Papworth Integrated Performance Report (PIPR)

November 2025

Content

Context:

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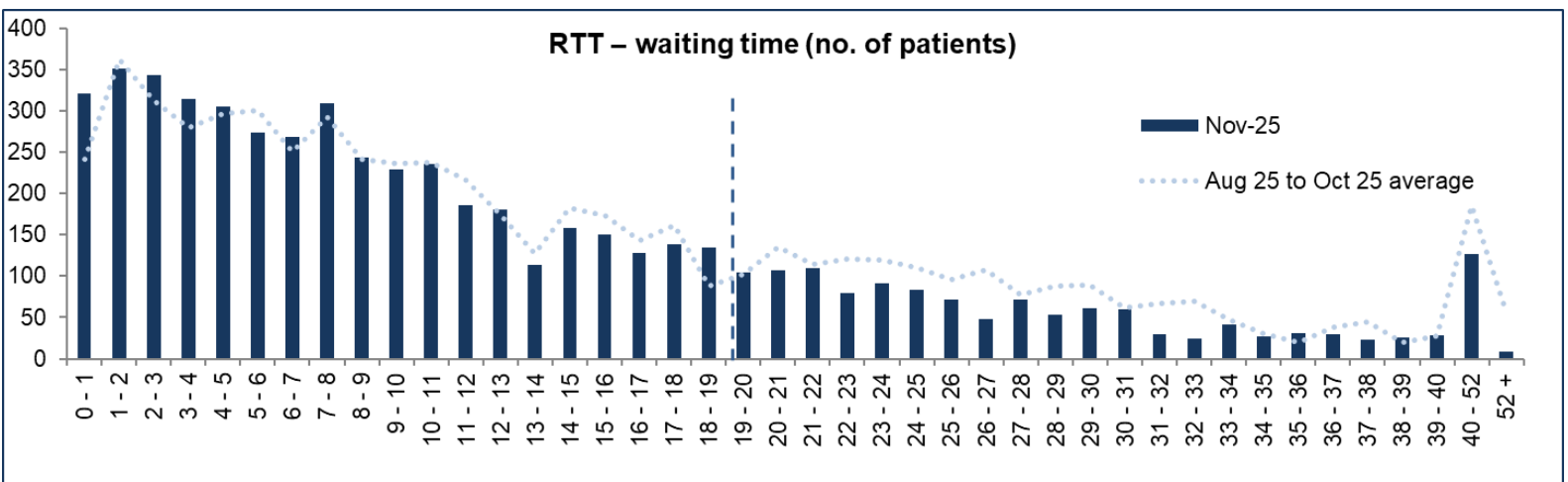
Context - The activity table and RTT waiting time curve below sets out the context for the operational performance of the Trust and should be used to support constructive challenge from the committee:

All Inpatient Spells (NHS only)	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Trend
Cardiac Surgery	138	162	143	139	158	153	
Cardiology	710	787	712	726	775	673	
ECMO	4	4	5	0	2	4	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	10	12	11	15	13	14	
RSSC	739	775	715	743	777	616	
Thoracic Medicine	529	587	504	522	587	536	
Thoracic surgery (exc PTE)	66	60	72	79	114	91	
Transplant/VAD	56	39	44	46	55	35	
Total Admitted Episodes	**2,252**	**2,426**	**2,206**	**2,270**	**2,481**	**2,122**	
Baseline (2019/20 adjusted for working days annual average)	*1,830*	*1,830*	*1,830*	*1,830*	*1,830*	*1,830*	
%Baseline	*123%*	*133%*	*121%*	*124%*	*136%*	*116%*	

Outpatient Attendances (NHS only)	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Trend
Cardiac Surgery	558	644	558	575	616	584	
Cardiology	4,022	4,296	3,749	4,112	4,544	4,118	
RSSC	2,201	2,996	2,281	2,378	2,368	2,111	
Thoracic Medicine	2,464	2,687	2,140	2,528	2,645	2,355	
Thoracic surgery (exc PTE)	137	115	140	177	165	124	
Transplant/VAD	346	292	273	381	339	317	
Total Outpatients	**9,728**	**11,030**	**9,141**	**10,151**	**10,677**	**9,609**	
Baseline (2019/20 adjusted for working days annual average)	*7,418*	*7,418*	*7,418*	*7,418*	*7,418*	*7,418*	
%Baseline	*131%*	*149%*	*123%*	*137%*	*144%*	*130%*	

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.

RTT – waiting time (no. of patients)

Nov-25
Aug 25 to Oct 25 average

Reading guide

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

- **'At a glance' section** – this includes a 'balanced scorecard' showing performance against those KPIs considered the most important measures of the Trust's performance as agreed by the Board.
- **Performance Summaries** – these provides a more detailed summary of key areas of performance improvement or concern for each of the categories included within the balanced score card (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.**
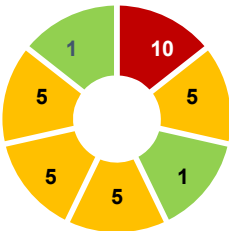
Key

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

Overall Trust rating - AMBER

FAVOURABLE PERFORMANCE

SAFE: 1) Harm Free Care – The metrics for Pressures Ulcers, Falls are within expected range in month. 2) Safer staffing fill rates for Registered Nurses (RN) are above target at 88% for day and 92% for night shifts. With Health Care Support Workers (HCSW) also above target at 90% for day and 97% for night shifts.

CARING: 1) The Trust has continued to achieve high Friends and Family Test (FFT) recommendation scores for both Inpatients and Outpatients. 2) The participation rate for inpatients FFT achieved over 50% which is the highest participation seen in year. 3) We continue to receive a high volume of compliments about our care, with 1,764 received in month.

EFFECTIVE: 1) Theatre utilisation in Month 8 (M08) was 90.8% and the team continues to explore possibilities to further improve this while working with the Getting It Right First Time (GIRFT) team. 2) The number of follow up appointments as a Patient Initiated Follow Up (PIFU) continues to improve (14.1%) to help drive changes in clinics to enable more patients to be seen for a first appointment.

RESPONSIVE: 1) The performance for the cancer 31-day standard remains strong at 100%, with all 24 patients treated within 31 days. 2) The overall number of patients on the waiting list continues to reduce as a result of the focused efforts within the elective care recovery programme. Alongside this, the number of patients waiting 52 weeks or more, has reduced significantly from 33 to 9 in Month 8.

PEOPLE, MANAGEMENT & CULTURE: 1) Vacancy rates reduced further and is below our KPI. 2) The use of all forms of temporary staffing continued to reduce.

FINANCE: At Month 8, the YTD position is in line with plan with a YTD position of £39k surplus. The key driver to this position is a stronger-than-planned variable income performance, with favourable variances across core NHSE variable contracts. This positive income performance, alongside favourable budget phasing impact of planned (elective recovery initiatives) and unallocated reserves, has partially offset adverse cost pressures within clinical divisions, driven by pay overspends and under-delivery of planned CIP savings. CIP performance and pay management remain the key areas of focus for the Trust to ensure a breakeven plan can be delivered.

ADVERSE PERFORMANCE

SAFE: 1) There has been a decrease in Ward supervisory sister (SS) / charge nurse (CN) time to 73%, SS/CN remain working clinically in a targeted attempt to reduce temporary staffing usage, therefore not meeting overall target of 90%. 2) Compliance with the WHO checklist completion for Theatres has seen a decrease to 88.60%
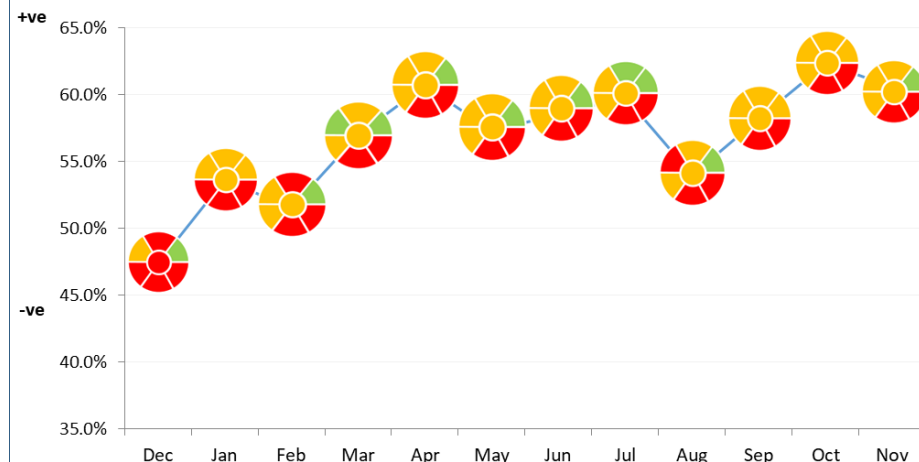
CARING: The number of written complaints received remains higher than Trust threshold (n=7 with threshold of 5 per month) .

EFFECTIVE: Reduction in Follow Up appointments is consistently below the target of 25% (reduced by 3.1%), while the number of follow up appointments as a PIFU continues to improve. PatientAide remains scheduled for rollout within Respiratory Service and Sleep Centre from January 2026. Draft process maps for appropriate PIFU pathways are to be completed by the end of December 2025 to support further rollout. Potential impacts on clinic templates will be outlined and actioned once the impact is fully understood.

RESPONSIVE: 1) The number of theatre cancellations remains static compared to the previous month, however, overall theatre utilisation remained above the trust target. 2) While performance for the cancer 62-day standard remains below the target of 85%, significant improvements have been made through enhanced oversight with daily meetings and escalations, and the combined 62-day standard was 73.7%.

PEOPLE, MANAGEMENT & CULTURE: 1) Sickness absence increased marginally and is above our KPI. 2) There has been no improvement in appraisal compliance rates.

FINANCE: 1) Pay expenditure year to date is £3.2m adverse to the plan, The vacancies in the YTD position are eroded by significant overspends in medical and nursing areas. The overspends in the nursing clinical areas are predominantly driven by absence levels in wards and the use of temporary staffing above establishment. The medical overspend is driven by backdated pay arrears, over establishment, additional medical PAs and extra sessions. The position also includes the cost pressure in resident doctors, unplanned costs of strike cover and PSI costs which is offset by income. 2) Year-to-date capital expenditure is £0.46m behind plan, predominantly due to slippage within the Digital BAU programme. As a result of the month 6 position, SROs were requested to review their programme areas to establish what spend could potentially be brought forwards from FY27 to support in-year delivery. On conclusion of this, there is a worst-case confident risk of £4.4m, with mitigations reducing this to £3.0m. The mitigations include bringing forward planned spend on medical equipment (c£775k) and EPR (c£610k).

At a glance – Balanced scorecard

Domain	Metric	Month reported on	Data Quality ***	Plan	Current month score	YTD Actual
Safe	Never Events	Nov-25	5	0	0	0
Safe	Number of Patient Safety Incident Investigations (PSII) commissioners in month	Nov-25	5	0	0	0
Safe	Learning Responses - Moderate Harm and above as % of total patient safety incidents	Nov-25	5	3%	1.3%	1.2%
Safe	Number of Trust acquired PU (Category 2 and above)	Nov-25	4	35 pa	1	8
Safe	Falls per 1000 bed days	Nov-25	5	4	1.9	0.0
Safe	VTE - Number of patients assessed on admission	Nov-25	5	95%	94%	94%
Safe	Sepsis - % patients screened and treated (Quarterly) *	Nov-25	3	90%	-	-
Safe	Trust CHPPD	Nov-25	5	9.6	12.1	12.4
Safe	Safer staffing: fill rate – Registered Nurses day	Nov-25	5	85%	88.0%	89.6%
Safe	Safer staffing: fill rate – Registered Nurses night	Nov-25	5	85%	92.0%	91.4%
Safe	Safer staffing: fill rate – HCSWs day	Nov-25	5	85%	90.0%	87.5%
Safe	Safer staffing: fill rate – HCSWs night	Nov-25	5	85%	97.0%	92.6%
Safe	% supervisory ward sister/charge nurse time	Nov-25	New	90%	73.00%	78.8%
Safe	Cardiac surgery mortality (Crude)	Nov-25	3	3%	1.8%	1.8%
Safe	MRSA bacteremia	Nov-25	3	0	0	0
Safe	Monitoring C.Diff (toxin positive)	Nov-25	5	18	1	11
Caring	FFT score- Inpatients	Nov-25	4	95%	98.90%	99.03%
Caring	FFT score - Outpatients	Nov-25	4	95%	97.50%	97.70%
Caring	Mixed sex accommodation breaches	Nov-25	5	0	0	0
Caring	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Nov-25	4	12.6	11.0	11.0
Caring	% of complaints responded to within agreed timescales	Nov-25	4	100%	100.00%	80.89%
Caring	Duty of candour compliance undertaken within10wd (quarterly)	Nov-25	New	100%	100.0%	100.0%
People Management & Culture	Voluntary Turnover %	Nov-25	4	9.0%	8.7%	7.5%
People Management & Culture	Vacancy rate as % of budget	Nov-25	4	7.5%	4.1%	
People Management & Culture	% of staff with a current IPR	Nov-25	4	90%	77.29%	
People Management & Culture	% Medical Appraisals*	Nov-25	3	90%	70.90%	
People Management & Culture	Mandatory training %	Nov-25	4	90%	89.76%	89.21%
People Management & Culture	% sickness absence	Nov-25	5	4.00%	4.79%	4.46%

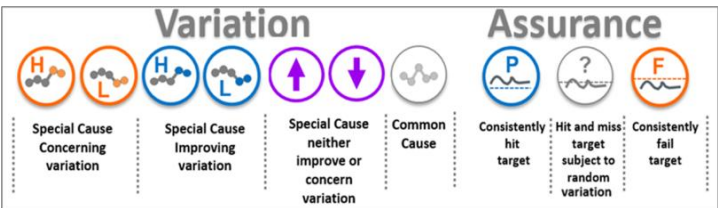| Domain	Metric	Month reported on	Data Quality ***	Plan	Current month score	YTD Actual
Effective	Bed Occupancy (inc HDU but exc CCA and sleep lab)	Nov-25	4	85% (Green 80%-90%)	83.90%	76.69%
Effective	ICU bed occupancy	Nov-25	4	85% (Green 80%-90%)	90.80%	82.73%
Effective	Enhanced Recovery Unit bed occupancy %	Nov-25	4	85% (Green 80%-90%)	75.80%	67.25%
Effective	Elective inpatient and day cases (NHS only)****	Nov-25	4	1679	1,749	14,932
Effective	Outpatient First Attends (NHS only)****	Nov-25	4	2180	2,411	20,830
Effective	Outpatient FUPs (NHS only)****	Nov-25	4	6903	7,198	58,487
Effective	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	Nov-25	4	5%	14.1%	12.9%
Effective	Reduction in Follow up appointment by 25% compared to 19/20 activity	Nov-25	4	-25%	-3.1%	-4.2%
Effective	% Day cases	Nov-25	4	85%	75.0%	75.1%
Effective	Theatre Utilisation (uncapped)	Nov-25	3	85%	87%	91%
Effective	Cath Lab Utilisation (including 15 min Turn Around Times) ***	Nov-25	3	85%	79%	81%
Responsive	% diagnostics waiting less than 6 weeks	Nov-25	1	99%	91.7%	90.6%
Responsive	18 weeks RTT (combined)	Nov-25	4	92%	74.4%	
Responsive	31 days cancer waits*	Nov-25	5	96%	100%	98%
Responsive	62 day cancer wait for 1st Treatment from urgent referral*	Nov-25	3	85%	33%	31%
Responsive	104 days cancer wait breaches*	Nov-25	5	0	6	39
Responsive	Number of patients waiting over 65 weeks for treatment *	Nov-25	New	0	2	
Responsive	Theatre cancellations in month	Nov-25	3	15	48	34
Responsive	% of IHU surgery performed < 7 days of medically fit for surgery	Nov-25	4	95%	44%	50%
Responsive	Acute Coronary Syndrome 3 day transfer %	Nov-25	4	90%	74%	75%
Responsive	Number of patients on waiting list	Nov-25	4	7015	5715	
Responsive	52 week RTT breaches	Nov-25	5	0	9	378
Finance	Year to date surplus/(deficit) adjusted £000s	Nov-25	4	£37k	£39k	
Finance	Cash Position at month end £000s	Nov-25	5	£67,667k	£70,121k	
Finance	Capital Expenditure YTD (BAU from System CDEL) - £000s	Nov-25	4	£2,214k	£2,032k	
Finance	CIP – actual achievement YTD - £000s	Nov-25	4	£6129k	£5,592k	
Finance	Agency expenditure target £'k	Nov-25	5	£93k	£51k	
Finance	Bank expenditure target £'k	Nov-25	5	£339k	£478k	

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

Safe: Performance Summary

Accountable Executive: Chief Nurse   *Report Author:* Deputy Chief Nurse / Deputy Director of Quality and Risk
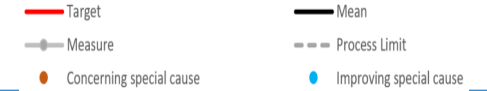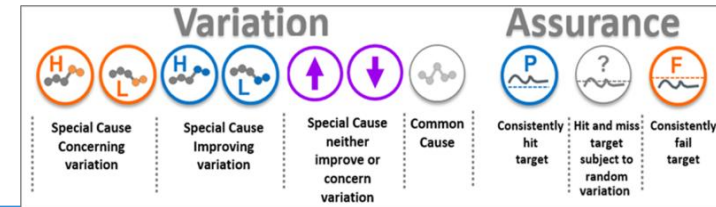
Variation / Assurance key:
Special Cause Concerning variation | Special Cause Improving variation | Special Cause neither improve or concern variation | Common Cause | Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

Royal Papworth Hospital NHS Foundation Trust

	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	Never Events	0	0	0	🟩	(low)	(?)	Review
	Number of Patient Safety Incident Invetigations (PSII) to commissioners in month	0	0	0	🟩	(low)	(?)	Review
	Learning Responses - Moderate Harm and above as % of total patient safety incidents	3.00%	1.28%	1.14%	🟩	(common)	(P)	
	Number of Trust acquired PU (Category 2 and above)	35 pa	1	2	🟩	(common)	(?)	Review
	Falls per 1000 bed days	4.00	1.92	2.33	🟩	(common)	(?)	Review
	VTE - Number of patients assessed on admission	95.0%	93.8%	92.2%	🟧	(common)	(?)	Review
	Sepsis - % patients screened and treated (Quarterly) *	90%	-	-	⬜			Review
	Trust CHPPD	9.6	12.1	12.0	🟩	(common)	(P)	Monitor
	Safer staffing: fill rate – Registered Nurses day	85%	88%	91%	🟩	(high)	(?)	Review
	Safer staffing: fill rate – Registered Nurses night	85%	92%	92%	🟩	(high)	(?)	Review
	Safer staffing: fill rate – HCSWs day	85%	90%	87%	🟩	(high)	(F)	Action Plan
	Safer staffing: fill rate – HCSWs night	85%	97%	96%	🟩	(high)	(?)	Review
	% supervisory ward sister/charge nurse time	90%	73%	81%	🟥	(high)	(F)	Action Plan
	Cardiac surgery mortality (Crude)	3.0%	1.8%	1.9%	🟩	(low)	(P)	Monitor
	MRSA bacteremia	0	0	0	🟩	(low)	(?)	Review
	Monitoring C.Diff (toxin positive)	7 pa	1	3	🟩	(common)	(?)	Review
Additional KPIs	E coli bacteraemia	Monitor	0	0	⬜	(common)		Monitor
	Klebsiella bacteraemia	Monitor	2	0	⬜	(common)		Monitor
	Pseudomonas bacteraemia	Monitor	0	0	⬜	(common)		Monitor
	Other bacteraemia	Monitor	0	0	⬜	(common)		Monitor
	% of medication errors causing harm (Low Harm and above)	Monitor	12.7%	10.3%	⬜	(common)		Monitor
	All patient incidents per 1000 bed days (inc.Near Miss incidents)	Monitor	37.1	38.3	⬜	(common)		Monitor
	SSI CABG infections (inpatient/outpatients/readmissions %)	2.7%	-	-	⬜			Review
	SSI CABG infections patient numbers (inpatient/readmisisons)	n/a	-	-	⬜			Review
	SSI Valve infections (inc. inpatients/outpatients/readmissions; %)	2.7%	-	-	⬜			Review
	SSI Valve infections patient numbers (inpatient/outpatient)	n/a	-	-	⬜			Review
	WHO Safety checklist % - Surgery	Monitor	88.6%	94.9%	⬜	(common)		Monitor
	WHO Safety checklist % - Cath Labs	Monitor	96.9%	95.3%	⬜	(common)		Monitor

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

Royal Papworth Hospital
NHS Foundation Trust

Variation	Assurance
Special Cause Concerning variation	Consistently hit target
Special Cause Improving variation	Hit and miss target subject to random variation
Special Cause neither improve or concern variation	Consistently fail target
Common Cause	

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

1. Historic trends & metrics

Number of Trust acquired PU (Category 2 and above)

Nov-25	
1	
Target (red line)	
35 per annum	
Variation	
Common cause variation	
Assurance	
Hit and miss on achieving target subject to random variation	

Falls per 1000 bed days

Nov-25	
1.92	
Target (red line)	
4	
Variation	
Common cause variation	
Assurance	
Hit and miss on achieving target subject to random variation	

VTE - Number of patients assessed on admission

Data collection change

Nov-25	
93.8%	
Target (red line)	
95.0%	
Variation	
Common cause variation	
Assurance	
Hit and miss on achieving target subject to random variation	

Cardiac surgery mortality (Crude)

Nov-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 November.

Learning Responses- *Moderate Harm and above reported as % of total patient safety:* In November there were 3 incidents 1.28**% (3/233)** that resulted in moderate or above patient harm. All three were Severe harm (WEB58643, WEB58575 & WEB58867) incidents.

Medication errors causing harm: 12.72% (7/55) all 7 were low harm.

All patient incidents per 1000 bed days: There were **37.1** patient safety incidents per 1000 bed days.

Harm Free Care: In October there was 1 confirmed Pressure Ulcer of category 2 (WEB58690). There were **1.9** falls per 1000 bed days (12 total; 4 no harm, 8 low harm). The Trust has an improvement plan in place to support the effectiveness of falls prevention. Compliance for VTE risk assessment was slightly improved from previous month but still below target at **93.80%**.

Cardiac Surgery Mortality (crude monitoring): was below the expected variation at **1.76%** in November and has consistently been below the Trust average for 11 months.

Alert Organisms: There was two Klebsiella bacteraemia with one C.difficile in November. The Trust continue to be below the UKHSA threshold for reportable hospital infections.
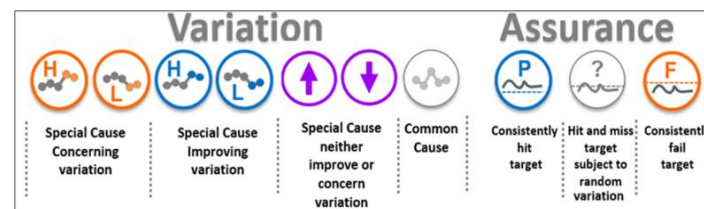
WHO Surgical Checklist: is the monitoring of the World Health Organisation (WHO) surgical checklist. For November there has been a decline in compliance for the WHO checklist completion in Theatres at **88.60%.** Cath Labs have seen a slight improvement of 96.9%. The target for WHO check list is 100%.
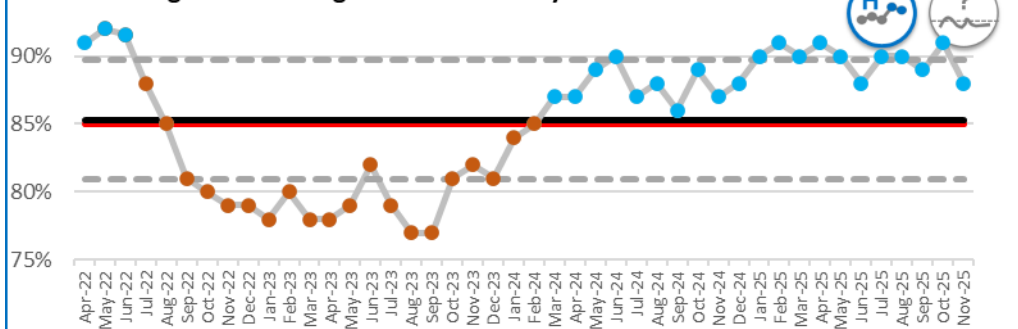
Safe: Safer Staffing

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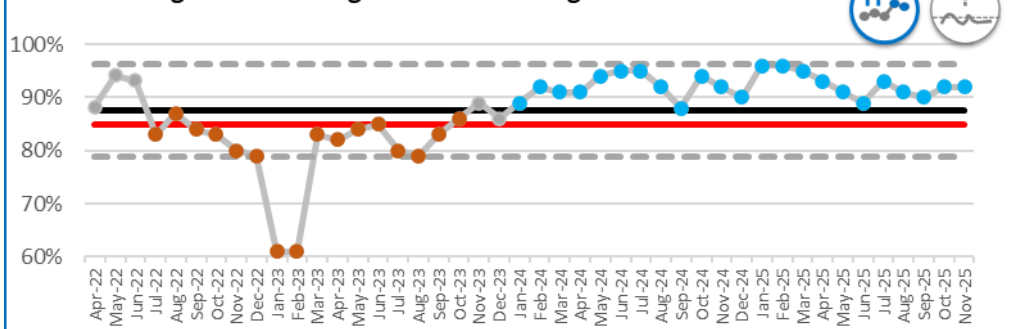*Report Author: Deputy Chief Nurse / Deputy Director of Quality and Risk*

NHS
Royal Papworth Hospital
NHS Foundation Trust

Variation / Assurance legend

- Special Cause Concerning variation (H/L)
- Special Cause Improving variation (H/L)
- Special Cause neither improve or concern variation
- Common Cause
- Consistently hit target (P)
- Hit and miss target subject to random variation (?)
- Consistently fail target (F)
- Target (red line)
- Mean (black line)
- Measure (grey line)
- Process Limit (dashed line)
- Concerning special cause (orange)
- Improving special cause (blue)

1. Historic trends & metrics

Safer staffing: fill rate – Registered Nurses day

Nov-25	
88%	
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

Nov-25	
92%	
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

Nov-25	
73%	
Target (red line)	
90%	
Variation	
Special cause variation of an improving nature	
Assurance	
Has consistently failed the target	

Safer staffing: fill rate – HCSWs day

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

Safer staffing: fill rate – HCSWs night

Nov-25	
97%	
Target (red line)	
85%	
Variation	
Special cause variation of an improving nature	
Assurance	
Hit and miss on achieving target subject to random variation	

2. Action plans / Comments

Safe staffing fill rates: Safer staffing fill rates for Registered Nurses (RN) are above target at 88% for day shifts and 92% for night shifts in November. Safer staffing fill rates for Health Care Support Workers (HCSW) are above target at 90% for day shifts and 97% for night shifts in November. 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** 12.0 for November.
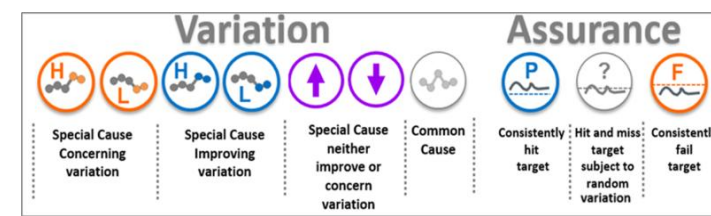
Ward supervisory sister (SS)/ charge nurse (CN): There has been a decrease in SS/CN time to 73% in November, SS/CN remain working clinically in a targeted attempt to reduce temporary staffing usage, therefore not meeting overall target of 90%. The highest achieving area towards SS/ CN time target of 90% continues to be ERU who achieved 98%, followed by 4 North at 108%. 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.

Caring: Performance Summary

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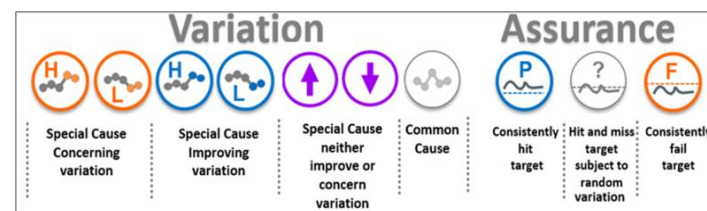**Report Author:** *Deputy Director of Quality and Risk*

Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	FFT score- Inpatients	95.0%	98.9%	99.0%	🟩	(common cause)	(P)	Monitor
	FFT score - Outpatients	95.0%	97.5%	97.3%	🟩	(common cause)	(P)	Monitor
	Mixed sex accommodation breaches	0	0	0	🟩	(common cause)	(P)	Monitor
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	12.6	11.0	12.7	🟩	(H)	(P)	Review
	% of complaints responded to within agreed timescales	100.0%	100.0%	87.5%	🟩	(common cause)	(?)	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	53.7%	48.4%		(common cause)		Monitor
	Friends and Family Test (FFT) outpatient participation rate %	Monitor	10.4%	10.7%		(L)		Monitor
	Number of complaints upheld / part upheld	3	4	4		(common cause)	(?)	Review
	Number of complaints (12 month rolling average)	5	7	7		(H)	(?)	Review
	Number of complaints	5	7	8		(H)		Review
	Number of informal complaints received per month	Monitor	3	8		(common cause)		Monitor
	Number of recorded compliments	Monitor	1764	1888		(common cause)		Monitor

1. Historic trends & metrics

FFT score- Inpatients

Nov-25
98.9%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Has consistently passed the target

FFT score - Outpatients

Nov-25
97.5%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Has consistently passed the target

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

Nov-25
11.0
Target (red line)
12.6
Variation
Special cause variation of a concerning nature
Assurance
Has consistently passed the target

% of complaints responded to within agreed timescales

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

2. Comments/Action plans

Patient Experience

FFT (Friends and Family Test): In summary;
Inpatients: Recommendation score was **98.9%** for November, with Participation rate for surveys at 53.7**%.**
Outpatients: Recommendation score was **97.5%** in November, with Participation rate at **10.4%.**

Compliments: the number of formally logged compliments received during November 2025 was **1,764**. Of these 1707 were compliments from FFT surveys and 57 compliments via cards/letters/PALS captured feedback.

Duty of Candour (DoC) Compliance: There were 3 patient safety incidents where duty of candour applied. All of these were completed within the 10-working day standard. These were WEB58643, WEB58575 and WEB58867.

Received and Responding to Complaints:
Formal Complaints Received in month: We have received **7 formal complaints,**
Acknowledging complaints with 3 w/days: Out of the 7 received, all were acknowledged **100%** within 3 days.

Number of written complaints per 1000 staff WTE: was a benchmark figure that used to be provided by NHS Model Health System to enable national benchmarking monthly, this has now ceased. We have continued to use this as an internal metric to aid monthly monitoring. Trust Target is 12.6, we are below this at **11.0**. This is a decrease after an 8 month trend (see in chart left), of higher-than-normal numbers of formal complaints being received each month. This continues to be monitored, and it has been benchmarked with other in the C&P area who are also reported an increase of Complaints of approx. 90-100% up on totals received in year against last year.

The % of complaints responded to on time in month: 7 of 7 (100%) formal complaints responded to in the month were within policy timescales (35 or 45 w/d). One complaint which was linked to an incident was closed in 57 working days but the complainant was kept informed during the investigation.

Royal Papworth Hospital
NHS Foundation Trust

Received Complaints in Month (Total of all Informal and Formal): During November, we received 3 informal complaints and 7 formal complaints. The most frequently mentioned subjects at the time of receipt for all complaints received in November 2025 was Communication (80%); Clinical Care/Clinical Treatment (50%); and Delay in Diagnosis/Treatment and Referral (40%);

Themes (Subjects) for November 2025: Table 1 below details all the themes from the 3 Informal & 7 Formal Complaints received in November 2025. These are broken down into all the subject themes (top line in table) linked and further broken down into the sub-subject per theme (left-hand column) for each subject.

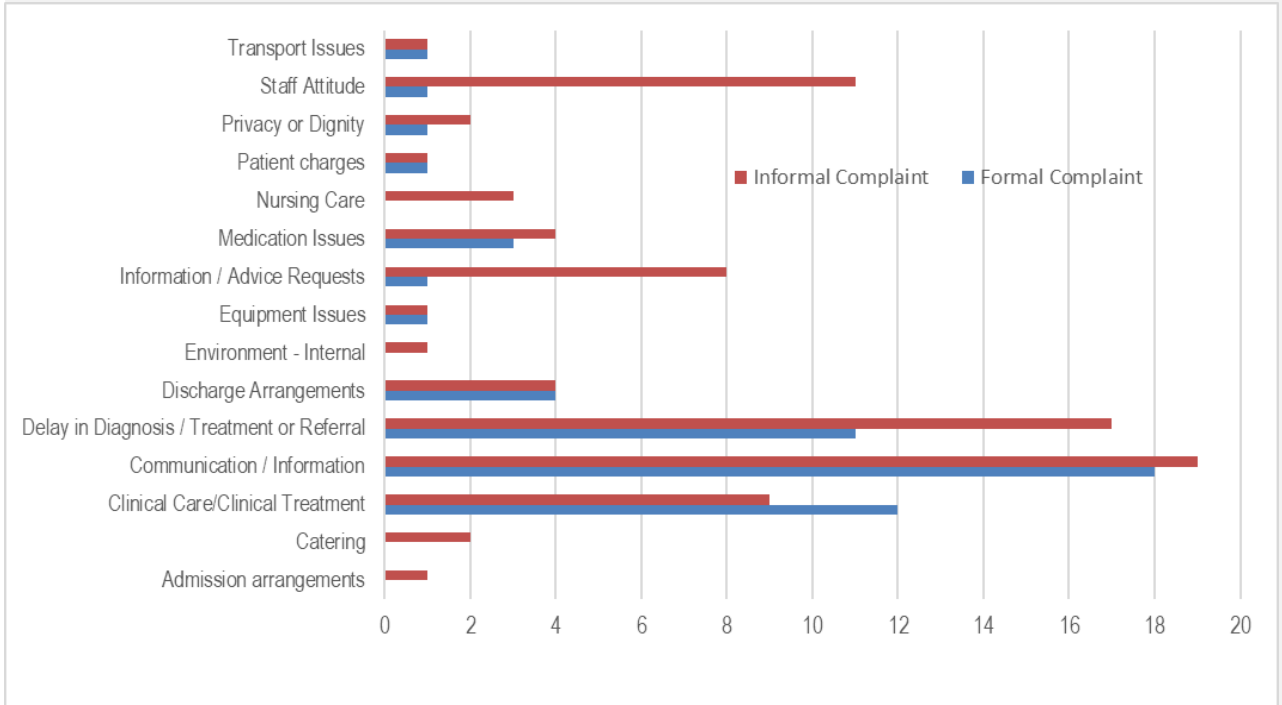|	Clinical Care/Clinical Treatment	Communication / Information	Delay in Diagnosis / Treatment or Referral	Discharge Arrangements	Medication Issues	Staff Attitude	Transport Issues	Total
Cancellation of Treatment	0	0	1	0	0	0	0	1
Delay in Diagnosis / Treatment	0	0	3	0	0	0	0	3
Dismissive	0	0	0	0	0	1	0	1
Dissatisfied with Medical Care/Treatment/Diagnosis/Outcome	4	0	0	0	0	0	0	4
Inappropriate Treatment Given - Surgical	1	0	0	0	0	0	0	1
Lack of Information for another Professional	0	2	0	0	0	0	0	2
Lack of Information for Patients	0	3	0	0	0	0	0	3
Lack of Information for Relatives	0	1	0	0	0	0	0	1
Lack of or incorrect Communications	0	0	0	1	0	0	0	1
No response to phone messages	0	2	0	0	0	0	0	2
Other Transport Issue	0	0	0	0	0	0	1	1
Prescriptions	0	0	0	0	1	0	0	1
Rudeness	0	0	0	0	0	1	0	1
Total	5	8	4	1	1	2	1	22

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

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

Table 2 below: Displays running total of primary themes (subjects) from closed complaints in year to date: April (M01) - November (M08) (2025/26)

Closed Complaints in year
(M01-M08) 2025/26. Total closed to date 124 = 46 Formal & 78 informal. In the graph below this shows the final recorded main themes (subjects) for all the closed responses sent to complainants on completion of a full investigation.
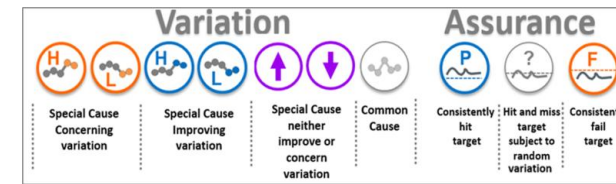

Further detail on the outcomes from Complaints are reported as part of the Bi-annual Trust wide Quality and Risk Report

Effective: Summary

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

Royal Papworth Hospital NHS Foundation Trust

Metric	Latest Performance		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%	83.9%	85.6%	🟩	H	F	Action Plan
ICU bed occupancy	85%	90.8%	92.7%	🟧	~	?	Review
Enhanced Recovery Unit bed occupancy %	85%	75.8%	78.1%	🟧	~	?	Review
Elective inpatient and day case (NHS only)*	1,770	1749 (117% 19/20)	2073 (139% 19/20)	🟩	H	?	Review
Outpatient First Attends (NHS only)*	2,298	2411 (147% 19/20)	2711 (165% 19/20)	🟩	H	?	Review
Outpatient FUPs (NHS only)*	7,278	7198 (124% 19/20)	7966 (137% 19/20)	🟩	~	?	Review
% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	5%	14.1%	13.6%	🟩	H	P	Monitor
Reduction in Follow up appointment by 25% compared to 19/20 activity	-25%	-3.1%	-3.4%	🟥	L	F	Action Plan
% Day cases	85%	75.0%	73.8%	🟥	H	F	Action Plan
Theatre Utilisation (uncapped)**	85%	87%	93%	🟩	H	?	Review
Cath Lab Utilisation (including 15 min Turn Around Times) ***	85%	79%	82%	🟥	~	?	Review
Additional KPIs							
NEL patient count (NHS only)*	Monitor	373 (108% 19/20)	408 (118% 19/20)		~		Monitor
ICU length of stay (LOS) (hours) - mean	Monitor	131	183		~		Monitor
Enhanced Recovery Unit (LOS) (hours) - mean	Monitor	29	32		~		Monitor
Length of Stay – combined (excl. Day cases) days	Monitor	6.0	5.9		L		Monitor
Same Day Admissions – Cardiac (eligible patients)	50%	41%	36%		~	?	Review
Same Day Admissions - Thoracic (eligible patients)	40%	74%	64%		H	?	Review
Length of stay – Cardiac Elective – CABG (days)	8.2	8.2	8.9		H	?	Review
Length of stay – Cardiac Elective – valves (days)	9.7	9.9	9.6		~	?	Review
Outpatient DNA rate	6.0%	6.2%	6.1%		L	?	Review

12

*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
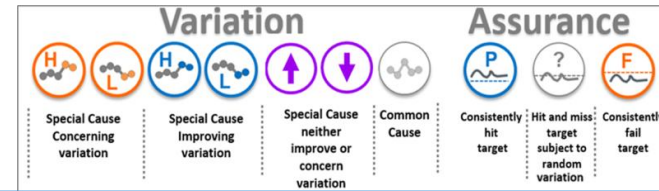*** Cath lab utilisation is provisional pending review of calculation methodology
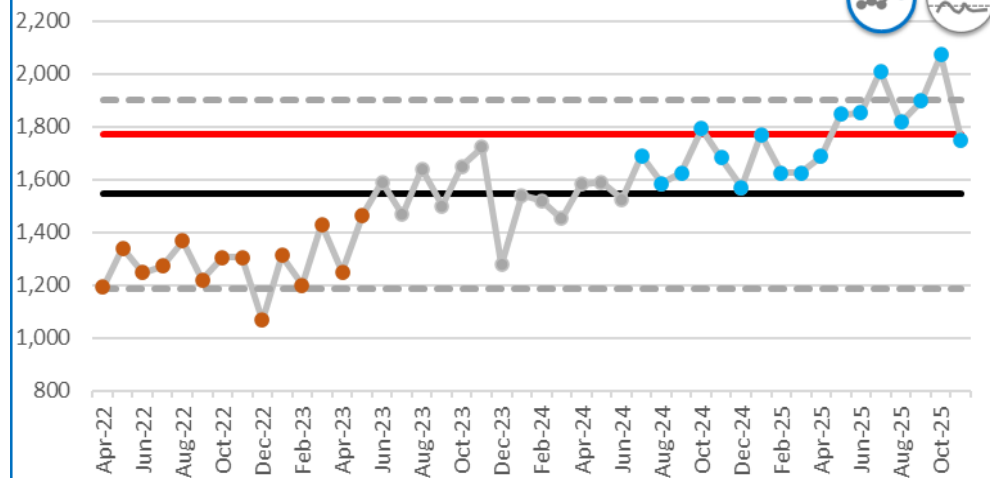
Effective: Admitted Activity

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

Variation / Assurance

Target	Mean
Measure	Process Limit
Concerning special cause	Improving special cause

1. Historic trends & metrics

Elective inpatient and day case (NHS only)*

Nov-25
1749

Target* (red line)
1770

Variation
Special cause variation of an improving nature

Assurance
Hit and miss on achieving target subject to random variation

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

Category		Cardiac Surgery	Cardiology	PTE	RSSC	Thoracic Medicine	Thoracic surgery (exc PTE)	Transplant /VAD
Elective Admitted activity	Inpatients	82%	103%	80%	69%	81%	102%	98%
	Daycases	28%**	117%	n/a	219%	148%	143%	438%

  = YTD activity > 100% of 19/20

2. Action plans / Comments

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

For Month 8 (M08), day cases accounted for 75% of overall elective activity. Cardiology and Thoracic divisions continue to report high day case rates, with Thoracic showing a steady increase throughout the year. In contrast, Surgery, Theatres, and Anaesthetics accounts for a small proportion which reflects the complexity of procedures within these specialties and limits the number of patients suitable for day case treatment.

Surgery, Theatres & Anaesthetics
Theatre utilisation in Month 8 (M08) exceeded the Trust KPI of 85%, achieving 90.8%, supporting ongoing improvements in elective inpatient and day case activity. Activity continues to be monitored against both the 2019/20 baseline and current plan to drive productivity gains. Across surgical specialties, variation remains minimal. Where admitted activity falls below plan, this correlates with increased non-elective activity, particularly in cardiac surgery.

Thoracic & Ambulatory
As of M08, Thoracic and Ambulatory services delivered 9,843 admitted cases, exceeding the planned activity of 8,702. Monitoring against the 2019/20 baseline and plan continues to ensure productivity improvements.

Cardiology
The Cardiology division delivered below plan in Month 8 this was due to unexpected broken-down lab and an infection control incident. However, in line with the elective recovery programme, and a focus on long waiters, the number of patients waiting over 40 weeks continues to decrease from 179 in March 2025 to 125 in M08.
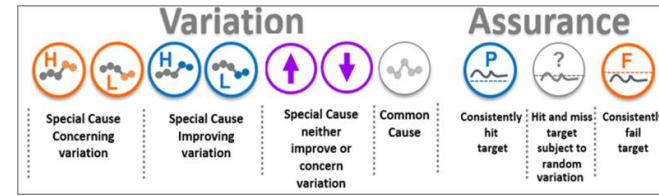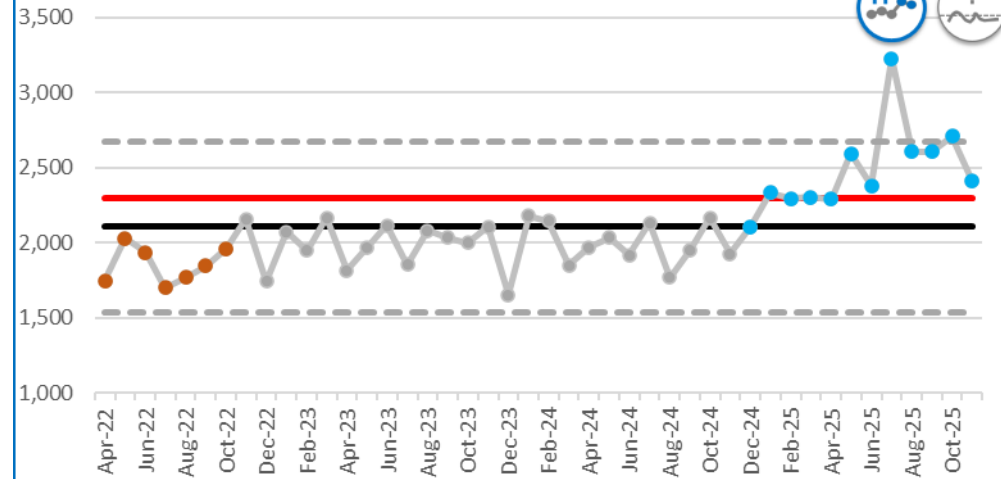
Effective: Non-admitted Activity

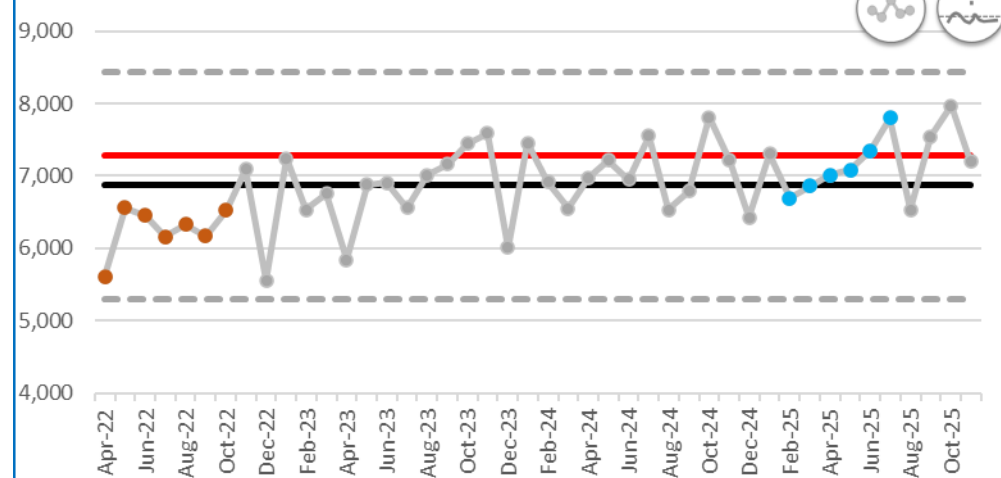**Accountable Executive:** *Chief Operating Officer*   **Report Author:** *Chief Operating Officer*

1. Historic trends & metrics

Outpatient First Attends (NHS only)

Nov-25
2411
Target (red line)*
2298
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

Outpatient FUPs (NHS only)

Nov-25
7198
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	93%	88%	602%	71%	153%	95%
	Follow Up Outpatients	141%	147%	63%	163%	163%	109%

= YTD activity > 100% of 19/20

Action plan / comments

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

Digital Initiatives
PatientAide is scheduled for rollout within Respiratory Services and the Sleep Centre from January 2026. Process maps for appropriate PIFU pathways are due to be in first draft by the end of December 2025. PIFU remains active within selected specialties for small numbers of patients in both Thoracic and Cardiology.

Thoracic & Ambulatory
Year-to-date (YTD) activity for the Thoracic and Ambulatory division stands at 38,423, significantly above plan. In November, there were 390 missed appointments (8%). Optimisation of clinics remains a priority with collaborative work with clinical administration teams to improve outpatient clinic utilisation. It is believed that PIFU will also help reduce the missed appointment rate.
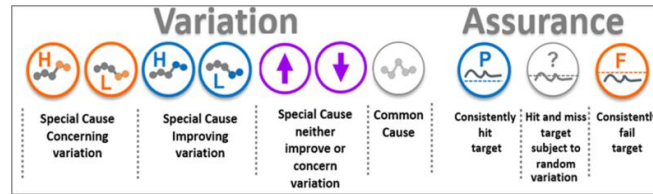
Cardiology
Cardiology delivered above plan for Month 8, with a favourable variance of 63 Outpatient appointments. The division continues to deliver additional clinic capacity through patient safety initiatives while also reviewing clinic templates.
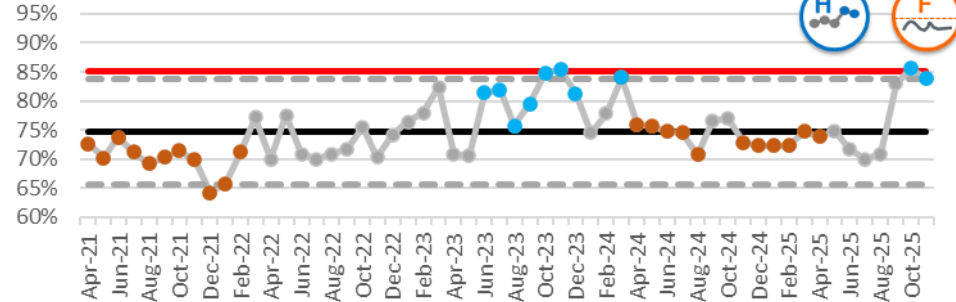
Variation / Assurance legend

1. Historic trends & metrics

Bed Occupancy (excluding CCA and sleep lab)

Nov-25	
83.9%	
Target (red line)	
85%	
Variation	
Special cause variation of an improving nature	
Assurance	
Has consistently failed the target	

ICU bed occupancy

Nov-25	
90.8%	
Target (red line)	
85%	
Variation	
Common cause variation	
Assurance	
Hit and miss on achieving target subject to random variation	

Enhanced Recovery Unit bed occupancy %

Nov-25	
75.8%	
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)
- Further work is underway to provide accurate General & Acute (G&A) bed occupancy trends over the past 18 months, with results expected by January 2026.
- An internal audit into data quality (including bed occupancy) has been completed; minimal recommendations have been made as a result, none of which relate to bed occupancy.
- G&A bed utilisation and occupancy data has been shared as part of the operational planning process to inform service improvements and productivity gains.
- Since the Virtual Ward opened, bed capacity on Level 5 has increased, driven by 1,327 virtual ward days since launch. In Month 8 (M08), 147 bed days were saved. Leadership teams continue to work collaboratively across divisions to further develop the service and maximise benefits.

ICU Bed Occupancy
- ICU bed occupancy for M08 was 90.8%, KPI 85%, reflecting an increase in transplant activity.
- Theatre activity continues to be closely monitored, supported by case mix management processes implemented during the month.

(Note: The denominator for CCA bed occupancy was reset to 36 commissioned beds from April 2023.)
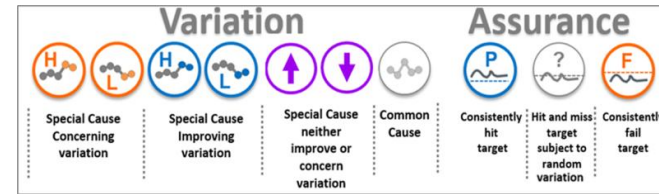
ERU Bed Occupancy
- ERU bed occupancy in M08 75.8%, a slight downward trajectory due to the loss of theatre activity for one day due to unforeseen circumstances due to an issue with the estate we were unable to proceed with elective activity.
- Thoracic patients do not go to ERU but instead recover and transfer to Level 5.
- ERU optimisation is a key component of the Elective Care Recovery programme to ensure full utilisation of available beds.
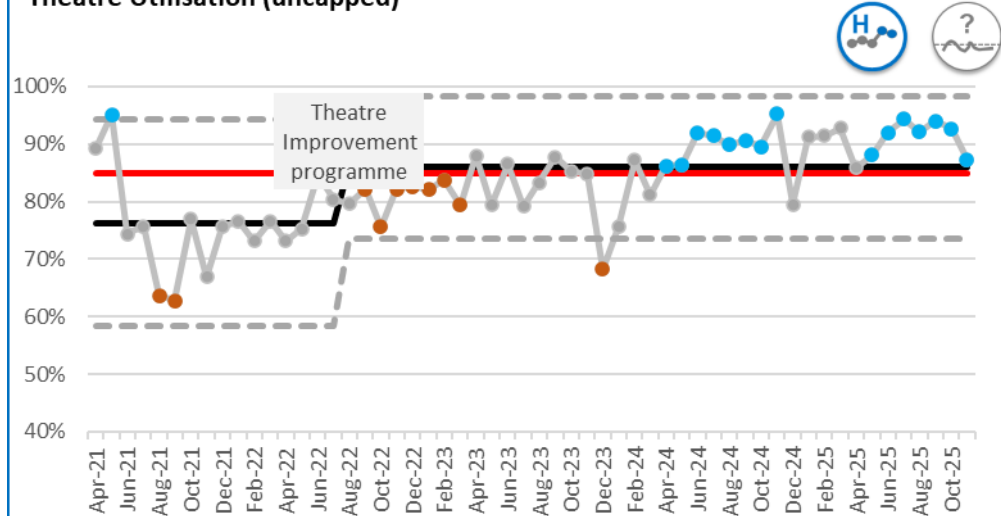
Effective: Utilisation

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

Variation / Assurance

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

1. Historic trends & metrics

Theatre Utilisation (uncapped)

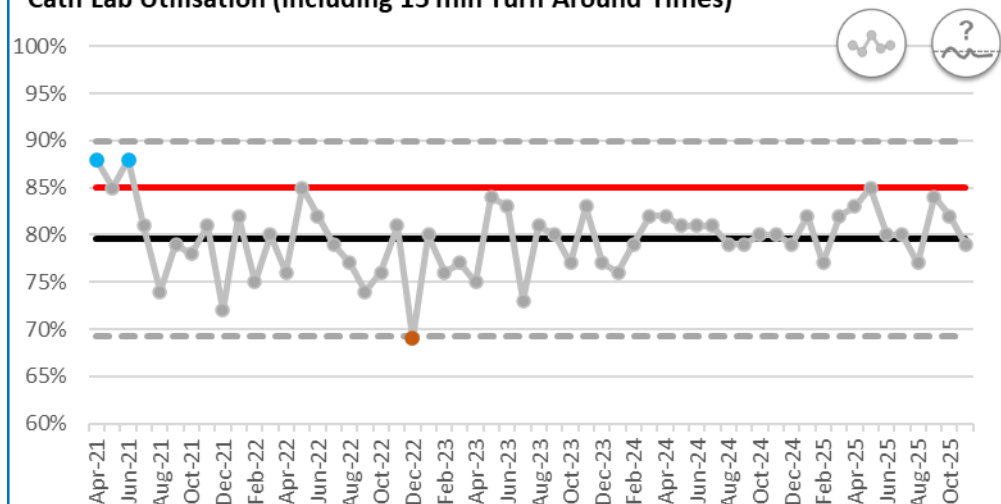| Nov-25 |
|---|
| 92% |
| **Target (red line)** |
| 85% |
| **Variation** |
| Special cause variation of an improving nature |
| **Assurance** |
| Hit and miss on achieving target subject to random variation |

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

Nov-25
79%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments

Theatre Utilisation

- Theatre utilisation in Month 8 (M08) was 90.8%, remaining above the KPI and continuing its upward trajectory since April 2025.
- Further work is underway to review start times and identify efficiency savings within theatres as part of the elective care recovery programme.
- In addition, the team is collaborating with GIRFT (Getting It Right First Time) to scope potential additional efficiencies for implementation.

Cath Lab Utilisation:

- Cath lab utilisation remains below target, but significant improvements have achieved through elective recovery initiatives.
- These initiatives continue to focus on optimising cath lab usage, while operational teams work to improve turnaround times between cases and maximise the number of cases per list.
- Recent analysis also demonstrates procedures captured on a separate system that are not included in the overall cath lab utilisation, this equates to an additional 951 procedures in the first seven months of the financial year. The team are reviewing how this information can be included to ensure accuracy in reporting.

(Note: Cath Lab utilisation figures includes the Cath lab 1, which is primarily used for emergency activity, making its usage unpredictable.)
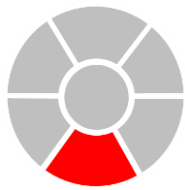
*** from Theatre utilisation is expressed as a % of Trust capacity baseline of 5 theatres from Aug 23 and 5.5 theatres from Sep 23*
**** Cath lab utilisation is provisional pending review of calculation methodology*

Effective: Action plan summary

NHS Royal Papworth Hospital NHS Foundation Trust

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

Actions are summarised below for those metrics flagged on the dashboard requiring an action plan under the escalation trigger
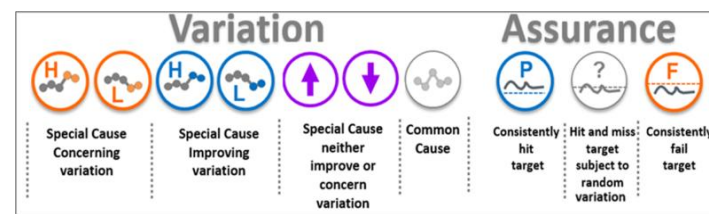
	Metric	Division	Action	Lead	Update	Timescale for completion	RAG Status
Dashboard KPIs	Enhanced Recovery Unit bed occupancy %	STA	A review of bed use/flow/cancellations/scheduling requested. Pipeline project in elective recovery programme to review flex of beds to match the demand.	JS	Initiative has highlighted trends that were not predicted around seasonal usage, therefore the occupancy of ERU is undertaking a wider review and will form part of annual planning.	Apr-26	(green)
	Reduction in follow up appointment by 25% compared to 19/20 activity	Cardiology	PIFU rollout within CRM	LM	Process map for pathway in draft and under discussions as part of wider Trust PIFU rollout.	Mar-26	(green)
			Review clinic templates: job planning	LM	Job Planning Meetings Currently underway.	Dec-25	(green)
			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	(green)
		STA	Review clinic templates: new:FU ratio / clinic size against 19/20	JS	Clinic templates review completed and ratio changes made to increase new appointments. Unused capacity is being converted to support per operative demand.	Aug-25	(green)
	Cath Lab Utilisation (including 15 min Turn Around Times)	Cardiology	Meet with Business Intelligence to discuss data for metric as includes cath lab 1 (HOT lab)	LM	Methodology for cath lab utilisation is currently under review between business intelligence and cardiology team. Discussion with Fysicon around data reporting to ensure utilisation is captured in all Cath Labs. Looking in to other Reporting systems for Lab start and finish times already being utilised in the trust.	Jan-26	(green)

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

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

Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	% diagnostics waiting less than 6 weeks	99%	91.7%	92.5%	🔴	(L)	(?)	Review
	18 weeks RTT (combined)	92%	74.4%	73.8%	🔴	~	(F)	Action Plan
	31 days cancer waits	96%	100%	100%	🟢	~	(?)	Review
	62 day cancer wait for 1st Treatment from urgent referral	85%	33%	78%	🔴	~	(?)	Review
	104 days cancer wait breaches	0	6	4	🔴	(L)	(?)	Review
	Number of patients waiting over 65 weeks for treatment	0	2	2	🔴	(L)	(?)	Review
	Theatre cancellations in month	15	48	46	🔴	~	(?)	Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	44%	65%	🔴	~	(F)	Action Plan
	Acute Coronary Syndrome 3 day transfer %	90%	74%	70%	🔴	(L)	(?)	Review
	Number of patients on waiting list	7075 (25/26 Av)	5715	5893	🟢	(L)	(?)	Review
	52 week RTT breaches	0	9	33	🔴	(L)	(F)	Action Plan
Additional KPIs	% of IHU surgery performed < 10 days of medically fit for surgery	95%	59%	94%		(L)	(?)	Review
	18 weeks RTT (cardiology)	92%	59.9%	60%		(L)	(F)	Action Plan
	18 weeks RTT (Cardiac surgery)	92%	80.2%	79%		(H)	(F)	Action Plan
	18 weeks RTT (Respiratory)	92%	82.8%	82%		(H)	(F)	Action Plan
	Other urgent Cardiology transfer within 5 days %	90%	75%	82%		(L)	(?)	Review
	% patients rebooked within 28 days of last minute cancellation	100%	64%	70%		~	(?)	Review
	Urgent operations cancelled for a second time	0	0	0		(L)	(?)	Review
	Non RTT open pathway total	Monitor	52493	52272		(H)		Monitor
	Validation of patients waiting over 12 weeks	95%	82%	96%		~	(F)	Action Plan

Responsive: RTT

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

Royal Papworth Hospital
NHS Foundation Trust

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

1. Historic trends & metrics

18 weeks RTT (combined)

Nov-25
74.4% (draft)
Target (red line)
92.0%
Variation
Common cause variation
Assurance
Has consistently failed the target

52 week RTT breaches

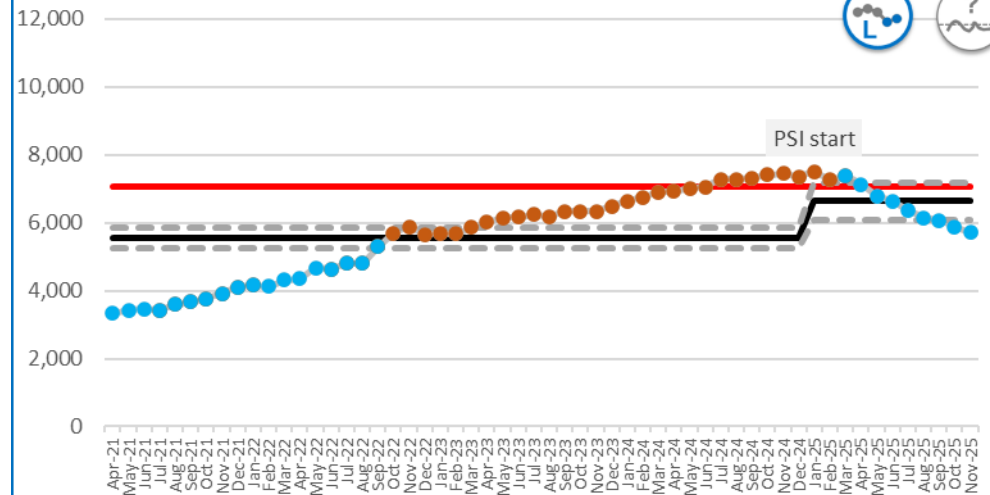| Nov-25 |
|---|
| 9 (draft) |
| **Target (red line)** |
| 0 |
| **Variation** |
| Special cause variation of an improving nature |
| **Assurance** |
| Has consistently failed the target |

Number of patients on waiting list

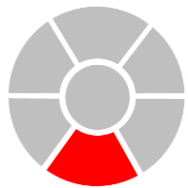| Nov-25 |
|---|
| 5715 (draft) |
| **Target (red line)** |
| 7075 (25/26 Av) |
| **Variation** |
| Special cause variation of an improving nature |
| **Assurance** |
| Hit and miss on achieving target subject to random variation |

Action plans / Comments

There were 9 patients who breached 52 weeks in Month 8 (M08). An enhanced focus remains in place to ensure patients do not wait longer than 52 weeks for treatment which is monitored through the elective care recovery programme. This also supports the reduction of the number of patients on the waiting list and overall wait time, supporting more patients to be seen within 18 weeks.

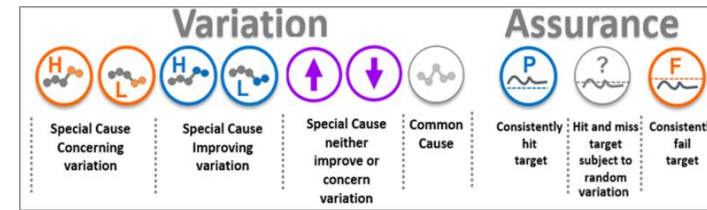**52 Week breakdown by clinical division:**
- Within Cardiology, 7 patients waited longer than 52 weeks. Five of these patients have now been treated with 2 dated for December.

- Within Surgery, Transplant and Anaesthetics only one patient waited longer than 52 weeks which was in relation to a late referral into the trust. This patient has since been treated.

- Thoracic division ended November (M08) with one patient waiting over 52 weeks and this patient was a CPAP starter who had been lost to follow up and was treated 8th December.

Variation

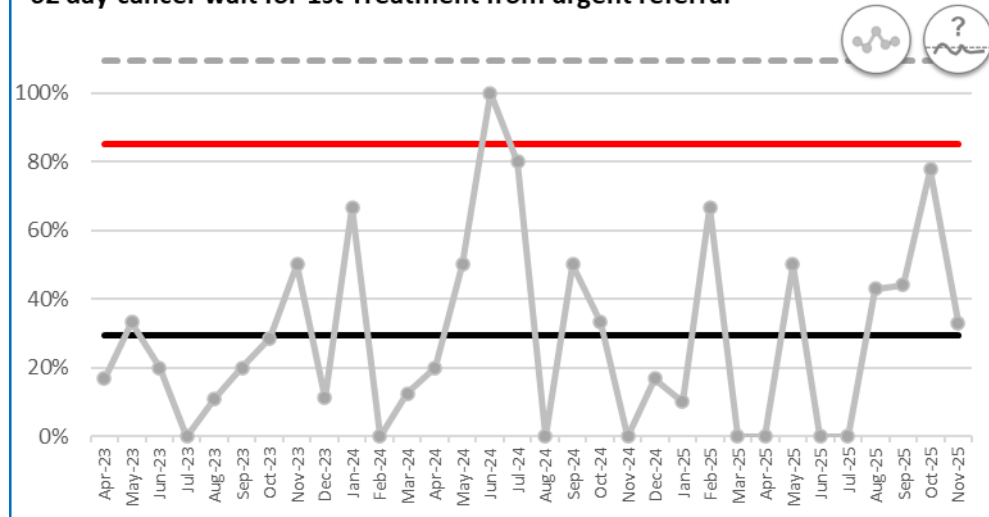Special Cause Concerning variation | Special Cause Improving variation | Special Cause neither improve or concern variation | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

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

1. Historic trends & metrics

62 day cancer wait for 1st Treatment from urgent referral

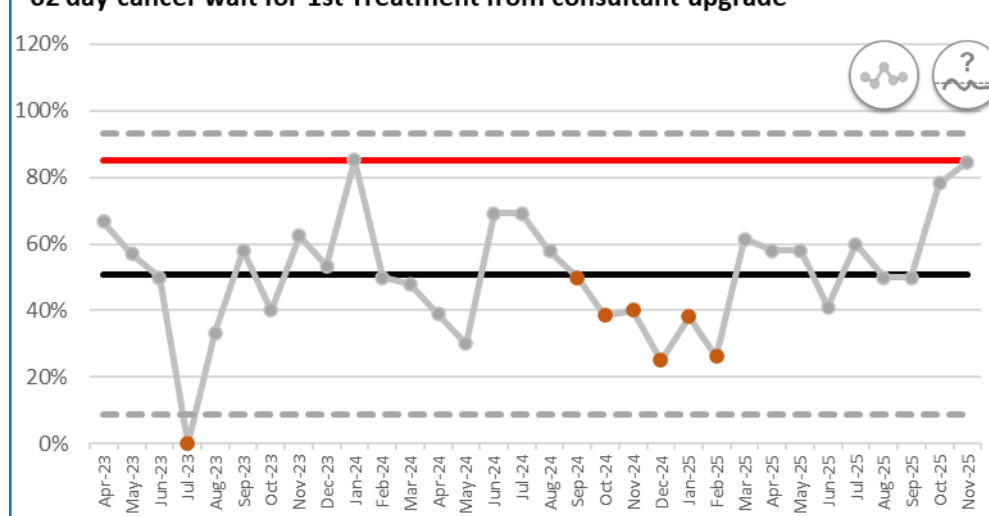|	Nov-25
	33%
Target (red line)	
	85%
Variation	
	Common cause variation
Assurance	
	Hit and miss on achieving target subject to random variation

62 day cancer wait for 1st Treatment from consultant upgrade

	Nov-25
	85%
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 November 2025 was 73.7%, with 19 patients treated within the standard and 5 breaches. This represents a continued improvement from October performance at 71.3%. Of the 5 breaches in November, 3 of these were treated within 24 days of referral which means that, in post-allocation data (3 months hence) these will count as successes.
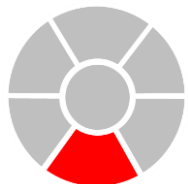
A breach review meeting was held on 9 December 2025 to review the two 'true' breaches of November. One of these patients had Covid-19 and could not go ahead with surgery and required further discussion once they had recovered, prior to this the patient was scheduled within 62-days. The other patient was referred with incomplete minimum dataset and has led to a further review of the referral process to prevent this in future.

The cancer PTL continues to have a high number of patients over day 104, many of whom have been delayed due to the need for robotic bronchoscopy. A wave of late referrals have come into the service at the end of October/start of November, while these patients have broadly been able to be scheduled for treatment, it has put pressure on theatre capacity to find short-notice dates.

Daily PTL meetings continue to maintain strong operational grip. Exploring more sustainable ways to operationalise the robust work going on. Work is ongoing for several priority items in the Cancer Delivery Group, including standing down the Diagnostic Planning MDT meeting with a replacement with a radiology email triage to provide more responsive and continuous management of patients.

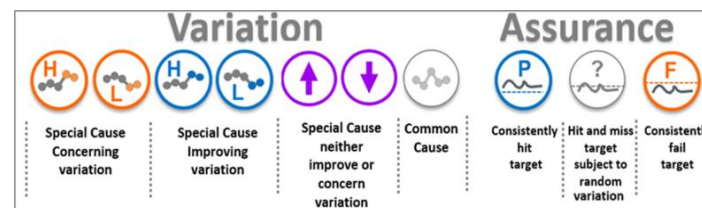Below is the current cancer breaches as of 09/12/2025:

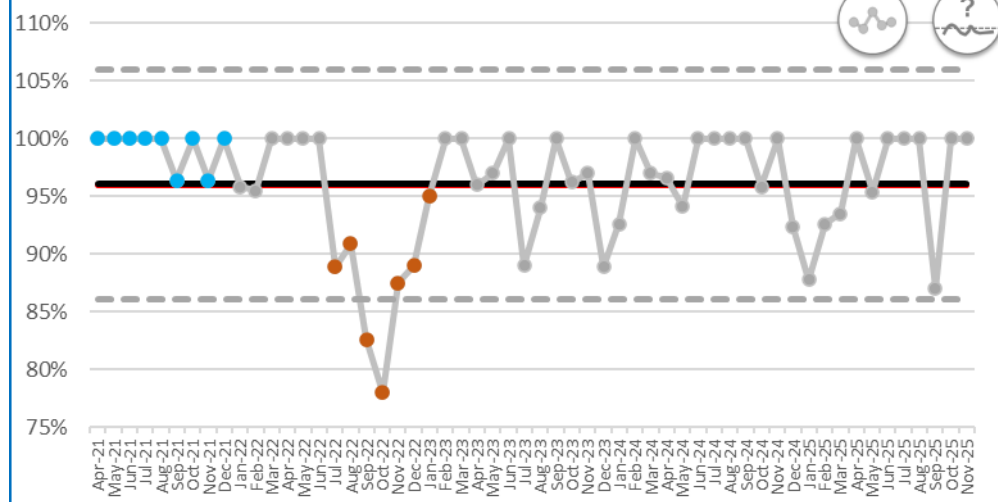|	Note	Days
1	A/w appointment on 23/12 , pt unsure of how to proceed	222
2	Pt to pause until medically fit - will not be a breach	169
3	Patient had a long wait for RAB; pt deciding RT vs surgery on 09/12/25	166
4	Patient on MDT 09/12/25 to discuss RAB resuts	134
5	Long wait for RAB, appointment with Chest Physician on 11/12	132
6	Long wait for RAB date, received date on 08/12, planned for 23/12	132
7	Referred day 117, for surgical biopsy	132
8	Long wait for RAB, booked for 18/12	116
9	Patient referred day 93, planned for OPA on 15/12, identifying if possible to have surgery prior to 27/12 (24 day target)	99
10	Long wait for RAB - a/w results from 04/12	98
11	RAB 18/12	92
12	Referred day 62, for surgical bronch on 19/12	88
13	Referred day 73, OPAs on 18/12 - may be for SACT	79
14	Surgery on 09/12/25	74
15	Interpreter issues leading to two cancellations of CTNB - patient will breach 24 day target as a result	70
16	Pt declined surgery date, will have pause and won't breach	68
17	Surgery 23/12/25	65

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*

Variation

Assurance

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

1. Historic trends & metrics

31 days cancer waits

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

104 days cancer wait breaches

Nov-25	
6	
Target (red line)	
0	
Variation	
Special cause variation of an improving nature	
Assurance	
Hit and miss on achieving target subject to random variation	

Action plans / Comments:

31-Day Standard (Decision to Treat to Treatment)

Performance for November 2025 remained strong at 100%, with all 24 patients treated within the 31-day standard. Average waiting time from decision to treat to surgery was 14.125, a slight increase from October.
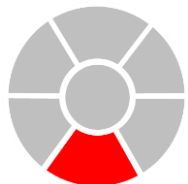
Sustained performance reflects effective theatre scheduling, proactive case management, and close collaboration between clinical and operational teams to maintain timely access to treatment despite increased activity levels. Additional Saturday lists have increased capacity for cancer cases during the week.

104-Day Breaches

There were 6 104-day breaches within November 2025, reasons for breaches are outlined below:
- Four of these patients had long waits for robotic bronchoscopy at over 6 weeks
- Of the 6 patients currently over 104 days, 3 patients were referred over day 38, with one being referred on day 91 and one on 117, both requiring further investigations.
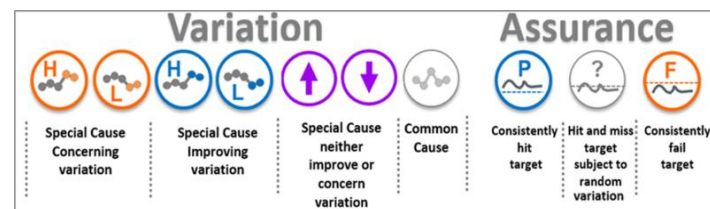
An improvement plan is in place with a revised trajectory to meet the 62-day target which is monitored via Cancer Recovery, Performance and Delivery Group. This group reports into Access Board.

Variation

Special Cause Concerning variation | Special Cause Improving variation | Special Cause neither improve or concern variation | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

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

1. Historic trends & metrics

% diagnostics waiting less than 6 weeks

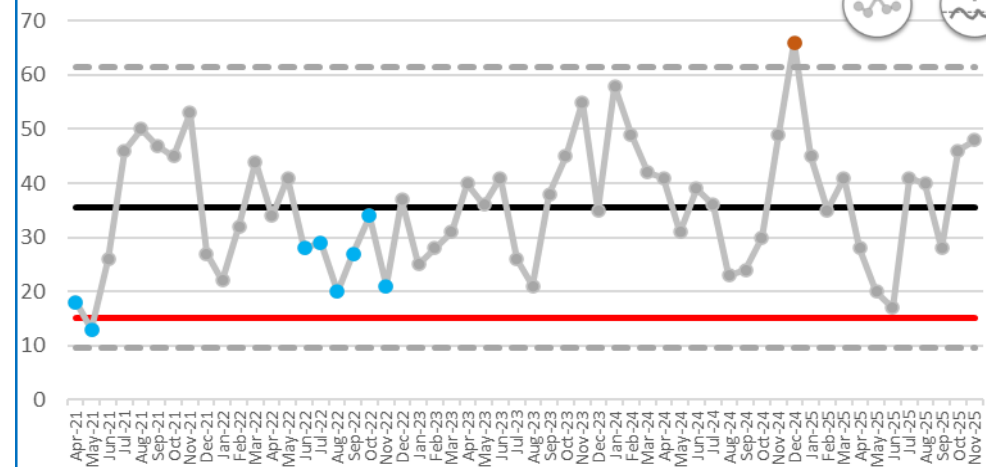| Nov-25 |
| --- |
| 91.7% |
| **Target (red line)** |
| 99% |
| **Variation** |
| Special cause variation of a concerning nature |
| **Assurance** |
| Hit and miss on achieving target subject to random variation |

Theatre cancellations in month

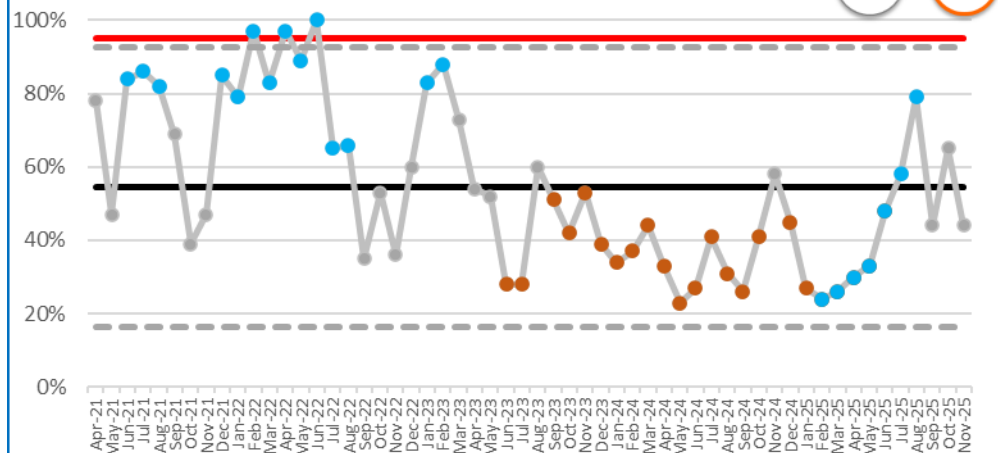| Nov-25 |
| --- |
| 48 |
| **Target** |
| 15 |
| **Variation** |
| Common cause variation |
| **Assurance** |
| Hit and miss on achieving target subject to random variation |

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

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

Action plans / Comments

Diagnostics Waiting Less Than 6 Weeks
Operational oversight of the diagnostic waiting lists, both for elective and planned has been improved with the introduction of monitoring patients at the weekly Patient Tracking List (PTL) and through operational huddles which meets 3 times a week.

Radiology
The Radiology PTL remains relatively static and is circa. 3,400 with several long waits in cardiac MRI and CT scanning. Validation of the PTL continues and DM01 specific to Radiology reported as 45% in Month 8 (M08).

Demand within Radiology is under review given the significant increased demands over the past 12 months. This includes a review of external referral practices to identify demand, activity type and changing referral patterns.

Echo
Cardiology currently has 278 patients waiting for echo with 44% of patients waiting above 6 weeks. A data quality exercise has commenced to ensure patients are on the correct waiting lists, as well as reviewing demand and capacity.

Sleep
A managed service has been recommissioned to support the community sleep services while sustainable initiatives are finalised. Within M08, 69.28% received a sleep diagnostic within 6 weeks.

Theatre Cancellations
M08 saw a slight increase in theatre cancellations. The most significant reason was 12 cases lost as a result of elective theatre activity for one day being cancelled due to unforeseen circumstances as a result of an issue with the estate, we were unable to proceed with elective activity.

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

Summary of Issues and Mitigations:

There are a number of risks within the Radiology department which subsequently impact on the patient activity and reporting of diagnostics. Risks include:
- 3433 (BAF risk): CT Reporting Backlog, Patient (current risk score 16)
- 3434: CT Reporting Backlog, Dept Issues (current risk score 16)
- 3362: CT Reporting Backlog, Digital Issues (current risk score 6)
- 3696: Radiology Outsourcing Project (current risk score 16)
- 3540: Consultant Radiologist Staffing (current risk score 12)
- 2953: Radiographer Staffing (current risk score 9)

Remote reporting
The VDI solution has been installed and has been undergoing further testing. Reports regarding functionality is variable and other digital alternatives are being explored. The rollout of home reporting workstations was due to be completed by the end of October 2025. Remaining 2 workstations awaiting being taken home. VDI/VPN currently under assessment with support from an external expert. Recommendations awaited.

Demand and Capacity
Demand and capacity reviews are due to commence for all modalities. As demand and activity has increased, job plans have not been amended to reflect the increase in reporting activity which will be carried out following the completion of demand and capacity. This is further exacerbated due to the vacancies in the Consultant Radiologist team meaning there are less reporting PAs currently available.

External referrals also under review as demand from our partner organisations has also increased. The contracting team have been asked to provide details of the activity levels currently commissioned in radiology by external referrals or ICBs.

Collaborative discussions remain in place with all divisions and external referrers to ensure patients are in line with clinical urgency and chronological order.

Outsourcing Project
Commenced early Nov with Medica as the preferred supplier. Decision taken to go with the safest clinical option which takes slightly longer to implement. Expected full go-live date 31/1/25. Daily project meetings. Weekly project board meetings. All 3 external companies (Medica, Magentus & Intelerad) on board with the agreed go-live date. Final contractual arrangements being worked through. Some early testing underway in December to check the connections now built between all the systems.

Clinical pathways are under review to ensure outsourcing is fully optimised and streamlined. Unreported imaging will be outsourced at 3 weeks to ensure the Trust meets the 4-week national turnaround KPI and monitored against consultant job plans.
Project status against project plan currently Green

Continued Recruitment
Recruitment into the Consultant Radiologist continues. The expected 3 new starters in January have either withdrawn for personal reasons or had their offer withdrawn. Role currently advertised in BMJ and will be re-advertised in NHS jobs shortly.

Activity
The number of patients awaiting a CT report is monitored on a weekly basis via the Operational Huddles. This shows an improvement in the number of patients awaiting a CT report over 4 weeks (48.4% on 15 September 2025 to 31.9% on 17 November 2025).

Further improvement to achieve 30.2% of reports waiting over 4 weeks by end November

Please note, programmed activities (PAs) for Consultants to report CTs is based on a points system and typically expected to report 5-6 points per hour (based on a typical PA this equates to 25-30 points per PA). Depending on the complexity of the report, each CT report for one patient could vary from 2 to 6 points.

Metric	15-Sep-25		22-Sep-25		29-Sep-25		06-Oct-25		13-Oct-25		20-Oct-25		27-Oct-25		03-Nov-25		10-Nov-25		17-Nov-25		24-Nov-25		01-Dec-25	
No CT patients awaiting CT report	732		703		680		698		703		653		662		681		701		668		659		714	
No & % of CT patients waiting a CT report < 4 weeks	378	52%	482	68.6%	470	69.1%	451	64.6%	456	64.9%	423	64.8%	344	52.0%	431	63.3%		0.0%	456	68.3%	460	69.8%	484	67.8%
No & % of CT patients waiting a CT report > 4 weeks	354	48%	221	31.4%	210	30.9%	247	35.4%	247	35.1%	230	35.2%	318	48.0%	250	36.7%		0.0%	213	31.9%	199	30.2%	230	32.2%

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 against current waiting lists, and clinic templates.	LM	Data cleansing taken place through creating of centralised Access Plans.	Dec-25	(green)
		STA	Radiology is now part of the planned care recovery plan, so further actions and tasks will be articulated in due course	HR	Demand and capacity to be undertaken. Data quality validation remains underway.	TBC	(grey)
		Thoracic	Sleep Lab expansion. New rPG devices and routine weekly clinics managed by clinical admin. CSS appointments are part of the elective recovery delivery, whereby 1,000 patients will receive initial diagnostic via WatchPAT	SK	The sleep lab capacity is now modelled against the demand. A three-night model allowing for training and development into the sleep lab service. WatchPat continues while an options appraisal is finalised for sustainable service options.	Mar-26	(green)
	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	(green)
	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 additional 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 until the end of the Year. (Awaiting Anaesthetic Overtime Confirmation)	Nov-25	(green)
	% 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	(grey)
	52 week RTT breaches	Cardiology	Review of process for late additions to waiting list, including IPT corrections	LM	A trajectory is in place to ensure no patient waits longer than 52 weeks (with the exception of late referrals)	Nov-25	(green)
Additional KPIs	18 weeks RTT (cardiology)	All	Non-coronary intervention additional lists alongside additional reporting. 33 TAVI lists. 14 Structural lists. 5 TOE lists	LM	**TAVI PSI lists:** Multidisciplinary Team (MDT) Streamline Triaging continues, with additional patients streamlined each week. Extra MDTs approved and are due to be scheduled. **Structural PSI List:** Extra capacity planned from M07 alongside current additional structural capacity. **TOE PSI List:** Currently using spare in week capacity for the lists. Three lists completed to date. **EP :** Additional lists are active and exploring additional activity to sustain activity in line with demand.	Mar-26	(green)
			Additional lists and outpatient clinics in relation to CRM including: 100 EP lists. 11 Outpatient first appointment clinics	LM	**EP Outpatient Clinics:** OPFA – Additional clinics running as BAU weekly. OPFU – Plan for Increased FU capacity to take place from January - March	Mar-26	(green)
	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	(blue)
	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	(amber)
	18 weeks RTT (Thoracic)	All	RSSC additional list including: Clear CSS only backlog including reporting. Outpatient appointments and one-stop clinics to commence treatment as appropriate	SK	WatchPat continues while an options appraisal is finalised for sustainable service options. Patient Safety Initiatives have stopped within RSSC as activity is absorbed within planned capacity.	Aug-25	(green)
			Additional medical secretary support to discharge patients waiting over 18 weeks	SC	Collaborative working between Thoracic and Clinical Admin to ensure patients are discharged as quickly as possible	Sep-25	(blue)

Key

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

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	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Dashboard KPIs	Voluntary Turnover % **	4	9.0%	7.41%	4.41%	10.72%	4.45%	6.97%	8.67%
	Vacancy rate as % of budget **	4	7.50%	6.62%	6.12%	5.79%	5.06%	4.71%	4.07%
	% of staff with a current IPR	4	90%	79.73%	80.34%	79.71%	78.49%	78.36%	77.29%
	% Medical Appraisals*	3	90%	79.53%	82.44%	84.09%	80.15%	82.84%	70.90%
	Mandatory training %	4	90.00%	88.56%	89.77%	90.55%	90.33%	90.41%	89.76%
	% sickness absence **	5	4.0%	4.41%	4.69%	4.14%	4.64%	4.74%	4.79%
Additional KPIs	FFT – recommend as place to work **	3	72.0%	60.00%	n/a	n/a	n/a	n/a	n/a
	FFT – recommend as place for treatment	3	90%	88.10%	n/a	n/a	n/a	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	4	5.00%	2.68%	3.02%	2.61%	1.68%	1.45%	0.61%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	4	10.00%	7.85%	5.70%	5.59%	6.58%	7.69%	9.82%
	Long term sickness absence % **	5	1.50%	2.16%	2.13%	1.91%	1.97%	1.83%	1.74%
	Short term sickness absence	5	2.50%	2.25%	2.56%	2.23%	2.68%	2.91%	3.05%
	Agency Usage (wte) Monitor only	5	Monitor only	10.2	9.9	8.5	6.4	2.8	3.3
	Bank Usage (wte) monitor only	5	Monitor only	95.7	122.1	112.1	113.2	103.3	93.7
	Overtime usage (wte) monitor only	5	Monitor only	19.1	16.3	16.7	15.8	12.9	12.4
	Agency spend as % of salary bill	5	2.25%	0.95%	0.39%	1.49%	1.15%	0.45%	0.37%
	Bank spend as % of salary bill	5	2.45%	3.59%	3.56%	3.91%	3.20%	2.49%	3.48%
	% of rosters published 6 weeks in advance	3	Monitor only	51.50%	57.60%	55.90%	52.90%	55.90%	48.50%
	Compliance with headroom for rosters	4	Monitor only	27.20%	26.50%	28.60%	31.29%	27.80%	25.20%
	Band 5 % White background: % BAME background	5	Monitor only	39.55%:59.27%	n/a	n/a	41.29% : 57.99%	n/a	n/a
	Band 6 % White background: % BAME background	5	Monitor only	61.70%:37.13%	n/a	n/a	64.52% : 34.68%	n/a	n/a
	Band 7 % White background % BAME background	5	Monitor only	75.57%:21.95%	n/a	n/a	78.83% : 18.94%	n/a	n/a
	Band 8a % White background % BAME background	5	Monitor only	85.31%:13.99%	n/a	n/a	83.61% : 16.39%	n/a	n/a
	Band 8b % White background % BAME background	5	Monitor only	87.10%:12.90%	n/a	n/a	88.24% : 11.76%	n/a	n/a
	Band 8c % White background % BAME background	5	Monitor only	78.79%:21.21%	n/a	n/a	72.41% : 27.59%	n/a	n/a
	Band 8d % White background % BAME background	5	Monitor only	90.91%:9.09%	n/a	n/a	92.31% : 7.69%	n/a	n/a
	Time to hire (days)	3	48	38	40	36	40	39	40

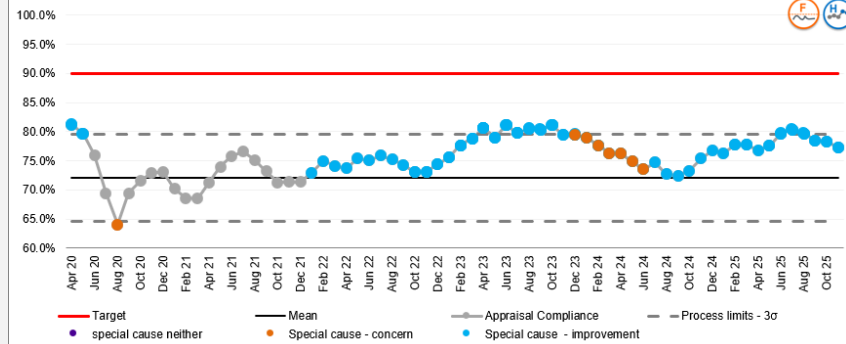**Summary of Performance and Key Messages:**

- Turnover was 8.7% in November and year to date turnover is 7.5% which is below our KPI.

- Mandatory training compliance slipped below our KPI to 89.8%.

- We continue to struggle to achieve compliance with the KPI for appraisal. The overall appraisal compliance rate is below 80% with some departments at less than 70%. The drop in medical appraisal in November is a data recording delay.

- Total sickness absence increased marginally to 4.8%. Our year-to-date rate is 4.5% which is over our KPI. There has been a 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 are in support of the plan. Resources to support line managers has been identified by reprioritising the Workforce Strategy Workplan.

- We have seen a further reduction in our vacancy rate in October to 4.1% which is significantly below our Trust KPI.

- Registered Nurse vacancy rates decreased further to 0.6% which is a historic low. This equates to 4.8 WTE vacancies against budget. There are clinical areas with higher than average vacancy rates. There are currently 14 registered nurses moving through pre-employment checks plus 2 for temporary staffing. 33 student nurses have submitted an Expression of Interest (EOI) form for employment upon qualifying. Of these, 10 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.) 7 students have received conditional job offers and have started or will be starting in due course.

- The unregistered nurse vacancy rate increased to 7.7%, 18.1 WTE. The current pipeline of Healthcare Support Workers increased to 9 plus 4 for temporary staffing.

- The time to hire for October 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 is primarily linked to planned PSI work. Bank use reduced in November as a result of increased scrutiny and oversight within ward areas.
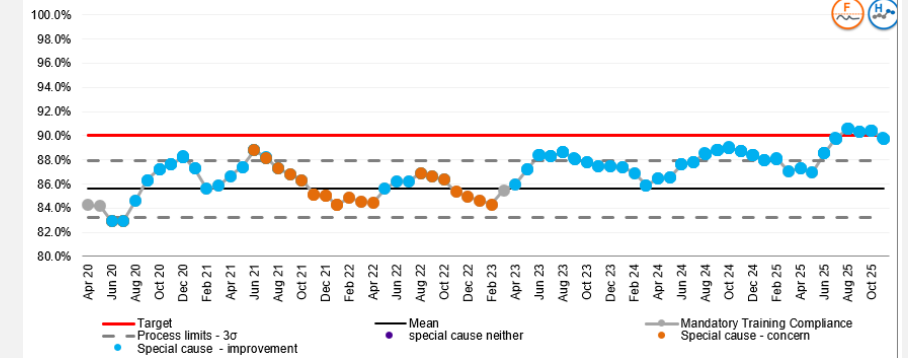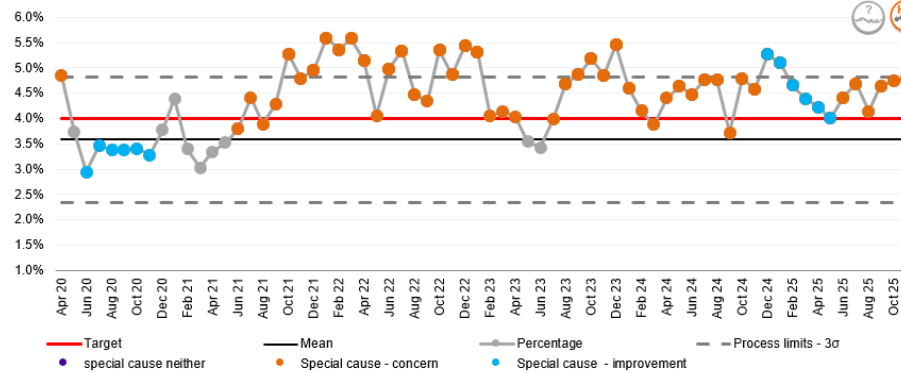
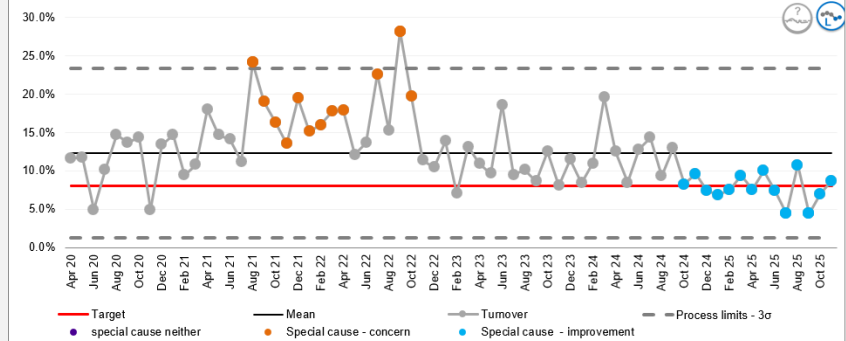Royal Papworth-Appraisal Compliance starting 01/04/20

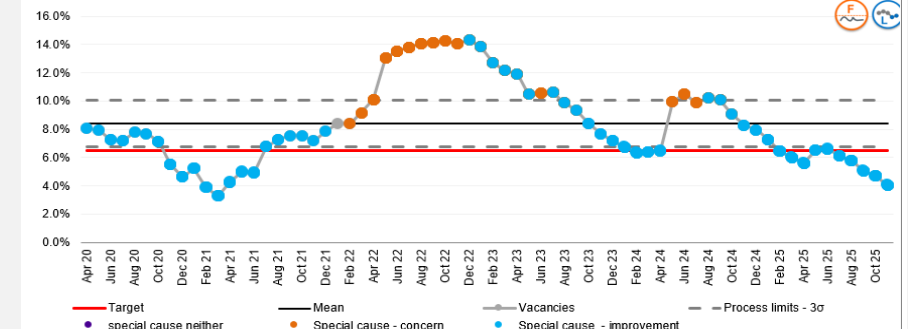Royal Papworth-Mandatory Training Compliance starting 01/04/20

Royal Papworth-Sickness Absence starting 01/04/20

Royal Papworth-Turnover starting 01/04/20

Royal Papworth-Vacancy Rate starting 01/04/20

		Data Quality	Target	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£37k	£(98)k	£(7)k	£(311)k	£(66)k	£85k	£39k
	Cash Position at month end £000s *	5	£67,667k	£77,044k	£77,248k	£74,342k	£72,948k	£70,125k	£70,121k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£2214 YTD	£101k	£101k	£419k	£818k	£1,901k	£2,032k
	CIP – actual achievement YTD - £000s	4	£6,129k	£661k	£1,331k	£1,742k	£3,477k	£4,517k	£5,592k
	Agency expenditure target £'k	5	£93k	£128k	£52k	£200k	£157k	£59k	£51k
	Bank expenditure target £'k	5	£339k	£482k	£489k	£524k	£437k	£327k	£478k
Additional KPIs	Capital Service Ratio YTD	5	1.0	0.4	0.6	0.6	0.4	0.4	0.4
	Liquidity ratio	5	26	30	44	25	18	18	20
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£2,828k	£3,671k	£4,230k	£5,448k	£6,527k	£7,882k
	Total debt £000s	5	Monitor only	£3,500k	£4,600k	£4,070k	£3,760k	£4,500k	£5,240k
	Average Debtors days - YTD average	5	Monitor only	4	5	4	4	5	6
	Better payment practice code compliance YTD - Value £ % (Combined NHS/Non-NHS)	5	Monitor only	98%	92%	98%	94%	94%	94%
	Better payment practice code compliance YTD - Volume % (Combined NHS/Non-NHS)	5	Monitor only	90%	98%	93%	98%	97%	97%
	Elective Variable Income YTD £000s	4	£39800k (YTD)	£16,307k	£22,232k	£27,526k	£32,917k	£36,940k	£41,886k
	CIP – Target identified YTD £000s	4	£9630k	£4,912k	£6,093k	£6,856k	£8,770k	£7,659k	£9,630k
	Implied workforce productivity % - compares real terms growth in pay costs from 19/20 against growth in activity from 19/20	5	Monitor only	-2.0%	-5.6%	0.2%	0.4%	2.1%	0.6%

- **At Month 8, the YTD position is in line with plan with a YTD position of £39k surplus.** The key driver to this position is a stronger-than-planned variable income performance, with favourable variances across core NHSE variable contracts. This positive income performance, alongside favourable budget phasing impact of planned (elective recovery initiatives) and unallocated reserves, has partially offset adverse cost pressures within clinical divisions, driven by pay overspends and under-delivery of planned CIP savings. CIP performance and pay management remain the key areas of focus for the Trust to ensure a breakeven plan can be delivered.

- **Clinical Income favourable variance to plan**, primarily driven by a better than planned NHS variable and pass-through activity performance.

- Other Operating Income is c£3.9m 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 £3.2m adverse to the plan**, The vacancies in the YTD position are eroded by significant overspends in medical and nursing areas. The overspends in the nursing clinical areas are predominantly driven by absence levels in wards and the use of temporary staffing above establishment. The medical overspend is driven by backdated pay arrears, over establishment, additional medical PAs and extra sessions. The position also includes the cost pressure in resident doctors, unplanned costs of strike cover and PSI costs which is offset by income.

- **Operating non-pay expenditure is £5.6m 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 and overspends in non clinical activity costs which has been offset by unutilised reserves..

- **Cash closed at £70.1m** a break-even position of receipts and payments YTD.

- Year-to-date capital expenditure is **£0.46m behind plan**, predominantly due to slippage within the Digital BAU programme. As a result of the month 6 position, SROs were requested to review their programme areas to establish what spend could potentially be brought forwards from FY27 to support in-year delivery. On conclusion of this, there is a worst-case confident risk of £4.4m, with mitigations reducing this to £3.0m. The mitigations include bringing forward planned spend on medical equipment (c£775k) and EPR (c£610k).

Finance: Key Performance – YTD SOCI position

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

Year-to-date adjusted financial performance at £39k surplus is on 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.

	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	£108,423	£77,828	£0	£77,828	(£30,595)	●
Balance to Fixed Payment	£0	£30,860	£0	£30,860	£30,860	●
Variable at Tariff	£39,822	£43,632	(£1,750)	£41,882	£2,061	●
Homecare Pharmacy Drugs	£33,219	£34,953	£0	£34,953	£1,734	●
High cost drugs	£406	£491	£0	£491	£85	●
Pass through Devices	£17,997	£14,934	£3,361	£18,295	£298	●
Sub-total	£199,867	£202,698	£1,611	£204,309	£4,443	●
Clinical income - Outside of national block framework						
Devices	£996	£1,454	£0	£1,454	£458	●
Other clinical income	£1,222	£1,221	£685	£1,906	£684	●
Private patients	£6,931	£7,032	£0	£7,032	£100	●
Sub-total	£9,149	£9,706	£685	£10,391	£1,242	●
Total clinical income	£209,015	£212,405	£2,296	£214,701	£5,685	● ❶
Other operating income						
Other operating income	£10,803	£13,911	£748	£14,659	£3,856	● ❷
Total operating income	£10,803	£13,911	£748	£14,659	£3,856	●
Total income	£219,819	£226,316	£3,044	£229,360	£9,541	
Pay expenditure						
Substantive	(£99,536)	(£102,878)	(£336)	(£103,097)	(£3,561)	●
Bank	(£2,923)	(£3,507)	£0	(£3,507)	(£584)	●
Agency	(£1,921)	(£1,021)	£0	(£1,021)	£900	●
Sub-total	(£104,380)	(£107,406)	(£336)	(£107,625)	(£3,245)	● ❸
Non-pay expenditure						
Clinical supplies	(£41,685)	(£43,372)	(£3,915)	(£47,287)	(£5,602)	● ❹
Drugs	(£5,466)	(£4,413)	£0	(£4,413)	£1,053	● ❺
Homecare Pharmacy Drugs	(£33,219)	(£34,957)	£0	(£34,957)	(£1,739)	● ❻
Non-clinical supplies	(£27,401)	(£28,074)	£1,229	(£26,845)	£556	●
Depreciation	(£7,320)	(£7,177)	£0	(£7,177)	£143	●
Sub-total	(£115,090)	(£117,994)	(£2,686)	(£120,680)	(£5,590)	●
Total operating expenditure	(£219,470)	(£225,400)	(£3,022)	(£228,305)	(£8,835)	●
Finance costs						
Finance income	£2,555	£2,168	£0	£2,168	(£388)	●
Finance costs	£4,129	(£3,815)	£0	(£3,815)	£314	●
PDC dividend	£1,586	(£1,537)	£0	(£1,537)	£49	●
Revaluations/(Impairments)	£0	£0	£0	£0	£0	●
Gains/(losses) on disposals	£0	£0	£0	£0	£0	●
Sub-total	(£3,160)	(£3,184)	£0	(£3,184)	(£25)	●
Surplus/(Deficit) For The Period/Year	(£2,811)	(£2,269)	£22	(£2,130)	£681	●
Adjusted financial performance surplus/(deficit)	£37	(£2,290)	£22	£39	£1	

YTD month headlines:

❶ **Clinical income is c£5.7m favourable YTD.**
- Fixed activity (non-elective spells and outpatient follow ups) when priced on tariff basis is £30.8m under the total fixed plan value.
- Variable income is favourable to plan by c£2.1m. The YTD variable position includes a £2.4m provision against ICB contract overperformance to account for a potential risk of non-payment. Over-performance on ICB variable activity is driven by increases in outpatient activity in RSSC from agreed elective recovery plans. Additional activity within Cardiology service through the patient safety initiative also contributes to the favourable position.

❷ • **Other Operating Income is c£3.9m favourable to plan,** reflecting an over-performance from staff recharges, R&D, and charitable funding, offsetting additional expenditure and retrospective income recovery.

❸ • **Pay expenditure is £3.2m adverse to plan,** reflecting over-establishment within ward areas. Strengthened controls on temporary staffing bookings have been implemented, with further actions to be deployed. The position also includes unachieved CIP, pay arrears, and the pay award (the latter offset within the income position). Medical has seen increases in Resident doctor establishment which is currently being looked at by HR Medical recruitment/Finance to ensure that all roles are funded.

- While agency spend has reduced in line with the planned trajectory, bank and overtime costs have been more than vacancies in the year-to-date, which is not aligned with improvements in vacancy levels (see Appendices 7–10 for detailed breakdown).

❹ • **Clinical supplies is c£5.6m adverse to plan.** This is driven by variable cost impact of clinical and pass-through activity overperformance recovered within the income position.

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

❻ • **Non-clinical Supplies is £0.5m favourable to plan**. The underlying overspend is largely driven by CIP underachievement. Other overspends include Laundry contract, recruitment costs, costs for services received from other organisations offset by underspends in Premises and Fixed Plant mainly due to power rebates. Costs for CPD & annual training subscriptions, Critical Care Software update and high car leasing costs were also seen in October. These are being investigated and monitored as part of the Trust's recovery plan for 2025/26.

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