional KPIs	FFT – recommend as place to work **	3	72.0%	n/a	n/a	60.00%	n/a	n/a	0.00%
	FFT – recommend as place for treatment	3	90%	n/a	n/a	88.10%	n/a	n/a	0.00%
	Registered nursing vacancy rate (including pre-registered nurses)	4	5.00%	1.59%	2.44%	2.68%	3.02%	2.61%	1.68%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	4	10.00%	7.34%	6.93%	7.85%	5.70%	5.59%	6.58%
	Long term sickness absence % **	5	1.50%	2.08%	1.72%	2.16%	2.13%	1.91%	1.97%
	Short term sickness absence	5	2.50%	2.13%	2.28%	2.25%	2.56%	2.23%	2.68%
	Agency Usage (wte) Monitor only	5	Monitor only	17.7	10.9	10.2	9.9	8.5	6.4
	Bank Usage (wte) monitor only	5	Monitor only	95.3	98.2	95.7	122.1	112.1	113.2
	Overtime usage (wte) monitor only	5	Monitor only	26.0	22.8	19.1	16.3	16.7	15.8
	Agency spend as % of salary bill	5	2.28%	1.44%	1.32%	0.95%	0.39%	1.49%	1.15%
	Bank spend as % of salary bill	5	2.47%	2.91%	2.89%	3.59%	3.56%	3.91%	3.20%
	% of rosters published 6 weeks in advance	3	Monitor only	54.50%	51.50%	51.50%	57.60%	55.90%	52.90%
	Compliance with headroom for rosters	4	Monitor only	29.90%	26.20%	27.20%	26.50%	28.60%	31.29%
	Band 5 % White background: % BAME background	5	Monitor only	n/a	n/a	39.55%:59.27 %	n/a	n/a	41.29% : 57.99%
	Band 6 % White background: % BAME background	5	Monitor only	n/a	n/a	61.70%:37.13 %	n/a	n/a	64.52% : 34.68%
	Band 7 % White background % BAME background	5	Monitor only	n/a	n/a	75.57%:21.95 %	n/a	n/a	78.83% : 18.94%
	Band 8a % White background % BAME background	5	Monitor only	n/a	n/a	85.31%:13.99 %	n/a	n/a	83.61% : 16.39%
	Band 8b % White background % BAME background	5	Monitor only	n/a	n/a	87.10%:12.90 %	n/a	n/a	88.24% : 11.76%
	Band 8c % White background % BAME background	5	Monitor only	n/a	n/a	78.79%:21.21 %	n/a	n/a	72.41% : 27.59%
	Band 8d % White background % BAME background	5	Monitor only	n/a	n/a	90.91%:9.09 %	n/a	n/a	92.31% : 7.69%
	Time to hire (days)	3	48	36	41	38	40	36	40

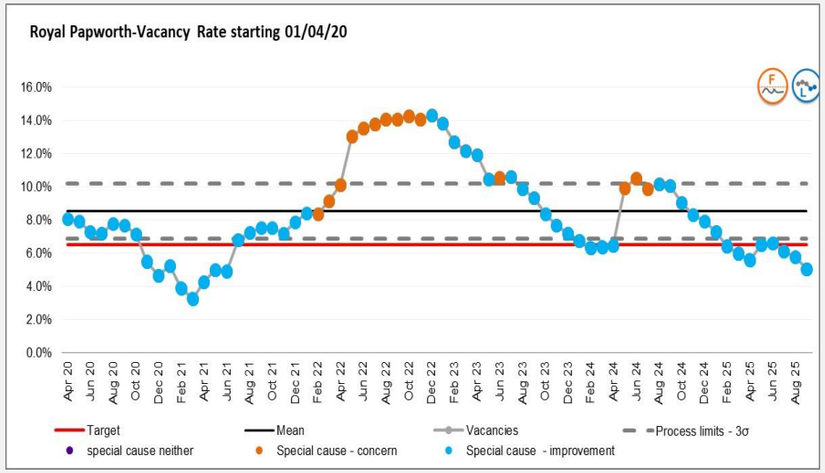
Summary of Performance and Key Messages:

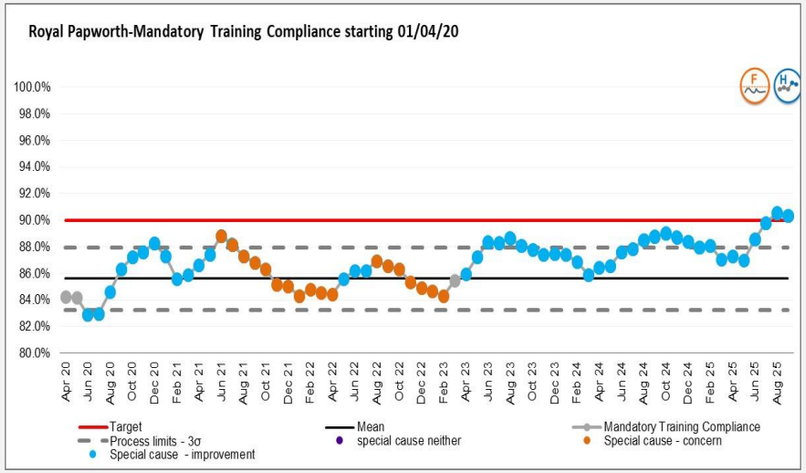
- Turnover decreased to 4.5% in September. Year to date turnover is 7.4% which is below our KPI. There were 9 leavers (8.4 wte) non medical leavers in September. There were no registered nurse leavers..
- We maintained mandatory training compliance at our KPI of 90%.
- We continue to struggle to achieve compliance with the KPI for appraisal. The overall appraisal compliance rate is below 80%.
- Total sickness absence increased to 4.6%. Our year to date rate is 4.3% 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. An absence management support programme for areas with high absence rates has been developed initially focusing on Critical Care. We have shared the approach with the Joint Staff Council who were in support of the plan. Resources to support line managers has been identified by reprioritising the Workforce Strategy Workplan.
- We have seen a reduction in our vacancy rate in September to 5.1%, remaining below the Trust KPI. We held a recruitment event in September, there were 13 offers made to candidates appointed 5 x staff nurses and 8 x healthcare support workers
- Registered Nurse vacancy rates decreased further to 1.7%. This equates to 15.5 WTE vacancies . There are currently 21 registered nurses moving through pre-employment checks plus 7 temporary staffing. 25 student nurses have submitted an Expression of Interest (EOI) form for employment upon qualifying. Of these, 7 students have been withdrawn from the process due to not meeting the eligibility criteria or have accepted offers elsewhere. Student nurses can only apply up to 4 months prior to qualifying.2 students have received conditional job offers and will be starting in due course. The remaining candidates are currently being contacted by their first-choice areas and will soon begin the process to join the talent bank.
- The unregistered nurse vacancy rate increased to 6.6%, 15.5 WTE. The current pipeline of Healthcare Support Workers increased to 9 plus 8 temporary staffing.
- The time to hire for August was 40 days. This is significantly below the national KPI of 48 days.
- Temporary staffing: There is now very limited agency use across the Trust as it is only used in exceptional circumstances or to support agreed projects. Overtime use has also declined significantly and most of it is linked to planned PSI work. Bank use remained at the same level as the previous month. The current level of bank usage is causing pay costs to exceed budgets in some areas. Existing controls are being reviewed and will be strengthened to ensure that bank use does not cause pay budget overspends.

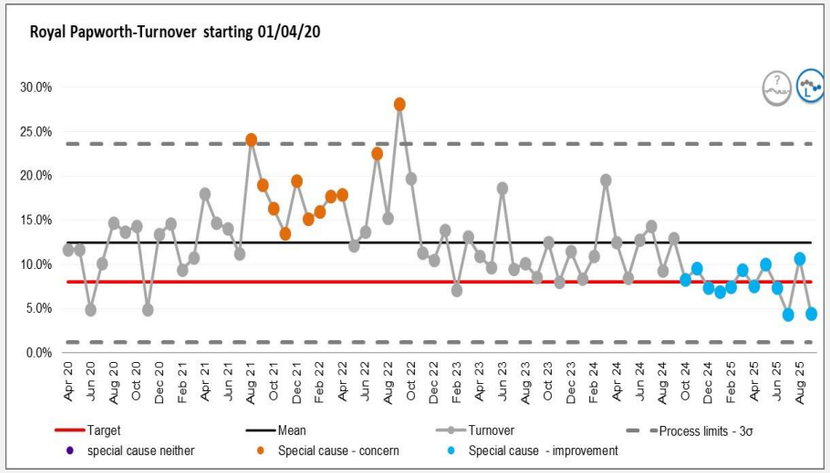
People, Management & Culture: Key performance trends

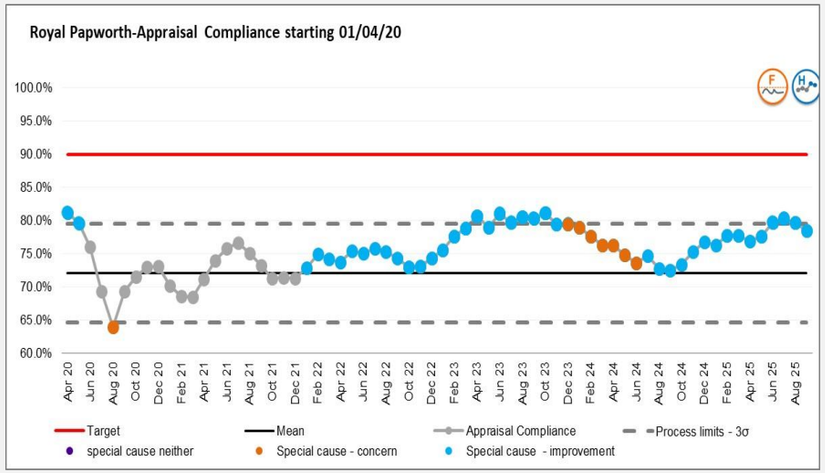
Royal Papworth Hospital
NHS Foundation Trust

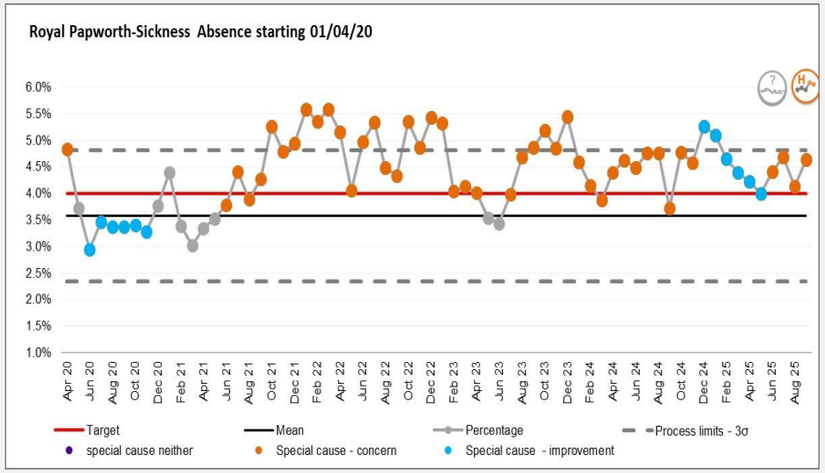
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*









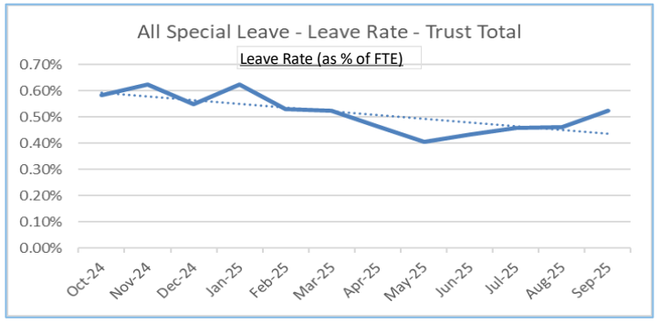


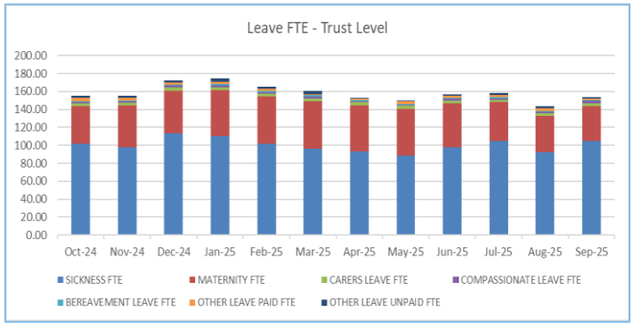
People, Management & Culture: Special Leave

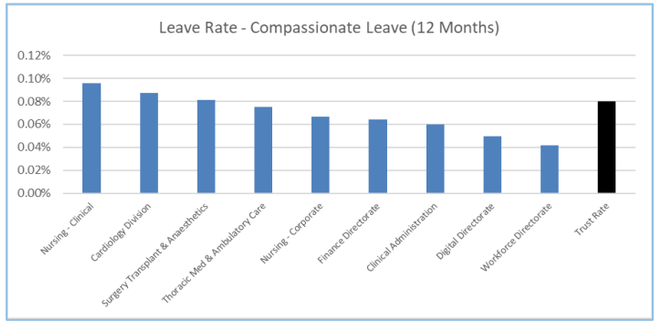
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *Head of Workforce Information*

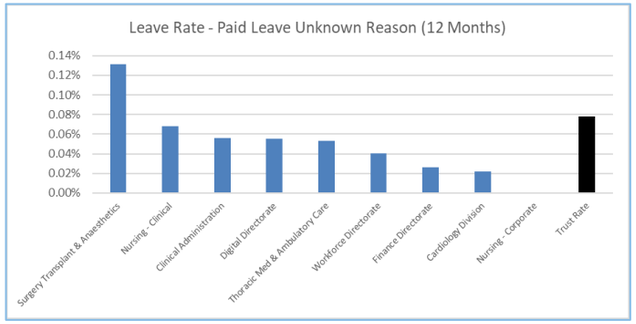
Royal Papworth Hospital
NHS Foundation Trust

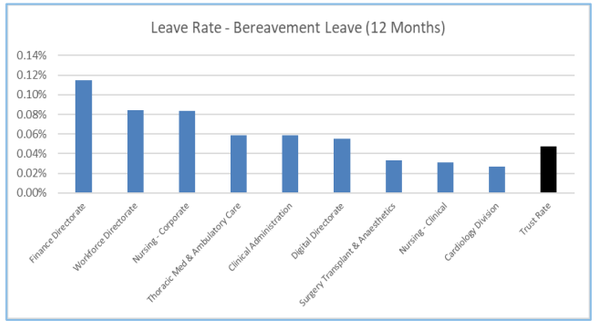
- As part of the review of workforce availability we have been reviewing how special leave is being used across the Trust. Special leave is a collective term for a number of different types of paid and unpaid leave that staff are entitled to either as part of national terms and conditions of service, statutory rights or local terms and conditions. The key categories are:
  - Carers Leave – up to 5 days, 3 of which can be paid.
  - Compassionate and Bereavement Leave – up to 5 days paid leave, 10 in exceptional circumstances
  - Other Leave Paid = Armed Forces Leave, Disability Leave, Domestic leave, Jury Service, Medical / Dental Appointment, Special Leave, Unknown Reason for Leave
  - Other Leave Unpaid = Domestic leave, Unauthorised Leave, Special Leave, Unknown Reason for Leave
- The charts below analyse the amount of special leave that has been taken over the last 12 months broken down by leave category. It is calculated by dividing the Leave FTE taken in the period against the FTE in Post in same period and expressed as a percentage. Approximately 0.5% of the total FTE are not available due to special leave – this equates to approximately 22 fte per month. The total unavailability due to all leave ie special leave plus sick leave and maternity leave is on average 160 FTE per month.
- There is variation between the rates of special leave across Divisions/Directorates. There is more leave used in areas that operate 24/27 which is to be expected as staff working in those areas have less flexibility to adjust working arrangements to manage disruptions to childcare arrangements or other domestic emergencies. However, there are differences between these areas that require further investigation – it is not immediately clear why STA and Thoracic has a higher rate than Cardiology. In the areas where there is not 24 hour/7 day working patterns there are variations for which the drivers are not known. It could be linked to poor recording of special leave in some areas or the way that managers respond to requests.
- As part of the interventions to improve attendance in Critical Care managers will be focusing on having a consistent and fair approach to granting paid special leave that supports staff to have good attendance at work therefore maximising workforce availability. The learning from this will be shared with other departments.

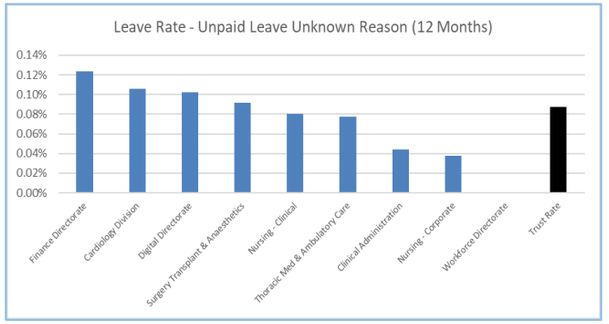












Finance: Performance summary

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

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£(79)k	£2k	£(45)k	£(98)k	£(7)k	£(311)k	£(66)k
	Cash Position at month end £000s *	5	£66,926k	£79,265k	£75,114k	£77,044k	£77,248k	£74,342k	£72,948k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£1160 YTD	£26k	£39k	£101k	£101k	£419k	£818k
	CIP – actual achievement YTD - £000s	4	£4,422k	£226k	£439k	£661k	£1,331k	£1,742k	£3,477k
	Agency expenditure target £'k	5	£118k	£188k	£179k	£128k	£52k	£200k	£157k
	Bank expenditure target £'k	5	£347k	£379k	£392k	£482k	£489k	£524k	£437k
Additional KPIs	Capital Service Ratio YTD	5	1.0	0.5	0.2	0.4	0.6	0.6	0.4
	Liquidity ratio	5	26	29	25	30	44	25	18
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£944k	£1,888k	£2,828k	£3,671k	£4,230k	£5,448k
	Total debt £000s	5	Monitor only	£5,400k	£4,300k	£3,500k	£4,600k	£4,070k	£3,760k
	Average Debtors days - YTD average	5	Monitor only	6	5	4	5	4	4
	Better payment practice code compliance YTD - Value £ % (Combined NHS/Non-NHS)	5	Monitor only	98%	98%	98%	92%	98%	94%
	Better payment practice code compliance YTD - Volume % (Combined NHS/Non-NHS)	5	Monitor only	97%	86%	90%	98%	93%	98%
	Elective Variable Income YTD £000s	4	£0k (YTD)	£4,927k	£10,160k	£16,307k	£22,232k	£27,526k	£32,917k
	CIP – Target identified YTD £000s	4	£9630k	£4,650k	£4,727k	£4,912k	£6,093k	£6,856k	£8,770k
	Implied workforce productivity % - compares real terms growth in pay costs from 19/20 against growth in activity from 19/20	5	Monitor only	n/a	7.2%	-2.0%	-5.6%	0.2%	0.4%

- **As at Month 6, the Trust is reporting a year-to-date deficit of £66k representing a favourable variance of £13k to plan.** The key driver to this position is a stronger-than-planned income performance, with favourable variances across core NHS variable contracts (notably £2.6m year-to-date from commissioners in England) and other non-England commissioners. This positive income performance, alongside favourable budget phasing impact of planned (elective recovery initiatives) and unallocated reserves, has partially offset adverse key cost pressures in the period to date. These pressures are concentrated within clinical divisions, driven by pay overspends linked to temporary staffing over-employment, and under-delivery of planned CIP savings. CIP delivery remains a critical organisational priority, with enhanced support now in place for divisional teams alongside strengthened grip and control measures (see CIP Bridge to Excellence report).
- **Clinical Income is £3.4m favourable to plan**, primarily driven by a better than planned NHS variable and pass-through activity performance.
- **Other Operating Income is c£2.5m** favourable to plan and mainly attributable to non recurrent income recovery and rebates, staff recharges, R&D and Charitable Income (which partly offsets additional expenditure).
- **Pay expenditure year to date is £2.1m adverse to the plan**, this includes pay award settlements impact, which is recovered through contract uplifts within the clinical income position. Nursing over-establishment within clinical divisions and ward areas have been partly offset by reducing agency spend in line with the agreed CIP trajectory. Increased bank, overtime costs and over-recruitment have negatively impacted on the agency CIP achievement. Enhanced workforce management guidelines have been issued to divisional leadership teams to strengthen grip and control in over-established areas. These have been followed by further management measures to support recovery. Medical overspends are being driven by backdated staff arrears, strike cover and cost pressures in resident doctors after the most recent rotation.
- **Operating non-pay expenditure is £3.6m adverse to plan**, driven primarily by high-cost implants and Homecare drugs, which are matched by associated commissioner income within the income position. The position also includes CIP under delivery.
- **Cash closed at £72.9m** a decrease of **£1.4m** mainly due to PDC and creditor payments made in the period.
- Year-to-date capital expenditure is **£0.31m behind plan**, predominantly due to slippage within the Digital BAU programme. A detailed capital forecast has now been completed for Month 6 together with proposed actions to provide assurance on year-end delivery. Delivery of the **EPR capital programme continues to represent the key risk**, comprising over half of the overall programme value and being significantly weighted to Q4. remains a material risk of slippage within the current financial year

Note * Target set at 90% operational plan

Finance: Key Performance – YTD SOCI position

Royal Papworth Hospital
NHS Foundation Trust

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

Year-to-date adjusted financial performance is a £66k deficit, £13k favourable to plan. This position reflects strong variable activity and pass-through income over-performance, supported by favourable phasing of elective recovery funding and contingency reserves, which have offset adverse pay pressures and CIP under-delivery. The adjusted deficit primarily reflects the adverse impact of planned UK GAAP PFI technical adjustment.

		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	£81,317	£57,932	£0	£57,932	(£23,385)	
	Balance to Fixed Payment	£0	£23,611	£0	£23,611	£23,611	
	Variable at Tariff	£29,734	£28,617	£2,441	£31,058	£1,324	
	Homecare Pharmacy Drugs	£24,807	£26,286	£0	£26,286	£1,479	
	High cost drugs	£304	£348	£0	£348	£44	
	Pass through Devices	£13,438	£11,959	£1,011	£12,970	(£468)	
	Sub-total	£149,600	£148,753	£3,452	£152,205	£2,605	
Clinical income - Outside of national block framework							
	Devices	£747	£1,053	£0	£1,053	£306	
	Other clinical income	£889	£803	£685	£1,488	£599	
	Private patients	£5,176	£5,096	£0	£5,096	(£80)	
	Sub-total	£6,811	£6,951	£685	£7,636	£825	1
Total clinical income		£156,412	£155,704	£4,137	£159,841	£3,429	
Other operating income							
	Other operating income	£8,103	£10,360	£250	£10,610	£2,508	2
Total operating income		£8,103	£10,360	£250	£10,610	£2,508	
Total income		£164,514	£166,064	£4,387	£170,451	£5,937	
Pay expenditure							
	Substantive	(£74,652)	(£76,366)	(£757)	(£77,124)	(£2,472)	
	Bank	(£2,240)	(£2,701)	£0	(£2,701)	(£461)	
	Agency	(£1,706)	(£903)	£0	(£903)	£803	
	Sub-total	(£78,598)	(£79,971)	(£757)	(£80,728)	(£2,130)	3
Non-pay expenditure							
	Clinical supplies	(£31,264)	(£32,532)	(£1,011)	(£33,543)	(£2,279)	4
	Drugs	(£4,207)	(£3,417)	£0	(£3,417)	£790	5
	Homecare Pharmacy Drugs	(£24,807)	(£26,220)	£0	(£26,220)	(£1,413)	6
	Non-clinical supplies	(£19,988)	(£21,784)	£690	(£21,094)	(£1,106)	7
	Depreciation	(£5,490)	(£5,063)	£0	(£5,063)	£427	
	Sub-total	(£85,755)	(£89,016)	(£321)	(£89,337)	(£3,582)	
Total operating expenditure		(£164,353)	(£168,987)	(£1,078)	(£170,066)	(£5,713)	
Finance costs							
	Finance income	£1,916	£1,676	£0	£1,676	(£241)	
	Finance costs	(£3,104)	(£2,849)	£0	(£2,849)	£256	
	PDC dividend	(£1,189)	(£911)	£0	(£911)	£279	8
	Revaluations/(Impairments)	£0	£0	£0	£0	£0	
	Gains/(losses) on disposals	£0	£0	£0	£0	£0	
	Sub-total	(£2,377)	(£2,084)	£0	(£2,084)	£293	
Surplus/(Deficit) For The Period/Year		(£2,216)	(£5,007)	£3,309	(£1,699)	£518	
Adjusted financial performance surplus/(deficit)		(£78)	(£3,374)	£3,309	(£66)	£13	

YTD month headlines:

1 Clinical income is c£3.4m favourable YTD.

- Fixed activity (non-elective spells and outpatient follow ups) when priced on tariff basis is £23.4m under the total fixed plan value.
- Variable income is favourable to plan by c£1.3m, this is driven by increase in outpatient activity in RSSC from agreed elective recovery plans and additional activity within Cardiology service. The YTD variable position includes a £1.8m provision against ICB contract overperformance to account for a non payment potential risk.

2 • **Other Operating Income is c£2.5m favourable to plan,** reflecting an over-performance from staff recharges, R&D, and charitable funding, offsetting additional expenditure and retrospective income recovery.

3 • **Pay expenditure is £2.1m adverse to plan,** reflecting over-establishment within ward areas. Strengthened controls on temporary staffing bookings have been implemented, with further actions to be deployed. The position also includes unachieved CIP, pay arrears, and the pay award (the latter offset within the income position).

- Temporary pay costs remain elevated — while agency spend has reduced in line with the planned trajectory, bank and overtime costs have increased year-to-date, which is not aligned with improvements in vacancy levels (see Appendices 7–10 for detailed breakdown).

4 • Clinical supplies is c£2.3m adverse to plan. This is driven by variable cost impact of clinical and pass-through activity overperformance recovered within the income position.

5 • **Total Drugs including Homecare is £0.7m adverse to plan**. Higher than plan homecare drug activity has been recovered with the above income position.

6 • **Non-clinical Supplies is £1.1m adverse to plan**. The underlying overspend is largely driven by CIP underachievement. Other notable cost pressures came from Laundry contract over spend, recruitment costs, costs for services received from other organisations offset by underspends in Premises and Fixed Plant mainly due to power rebates. These are being investigated and monitored as part of the Trust's recovery plan for 2025/26.

7 • **Depreciation is £0.4m favourable to plan,** underpinned by slower-than-planned capital delivery.

8 • **PDC Dividend is £0.3m favourable to plan,** reflecting higher-than-planned average daily cash balances.

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