Governor Committee/Group membership – Current

Committee	Approved Membership	Current Governor Membership
Appointments [NED Nomination and Remuneration] Committee of the Council of Governors	Minimum of 6 Governor Members Quorum of 3 Members Membership to Include: 4 Public Governors 2 Staff Governors Maximum: N/A	Abi Halstead (Public & Lead Governor - Cambs) Marlene Hotchkiss (Public Governor- RoE) Trevor Collins (Public Governor RoE) Clive Glazebrook (Public Governor RoE) Chris McCorquodale (Staff Governor S&T) Josevine McLean (Staff Governor – Nurses)
Nominations (Board of Directors) **Selection/interview Panel for NEDs**	Governor Members (In addition to the Chairman, CEO and NED) 1 Governor (usually the Lead Governor) One or more members of the Appointments Committee shall sit on the Nominations Committee of the Board of Directors	To be agreed at time of recruitment
Forward Planning (Council of Governors)	Minimum of 7 Governor Members Quorum of 3 Members Membership to Include: 5 Public Governors 2 Staff Governors Maximum: not more than eight Governors, of whom two shall be staff Governors.	Susan Bullivant (Chair - Public Governor – Cambs) Harvey Perkins (Public Governor- RoE) Trevor Mc Leese (Public Governor -Suffolk) Christopher McCorquodale (Staff Governor) Clive Glazebrook (Public Governor RoE) Vivienne Bush (Public Governor-Suffolk) Bill Davidson (Public Governor - Cambs) Sarah Brroks (Staff Governor)
Public and Patient Involvement (Council of Governors)	Governor Members and other Members Quorum requires two governors. Membership to include at least seven Governors of the Trust, at least one of whom should be a Staff Governor. Maximum: N/A	Marlene Hotchkiss (Chair - Public Governor – RoE) Trevor Collins (Public Governor – RoE) Martin Kenneth Hardy-Shepherd (Public Governor – Norfolk) Trevor McLeese (Public Governor – Suffolk) John Fitchew (Public Governor- Norfolk) Ian Harvey (Public Governor- Cambs) Paul Berry (Public Governor - Norfolk) Lesley Howe (Public Governor Norfolk) Susan Bullivant (Public Governor-Cambs) Lynne Williams (Staff Governor)
Governors' Assurance Committee (Council of Governors)	Six Governor Members Also present: Audit Committee Chair (NED) Task and Finish group Maximum: N/A	Bill Davidson (Chair - Public Governor - Cambs) Trevor McLeese (Public Governor- Suffolk) Abi Halstead (Public Governor - Cambs) Susan Bullivant (Public Governor- Cambs) Marlene Hotchkiss (Public Governor – RoE) Chris McCorquodale (Staff Governor)

Access and Facilities Group	**Six Governor members** Quorum: Four Maximum: N/A	Trevor McLeese (Chair - Public Governor - Suffolk) Trevor Collins (Public Governor – RoE) Josevine McLean (Staff Governor– Nurses) Bill Davidson (Public Governor – Cambs) Lesley Howe (Public Governor - RoE) 1 Vacancy
Board Sub-Committees		
Audit Committee (Board of Directors)	Membership 3 NEDs 2 Governor observers in attendance	Harvey Perkins (Public Governor- RoE) Christopher McCorquodale (Staff Governor) Vivienne Bush (Public Governor-Suffolk)
Performance Committee (Board of Directors)	*Membership 6 Board members including 3 NEDs* 2 Governor observers in attendance	Bill Davidson (Public – Cambs) Trevor Collins (Public RoE) Rachel Mahony (Public Governor – Cambs)
Quality and Risk Committee (Board of Directors)	Membership 3 NEDs, Medical Director, Director of Nursing, Chair of Quality and Risk Management Group, Clinical Lead for Risk Management **2 Governors in attendance (Lead Governor or nominated deputy and Staff Governor)**	Abi Halstead (Public & Lead Governor- Cambs) Rhys Hurst (Staff Governor - AHP) Deborah Cooper (Public Governor - Norfolk)
Workforce Committee	Governor observers in attendance: 1 Public Governor 1 Staff Governor	Angie Atkinson (Public Governor-Suffolk) Marlene Hotchkiss (Public Governor- RoE)
End of Life Care	**Governor representative**	Lesley Howe (Public Governor - RoE) Clive Glazebrook (Public Governor- RoE) Rachel Mahony (Public Governor - Cambs)
Emergency Preparedness Committee	**Governor representative**	Lynne Williams (Staff Governor -Doctors)
Trust's committee for local clinical Excellence Awards (Executive Committee)	**Governor representative**	Appointed Governor – University of Cambridge)
Advisory Appointments Committee on Consultants	-	Rota of non-staff Governors
Digital Strategy Board	**Governor representative**	Trevor Collins (Public Governor-RoE) Lesley Howe (Public Governor-RoE) Rhys Hurst (Staff Governor) Deborah Cooper (Public Governor-Suffolk)
Ethics Committee	**Two lay Governors**	Abi Halstead (Public Governor - Cambs) Ian Harvey (Public Governor - Cambs)

Charitable Funds Committee	**Membership to be determined**	

Please contact the Associate Director of Corporate Governance, Lead Governor or Chair of a Committee for further information or to join/change Committee.

NHS
Royal Papworth Hospital
NHS Foundation Trust

Minutes of the Meeting of the Governors Assurance Committee
Held on Monday 13 January 2025 11:30 to 13:30 hrs
Via Microsoft Teams
Royal Papworth Hospital

Present	Role	Initials
Bill Davidson	Chair	BD
Abigail Halstead	Lead Governor	AH
Trevor McLeese	Public Governor	TMc
Marlene Hotchkiss	Public Governor	MH
Christopher McCorquodale	Staff Governor *(attended until 12:45 hrs)*	CMc
In attendance		
Cynthia Conquest	Senior Independent Director (SID)	CC
Oonagh Monkhouse	Director of Workforce & OD	OM
Apologies		
Dr Susan Bullivant	Public Governor	SB
Kwame Mensa-Bonsu	Associate Director of Corporate Governance	KMB

Item (minute reference)		Action by whom	Date
1.	**Welcome and Opening Remarks** BD welcomed those present to the first Governors' Assurance Committee (GAC) meeting and noted that the Committee's ToR had been approved at the November 2024 Council of Governors (CoG) meeting.		
i.	**Apologies** Apologies had been received from SB and KMB.		
ii.	**Declarations of Interest** None were raised.		
2.	**Developments**		
i.	**Confirm Chair/Deputy Chair** BD invited those present to offer any views regarding appointment to the role of Chair and whether anyone had any issues with BD taking up this role. None were forthcoming, and all were content. The Chair invited those present to comment around the appointment of Deputy Chair. OM noted that it was helpful to have a formally		

	named designated Deputy Chair at Committee meetings. CMc agreed to the Chair's invitation that he take up the role at Deputy Chair of the Committee. The Committee **APPROVED** the appointment of BD as Chair and CMc as Deputy Chair of the GAC.		
3.	**Governance**		
i.	**Any Other Business & Meeting Review** The Chair provided a summary of his thoughts as to the nature of the issues that the GAC should be responsible for scrutinising. These were drawn from experience of holding the role of Governor over the last year, the ToR, and the updated NHS Code of Governance produced in 2022. Associated with these were addendums for system working and collaboration. Whilst the RPH system of governance had generally been working well, the Chair noted gaps which could form future agenda items and included: • System working – required to be considered around how duties were performed both by the Board and CoG, although overall responsibility was held by RPH. • It was queried whether the correct governance was in place from a system perspective, along with appropriate engagement with the system. • CC noted that it had been challenging to engage with the system and fellow Chairs of Audit Committees, along with the ICB Chair of Audit. The latter had been invited to attend the next RPH Audit Committee meeting at the end of January 2025 to outline ICB thinking and highlight any possible involvement from RPH. The Chair concurred with difficulties being encountered. • AH noted that the ICS had invited Lead Governors to attend quarterly update meetings, although engagement was not always straightforward. • OM had consulted the NHS Code of Governance which stated that the effective role of Governors was to oversee the effective running of the organisation and the holding to account. In the ToR, Governor support for ICS functions had not been understood as there was not a structure to incorporate. The question required to be posed as to whether the Trust was taking an active role in the system and was taking responsibility through the working of the Committee structure.		

	• It was noted that two members of the ICB had attended part of the last Workforce Committee meeting. Given the structures, the Governors required to establish satisfaction that the Trust was playing a full role in developing strategy at the ICB. • The Chair stated that there was a role for Governors to both check the Board was engaging across the ICS and that the views of members of the public were also being sought. • Foundation Trust (FT) Membership Engagement – concern had been previously expressed around membership engagement, with a separate working group in place. • CMc queried if this working group on FT membership engagement would report into GAC and then up to CoG. The Chair suggested that this was plausible. AH suggested that the GAC should oversee the working group. This was required to be considered in the ToR. • Constitution – required to be reviewed and made available on the RPH website. OM stated that this was based on the national model and was included on the Work Plan for 2025/26, for review. The structure for undertaking this would be brought to GAC; legal advice would also be required. • Process for removing a Governor – this was required to be in place. AH confirmed that this was within the remit of the Appointments Committee. • The Chair invited those present to offer thoughts on potential future agenda items for GAC. • OM suggested that an annual plan required to be developed for the GAC, in conjunction with agenda setting and forward planning. The Chair agreed that this was required. • CC queried whether an email should be circulated attaching the same version of all documents under discussion at today's meeting. AH noted that there was ongoing work to complete a guide for RPH, which extracted from the Constitution, roles, ToR and other associated information which would be circulated to Governors annually. It was a function of the GAC to ensure accuracy of this going forward. In the meantime, it was agreed that documents being discussed at this inaugural GAG should be circulated to those present via email after today's meeting.		

	ACTION: Current versions of the GAC ToR, Constitution and NHS Code of Governance to be circulated, via email, to those present after the 13 January 2025 GAC meeting. • The Chair queried secretarial support for the meeting. KMB was noted as responsible for providing this; OM to confirm arrangements with KMB. TMc noted that the meeting was being recorded and queried what would happen to this. OM stated that minutes would be extracted from the recording. The Chair requested to know who would be undertaking this going forward.	**OM**	**03/25**
	ACTION: OM to confirm arrangements for secretarial support for GAC going forward, with KMB and the Chair be informed. • The Chair highlighted gaps in governance generally and noted that the main Board Committee observing role was very effective in performing the role of account holding. • CMc suggested that the most notable gap concerned the Membership Working Group, which encompassed statutory responsibilities. The Chair noted the essential role comprising conveying feedback to members and the public at large and emphasised that this was some way off being possible. • MH noted that, though there were aspects that could be improved, the Patient & Public Involvement (PPI) Committee was ran well generally, and effectiveness was constantly reviewed. Increased interaction with patients was required to be considered and clarity sought in terms of areas/projects to be focused on. MH stated that how the Committee worked prior to Covid was not clear. • TMc noted that prior to Covid, PPI Committee meetings took place at the hospital face-to-face. Whilst the Committee had not changed significantly in the time that TMc had been a Governor, membership and interaction required improvement. TMc stated that the Committee had been, and continued to be, responsive to patients' needs and assistance in the running of the hospital. • MH asked TMc whether the PPI meetings took a different format today, compared to four years ago. TMc and OM had not observed any significant tangible change. • The Chair stated that being a tertiary hospital, engagement with organisations such as the British Heart Foundation and Healthwatch was possible. MH noted an update from Healthwatch was received routinely at PPI meetings. AH noted research links with these organisations, but no feedback specifically.	**OM/ KMB**	**03/25**

	Agenda: CMc questioned agenda planning and what form this would take going forward, as today's meeting agenda had been relatively minimalist. An annual plan and/or a standard agenda were required. The Chair agreed with OM's previous comments to agree firm agenda items. OM stated that with the meeting being held bi-annually, agenda setting meetings required to be planned in advance. The Chair hoped that the scheduling of these would be addressed via secretarial support. CC noted that the frequency of meetings was not included in the ToR; it was agreed that this required specification. AH noted that the intention for this Committee was for membership meetings to take place, all the ToR to pass through, for oversight of the Committee, and as all Chairs were members, any issues would be highlighted. The Committee was a high-level review forum which should meet twice a year. MH expressed that in view of the items under discussion at this meeting, although additional meetings were not ideal, bi-annual meetings were not sufficiently frequent. AH highlighted that the purpose of the meeting was required to be established to ascertain meeting frequency. MH agreed, noting that the ToR also required agreement. AH noted that this Committee was responsible for ensuring that governance was in place to address any issues. CMc suggested meeting more frequently, but for a reduced length of meeting. The Chair agreed with CMc and noted that engagement was a priority. It was stated that bi-annual meetings would not be adequate to make progress. OM suggested a compromise; much required to be established for the Committee to fully fulfil its role and plan items to be addressed. Resources were now in place for the Committee to progress. As an assurance Committee, ideally, meeting intervals would be six-monthly; however, initially, a meeting towards the end of March 2025 was suggested as appropriate, subject to the Forward Plan being prepared for sign-off, along with ToR amended for review and the Committee assurance review process being underway. After this, a meeting in June 2025, followed by six-monthly intervals, was suggested. The Chair agreed with this plan. **ACTION:** OM to take up proposals with KMB for a meeting to be arranged in March 2025. **a. Terms of Reference** The ToR were considered by those present. OM noted purpose and suggested that reframing of "Governor support for ICS functions" was required. AH agreed that this needed to be included, but the acknowledged further discussions was required as it	 **OM/ KMB**	 **03/25**

	may be that the ToR were not appropriate for this item or that further clarity was required. It was agreed that this would be discussed further offline. CMc noted that the attendance at Governor engagement sessions attended by the ICB to update progress on delivery of system plans, was viewed positively. Under point 2.1 in the ToR, bullet points were supposed to be hierarchical, however, some items were points in their own right, against others, which required assurance overview. **ACTION:** The ToR to be reviewed with particular reference to: • ICS functions; • formatting; • attendance of CoG meetings by Governors cross-referenced with the Appointments Committee; • frequency of GAC meetings; • specific infrastructure for CoG, the good operation of Committees, Committee structure. • effective ToR and operation of Committees required consideration by the GAC and was presently not explicitly evident in the ToR; • cross-referencing of duties and membership was deemed necessary to finalise; and • abbreviations such as 'SID' to be expanded. CMc questioned in 4.1 of the ToR, what the title of the task and finish group should be formally called (as a working group). The Chair suggested the title of 'Membership Working Group'. **ACTION:** Agenda items going forward to be finalised. The Committee **NOTED** the Terms of Reference for the Governors' Assurance Committee, which were acknowledged as requiring review and amendment. With no further business to discuss, the Chair closed the meeting at 12:52 hrs.	**OM/ BD** **OM/ BD**	**03/25** **03/25**
ii.	**Date & Time of Meetings** a. 25 March 2025 b. 16 June 2025 c. 10 November 2025		

Chair ……………………………………………………

Date …………………………………………………….

Royal Papworth Hospital
NHS Foundation Trust

Unconfirmed Minutes of the Forward Planning Committee of the Council of Governors
Wednesday, 15 January 2025
10:30 hrs, via Teams

PRESENT		
Dr Susan Bullivant	SBu	Public Governor **(Chair)**
Dr Harvey Perkins	HP	Public Governor
Christopher McCorquodale	CMc	Staff Governor
Trevor McLeese	TMc	Public Governor
IN ATTENDANCE		
Eilish Midlane	EM	Chief Executive Officer
Sophie Harrison	SH	Interim Chief Finance and Commercial Officer
Dr Ian Smith	IS	Medical Director
Professor Charlotte Summers	CS	Director of the Victor Phillip Dahdaleh Heart and Lung Research Institute
Diane Leacock	DL	Non-Executive Director/Chair of the Strategic Projects Committee
APOLOGIES		
Kwame Mensa-Bonsu	KMB	Associate Director of Corporate Governance
Vivienne Bush	VB	Public Governor
Bill Davidson	BD	Public Governor

Agenda Item		Action by Whom	Date
1.	**WELCOME & OPENING REMARKS**		
	SBu welcomed all to the meeting. DL was introduced as Chair of the Strategic Projects Committee, and CS was also welcomed as Director of the Victor Phillip Dahdaleh Heart and Lung Research Institute. It was highlighted that the meeting was being recorded.		
i.	**APOLOGIES**		
	Apologies had been received from KMB, VB & BD.		
ii.	**DECLARATIONS OF INTEREST**		
	No specific conflicts were identified in relation to matters on the agenda.		
iii.	**MINUTES OF THE PREVIOUS MEETING DATED 09 OCTOBER 2024**		
	SBu noted that on page 4 of the minutes of 09 October 2024, under "Stage 1 – Context and Strategic Goals", line seven should read "December **2024** to March **2025**". Subject to this amendment, the Committee **approved** the		

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Agenda Item		Action by Whom	Date
	minutes from the 09 October 2024 meeting and authorised these for signature by the Chair as a true record.		
iv.	**MATTERS ARISING**		
	01/24 – 21 Feb 2024 – 7.ii – AOB – Report at the next meeting on how the relationship between the Heart and Lung Research Institute and the Trust was developing. CS would report on this subject at today's meeting. Action to be **CLOSED.** ***04/24 – 10 July 2024 – 6.ii – Papworth Integrated Performance Report (PIPR) – M02 Update on progress against the Workforce Strategy Workplan – Focus on the actions being implemented.*** Update on action to be provided at the April 2025 FPC meeting, after being reviewed at the March 2025 Workforce Committee meeting. Action to remain **OPEN**. ***05/24 – 10 July 2024 – 6.i – Operational Planning – Professor Charlotte Summers, Director of the HLRI, be invited to attend the next meeting in October 2024.*** CS would present at today's meeting, as above. Action to be **CLOSED**. ***07/24 – 09 Oct 2024 – 7.0 – Abridged Board Assurance Framework (BAF) – Overview of Underlying Risks – To provide the FPC with an abridged version of the BAF, to include six-month trend data.*** Completed and included within the pack. Item to be **CLOSED**. ***08/24 – 09 Oct 2024 – 6.i – Operational Plans (5-month update against 2024/2025 plan) – To make copies of the 2023/24 Trust Annual Report available to Committee members.*** Electronic copies of the 2023/24 Annual Report had been circulated. Item to be **CLOSED**. ***09/24 – 09 Oct 2024 – 5.i – Overview of the plan for development of the next 5-Year Strategy – Updates on the Strategy development to be made a standing agenda item for the Committee.*** Completed. Item to be **CLOSED**. ***10/24 – 09 Oct 2024 – 4.i.b – Membership and Deputy Chair – SB to liaise with the Lead Governor to progress the recruitment of additional Governors.*** SBu explained that Bill Davidson and Vivienne Bush had stepped-up to represent the Governors. Item to be **CLOSED**. ***11/24 – 09 Oct 2024 – 4.i.a – Review of Terms of Reference (final version) – Diane Leacock (DL) (as the Non-Executive Chair of the Strategic Projects Committee) to be invited to FPC meetings.***		

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Agenda Item		Action by Whom	Date
	DL was present at today's meeting. Item to be **CLOSED**. ***12/24 – 09 Oct 2024 – 4.i.a – Review of Terms of Reference (final version) – KMB to circulate the final version of the FPC ToR, to the Committee.*** Complete. Item to be **CLOSED**. The Committee received and **noted** the updates on the action checklist.		
2.	**STRATEGIC PLANNING/DEVELOPMENTS**		
i.	Relationship between the Victor Phillip Dahdaleh Heart and Lung Research Institute Heart and Lung Research Institute (HLRI) and the Trust. CS presented a verbal report regarding the relationship between the HLRI and the Trust. The following points were highlighted: • The HLRI had been opened in Summer 2022 by RPH's patron, the Duchess of Gloucester. • CS had taken over the Directorship from Nick Morrell at the end of September 2022, due to his retirement. • There were 450 people in the HLRI building, with staff from RPH, six (soon to be seven) Cambridge University departments, and CUH. The focus of the HLRI was for it be a campus and community resource. • HLRI's mission was to improve cardiovascular and lung health for everyone, no matter where they lived, as heart and lung disease did not impact equitably across the globe. The burden of those diseases carried more heavily by some areas of the globe than others, such as by those in low- and middle-income countries. • One in four people in the UK would die of cardiovascular disease and one in five from lung disease. • In the last year (2024), 250 peer reviewed publications had been published by research groups based within the HLRI. • £16m of new grant income had been generated. • A British Heart Foundation Centre for Research Excellence had been successfully renewed, plus other core funding for two professors. • There was a cyber-attack on the Cambridge University campus early in 2024. The HLRI have had to rebuild its website, and this went live in November 2024. • If required, a first impact report could be shared digitally or in hard copy, to provide the Committee with an overview of work being undertaken. • The university, RPH and CUH had been negotiating, and had achieved agreement for a £23.9m investment from GSK into respiratory disease		

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Agenda Item		Action by Whom	Date
	research on the campus. Funding would come to RPH and the HLRI, where the work would take place. • In an effort to discover new therapies and interventions, agreements had been signed with Polytherapeutics and Sophinnova partners to take forward some of the discovery science that had been found in the Institute, and translate it, with a view to turning that into medicines. • The idea had been developed to have laboratory science alongside population health science, which was considered to be revolutionary. **Discussion:** EM highlighted collaborative working with CS and how groups of people were pulled together as one community under the HLRI's roof. There had been a number of events which had allowed individuals to come together in a more social way and get to know each other. In addition, across the campus more widely, two groups had been united, one in respiratory and one in cardiology, and two college dinners had been held, pulling people together, creating the space for them to be able to talk freely and share their ideas; new alliances had been formed as a result. The HLRI was a product of its people and the team and its convening power; it was not constrained to the walls of the building. HP questioned how the institute benchmarked itself against other institutions, and CS acknowledged that this was a challenge due to the uniqueness of the institute. However, universities were proficient at benchmarking using hard metrics, which provided one measure, but the university also measured using peer-reviewed publications, of which there had been 250 last year. In addition, there had been £16m in new grant income, and philanthropic donations in the sum of £11m in 2024, to support work and ongoing HLRI projects. Furthermore, of all the institutes in Cambridge currently, the HLRI held the best track record for securing individuals with mid-career fellowships. Professorships and the recognition as a Centre of Research Excellence by the British Heart Foundation had been renewed, which was a reflection that funders considered the work being undertaken to be of significant value. The changes in practice for those suffering cardiovascular and lung disease were also highlighted. HP further questioned how it would be possible to use the above information to educate the public. HP noted that this was not possible via the NHS, and a research institute could potentially permeate knowledge into society and change people's views on how they lived. CS considered that there was much evidence over many years that telling people what they needed to do, and educating them, did not lead to behaviour change. However, public engagement was acknowledged to be		

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Agenda Item		Action by Whom	Date
	particularly important and had formed a significant part of the HLRI's ethos since it opened, with multiple examples provided to the Committee. EM highlighted upcoming changes in respect of the NHS prevention landscape, which was a source of discussion at both Board and Executive meetings and would evolve via the Trust's Corporate strategy development process. TMc queried whether there was any possibility of duplication, in the other 'HLRIs' around the world, of the work being undertaken at Cambridge. CS advised that there were four or five other heart and lung research institutes across the world, but none of them brought together the elements that the HLRI had. The National Heart and Lung Research Institute at Imperial University was the only other similar institution in the UK, but its focus was very much on discovery science, with little translation undertaken and no population health science. Vancouver had opened a lung institute which aligned to the type of strategy being used; additional institutes in the US and Australia were observed, but neither brought heart and lung together. CMc noted the medical-led nature of much of the research undertaken at RPH. It was recognised that the University of Cambridge had a medical school, but not necessarily schools for other clinical professions. CS' opinion on making best use of the talent pool available, was sought. CS considered that research was best performed by researchers, and professional clinical background was not an issue, as all brought diverse perspectives and had questions in their particular areas of expertise, that were important. It was noted that whilst the university did have a medical school, it also had a Professor of Nursing who led, and had done tremendous work on, broadening the diversity of the professional backgrounds of the researchers within the university; there were several leading national nurse and physiotherapy researchers and one OT, hosted within the university. DL questioned when patient flow through the HLRI's Clinical Research Facility (CRF) might be observed. CS advised that the target had been that 24 studies were achieved by the end of 2024, but 29 had actually been achieved. The target for the end of 2025 was 60 in total, which meant that three new studies were required to be undertaken per month, for the year. Three had already been set up and were progressing, in January 2025. Research subjects were being recruited from the RPH, CUH and from the community, which aligned with the NHS's population health strategy EM highlighted the value of the CRF being noticed from a commercial perspective. Of the 31 studies that had been completed within the CRF, 22 had been commercial and had engaged a mixed economy, supporting the ecosystem, which was important. The consulting firm, Wellspring, had been engaged to map the landscape in terms of commercial cardiovascular and lung health organisations in East of England, the UK and internationally. Interviews would be conducted with 25 of those organisations to drill down their needs and interests, to provide targeted engagement.		

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Agenda Item		Action by Whom	Date
	SBu referred to the issues encountered by women who had undertaken PhD research, who had taken a career break, but then found it difficult to return to work in the same capacity. CS empathised with this position, noting several schemes to support researchers in life sciences by the British Heart Foundation, the Medical Research Council, and the Royal Society's Dorothy Hodgkin Fellowship. It was noted that the HLRI did not have its own charity, but did have a part-time fundraiser. Relationship building and working together was deemed a powerful way of fundraising. It was revealed that there had been a donation of £5m to the Institute to start an endowment, a sum which would be matched by the University. As such by the end of 2026, there would be an £8m endowment. SBu thanked CS for presenting such a helpful update to the Committee, sentiments echoed by those present. The Committee **noted** the verbal report on the relationship between the HLRI) and the Trust.		
ii.	Development of the next Trust 5-Year Strategy		
	EM presented the Development of the next Trust 5-Year Strategy. Attention was drawn to the following: • Tim Glenn had rejoined the Trust and would focus on development of the Strategy, with the exploration of broader engagement with various stakeholders being a recent focus. • Current position was Phase One, during which information was being gathered to inform the context setting, as well as review of the current Strategy. • A development session was planned for March 2025 and assuming this went ahead, a workshop with all governors would also take place. • It was suggested that Tim Glenn should attend the next Forward Planning Committee to talk specifically about strategy. **Discussion:** SBu noted that Wendy Walker, the Strategic Projects Lead, had made contact regarding setting of dates for the strategy sessions with governors, with March 2025 as the suggested month of commencement. Wendy would be in touch with all governors in an attempt to find best dates for all concerned. The Committee **noted** the Development of the next Trust 5-Year Strategy.	**KMB**	**04/25**
3.	**OPERATIONAL PLANS**		
i.	Operational Plans (7-month update against 2024/25 Plan)		
	SH presented the Operational Plans (7-month update against 2024/25 Plan). • Background was provided that priorities for this year were in line with the National Planning Guidance, with a focus on recovery of core services and productivity. The ambition was to continue to deliver positive patient experience and outcomes, with clear intentions through		

Agenda Item		Action by Whom	Date
	the Workforce Strategy and through the Workforce Committee, to accelerate work on commitment to improve staff experience. The development of the vision for inclusive leadership at RPH had also made great progress. • Vacancy rates had come down significantly. This was testament to the dedication of the recruitment teams and other teams across the organisation. • The challenge of increases in non-elective activity, emergency activity, and some infection control issues at CUH had translated into some challenges around patient flow at RPH, due to repatriations back to secondary care taking longer than expected. • The long-wait position had seen receipt of particularly late referrals from other referring organisations, placing challenges on teams to be able to expedite the necessary care. As such, operational teams and clinical service teams had been working collaboratively and collectively on improvements in flow position and how best use was made of resources, to ensure the delivery of the right care to patients at the best possible time. **Discussion:** TMc sought to establish whether RPH was performing well in respect of staff retention. EM responded that it had been identified that reducing the level of attrition was important, particularly to retain the investment made in staff members. A retention group had been running for the last six to eight months, with particular focus on how to ensure the experience of staff was improved, and as an open forum for communication. There had been a bid for funding for a project related to retention through national funding that had become available, leading to the appointment of a Project Manager to lead a retention project. This post would supplement teams and provide capacity to undertake the necessary work and develop a retention blueprint to be adopted by other organisations SBu questioned whether the ICS had contributed in any way to these developments. EM advised that the ICS's Workforce Group routinely discussed and shared best practice and initiatives relating to retention and staff experience. EM also shared the concept of passporting, which avoided duplicate training when staff moved across Cambridge and Peterborough. New software was highlighted, that allowed managers to track candidates through the process, chase up any delays and maintain engagement with new recruits as they went through the process. The Committee **noted** the Operational Plans (7-month update against 2024/25 Plan).		
ii.	Papworth Integrated Performance Report (PIPR) – M08		
	EM presented the Papworth Integrated Performance Report (PIPR) – M08. Highlights were as follows: • A reduction in vacancy level was noted. • There was a focus in the organisation on appraisals and mandatory training, to ensure that there was an improvement in performance. • In terms of the flow of patients, Harvey McEnroe had been running a		

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Agenda Item		Action by Whom	Date
	focus on flow, around improving the pathway of patients through the organisation. This was not to put staff under pressure, but was an effort to remove any areas of frustration and waste which may be evident between teams in the organisation. **Discussion:** DL expressed contentment with the reduction in nursing vacancies, which had been evident from the PIPR. CMc fed back concerns around clarity of the messaging to staff regarding the 'ask' and how this might be received, which had been discussed at the informal governors' meeting prior to this session. EM acknowledged the sensitivity and agreed on the need to be mindful of the language used and how this might be perceived; there was a balance to be struck between the two messages to be conveyed. CMc highlighted the continued growth of waiting lists and a deterioration of RTT figures. EM agreed that this was concerning and reflected increased demand coming through, which had been compounded by industrial action and other factors. However, teams had been proposing patient safety initiatives (PSI) for the long-waiting patients, and the first surgical PSI of the year had taken place, which had proved positive. EM confirmed that key responses to questions about these concerns were: • Recognition of the issue. • An acknowledgement that demand had increased and there had been capacity constraints, but programmes were being worked on to try to make sure patients were drawn through as soon as possible. The 'Waiting Well' programme was also highlighted, with initiatives designed to ensure time was not lost and patients were able to be in an optimum position for surgery whilst on the waiting list. Further promotion of the programme was felt to be necessary, which it was thought could occur via the website or potentially in leaflet form. It was confirmed that the Flow Programme was collecting suggestions as to how staff could work differently, and when Executives were out in the organisation, people were encouraged to share any issues that may be of concern, so these could be addressed at that point in time. In terms of staff awards, there had been many nominations related to good ideas, and these had been reflected in the awards being presented. The Committee **reviewed** and **noted** the Papworth Integrated Performance Report (PIPR) – M08.		
4.	**ASSURANCE**		
i.	Abridged Board Assurance Framework - Overview of Underlying Risks		
	EM highlighted the following: • Cyber-readiness remained a concern and was an ever-present danger, with an attack considered to be an "if" rather than a "when". Assurance around recovery was also an area requiring more work in terms of refreshing business continuity arrangements; there was to be a tabletop		

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Agenda Item		Action by Whom	Date
	exercise to test plans, and there had been discussion via the Investment Committee around strategic investment funds, in order to develop a contingency. • Staff satisfaction and experience was noted to be a further pertinent area of concern. CMc noted that there were no governor observers at Strategic Projects Committee (SPC) meetings and questioned whether a more detailed update could therefore be received at the Workforce Committee. DL responded that governors were periodically updated via the Council of Governor meetings. At SPC, developments around the Electronic Patients Records (EPR) Replacement Project were monitored closely, as was the risk around the delivery of strategic partnership working. A report on the EPR had been provided to the Board earlier this month, and matters were progressing, and risks were being managed appropriately. SBu noted that BD had requested that EPR be an agenda item at the Forward Planning Committee, going forward. HP advised that he had made this suggestion previously, when the EPR was in its early phase, contending it was a key element of the forward plan of the Trust, should appear on every meeting agenda and a formal report should be received. Governors had a right to understand or object to, contribute to, or support any of the forward plans of the Trust, and the EPR was pivotal. EM concurred with HP's sentiments and agreed that this would be a standard agenda item going forward. The Committee **noted** the Abridged Board Assurance Framework - Overview of Underlying Risks.	**KMB**	**04/25**
5.	**GOVERNANCE**		
i.	ANY OTHER BUSINESS & MEETING REVIEW		
	SBu notified the Committee of her intention to stand down as Chair of the Forward Planning Committee in the near future. SBu stated that she planned to Chair the next Committee meeting in April 2025, and potentially the July 2025 meeting, but would be requesting Governors to put themselves forward for the role of Chair. The Committee **noted** the Any Other Business and Meeting Review.		
ii	**Date and Time of Meetings**		
	i. 09 April 2025 ii. 09 July 2025 iii. 08 October 2025		

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……………………………………………….
Signed

…………………………………………………..
Date

Royal Papworth Hospital NHS Foundation Trust Council of Governors
Forward Planning Committee Meeting on 15 January 2025.

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Royal Papworth Hospital
NHS Foundation Trust

Patient and Public Involvement (PPI) Committee
Monday 10 February 2025 at 14:00
via MS Teams

Present:	**Role**	
Blastland Michael (left at 15:00)	NED	MB
Bullivant Susan	Public Governor	SAB
Collins Trevor	Public Governor	TC
Hardy Shepherd Martin (left at 14.31)	Public Governor	MHS
Harvey Ian	Public Governor	IH
Hotchkiss Marlene	Public Governor (Chair)	MH
Howe Lesley	Public Governor	LH
Marchington Joanne	Patient Experience Manager	JM
McLeese Trevor	Public Governor	TMc
Mensa Bonsu Kwame	Associate Director of Corporate Governance	KMB
Palmer Louise	Assistant Director for Quality and Risk	
Sandford Megan	Charity Governance and Engagement Officer	MSa
Wall Julie	Personal Asst. to Chairman (minute taker)	JYW
In attendance:		
Cooper Nicola	Senior Physiotherapist	NC
Edwards Sam	Head of Communications	SE
Favell Laura	Communications and Membership Engagement coordinator	LF
Newby Robson Janine	Healthwatch Manager	JNR
Apologies:		
Berry Paul	Public Governor	PB
Fitchew John	Public Governor	JF
Halstead Abigail	Public Governor	AH
Screaton Maura	CNO	MS
Williams Lynne	Staff Governor for Drs	LW

		ACTION
1	**Welcome and Apologies:** The Chair (MH) warmly welcomed everyone to the meeting. Apologies were noted as above. *Discussions did not follow the order of the agenda however for ease of recording these have been noted in the order they appeared on the agenda.*	
2.	**Declarations of Interest:** There were no new Declarations of Interest.	
3.	**Ratification of the previous PPI Minutes** Minutes from the previous meeting held on 4 November 2024 were ratified as a true record of the meeting.	
4.	**Action Log Update and Matters Arising: Louise Palmer** **Action Log Updates:** • **10.4 – Ward Based Volunteers**	

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	It was reported that the numbers of volunteers have increased since the last meeting. There are currently 70 new volunteers that have been recruited and are going through mandatory training. Depending on the capacity on the ward, the right match of volunteer will be visiting the wards once trained. • A Matrons Meeting is arranged to take place on Friday 14 February on the Day ward and capacity for volunteers is to be discussed. MH asked if there is a timeline for the volunteers to visit the wards LP explained that there is a volunteer Co-ordinator who works 15 hours per week and is funded by the Charity. She will be matching the right volunteers to the ward. LP asked JM to report to the PPI Committee on the progress. **Current priorities are:** • Continuing safe recruitment of volunteers. • The Pat Dog Therapy • The new uniform for the volunteers which has been rolled out. • Patient Safety Partners JM explained currently there are 28 Volunteers who are working across wards and have spent 407 hours in January between them. The number of hours is increasing month on month. • **10.5 Programme of Activities for the Day Rooms** TMcL asked if there were games and cards etc in day rooms and suggested that volunteers could perhaps involve patients. LP explained that during covid games were removed from day rooms but there is a piece of work progressing which is looking into this. JM will speak with Infection Control regarding wipeable/easy to keep clean games. MH commented that Ian Harvey has offered to help with groups of patients as he is a Quiz Master, and he has written many quizzes which he could use. IH commented that if anyone would like to speak to him regarding this, he is happy to be contacted. • **11.4 New chairs of varying heights needed for the outpatient department.** MS has raised this with the outpatient Team following a 15 Steps visit. It has been suggested that as chairs need replacing perhaps chairs of different height variation and chairs with arms could be considered. **Matters Arising:** There were no new matters arising.	JM
5.	**Current Issues:**	
5.1	**Patient Story: Nicola Cooper Cardiac Rehab** • The patient is a 48-year-old gentleman who had an MI and was transferred from Hinchingbrooke hospital for PCI including stents.	

- He has a background of COPD and back pain.
- He lives alone and is usually self-sufficient. He is an HGV driver
- Patient was a smoker but following support from the Team now vapes.
- He has not been able to work for at least 6 weeks and will need sign off from a Cardiologist before being able to drive again and is not entitled to sick pay during this time. He applied for Universal Credit for help towards paying his rent and bills.
- Patient was smoking cannabis for pain relief to his back. He was encouraged to stop this and is only taking Paracetamol.
- Due to financial issues, he can only afford to eat on alternate days
- PALS suggested visiting "The Pantry" which is a food bank in Huntingdon where he would be able to get food cheaply.
- The Dieticians suggested and explained about healthy low-calorie and low-income meals as he had previously been having processed food and energy drinks.
- The Rehab Team have offered to assist him with the application when he can re-apply for his HGV licence.
- He attempted to attend an exercise class so that he could improve his fitness but the pain from his back was limiting him. It was suggested that he wears a Tense machine, but these are no longer available to lend out and he is unable to fund one for himself.
- PALS investigated this situation and are going to action buying a Tense machine, to lend to this patient and then others in the future.
- He found it difficult to afford the petrol to drive to the hospital for his appointments.
- He is now improving and currently still attending for his rehab.
- The various Teams have worked together to help this gentleman get back to his self-sufficient life.

Discussion:
LH asked if volunteer drivers could bring the patient to the hospital? NC explained that clinics can be attended more locally and there is a Volunteer Driver Scheme in the community but there are not many volunteers since COVID, so patients struggle to get this.
TMcL suggested the Community Transport Scheme is very good but this must be arranged in advance.

JNR commented that a Work Well Pilot Programme which is free is to be launched in Cambridge, Peterborough and Royston. This is a free programme to help patients find the right support.
JNR to send link to NC

SAB suggested that perhaps these issues could be raised with Phillippa Slatter Councillor and Appointed Governor for advice. If she is unable to help, then perhaps she could signpost to someone else.

SE commented that having to choose between health or work raises health inequalities and staff should be made aware of the Work Well Pilot Programme.

LP thanked Nicola for the story and checked that the Safeguarding Team are involved and thanked the Team for their compassion with this gentleman.

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5.2	**Healthwatch Update:** MH thanked JNR for her comprehensive reports **Received: The Committee received updates from Janine Newby Robson in the pack for the meeting** **Recommendation: The Committee is asked to note the contents** • No questions were raised regarding the information JNR informed the Committee that a report had recently been published about Young People and Vaping and the issues behind that. This could be linked with work that is done at the Trust and can be found on the website if people are interested. .	
5.3	**Infographics – December 2024** **Received: Copy of the December Infographic report** **LP highlighted a few of the items:** • Friends and Family remains a high score • A variation of the number of complaints • Patients' safety was good, with no harm events • A good number of transplants were performed over that period. **LP asked if there were any questions as the report had been received before the meeting.** **Discussion:** SB commented about the Finance Item. She was concerned regarding the surplus per month and if it was due to interest rates what would be the implications if interest rates go down. LP explained that the Finance Committee report into the Audit Committee who are focused on this. MH thanked SAB for raising the question and asked MB if he could suggest where to raise the question as there is no finance link with the PPI Committee. MB suggested that perhaps this question should be referred to the Audit Committee so it could be raised at either the Performance or Audit Committee meeting. He commented that the committees are aware of the fluctuating finance. MB explained that it has been agreed to move some of the resources to the ICB. RPH is part of the ICB collective, and resources can be shared to help other Trusts who may be in deficit. If the ICB is judged badly then there could be an adverse effect for RPH. **MH to raise the question as Chair of the PPI Committee** KMB suggested to send the questions to him, he could then ask Sophie Harrison CFO for a response through the Performance Committee. IH commented that Mandatory Training is still a concern for him. He is pleased that there are no departments in the Red but not pleased that over half of the results are below 90% in amber. LP commented that the Workforce Committee have an oversite of the results and commented that it is down to a lack of time not a lack of	MH

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	assistance for this to be completed. She will take this away to raise but assured IH that it is on the radar. MH raised the item, Staff, Organisation Incidents and asked if LP could give some examples. MH recognised that the numbers are low but is interested in the kind of incidents that are reported. LP suggested the item to be added to the agenda at a future meeting to talk about incidents and explain themes. LP explained that these incidents are everything other than a patient involved incident. This could be a visitor, a member of staff or a contractor and they are graded like patient incidents. No harms are when people have reported that something has happened, but no harm has happened to that person or thing as this can include equipment. In the month reported three staff members had an incident or accident at work which has required them to take sick leave. Three in one month is very unusual however when the Quality and Risk Group investigated, they did not all happen in the same month. One member of staff had gone on sick leave and reported the incident late. Another was a needlestick injury. **Recommendation: The Committee is asked to note the content of the report**	LP LP
5.4	**Patient Information Leaflets – Update from Sam Edwards and Laura Favell.** **SE gave an overview of work done so far:** Historically patient information leaflets were not under Comms responsibility but with various staff changes and other issues in the departments review had not taken place for a few years. The leaflets explain important patient information pertaining to procedures, safety and legal information. Over the last few years since LF came into post she has been investigating this and now has another member of staff working with her dedicated to improving the leaflets, so they now sit under the Comms Team. Improvement has taken input from many people including LP and her Team working with LF to tighten and strengthen the process, making it safer for patients and to make sure there is compliance. **SE handed over to LF to explain the work and process that she has been dedicating her time to.** **LF Shared slides to explain the process and status of leaflets.** • LF explained that the leaflets come in a variety of formats. Some have consent forms and some have information cards. • Supply on demand leaflets are being looked at instead of going to an external printing company so they can be printed on site. This will reduce carbon emissions, wastage and ultimately cost. • There was no documented procedure in place. People often retired leaflets rather than reviewing them with no authorisation. This resulted in leaflets having to be brought back out of retirement as other departments were using them. • Consent forms were being created within leaflets but were not logged anywhere. There were duplicate numbers of the forms so when it came to auditing numbers did not match. They were not logged with Information Governance.	

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- Authors could submit a leaflet with no managerial governance sign off. Comms do not have the capability to assure that all information is correct.
- There was no database kept for any of the leaflets.

A new database was created.

DN002 was re-created.

- The new procedure was introduced in mid-2023
- This applied to reviewing, creation and retiring of leaflets.
- This ensures leaflets get appropriate sign off from their line manager and Louise Palmer's Team

The lines of procedure with corresponding paperwork:

- DN002A – for new leaflets
- DN002B – for reviewing leaflets
- DN002C – for retiring leaflets

Teams/people involved with stages of the procedure:

- Comms
- Clinical Governance
- Consent Working Group
- Volunteer Reading Panel (Volunteers are needed)
- Author – line manager – department/budget holder
- Library and Knowledge Services

Leaflets are dated and reviewed every two years.

LF shared a slide showing the process of creating a new leaflet.

LF shared a slide showing Stats June 2023- February 2025

- 266 leaflets logged
- 31 leaflets retired
- 17 new leaflets
- 104 leaflets published (includes, new and reviews) have gone through the new process

A new member of staff has been recruited to work with LF, Maddison Wallace.

Forecast: Due for review and outstanding

- 47 reviews in process in addition to new leaflets
- 61 pre 2023 needing review as date due to expire – 2 year cycle (Authors contacted and chased but waiting to hear from them)

MH Thanked both SE and LF for their comprehensive explanation.

Discussion:

TMcL asked if the leaflet and forms were sent out in a pack for each procedure
LF explained that the Clinical Teams provide the correct information leaflet applicable to the procedure. They gain confirmation from the patient that they have received.
TMCl asked how it would be known that the patient is getting the correct leaflet and is there a check list.

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	LF reiterated that it is the responsibility of the Clinical Team to have the correct check list. LP explained that although these booklets are being spoken about as leaflets, they are more of a booklet and has all the information for each procedure including pictures. They are for adult patients that might need that procedure. For legality reasons all the risks are listed. There are some patients that may receive two different booklets. The booklets have been commended by the CQC and by the coroner's office and legal Teams. They have been said to be truly splendid, well printed and thorough. JNR asked from a Healthwatch perspective, if they are in large print for easy reading and if they are in translated text. LP explained that they are translated on demand as well as easy reading. PALS use Easy Read LF explained that there is a form on the intranet which is sent to the Clinical Team to fill out and then Comms send it out in the correct format. Information has been added to the hospital website for each of the leaflets so that patients can read them before being admitted and are able to use the translation function online if needed. SAB suggested that on each leaflet there is information regarding the Trust Membership as this is one way people can get involved and volunteer to be on the Reading Panel. LF explained that information about Trust Membership is already on the back of every booklet/leaflet being sent out IH added that he agrees it is important to have the information on the hospital website for patients and their friends and family. LF confirmed that the leaflets are now available on the website.	
6.	**Quality – Louise Palmer** **Received**: PIPR was sent out prior to the meeting for information.	
6.1	**PIPR Safe M09 – Pre circulated for information.** **<u>Safe reported overall as Red</u>** **Highlights:** • VTE assessment is slightly down. There is a VTE Oversight Group who have worked to increase this. There is a combination of manual reminders on the current EPR system to do VTE assessments so there is work in progress. • There is a focus on Supervisory Sisters and filling rates. **PIPR Caring M09 - Pre circulated for information.** **<u>Caring reported overall as Green</u>** • Key performance for safe is pressure ulcer management • Focus on 15 Steps Visibility Round and outcome of the visit	

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	Discussion: IH asked if there is still an issue with recruiting nurses. LP explained HCA and nurse numbers have increased following focus on recent recruitment days SE commented that overall, in the Trust vacancies are low and it is in the best position that it has been for about 3 years. IH asked about challenges with laboratory testing delays and if it is a staffing or equipment problem. LP explained that this is reported as a challenge which is being overcome and was to do with interlinking work with CUH but it is not stopping the work moving through. SAB commented that she attended the 15 Steps in December. It was noted on that visit that a room where patients were going before their procedure was the same room they returned to after their procedure. SAB spoke to a patient who was waiting for his procedure who mentioned it was a bit off putting that while you are waiting for your procedure you see someone sat eating when you are NBM and asked if it were possible to split the room so that pre procedure patients were separate from post procedure patients. LP confirmed that this was the day ward area, and this suggestion was highlighted at the visit. LP will take this forward to the matron in that area to make sure the suggestion is being looked at.	LP
6.2	**Quality Accounts: Timeline – Louise Palmer** **The current quality priorities for this year are:** 1. Food and Nutrition (looking at 24-hour access for patients and dietary needs) 2. Focus on Diabetes guidelines (medical oversite and infection control) 3. Delirium and Dementia LP to share the list of items for focus for 2025/26 which have been taken to the Q&R Committee. The list hasn't been sent out yet because the Board have requested to have a further look at it before it is circulated. LP shared the paper on screen which went to Q&R and highlighted the suggested priorities to be taken forward in 2025/26: • Waiting Lists – Reducing time and reviewing harm while on the waiting list. This is being taken forward. • Health Inequalities – Has been taken forward as a proposal • Discharge Assurance – On time, correct information and medication – Taken forward following several complaints and an inquest last year which recognised discharge records interlinked with other Trusts are not always clear. MH commented that it would be very helpful if the long list could be circulated.	LP

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7.	**Charity Update: Megan Sandford** MH asked MSa if there was a written report for today's meeting. MSa apologised that there was not a report ready for this meeting, but she would give a verbal update. MSa shared a slide which showed a roundup of highlights from the last calendar year which displayed the support received including: • Sky Dives • Bake Sales • Mountain Climbing • Swims • Marathons • Brass Band • Carol concert in the atrium These were all supported by volunteers. Nearly £900,000 was raised for the charity by supporters and the variety of activities undertaken. **How the money has been spent**: • A Patient Support Fund is used for people in hardship who may need some support with accommodation or travel. Over two Christmas appeals £22,000 was raised. The Individual Giving line increased by £8000 on the previous year • Beauty therapy visits for patients have been expanded to level 4 • In the process of exploring the possibility of recruiting a barber for long stay patients • £500,000 has been committed towards supporting the Clinical Research Facility in the HLRI. The project is to increase studies by 100%. Recruit extra staff to increase the delivery of their objectives. The funding of an Echocardiography Machine in the first year.	
8.	**Patient Care Experience Group (PCEG)** Minutes from the previous meeting in December are to be sent out once completed and available. LP explained that the main focuses at the meeting were about the Friends and Family Testing and looking at changing/adding questions to the form. LP asked JM if she would be happy to give an update. JM reported that the two additional questions to be added to the Friends and Family Testing were agreed at PCEG. JM shared a slide – Friends and Family Testing (FFT) Showing the proposal to add questions for both inpatients and outpatients regarding religion and dietary requirements. Staff introducing themselves when first meeting with the patient and private care questions which are new. LP commented that the questions that have been agreed are: • The Hello My Name is… campaign which is focusing on staff introducing themselves each time they see a patient • Discharge – did the patient feel prepared for discharge home	

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	A live dashboard is in the process of being launched. JM agreed to send the slide out to the PPI Committee after the meeting. LP added that PCEG had a presentation from pharmacy and discussion around safety of medications which has been a piece of work led by the Quality and Improvement Group. This will all be included in the PCEG minutes when they are circulated.	JM
9.	**Board Meeting Feedback – Reported by Kwame Mensa Bonsu** • Board papers can be seen on the hospital website for information. • The PART I Public meeting agenda is sent out to all the Governors with the link for the meeting, so they can observe. **Key discussions that have taken place over the last 3 months**: • Digital EPR - Approved • Patient Care Emergency Preparedness and Resilience Report was provided • Action plan provided for improving areas that the Trust were not fully compliant in. • In October the Nexus EPR was approved and reports have been given to the Board at each meeting showing progress. • To Progress Business Case • The draft Corporate Objectives were reviewed at February Board • The Corporate Strategy Process – Board received an update on how this has been reformed	
10.	**Patient Experience – Complaints & PALS: Joanne Marchington** **Report not received before the meeting.** **Summary from the last quarter:** • Complaints – 13 Formal Complaints 27 Informal Complaints • PALS and Medical Examiner office have been working more closely to support bereaved families with bereavement processes • Friends and Family Testing – changes in process • Volunteers all wearing the new uniform, branded fleece jackets and polo shirts. • Secured funding to continue the role of the Volunteer Coordinator. **JM to send report to the PPI Committee**	JM
11.	**Terms of Reference (ToR)** **ToR are up to date.** **Governance:** None	
12.	**Risk**	

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	It is recommended to the Committee that this item has been added to all agendas. • Emerging Risks – None raised.	
13.	**Governor Requested Items:** • **Patient Parking Fees (Long Stay) raised by Marlene Hotchkiss** • MH informed the committee that she had been asked to raise an issue of heavy parking fees for patients who have driven to the hospital and then have been immediately admitted. In these instances, it had not been possible for them to be driven to the hospital so had been in the car park for maybe up to a week. • Patients who are admitted on a regular basis have experienced heavy parking fees and some variations of costs. • MH commented that she is aware that some of these points have been raised at another committee meeting. • It appears that there is very little or no information about ticket validation, for example CF patients have been charged over £20 for parking when they have attended for an annual review. • A difficulty experienced within the context of this issue is the fact that the parking office is not always open. • It has been noted that the rules seem to change pertaining to the charges depending on which SABA staff are working at that time. **Discussion:** MH asked if any of the other Governors would like to add any comments. JM commented that she is aware of issues and concerns. A patient had mentioned to her that at CUH you are able to park for free if you are under the care of Oncology but there are no concessions at RPH. The PALS supervisor has taken all the concerns regarding car parking to discuss with Estates. JNR commented that it is good news that Estates are looking into the concerns. Healthwatch have been doing some work at CUH and one of the big issues was car parking fees and the fact that there is very little information to say that if you are a regular visitor, you can get a reduced car parking rate. LH commented that this was raised at the End-of-Life Steering Group meeting in January and during the discussion it was mentioned that if you show your letter to the person in the car parking office, they can reduce the fee. TMcL suggested that SABA's list of rules and rates should be put on the website or in booklets which are sent out to patients. KMB asked for people to send him the question and he could pass this on. LP commented that this sits with Estates and SABA. CUH offer different rates, this is because RPH do not have the number of spaces	

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	that CUH have. CCU patients at RPH are given reduced parking but the tight criteria are due to capacity in the car park. Demand in the car park is getting worse. MH commented that it is a combination of things, allocation, information and consistency amongst staff from SABA. LP suggested that her Team could link with Comms to work around communication and KMB to investigate allocation and bring back to the committee. MH commented that not all patients are aware that if they produce their letter then it may be a different situation. LP commented that it is only CCU that has a reduced rate so would not necessarily want to communicate about showing a letter. LH commented that this is linked with discharge. A family member can be told a time to pick up patient and then there is delay once they have arrived which then causes extra cost. LP to take forward to Discharge Assurance Group.	LP/KMB LP
14.	**Any Other Business** • No other business was raised	
	Future Dates	
	• **The next Council of Governors meeting will be held on Wednesday 19 March 2025 at 10.30am** • **The next PPI Committee Meeting will be Monday 12 May 2025 at 14:00** **Future Meeting Dates:** **Monday 11 August 2025** **Monday 3 November 2025** **The Chair thanked everyone for their participation and the meeting finished at 16.04**	

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Royal Papworth Charity

Meeting of the Trustee Board
Held on 05 December 2024 at 12.40 to 13.40
after the Meeting of the Board of Directors
Rooms 88 & 89 HLRI and via Microsoft Teams

UNCONFIRMED MINUTES

Present	Dr J Ahluwalia	(JA)	Chairman
	Ms C Conquest	(CC)	Non-Executive Director/Senior Independent Director
	Mr M Blastland	(MB)	Non-Executive Director
	Ms D Leacock	(DL)	Non-Executive Director
	Ms E Midlane	(EM)	Chief Executive Officer
	Dr I Smith	(IS)	Medical Director
	Ms S Harrison	(SH)	Chief Finance Officer *(interim)*
	Mr H McEnroe	(HMc)	Chief Operating Officer
	Ms O Monkhouse	(OM)	Director of Workforce and OD
	Ms M Screaton	(MS)	Chief Nurse
In Attendance	Ms Megan Sandford	(MSa)	Charity Governance and Engagement Manager *(Minutes)*
	Mr K Mensa-Bonsu	(KMB)	Associate Director of Corporate Governance
	Mark Toshner	(MT)	Director of the Heart and Lung Institute CRF
Apologies	Dr C Paddison	(CP)	Associate Non-Executive Director
	Prof I Wilkinson	(IW)	Non-Executive Director
	Mr G Robert	(GR)	Non-Executive Director
	Ms A Fadero	(AF)	Non-Executive Director

Agenda Item		Action by Whom	Date by When
1	**WELCOME, APOLOGIES AND OPENING REMARKS**		
	JA welcomed everyone to the meeting.		
2	**DECLARATIONS OF INTEREST**		
	There is a requirement that Trustee Board members raise any specific declarations if these arise during discussions. No specific conflicts were identified in relation to matters on the agenda. A summary of standing declarations of interests is appended to the minutes.		
3	**MINUTES OF PREVIOUS MEETINGS**		
3.i	**Minutes of the meeting held on 03 October 2024** **Approved:** The Trustee Board approved the minutes.		
3.ii	**Matters Arising and Action Checklist**		
	No current actions have been listed on the checklist for review.		

Royal Papworth Charity

Agenda Item		Action by Whom	Date by When
4	**REPORTS FROM COMMITTEES**		
4.1	**Reports from Committee's**		
	Received: The following, from the November 2024 Charitable Funds Committee (CFC) meeting were received: 4.1i Chair's Report: 14.11.24 4.1ii Minutes 14.11.24 (Unconfirmed) 4.1iii CFC Fundraising Report – September 2024 (M6) 4.1iv CFC Grant Giving report – September 2024 (M6) Additionally, the following from the extra-ordinary November Audit Committee meeting in relation to the annual report and accounts: 4.1v Chairs report: 26.11.24 4.1vi Minutes 26.11.24 (unconfirmed)		
	JA invited any questions from the Board on the report or items in the reference pack. **Noted**: The Trustee Board noted Chair's Report and Minutes from the November 2024 CFC meeting and the September 2024 Fundraising Report and Grant Giving report.		
5	**GRANTS REQUESTED FROM CHARITABLE FUNDS**		
5.1	**Grants requested over £50,000**		
5.1i	**Received:** The Trustee Board received a business case for the Heart and Lung Research Institute (HLRI) Clinical Research Facility (CRF). The business case was presented by Dr Mark Toshner, Director of the HLRI CRF. MT introduced himself and provided an overview of the work that the CRF will be addressing. MT presented the key objectives of the CRF and its functions and what has been achieved since Jan 2022 when it opened. The CRF is on target for projected growth and has currently met the campus wide strategic goals. Going forward, the new objectives will be to focus on cardiac physiology research capacity, maintaining the projected growth of trials, medical cover to support new investigators and improving the patient experience to maintain 100% participant satisfaction. The original ask was for £1million over four years. SH shared that the CFC was supportive however the view from Committee was to split the commitment into two. Members of the Trustee Board had a discussion with MT around the business case received, key items included: • Are there any concerns about staff continuity over the four years? • How will the number of trials be increased?		

Agenda Item		Action by Whom	Date by When
13:13 MT left the meeting	• To what extent have we tested or asked whether we could use the money more efficiently? Are the ambitions for the next two years enough? • Is the project offering value for money? SH added that having the two-year split provides the Charity with monitoring opportunities through set milestones but also provides MT and the team flexibility to reflect on the position and adapt as the project evolves and grows. The funding is for additionality and isn't funding the existing set up. JA asked whether an additional echo machine was needed. IS responded that having the equipment available would form a package for the investigators. It is an enhanced version of an echo that would not be available on the wards. We are exploring becoming an echo centre which would bring in additional flow. JA asked what the representation is like for the studies. MT responded that this is important to the Team. There is analysis available for the digital studies that have been completed. We are seeing a broader range of socioeconomic backgrounds. There are now mixed methods for recruitment and the demographics have been thought through. JA thanked MT for the presentation. **Trustee Board discussion:** The Trustee Board discussed the business case and agreed with the Committee's recommendation to split the ask into two, two-year requests. **Approved:** The Trustee Board approved **£500,000** to fund the first two years of the HLRI Clinical Research Facility proposal.		
5.1ii	**Education proposal**		
	Received: A paper with a proposal to allocate £150,000 towards continuous professional development (CPD) for staff. **Reported:** SH • Proposals were received following the staff education grant call including many for CPD. It was felt, as a charitable funds committee, that they weren't best placed to make the decision based on individual applications. • We propose that this is managed via a panel. We were emphasising that we want this to be available to all staff and have put a lot of thought into the composition of the panel. MB asked if there are other routes to CPD funding? OM shared that there is external funding available for certain staff groups. Some departments have funds locally which is generally more medical teams. Non-nursing and non-AHP may only have a small budget or none at all. This is a great opportunity for our staff.		

Agenda Item		Action by Whom	Date by When
	JA asked for some detail on the panel composition. SH responded that the composition of the panel is included at 5.2 in the paper with additional scope when it is felt that there isn't representation. CC commented that we wanted to ensure that admin and clerical staff were not overlooked. SH added that the Deputy Director of Workforce and Organizational Development is included, or other departments as needed. JA asked if the funding is focused on non-medical applicants? SH shared that it is open to everyone, but the panel will be mindful of the other opportunities available to medical staff. JA commented that there does not seem to be any consultant representation, is that because we think they have access already? OM shared that Zilley is the medical education representative. SH added that we can also bring in other representatives as needed. **Approved:** The Trustee Board approved the allocation of **£150,000** towards staff continued professional development.		
6	**DRAFT ANNUAL REPORT AND ACCOUNTS**		
6.1	**Annual report and accounts**		
	Received: The Annual Report and Accounts **Reported**: SH • There are three documents for consideration. The annual report and accounts, the ISA 260 and the letter of representation. • The ISA 260 will be updated until the day that we sign. • There is one change due to the ongoing legacy testing. There was an update identified which reflects the notification of a legacy. We had a cash notification last week. This was the only change that has been identified since going through audit committee and CFC. CC added that the £95k adjustment has been discussed and the change is fully endorsed. CC reiterated the great work to get this through audit. JA thanked the team. SH shared that this is our final year with KPMG as external auditors. We have got a preferred supplier as part of the market comparison which will come through as part of the recruitment process. **Approved:** The Trustee Board approved the annual report and accounts.		
6.2	**ISA 260**		
	Received: The ISA 260 from KPMG, external auditors. **Approved:** The Trustee Board approved the ISA 260		

Royal Papworth Charity

Agenda Item		Action by Whom	Date by When
6.3	**Letter of representation**		
	Received: The letter of representation from KPMG, external auditors. **Noted:** The Trustee Board noted the letter of representation from the external auditors, KPMG.		
7	**GOVERNANCE**		
7.1	Quarterly review of the Charity risk register.		
	Received: The Charity Risk Register which had been reviewed at the CFC meeting held in November 2024. **Reported: SH**: • The Charity currently has 30 open risks. • There are some narrative changes in blue to reflect recruitment changes. • One risk has been lowered due to the appointment of a trustee. **Approved:** The Trustee Board approved the Charity Risk Register.		
7.2	**Charity Policies**		
7.2i	**Received**: RPC006 Grant Giving Policy **Reported**: SH • This is the first time we have had a substantive policy which provides a basis for our grant giving activities. • It sets our framework and what we are happy that our charitable funds are spent on. • The scoring matrix will support fund signatories to assess the applications received. • The policy has been recommended for approval by the Charitable Funds Committee. JA asked whether the addition of a subject matter expert (on page 116 of the pack) is correct that it is an 'or'? SH confirmed. **Approved:** The Trustee Board approved the Grant Giving Policy.		
7.3	**Trustee Board training**		
	Received: A proposal on the delivery of Trustee Board training. **Reported**: SH • The paper outlines the approach to the Trustee Board training session to be held as part of the February workshop session. • The paper includes key topics which will be circulated as a survey to gauge interest and help us to focus the session. CC asked if 1 hour is enough. JA confirmed that the agenda for the meeting would be reviewed.		

Agenda Item		Action by Whom	Date by When
	Approved: The Trustee Board approved the approach to the Trustee Board training.		
7.4	**Fund Signatory training**		
	Received: A proposal on the delivery of fund signatory training. **Reported**: SH • The paper talks to some of the points that are in the grant giving policy. • There currently isn't any substantive training to those individuals. The grant giving policy sets a framework, the proposal is to help with the delegated accountability that we give to the fund signatories. • This is a good step forward to enhance the governance of the charity. **Approved:** The Trustee Board approved the approach to the fund signatory training.		
8	**ANY OTHER BUSINESS**		
	EM shared that there has been a discussion through the Executive Director's around the use of the social media platform, 'X'. MSa responded that the Charity has aligned with the Hospital's approach. The platform remains open, but we are not actively posting and have a pinned post signposting to other platforms. The 'X' icon will be phased out of the Charity's materials.		

The meeting closed at 13.35.

………………………………………………………
Signed

………………………………………………………
Date

Royal Papworth Hospital NHS Foundation Trust
Trustee Board
Meeting held 05 December 2024

Royal Papworth Hospital
NHS Foundation Trust

Agenda item 05.ii

Report to:	**Council of Governors**	**Date 19 March 2025**
Report from:	**Executive Directors**	
Principal Objective/ Strategy and Title	**GOVERNANCE** **Papworth Integrated Performance Report (PIPR)**	
Board Assurance Framework Entries	**BAF – multiple as included in the report**	
Regulatory Requirement	**Regulator licensing and Regulator requirements**	
Equality Considerations	**Equality has been considered but none believed to apply**	
Key Risks	**Non-compliance resulting in financial penalties**	
For:	**Information**	

2024/25 Performance highlights:
This report represents the January 2025 data. Overall, the Trust's performance rating is **AMBER** for the month. There are three domains rated Amber (Safe, Caring and Finance)) and three domains rated as Red (Effective, Responsive and People Management & Culture).

Recommendation

The Council of Governors is requested to **note** the contents of the report.

Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)

January 2025

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- Responsive Page 20
- People Management and Culture Page 26
- Finance Page 29

Context:

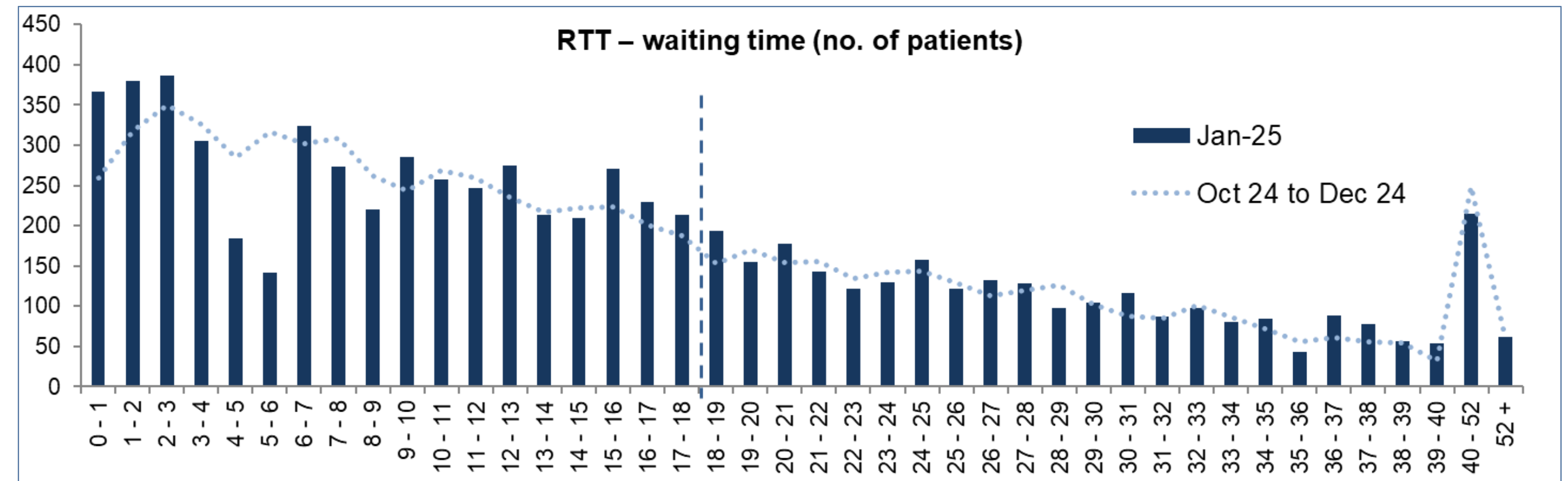
Royal Papworth Hospital
NHS Foundation Trust

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

All Inpatient Spells (NHS only)	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Trend
Cardiac Surgery	144	143	149	147	136	130	
Cardiology	694	647	749	721	630	726	
ECMO	4	3	5	5	4	4	
ITU (COVID)	0	0	0	0	0	0	
PTE operations	15	9	15	10	13	8	
RSSC	568	565	639	575	541	573	
Thoracic Medicine	482	479	536	512	455	547	
Thoracic surgery (exc PTE)	56	59	66	79	96	79	
Transplant/VAD	38	54	36	34	43	39	
Total Admitted Episodes	**2,001**	**1,959**	**2,195**	**2,083**	**1,918**	**2,106**	
Baseline (2019/20 adjusted for working days annual average)	*1,830*	*1,830*	*1,830*	*1,830*	*1,830*	*1,830*	
%Baseline	*109%*	*107%*	*120%*	*114%*	*105%*	*115%*	

Outpatient Attendances (NHS only)	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Trend
Cardiac Surgery	570	499	590	584	517	558	
Cardiology	3,555	3,783	4,112	3,736	3,493	3,875	
RSSC	1,596	1,786	2,186	1,915	1,846	2,248	
Thoracic Medicine	2,225	2,241	2,626	2,480	2,244	2,473	
Thoracic surgery (exc PTE)	100	139	119	116	135	170	
Transplant/VAD	257	289	339	308	280	269	
Total Outpatients	**8,303**	**8,737**	**9,972**	**9,139**	**8,515**	**9,593**	
Baseline (2019/20 adjusted for working days annual average)	*7,418*	*7,418*	*7,418*	*7,418*	*7,418*	*7,418*	
%Baseline	*112%*	*118%*	*134%*	*123%*	*115%*	*129%*	

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 (Transformation; Finance; Safe; Effective; Caring; Responsive; People, Management and Culture). **From April 23 the Effective and Responsive Performance Summaries have been redesigned to use Statistical process control (SPC) which is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action. SPC is a good technique to use when implementing change as it enables you to understand whether changes you are making are resulting in improvement — a key component of the Model for Improvement widely used within the NHS.**

Key

KPI 'RAG' Ratings

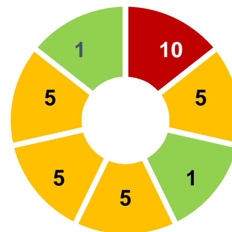
The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

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

Overall Scoring within a Category

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

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



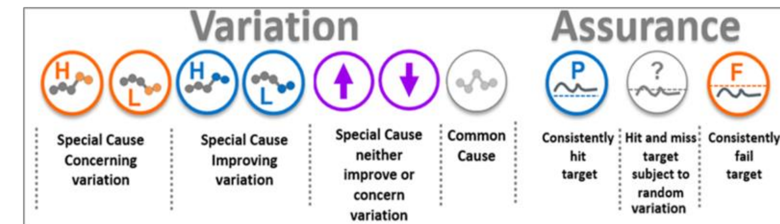
Overall Report Scoring

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

Trend graphs

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

Statistical process control (SPC) key to icons used:



Data Quality Indicator

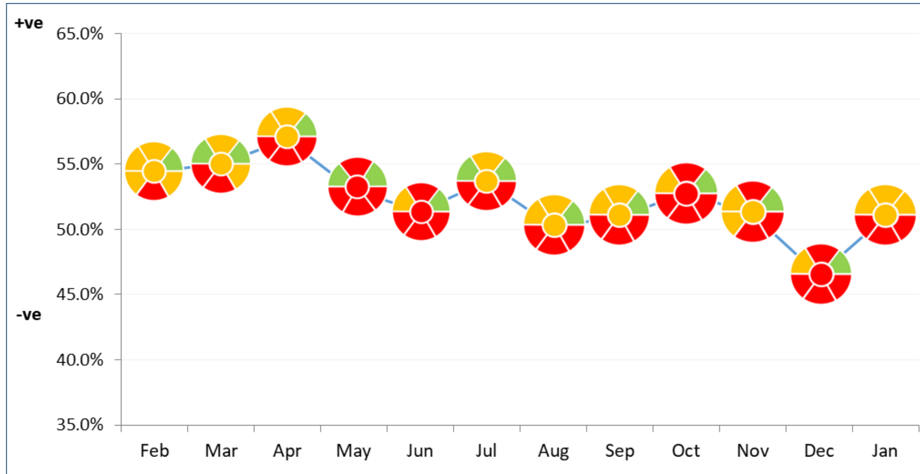
The data quality ratings for each of the KPIs included within the 'at a glance' section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI's is based on the views and judgement of the business owner for that KPI, and has not been subject to formal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

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

Trust performance summary

Royal Papworth Hospital
NHS Foundation Trust

Overall Trust rating - AMBER



FAVOURABLE PERFORMANCE

SAFE: 1) Harm Free Care - There was another decrease in falls in month to 1.35 per 1000 bed days. All will be reviewed in full at the Falls Oversight Group, for themes and learning cascade. Compliance with VTE risk assessments was on target at 95.1%, the Trust target was last meet in July 2024 of 95.3%, VTE continues to have oversight and focus from the VTE group who will continue to support consistent compliance to stay at the target 95%. 2) Cardiac Surgery Mortality (crude monitoring) – This was within expected variation at 2.33% in January and showing improving overall variation over the last eight months. 3) Safe staffing fill rates: Registered Nurse (RN) fill rates for day and night shifts are above target for January, reported at 90% & 96%, respectively. Safer staffing fill rates for Health Care Support Workers (HCSWs) are below target at 81% for day shifts however an increase is noted from 78% in December. HCSW fill rates are above target at 87% for night shifts in January, which was also reported at 87% for December. The results of RPH's active recruitment campaign for HCSWs currently in the pipeline to join the Trust are coming into fruition. 4) Ward supervisory sister (SS)/ charge nurse (CN) - Increasing safer staffing fill rates continue to support increases in SS/CN time from October 2023 to present; there has been an increase in SS time to 82% in January compared to 72% in December. 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: 1) FFT (Friends and Family Test): In summary – Inpatients: Positive Experience rate was 98.5% in January 2025 for our recommendation score. Participation Rate for surveys was 46.5%. Outpatients: Positive experience rate was 97.4% in January 2025 and above our 95% target. Participation rate was 11.9%. 2) Number of written complaints per 1000 staff WTE - is a benchmark figure that used to be provided by NHS Model Health System to enable national benchmarking monthly. Trust Target is 12.6 and we remained within this target at 6.0.

EFFECTIVE: 1) CCA Bed Occupancy - ICU bed occupancy in M10 continues on an upward trajectory and increased again to 93.9%. In M10 we have seen a significant increase in ECMO, transplantation and other emergency activity. 2) Bed occupancy in M10 increased to 78.8% from 61.2% in M9. The senior leadership team have now embedded with the wider division that the 10 bedded ERU and 26 bedded ICU are independent areas that work collaboratively. By protecting the ERU beds this will ring fence elective activity. This has been cascaded across the organisation at senior management meetings. ERU is facilitating an increase in planned activity (including IHU patients) in theatres, flow and reduction in length of stay. The leadership team are reviewing the ratio of ERU and ICU beds, to ensure the current ratio is correct, this work is ongoing and will be reviewed at 6 months (March) once there is sufficient data to analyse. 3) Theatre utilisation was 91% in M10, this reflects the significant increase in ECMO, transplantation and other emergency activity in M10. Despite these challenges elective activity has increased in M10, 239 cases in M10 2025 compared to 188 in M10 2024

PEOPLE, MANAGEMENT & CULTURE: 1) Turnover - The turnover rate was below the 9% target for the second month in a row and the is on an improving trend. Whilst this is positive when coupled with the positive vacancy position, it is possible that the December and January figures are influenced by known seasonal factors where staff are less likely to move roles in these months. 2) Vacancy rate - total Trust vacancy rate decreased below target to 7.29% (170.24WTE) and the two-year trend is an improving one.

FINANCE: At month 10, the Year to date (YTD) finance position is a surplus of c0.1m, this represents a c£0.5m favourable variance to plan. This is driven by a better than planned bank interest income (from a higher cash balance and interest rate) and variable activity over-performance.

ADVERSE PERFORMANCE

CARING: Responding to Complaints on time - 66.67% of complaints responded to in the month were within agreed timescales. One complaint response was late (1 out of 3 closed in month).

RESPONSIVE: 1) RTT - The PTL continues to be reviewed regularly, and patient prioritisation reviewed daily as late referrals are received or if patients condition changes. There were 62 52-week RTT breaches in month, which is an increase of 10 from the previous month. Thoracic and Ambulatory RTT has decreased over the year alongside an increase in demand. Additional capacity has been planned within the sleep lab to accommodate PSGs (increase go live delayed to April 2025) as well as an increase in CSS capacity (went live December 2024). Additional demand and capacity for the RSSC pathway is required. ILD capacity has reduced since September 2024 however successful recruitment into a substantive consultant position is due to commence April 2025. A transformational group has been set up for RSSC to monitor progress and impact of actions. 2) Diagnostic reporting in radiology has seen a downward trajectory in M10 to 54%. This reflects the mutual aid being given to the system by RPH to complete diagnostics and report long waiting patients.

PEOPLE, MANAGEMENT & CULTURE: Total sickness absence - decreased to 5.1% but remains above our 4% KPI target. Absence rates are driven at the moment by short term seasonable respiratory ailments. The Workforce Directorate continue to support managers with utilising the absence management processes and providing training for line managers in approaches to managing absence.

FINANCE: Capital - The Trust has a revised 2024/25 capital allocation (total CDEL) of £5.8m for the year which includes allocation for right of use assets and PFI residual interest capital charges. As at month 10, 88% of the Trust's capital expenditure plan has been committed. The year-to-date expenditure position includes a rephasing for the Pathology LIMS project and a delay in the bypass equipment replacement scheme. These collectively drives an underspend of £1.4m. The Investment Group has undertaken a re-prioritisation exercise on schemes to ensure the delivery of full spend against annual allocation.

At a glance – Balanced scorecard

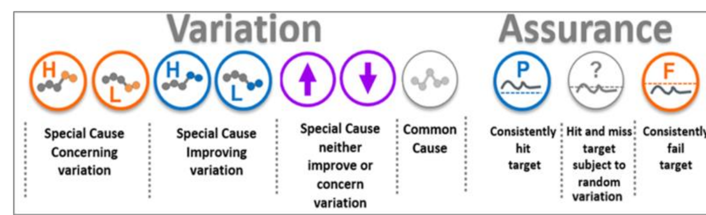
Royal Papworth Hospital
NHS Foundation Trust

		Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Trend / SPC Variation & Assurance
Safe	Never Events	Jan-25	5	0	0	0	
Safe	Number of Patient Safety Incident Invetigations (PSII) commissioners in month	Jan-25	5	0	0	3	
Safe	Learning Responses - Moderate Harm and above as % of total patient safety incidents	Jan-25	5	3%	0.4%	1.0%	
Safe	Number of Trust acquired PU (Catergory 2 and above)	Jan-25	4	35 pa	1	14	
Safe	Falls per 1000 bed days	Jan-25	5	4	1.3	0.0	
Safe	VTE - Number of patients assessed on admission	Jan-25	5	95%	95%	95%	
Safe	Sepsis - % patients screened and treated (Quarterly) *	Jan-25	3	90%	-	-	
Safe	Trust CHPPD	Jan-25	5	9.6	12.2	12.4	
Safe	Safer staffing: fill rate – Registered Nurses day	Jan-25	5	85%	90.0%	88.1%	
Safe	Safer staffing: fill rate – Registered Nurses night	Jan-25	5	85%	96.0%	92.7%	
Safe	Safer staffing: fill rate – HCSWs day	Jan-25	5	85%	81.0%	81.0%	
Safe	Safer staffing: fill rate – HCSWs night	Jan-25	5	85%	87.0%	86.9%	
Safe	% supervisory ward sister/charge nurse time	Jan-25	New	90%	82.00%	65.4%	
Safe	Cardiac surgery mortality (Crude)	Jan-25	3	3%	2.3%	2.3%	
Caring	FFT score- Inpatients	Jan-25	4	95%	98.50%	98.78%	
Caring	FFT score - Outpatients	Jan-25	4	95%	97.40%	97.66%	
Caring	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Jan-25	4	12.6	6.0	6.0	
Caring	Mixed sex accommodation breaches	Jan-25	5	0	0	0	
Caring	% of complaints responded to within agreed timescales	Jan-25	4	100%	66.7%	96.7%	
People Management & Culture	Voluntary Turnover %	Jan-25	4	9.0%	6.9%	10.1%	
People Management & Culture	Vacancy rate as % of budget	Jan-25	4	7.5%	7.3%		
People Management & Culture	% of staff with a current IPR	Jan-25	4	90%	76.33%		
People Management & Culture	% Medical Appraisals*	Jan-25	3	90%	76.61%		
People Management & Culture	Mandatory training %	Jan-25	4	90%	87.95%	87.99%	
People Management & Culture	% sickness absence	Jan-25	5	4.00%	5.10%	4.63%	

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

		Month reported on	Data Quality ***	Plan	Current month score	YTD Actual	Trend / SPC Variation & Assurance
Effective	Bed Occupancy (inc HDU but exc CCA and sleep lab)	Jan-25	4	85% (Green 80%-90%)	72.30%	74.26%	
Effective	ICU bed occupancy	Jan-25	4	85% (Green 80%-90%)	93.90%	84.53%	
Effective	Enhanced Recovery Unit bed occupancy %	Jan-25	4	85% (Green 80%-90%)	78.80%	70.22%	
Effective	Elective inpatient and day cases (NHS only)****	Jan-25	4	1590	1,711	16,292	
Effective	Outpatient First Attends (NHS only)****	Jan-25	4	1746	2,320	20,288	
Effective	Outpatient FUPs (NHS only)****	Jan-25	4	6191	7,281	70,720	
Effective	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	Jan-25	4	5%	13%	11%	
Effective	Reduction in Follow up appointment by 25% compared to 19/20 activity	Jan-25	4	-25%	-2.18%	-0.31%	
Effective	% Day cases	Jan-25	4	85%	72%	72%	
Effective	Theatre Utilisation (uncapped)	Jan-25	3	85%	91%	89%	
Effective	Cath Lab Utilisation (including 15 min Turn Around Times) ***	Jan-25	3	85%	82%	80%	
Responsive	% diagnostics waiting less than 6 weeks	Jan-25	1	99%	95.6%	97.5%	
Responsive	18 weeks RTT (combined)	Jan-25	4	92%	63.72%		
Responsive	31 days cancer waits*	Jan-25	5	96%	88%	97%	
Responsive	62 day cancer wait for 1st Treatment from urgent referral*	Jan-25	3	85%	10%	36%	
Responsive	104 days cancer wait breaches*	Jan-25	5	0	8	84	
Responsive	Number of patients waiting over 65 weeks for treatment *	Jan-25	New	0	11		
Responsive	Theatre cancellations in month	Jan-25	3	15	45	38	
Responsive	% of IHU surgery performed < 7 days of medically fit for surgery	Jan-25	4	95%	27%	54%	
Responsive	Acute Coronary Syndrome 3 day transfer %	Jan-25	4	90%	68%	73%	
Responsive	Number of patients on waiting list	Jan-25	4	3851	7506		
Responsive	52 week RTT breaches	Jan-25	5	0	62	593	
Finance	Year to date surplus/(deficit) adjusted £000s	Jan-25	4	£(4)k	£140k		
Finance	Cash Position at month end £000s	Jan-25	5	£71,535k	£74,117k		
Finance	Capital Expenditure YTD (BAU from System CDEL) - £000s	Jan-25	4	£3,781k	£2,322k		
Finance	CIP – actual achievement YTD - £000s	Jan-25	4	£5525k	£5,730k		

Safe: Performance Summary



Royal Papworth Hospital
NHS Foundation Trust

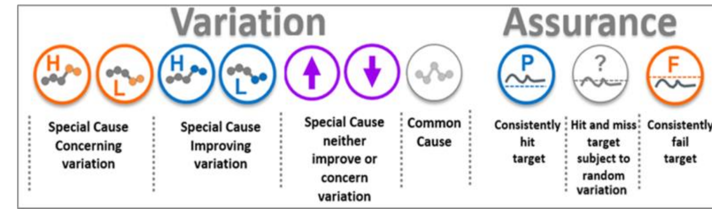
Accountable Executive: *Chief Nurse* ***Report Author:*** *Deputy Chief Nurse / Deputy Director of Quality and Risk*

	Metric	Latest Performance: Trust target	Latest Performance: Most recent position	Previous: Position	In month vs target	Action and Assurance: Variation	Action and Assurance: Assurance	Action and Assurance: Escalation trigger
Dashboard KPIs	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%	0.42%	0.00%				
	Number of Trust acquired PU (Catergory 2 and above)	35 pa	1	2				Review
	Falls per 1000 bed days	4.00	1.35	2.13				Review
	VTE - Number of patients assessed on admission	95.0%	95.1%	91.6%				Review
	Sepsis - % patients screened and treated (Quarterly) *	90%	-	91%				Review
	Trust CHPPD	9.6	12.2	12.3				Monitor
	Safer staffing: fill rate – Registered Nurses day	85%	90%	88%				Review
	Safer staffing: fill rate – Registered Nurses night	85%	96%	90%				Review
	Safer staffing: fill rate – HCSWs day	85%	81%	78%				Action Plan
	Safer staffing: fill rate – HCSWs night	85%	87%	87%				Review
	% supervisory ward sister/charge nurse time	90%	82%	72%				Action Plan
	Cardiac surgery mortality (Crude)	3.0%	2.3%	2.5%				Review
Additional KPIs	MRSA bacteremia	0	0	0				Review
	E coli bacteraemia	Monitor	0	2				Monitor
	Klebsiella bacteraemia	Monitor	0	0				Monitor
	Pseudomonas bacteraemia	Monitor	0	0				Monitor
	Monitoring C.Diff (toxin positive)	7 pa	1	1				Review
	Other bacteraemia	Monitor	0	1				Monitor
	% of medication errors causing harm (Low Harm and above)	Monitor	16.1%	20.4%				Monitor
	All patient incidents per 1000 bed days (inc.Near Miss incidents)	Monitor	41.1	28.3				Monitor
	SSI CABG infections (inpatient/readmissions %)	2.7%	-	4%				Review
	SSI CABG infections patient numbers (inpatient/readmisisons)	Monitor	-	9				Monitor
	SSI Valve infections (inc. inpatients/outpatients; %)	2.7%	-	2.6%				Review
	SSI Valve infections patient numbers (inpatient/outpatient)	Monitor	-	4				Monitor

Safe: Patient Safety/Harm Free Care

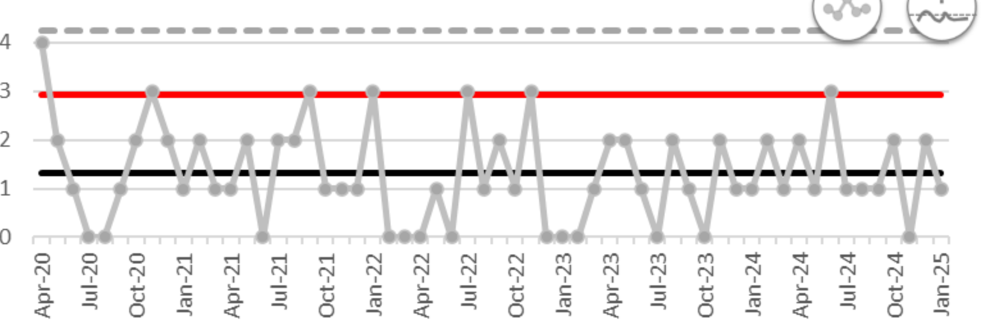
Accountable Executive: *Chief Nurse*

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

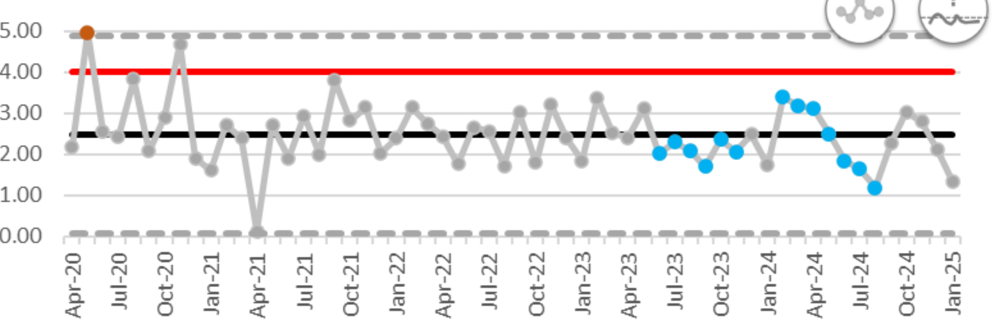


Royal Papworth Hospital
NHS Foundation Trust

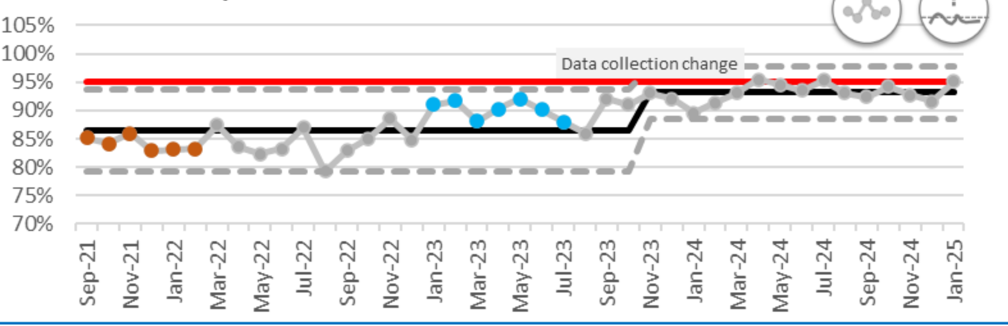
1. Historic trends & metrics



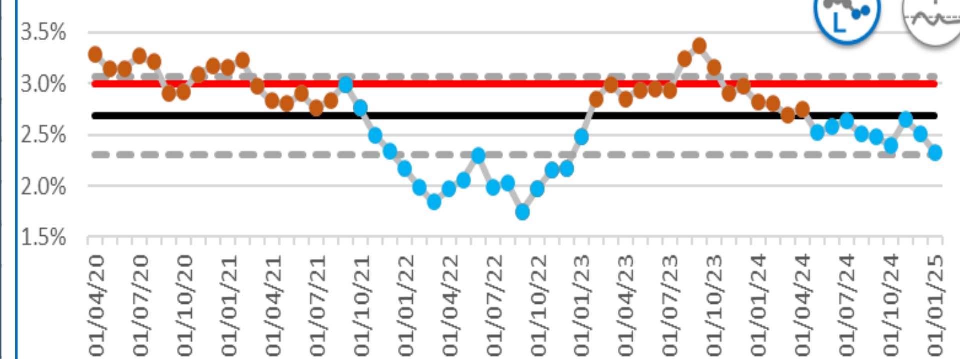
Jan-25
1
Target (red line)
35 per annum
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
1.35
Target (red line)
4
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
95.1%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
2.3%
Target (red line)
3.00%
Variation
Special cause variation of an improving concerning nature
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

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

Learning Responses- ***Moderate Harm and above reported as % of total patient safety:*** In Month there was 1 confirmed severe harm (WEB55213) incident graded at SIERP.

Medication errors causing harm: 16.1% (10/62) of medication incidents were graded as low harm, remaining no harm or near miss.

All patient incidents per 1000 bed days: There were 41.05 patient safety incidents per 1000 bed days.

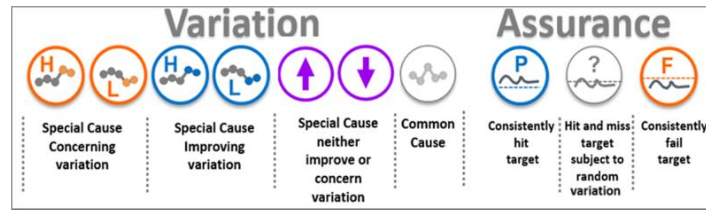
Harm Free Care: In January there was 1 confirmed Pressure Ulcer of category 2 and within variation. There was another decrease in falls in month to 1.35 per 1000 bed days, all will be reviewed in full at the Falls Oversight Group, for themes and learning cascade. Compliance with VTE risk assessments was on target at 95.1%, the Trust target was last meet in July 2024 of 95.3%, VTE continues to have oversight and focus from the VTE group who will continue to support consistent compliance to stay at the target 95%.

Alert Organisms: There were zero hospital acquired bacteraemia in January 2025. There was 1 C.Diff case reported, and an internal review completed. RPH are within all threshold set by NHSE for 2024/25.

Cardiac Surgery Mortality (crude monitoring): Within expected variation at 2.33% in January and showing improving overall variation over the last eight months.

Safe: Safer Staffing

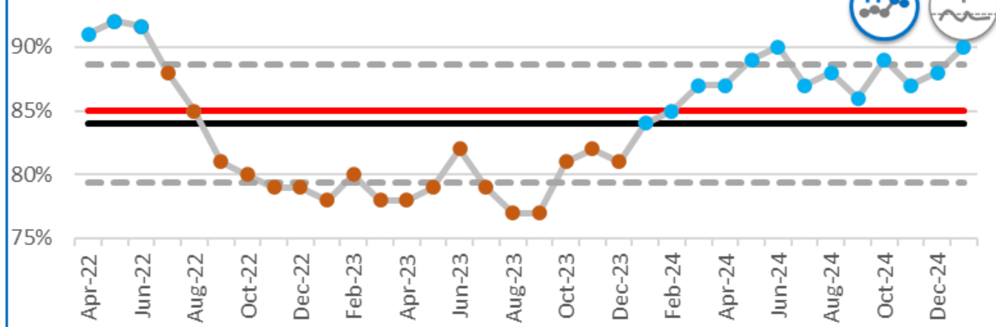
Accountable Executive: *Chief Nurse*
Report Author: *Deputy Chief Nurse / Deputy Director of Quality and Risk*



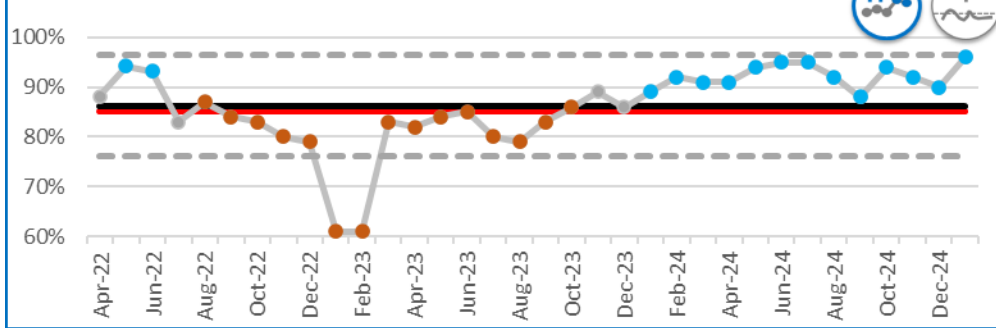
Target — Measure — Concerning special cause — Mean — Process Limit — Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

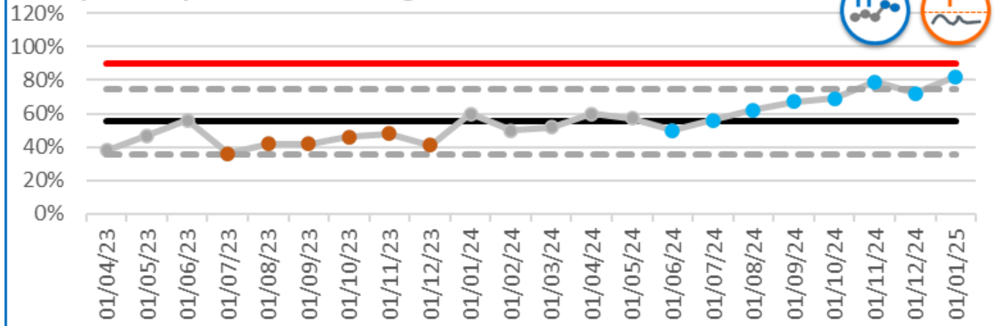
1. Historic trends & metrics



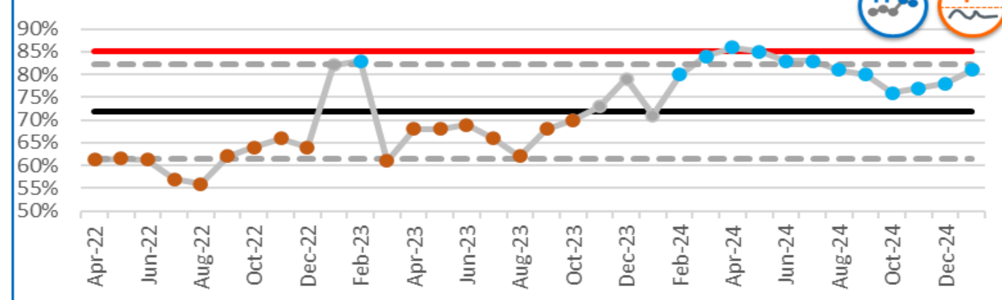
Jan-25
90%
Target (red line)
85%
Variation
Special cause variation of an improving concerning nature
Assurance
Hit and miss on achieving target subject to random variation



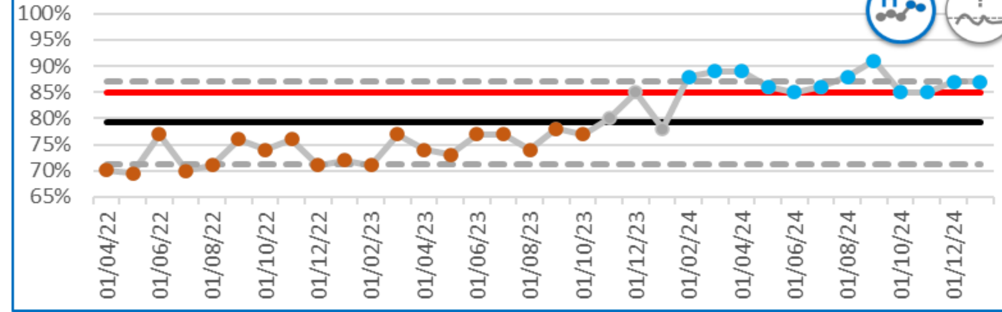
Jan-25
96%
Target (red line)
85%
Variation
Special cause variation of an improving concerning nature
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
82%
Target (red line)
90%
Variation
Special cause variation of an improving concerning nature
Assurance
Has consistently failed the target



Jan-25
81%
Target (red line)
85%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target



Jan-25
87%
Target (red line)
85%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

Safe staffing fill rates: Registered Nurse (RN) fill rates for day and night shifts are above target for January, reported at 90% & 96%, respectively. Safer staffing fill rates for Health Care Support Workers (HCSWs) are below target at 81% for day shifts however an increase is noted from 78% in December. HCSW fill rates are above target at 87% for night shifts in January, which was also reported at 87% for December. The results of RPH's active recruitment campaign for HCSWs currently in the pipeline to join the Trust are coming into fruition. **Overall CHPPD (Care Hours Per Patient Day) is 12.2** for January compared to 12.3 for December. The Audit committee with input from Performance Committee has commissioned an internal audit to review RPH systems and processes for managing agency and temporary staffing.

Ward supervisory sister (SS)/ charge nurse (CN): Increasing safer staffing fill rates continue to support increases in SS/ CN time from October 2023 to present; there has been an increase in SS time to 82% in January compared to 72% in December. The highest achieving areas towards SS/ CN time target of 90% are the Outpatients Department achieving 94%, Cardiology 92%, above target. Ward 5 S (Surgery), Day Ward and the Enhanced Recovery Unit each reported to be achieving 87%. 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 -Discharge Assurance

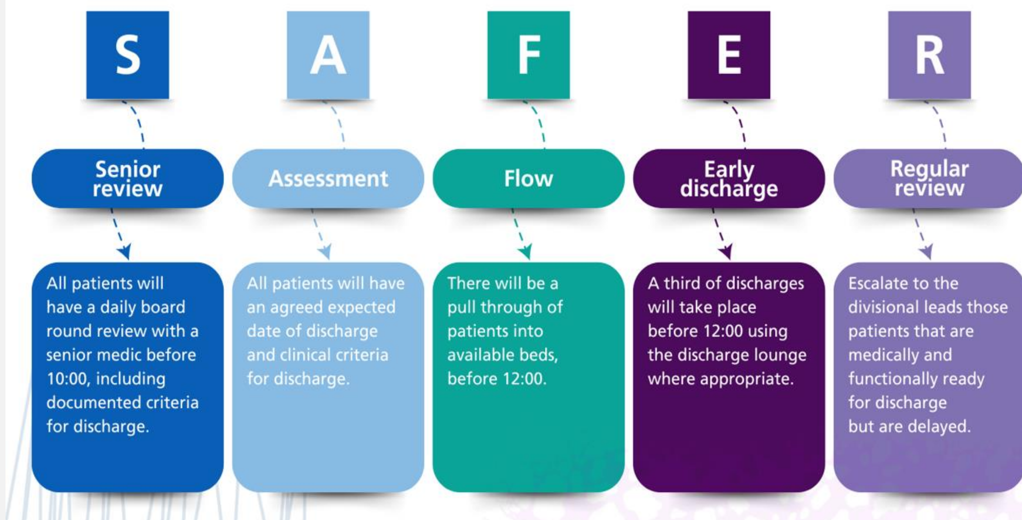
Accountable Executive: *Chief Nurse* ***Report Oversight:*** *Deputy Chief Nurse / Deputy Director of Quality and Risk* ***Slide Content:*** *Chief Allied Health Professional*

Royal Papworth Hospital
NHS Foundation Trust

Background to this Key Performance Challenge

The Discharge Assurance group (DA) was first established in 2022 as a subgroup of the Quality and Risk Management Group (QRMG) to ensure the organisation manages risks and issues related to patient discharges in a co-ordinated responsive and well governed way. In 2023 the trust commenced an improvement programme focusing on enhancing patient flow throughout the organisation. One of the workstreams of the programme is the Discharge workstream, whose aim is to embed a standardised and systematic approach to planning, preparing and delivering safe efficient discharge through the implementation of the SAFER patient flow bundle, as detailed below.

The DA group has been identified as the forum to provide quality assurance and clinical governance and scrutiny for patient discharge, to hold a collective overview of patient discharge across the Trust and address and escalate challenges as required, and to oversee the implementation of the SAFER bundle and improvements in discharge processes across the organisation.



Current Presenting Challenge and Risks

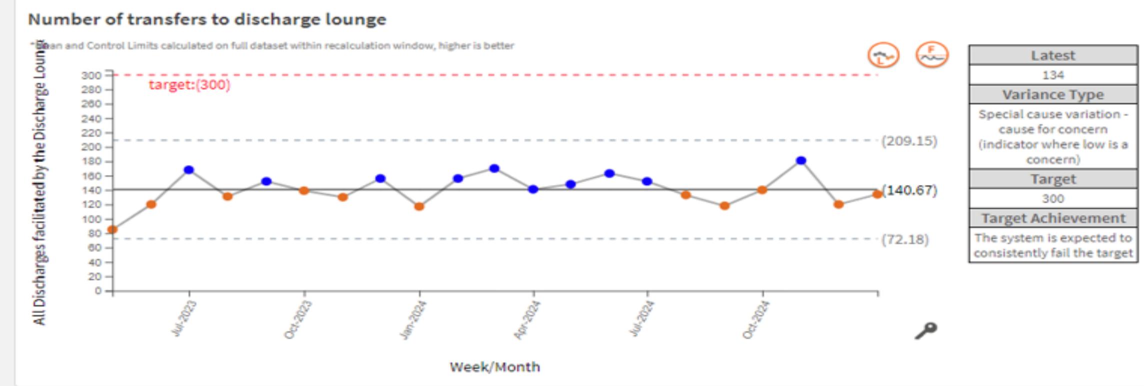
The overarching challenge is the achievement of early, safe discharge of our patients to facilitate patient flow. The SAFER target is to achieve a third (33%) of discharges before 12:00 (Graph 2- right). As a Trust we are currently discharging 12% of patients before 12:00 . While there is an improving trend of increasing early discharges, it is slow progress. There has been an underutilisation of the discharge lounge since relocation to the biomedical campus. A target of SAFER is to increase utilisation of the Discharge Lounge to free up ward beds for improved flow. The Trust target is 300 patients transferred to the Discharge Lounge per month. The average utilisation over the last 12 months has remained at approximately 50% of this target (Graph 1 - right). However, over the last 3 months there has been an improving trend in utilisation with Cardiology being the greatest users of the Discharge Lounge.

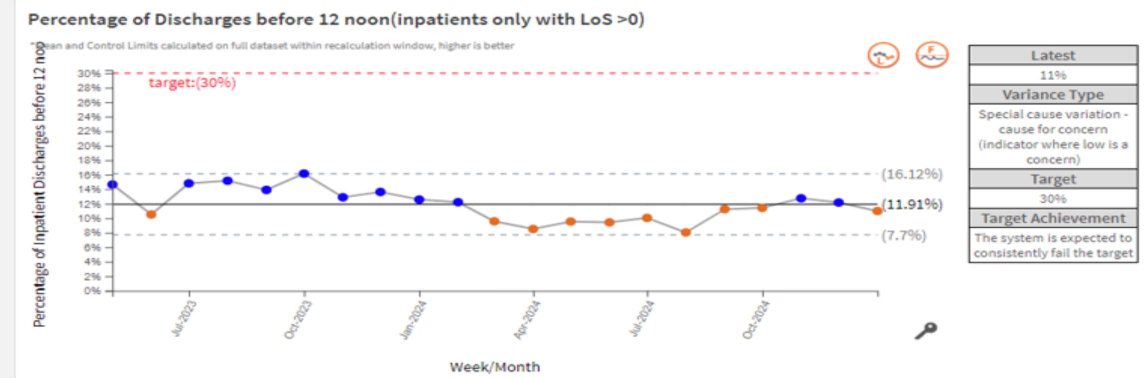
As Discharge Lounge utilisation has increased there has been a slight increase in incidents relating to poor communication impacting patient expectations and experience of the Discharge Lounge, and medication errors related to discharge. While incidents remain both low in number and level of harm, the Discharge Assurance group have raised actions to address and mitigate these.

Oversight of Discharge flow

The DA Group have implemented a digital dashboard to track discharge metrics. Two of these are shown right, Graph 1 details the number of discharges to the D/lounge & Graph 2 shows % of discharges before 12 noon.

In doing so the limitations of the current EPR system to enable live tracking of discharge data has become apparent. This has been fed back to the NEXUS team regrading benefits realisation of a new EPR system.





Control Measures and optimisation of practice: The Divisions remain responsible for their discharge processes and escalation of delayed discharges to their triumvirate. The Discharge Assurance group has oversite of Trust wide incidents, risks, and metrics relating to Discharge, with Divisions reporting into the group with monthly updates on initiatives and metrics to improve early, safe discharges with escalation via the Patient Flow Steering group and QRMG. Examples of recent optimisation initiatives are a single patient information leaflet for discharge and internet page, a task and finish group to address issues raised regarding discharge summaries and letters and task and finish group to investigate discharge related medication errors.

What further needs to be done to achieve SAFER targets: Launch of the updated Discharge Procedure defining roles, responsibilities and processes required in discharge, continued embedding of criteria led discharge across all divisions, review of Discharge Lounge skill mix and continued engagement with NEXUS programme.

Conclusion: The group provides a single point of assurance, communication and action for the Trust for discharge. Transformation of discharge processes has required a cultural shift. Current mitigations are in place. Engagement of all professions involved in discharge has been appreciated and is essential for further transformation.

Safe: Focus on Diabetes Management at our Hospital

Royal Papworth Hospital
NHS Foundation Trust

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

What is Diabetes and why is management of this condition important for patients?

Diabetes is a condition where your body can't produce enough of a hormone called insulin, or the insulin it produces isn't effective. There are two main types of diabetes mellitus: type 1 and type 2 but due to the specialities at Royal Papworth Hospital, we also routinely see patients with Steroid induced diabetes, and Cystic Fibrosis related diabetes. If poorly managed it can lead to complications such as heart attack, stroke, kidney failure, eye problems, foot problems including lower limb amputation, infection, and poor wound healing.

Diabetes has been one of the Trusts Quality Accounts priorities for 2024/2025 in recognition of the improvements to the care of patients with diabetes, particularly those within the surgical pathway. These improvements are overseen by a Diabetes Steering Group which was formed at the beginning of the year and reports into the Harm Free Care panel.

What is the staffing model at Royal Papworth Hospital (RPH)?

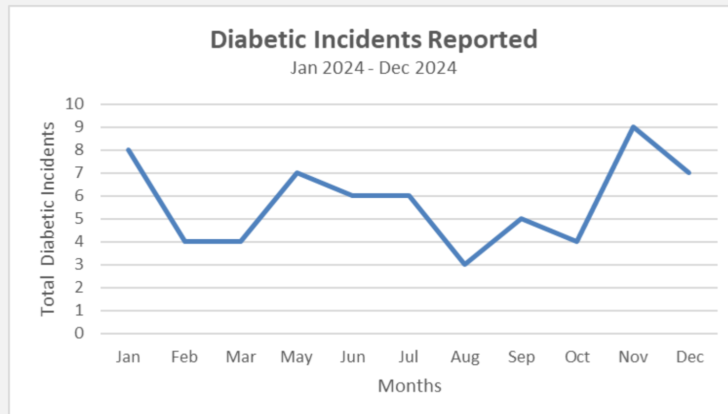
RPH has an inpatient Diabetes Service; also covering outpatients with Cystic Fibrosis, consisting of 3 WTE specialist nurses, who lead and and manage the Monday to Friday service with a Diabetes Health Care Support Worker, and medical support provided via the referral teams. Additional resource in the form of a Diabetes medical Consultant (2PA) has been appointed to start in March who will support with the management of patients with complex diabetes and provide medical oversight for the nursing team.

Referrals and activity

April 2023 to March 2024 there were a total 854 referrals to our Diabetes Service requiring between 10 - 90 minutes of support per patient. Referrals are across all clinical areas Cardiology, Thoracic Medicine, Surgery and Transplant. Alongside this work the Diabetes Service also has oversight of the patient safety incidents and themes reported on to Trusts Datix for RPH.

Patient Incidents: Total number of incidents for the year of 2024 were 63 from Jan-Dec 2024. These were 26 Low harm, 34 No harm and 3 Near misses. The two main themes were:

- Poor management of patients on a Variable rate Intravenous Insulin Infusions, including hypoglycaemia, omission of basal insulin, and issues withdrawing the VRIII.
- Insulin prescribing including inappropriate timing of doses, absence of insulin on prescription, wrong insulin or dose prescribed.



Education is being provided by Diabetes Specialist Nurses to nursing staff and prescribers as part of the quality initiatives to reduce the number of incidents.

National Diabetes Inpatient Safety Audit (NDISA)

The Trust commenced submitting data for the NDISA in 2024/2025. It records the details of any adult who has one of four avoidable complications which can occur in inpatients with diabetes (Q1- Q3 is detailed below). All NHS providers of inpatient care for patients with diabetes in acute settings are expected to participate. Within this data set, the results for RPH indicate that further understanding of prevention and the management of hypoglycaemia is needed.

Diabetes UK recommends using blood glucose of 4.0 mmol/L as the lowest acceptable blood glucose in a person with diabetes, to avoid and reduce the risk of hypoglycaemia (low blood sugar).

Hypoglycaemia can make long term glycaemic management difficult and is a complication that is feared by many people living with diabetes. Therefore, it is important that health care professionals can identify and treat hypoglycaemia appropriately.

Type of diabetic harm received	Number in Q1	Number in Q2	Number in Q3
Severe Inpatient Hypoglycaemia = The patient developed a blood glucose of less than 2.2mmol/l more than 6 hours after admission	12	11	15
Diabetic Ketoacidosis (DKA) = Was the patient diagnosed with new onset DKA more than 24 hours after admission?	0	0	0
Hyperglycaemic Hyperosmolar State (HHS) = Was the patient diagnosed with new onset HHS more than 24 hours after admission?	0	0	0
Diabetic Foot Ulcer = Was the patient diagnosed with a new onset foot ulcer more than 72 hours after admissions?	0	0	0

Quality improvement initiatives underway

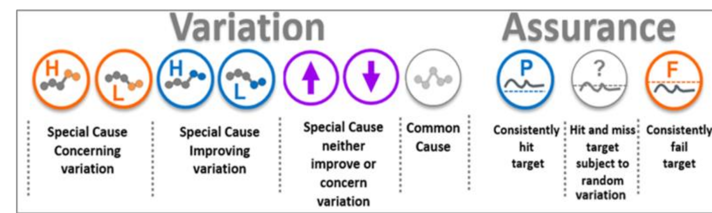
- 2 new clinical guidelines for the management of diabetes in hospital went live in September 2024 to improve management of patients with diabetes. Ongoing education sessions is supporting to embed the guidelines into practice.
- Diabetes Specialist Nurses provide 2 workshops and teach on trust wide study days to increase staff knowledge and understanding about diabetes, to include hypoglycaemia to address the needs highlighted by the audits.
- Working with one of our Patient Safety Partner (Volunteer) to create a patient diabetes satisfactory questionnaire to better understand the patient experience.
- A Consultant in Diabetes has been appointed for 2PA per week to start late March to support the diabetes service at RPH and to oversee patients with diabetes at RPH.
- Diabetes Specialist Nurses are undertaking the Advanced Skills in Clinical Assessment in preparation to become Non-Medical Prescribers, this will support prescribing in our teams alongside medical prescribing.
- The Diabetes Steering Group are mapping the resource required to offer the pre-optimisation of patients with diabetes waiting for elective surgery.

Monitoring and reporting

Activities are discussed at The Diabetes Steering group meetings and monitored through The Harm Free Care Panel, reporting to QRMG.

Caring: Performance Summary

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

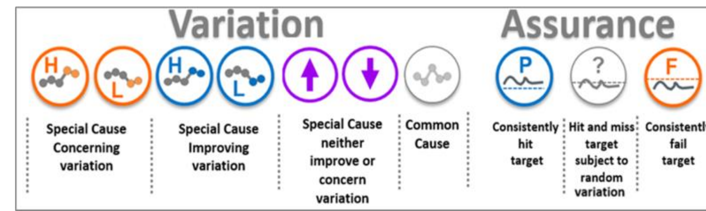


Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance: Trust target	Latest Performance: Most recent position	Previous Position	In month vs target	Action and Assurance: Variation	Action and Assurance: Assurance	Action and Assurance: Escalation trigger
Dashboard KPIs	FFT score- Inpatients	95.0%	98.5%	99.6%				Monitor
Dashboard KPIs	FFT score - Outpatients	95.0%	97.4%	97.4%				Monitor
Dashboard KPIs	Mixed sex accommodation breaches	0	0	0				Monitor
Dashboard KPIs	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	12.6	6.0	6.0				Monitor
Dashboard KPIs	% of complaints responded to within agreed timescales	100.0%	66.7%	100.0%				Review
Additional KPIs	Friends and Family Test (FFT) inpatient participation rate %	Monitor	46.5%	56.0%				Monitor
Additional KPIs	Friends and Family Test (FFT) outpatient participation rate %	Monitor	11.9%	11.8%				Monitor
Additional KPIs	Number of complaints upheld / part upheld	3	3	2				Review
Additional KPIs	Number of complaints (12 month rolling average)	5	4	4				Review
Additional KPIs	Number of complaints	5	3	5				Review
Additional KPIs	Number of informal complaints received per month	Monitor	10	5				Monitor
Additional KPIs	Number of recorded compliments	Monitor	1879	1551				Monitor
Additional KPIs	Supportive and Palliative Care Team – number of referrals (quarterly)	Monitor	-	147				Monitor
Additional KPIs	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	Monitor	-	7				Monitor
Additional KPIs	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	Monitor	-	3400%				Monitor
Additional KPIs	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	Monitor	-	800%				Monitor

Caring: Patient Experience

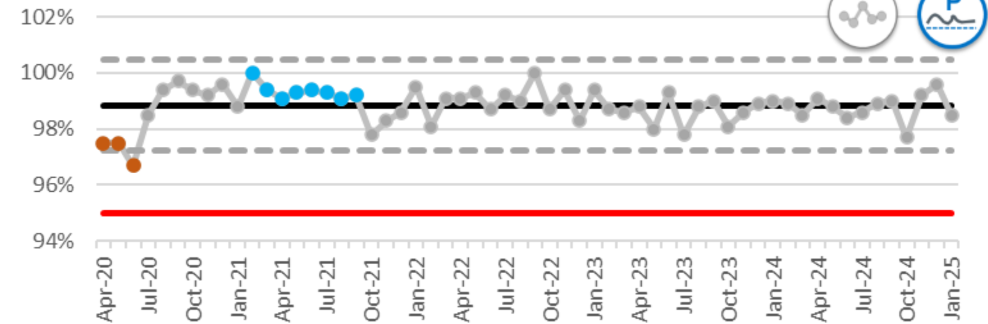
Accountable Executive: *Chief Nurse*
Report Author: *Deputy Chief Nurse / Deputy Director of Quality and Risk*



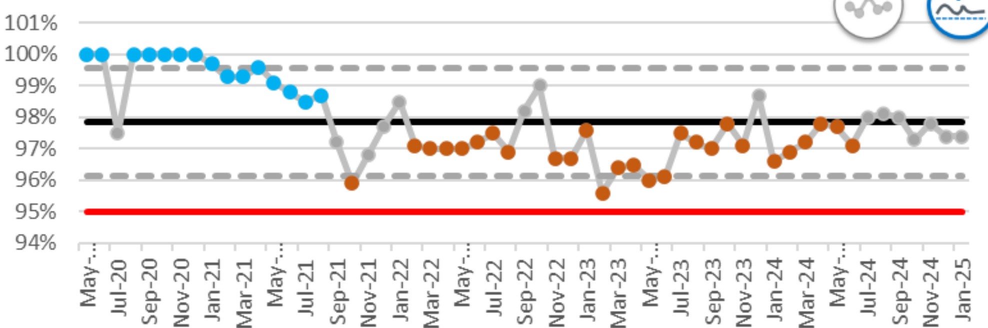
Target — Measure — Concerning special cause — Mean — Process Limit — Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

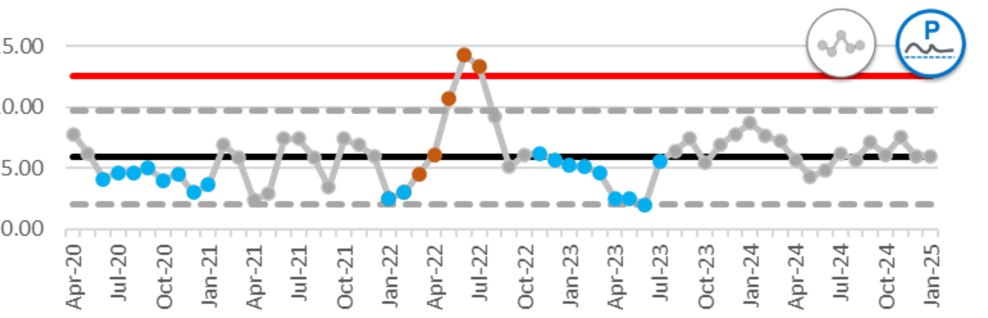
1. Historic trends & metrics



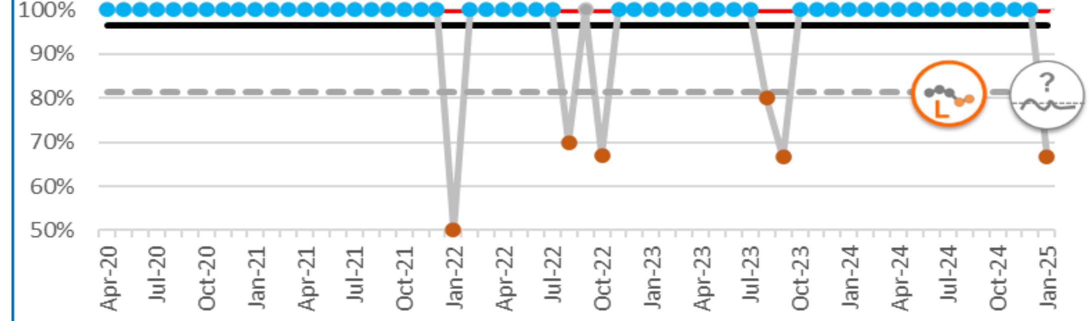
Jan-25
98.5%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Has consistently passed the target



Jan-25
97.4%
Target (red line)
95.0%
Variation
Common cause variation
Assurance
Has consistently passed the target



Jan-25
6.0
Target (red line)
12.6
Variation
Common cause variation
Assurance
Has consistently passed the target



Jan-25
66.7%
Target (red line)
100%
Variation
Special cause variation of a concerning nature
Assurance
Hit and miss on achieving target subject to random variation

2. Comments/Action plans

FFT (Friends and Family Test): In summary;

Inpatients: Positive Experience rate was 98.5% in January 2025 for our recommendation score. Participation Rate for surveys was 46.5%.

Outpatients: Positive experience rate was 97.4% in January 2025 and above our 95% target. Participation rate was 11.9%.

For benchmarking information: NHS England latest published data is March 2024, both inpatient and outpatient figures are 94%. This can be accessed via https://www.england.nhs.uk/wp-content/uploads/2024/05/Friends-and-Family-Test-FFT-data-collection-infographic--March-2024.pdf. *NHS England has not calculated a response rate for services since September 2021.*

Compliments: the number of formally logged compliments received during January 2025 was 1879. Of these 1808 were from compliments from FFT surveys and 71 compliments via cards/letters/PALS captured feedback.

Responding to Complaints on time: 66.67% of complaints responded to in the month were within agreed timescales. One complaint response was late (1 out of 3 closed in month).

Number of written complaints per 1000 staff WTE: is a benchmark figure that used to be provided by NHS Model Health System to enable national benchmarking monthly, this has now ceased. We will continue to have this as an internal metric to aid monitoring. Trust Target is 12.6, we remained within this target at 6.0

Caring: Key Performance Challenge - Complaints

Royal Papworth Hospital
NHS Foundation Trust

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

Received Complaints in Month (Informal and Formal)

During January 2025, we received **10 Informal complaints** and **3 Formal complaints**: The top primary subject for informal and formal complaints was Delay (43%), followed by Communication (21%). NB These subjects are logged on receipt of the complaint and based on the patient's reported concerns; there may be later changes on completion of the investigation. **Closed Complaints in month (Informal and Formal) -** we closed 11 Informal complaints and 3 formal complaints.

Informal Complaints = 11 All closed through further information and clarity given to those who raised concerns, alongside apologies

Cardiology (2 cases): 1 related to delays in being transferred from local DGH to RPH for a procedure the other related to lost dentures. Further information closed both.

STA (Surgery) (2 cases): 1 received from a deceased patient's Next of kin who following involvement of Coroner, had concerns that there may have been open investigation (this was incorrect information). The second case related to concerns about post-discharge aftercare. A full investigation undertaken indicated no issues, but we have been unable to feedback the outcome as relevant consent to share information has not been received.

Private Care (1 Case): concern raised that there had been a long delay in receiving the clinic letter following an outpatient appointment. Initially logged as a formal complaint, the complaint was deescalated by the patient after the patient received the clinic letter.

Thoracic/Ambulatory care (6 cases): A patient who was facing delays in discharge, issues resolved with intervention. Another case whereby a patient's procedure was cancelled was addressed by the division arranging to reimburse travel costs; case 3 whereby a patient had queries about medication, was resolved by explanation letter being sent by the consultant to the patient. Case 4 concerned a patient who had been marked as DNA for an appointment in error. The DNA status was removed, and the patient was satisfied with this action. Case 5 where a patient had wanted to feedback their experience when attending an outpatient appointment was resolved by the unit manager meeting with the patient. Lastly, we closed a file that had been open since October 2024 where the family had asked to meet with questions about the patient's discharge before they died as the family advised they would like to review medical records before meeting. Family aware that we can reopen the file when they are ready.

Figure one (right) shows the primary subject (themes) of both closed informal and formal complaints for the Trust for 2024/25, to date.
Total for M1-M10 = 100 Informal and 44 Formal

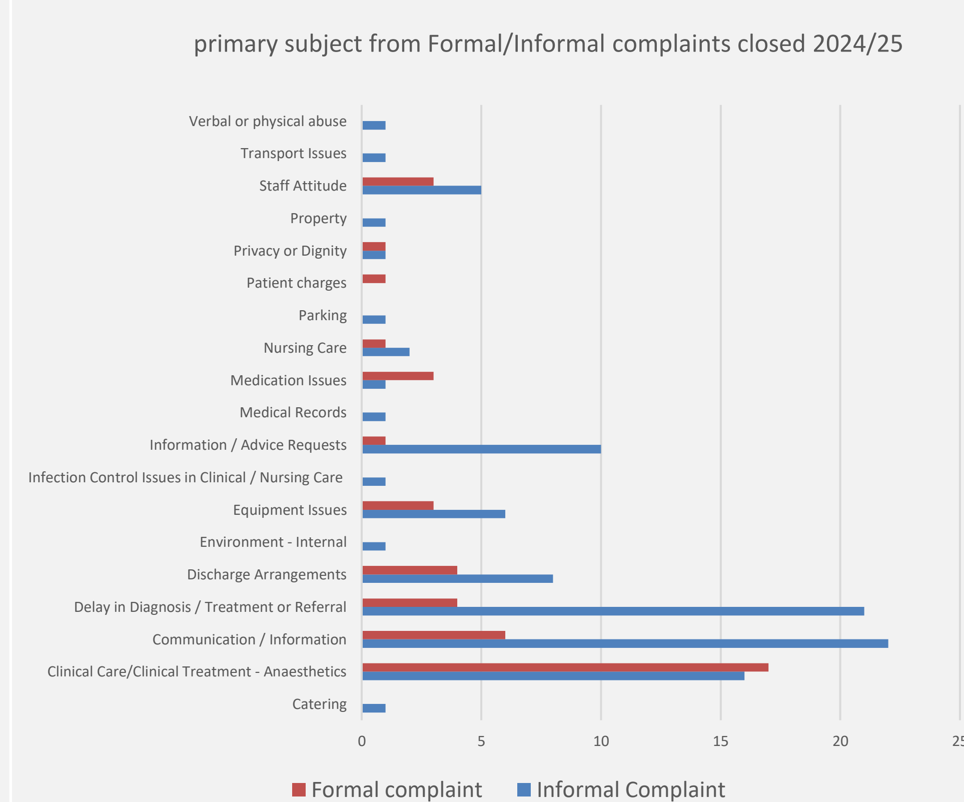


Figure 1: Primary Subject from Formal/Informal complaints closed from April 2024 onwards

Learning and Actions Agreed from Formal Complaints Closed – All 3 cases closed in January 2025 were **partially upheld**:

Formal complaint 1 (Thoracic) – PARTLY UPHELD. Concerns via local authority in relation to delay with discharge arrangements of a patient. Action identified from complaint: Apologies given to patient and we have committed to link with local ICB to understand how we can work together to expedite process for future patients. Main theme was communication. Actions to be overseen by Discharge assurance group.

Formal complaint 2 (Cardiology) – PARTLY UPHELD. Patient raising concerns that surgery was delayed and issue with valves was not picked up for over a year. Investigation identified delays in follow-up over a period of 2 years contributed to delays in treatment, but the specific issue with the tricuspid valve was not contributory. Action identified from complaint: Apologies given to the patient and Staff in echo department have attended PCR Imaging Valves Course and further training planned regarding the recognition and assessment of tricuspid regurgitation in ACHD.

Formal complaint 3 (Transplant/Psychology Medicines Team) – PARTLY UPHELD. Concerns raised by outcome of patient's assessments and evaluation as part of Transplant criteria. Explanation and reassurance given that assessment and information provided in referral was appropriate, but apology given that patient was not specifically told psychology assessment appointment would follow transplant assessment.

Caring: Spotlight On – Compliments – FFT Survey

Royal Papworth Hospital
NHS Foundation Trust

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

Positive feedback helps motivation, boosts confidence, and shows staff that the work they staff do is valued and appreciated.

Every month the Patient Advice & Liaison Service (PALS) collates the positive feedback received by services in the hospital through cards and letters, and via feedback from the NHS Friends and Family Test (FFT). FFT was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It's a quick and anonymous way for patients to give their views after receiving NHS care or treatment.

Satisfaction scores for both inpatients and outpatients from our FFT feedback is between 97-100%. Above the NHS England Benchmark of 94%.

When completing the FFT survey, patients are asked 'Overall, how was your experience of our service?". Answers can be ranked from "very good" to "very poor", and patients are given an opportunity to explain the score by adding comments.

In the period from April 2024 to end of January 2025, Royal Papworth Hospital had received over 14,000 positive responses on inpatient and outpatient care.

Below is a selection of positive feedback from patients attending Outpatients Department:

'Staff fantastic very clean premises procedure was quick and information that was given is great'

'Everything explained in detail and very friendly and professional staff. Nurses were great and kept you at ease'

'All the nurses and doctors was so brilliant they listen and was so helpful'

Day Ward - *'Nice spacious waiting area with clear large screens with your name on when appointment due. Everything calm and relaxed and appointment went like clockwork'*

Thank you ....

Below is a selection of positive feedback from inpatients:

Cardiology

Level 3 - *'Exceptional hospital and staff. Treatment received has been superb. Lovely clean room and very nice food available'*

'I was treated by a highly qualified & experienced team of cardiologists and doctors. Then looked after by a dedicated, trained and caring team of medical professionals plus support staff in a very clean & spacious environment. Grateful to all.'

Cath Lab - *'On time. Technicians did the job quickly and helped me with a question I had on whether my leads were MRI compatible'*

Respiratory wards

Level 4 - *'Great staff good care wonderful team. Discharge day well prepared left quick'*
'Fantastic team of people, from cleaners to consultants. I am grateful for the care given by all.'

Surgical Wards

Level 5 - *'Excellent service, first class medical treatment, I am eternally grateful, thank you'*
'Like a first-class hotel. Nurses friendly and caring keep you dated and informed'

Critical Care - *Friendly ,kind, professional staff. Excellent facilities and excellent treatment. Gold standard.'*

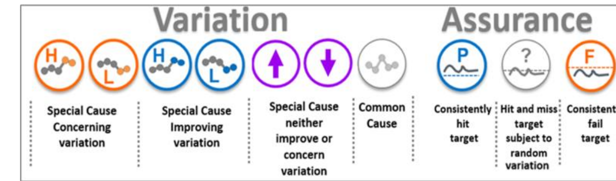
Elective Recovery Unit (ERU) - *'Because I never felt nervous since arrival and the minute you left ERU. nursing team is excellent'*

Heart & Lung Research Institute Clinical Research Facility - *'Well looked after by all personnel'*

Theatres - *Kind staff who were very knowledgeable. Medical staff are excellent, and the porters knew to help distract me as they wheeled towards things that would involve needles (I'm needle phobic). Good team all round.*

Effective: Summary

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



Royal Papworth Hospital
NHS Foundation Trust

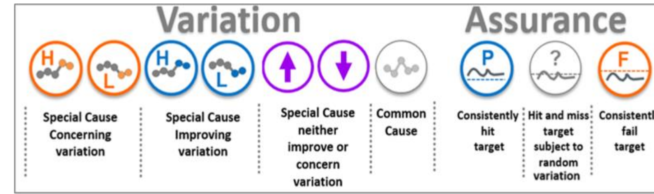
	Metric	Latest Performance		Previous	In month vs target	Action and Assurance		
		Trust target	Most recent position	Position		Variation	Assurance	Escalation trigger
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	85%	72.3%	72.3%				Action Plan
	ICU bed occupancy	85%	93.9%	92.7%				Review
	Enhanced Recovery Unit bed occupancy %	85%	78.8%	61.2%				Review
	Elective inpatient and day case (NHS only)*	1590 (107% 19/20)	1711 (115% 19/20)	1535 (103% 19/20)				Review
	Outpatient First Attends (NHS only)*	1746 (107% 19/20)	2320 (141% 19/20)	2104 (128% 19/20)				Review
	Outpatient FUPs (NHS only)*	6191 (107% 19/20)	7281 (125% 19/20)	6411 (110% 19/20)				Review
	% of outpatient FU appointments as PIFU (Patient Initiated Follow up)	5%	12.6%	12.3%				Monitor
	Reduction in Follow up appointment by 25% compared to 19/20 activity	-25%	-2.2%	-2.7%				Action Plan
	% Day cases	85%	71.9%	72.6%				Action Plan
	Theatre Utilisation (uncapped)**	85%	91%	80%				Review
	Cath Lab Utilisation (including 15 min Turn Around Times) ***	85%	82%	79%				Review
Additional KPIs	NEL patient count (NHS only)*	Monitor	395 (114% 19/20)	383 (111% 19/20)				Monitor
	ICU length of stay (LOS) (hours) - mean	Monitor	200	131				Monitor
	Enhanced Recovery Unit (LOS) (hours) - mean	Monitor	33	35				Monitor
	Length of Stay – combined (excl. Day cases) days	Monitor	6.0	6.9				Monitor
	Same Day Admissions – Cardiac (eligible patients)	50%	36%	37%				Review
	Same Day Admissions - Thoracic (eligible patients)	40%	75%	69%				Review
	Length of stay – Cardiac Elective – CABG (days)	8.2	7.5	9.0				Review
	Length of stay – Cardiac Elective – valves (days)	9.7	9.2	11.4				Review
	Outpatient DNA rate	6.0%	7.2%	7.6%				Review

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

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

Effective: Admitted Activity

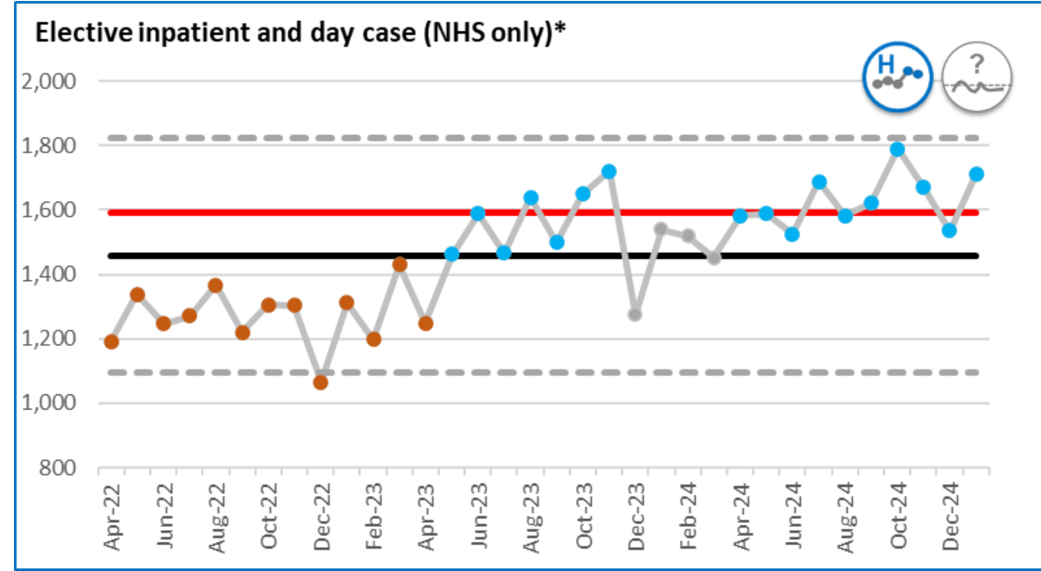
***Accountable Executive:** Chief Operating Officer* ***Report Author:** Chief Operating Officer*



Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

1. Historic trends & metrics



Jan-25
1711
Target* (red line)
1590
Variation
Special cause variation of an improving nature
Assurance
Hit and miss on achieving target subject to random variation

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

Category		Cardiac Surgery	Cardiology	PTE	RSSC	Thoracic Medicine	Thoracic surgery (exc PTE)	Transplant /VAD
Elective Admitted activity	Inpatients	63%	94%	65%	58%	84%	94%	82%
	Daycases	5%**	93%	n/a	160%	130%	46%**	163%**

= YTD activity > 100% of 19/20

2. Action plans / Comments

Elective Inpatient Activity

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

Surgery, Theatres & Anaesthetics

- As planned ERU opened to 10 beds on 9 September 2024, ICU opened 26 beds. CCA beds increased to 36 (commissioned number)
- Theatre activity 91% (uncapped) in M10. This reflects the increase in emergency admissions to ICU, the acuity of patients. However elective activity continues to improve.
- IHU patients continue to be prioritised to support flow within the system, addition capacity was made available as required.

Thoracic & Ambulatory

- The division is above planned activity (424 YTD) and above 2019/20 admitted activity (1,341 YTD). As previously reported, RSSC inpatients are below 2019/20 baseline due to a change in patient demand and an increase in daycase. Further DC increases are planned to increase CPAP starts.

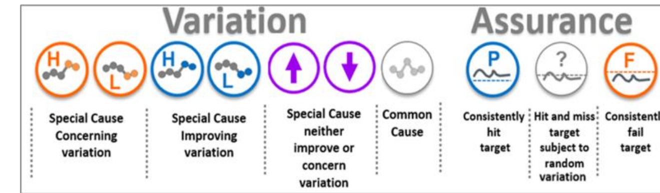
Cardiology

- The division over delivered day cases against planned activity in M10 (502 YTD) and has exceeded the 19/20 position by 421 cases YTD.
- Elective bookings challenged by sickness and limitations within the Clinical Administration team.
- ACS Pathways transferring accepted patients between 24 and 48 hours in M10.

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

Effective: Non-admitted Activity

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



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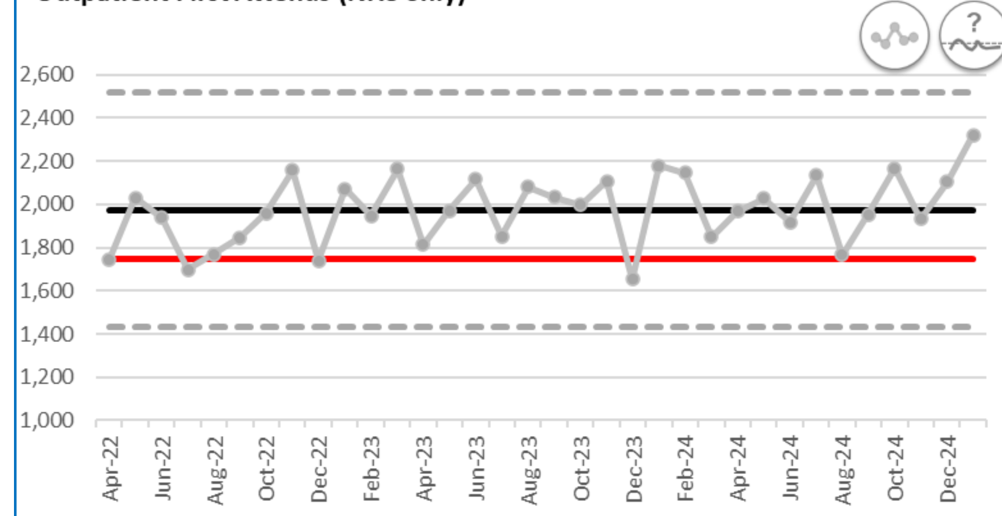
NHS Foundation Trust

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

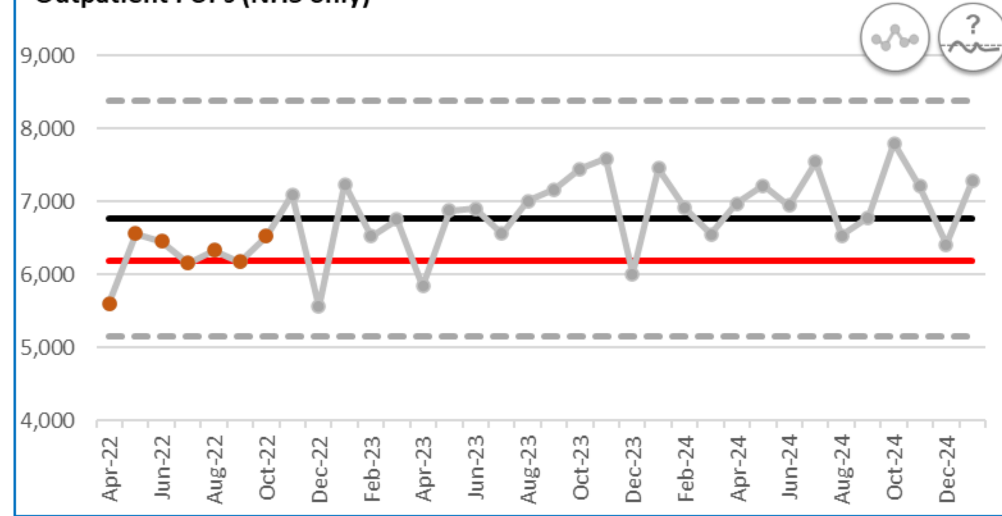
1. Historic trends & metrics

Outpatient First Attends (NHS only)



Jan-25
2320
Target (red line)*
1746
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Outpatient FUPs (NHS only)



Jan-25
7281
Target (red line)*
6191
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	89%	90%	269%	92%	146%	99%
	Follow Up Outpatients	100%	133%	94%	130%	145%	97%

= YTD activity > 100% of 19/20

Action plan / comments

The Thoracic and Ambulatory division is below planned activity (310 YTD) however continues to be above 19/20 activity (7,107 YTD). Within M10, there were 452 missed appointments and 673 appointments cancelled by the patient at short notice. The missed appointment rate for thoracic and ambulator was 6.9% in M10, the lowest so far. This has been attributed to an increase in CSS appointments and conversion of 60% of CSS appointments to postal. RSSC clinic templates have been reviewed and will go live in M11 to increase new outpatient activity and reduce follow up outpatient activity. Early discussions taking place to reduce patient cancellations.

Outpatient room usage discussions continue across the trust which has seen some rooms repurposed to ensure effective usage. Reconciliation between Lorenzo clinic data with booked rooms manually is planned.

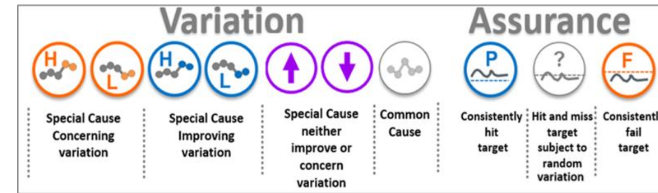
Cardiology delivered in line with the plan within M10 and remains above the 2019/2020 non-admitted activity baseline (5945). In M10 there was a DNA Rate of 2.5%. We saw 2.4% of appointments called by patients with common themes such a winter viruses. Current review of delays for first appointments across cardiology specialities in line with RTT objectives.

Surgery continue to flex capacity to meet demand for thoracic oncology patients
Cardiac clinic utilisation was 79% in M10 against KPI of 85%.

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

Effective: Occupancy

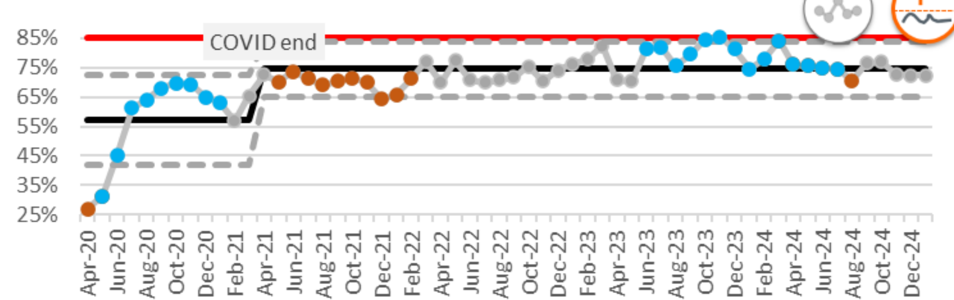
***Accountable Executive:** Chief Operating Officer* ***Report Author:** Chief Operating Officer*



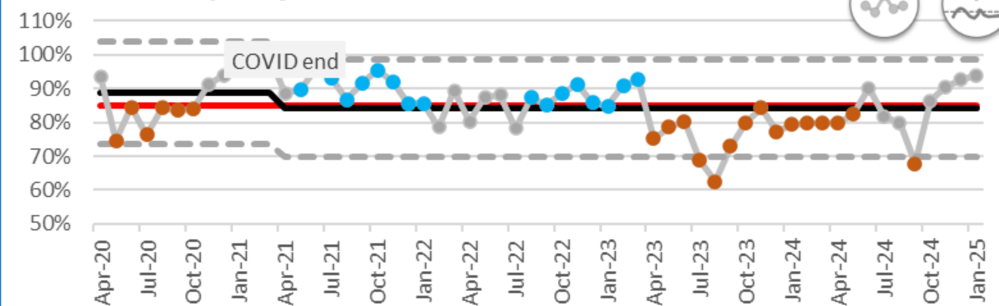
Royal Papworth Hospital
NHS Foundation Trust

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

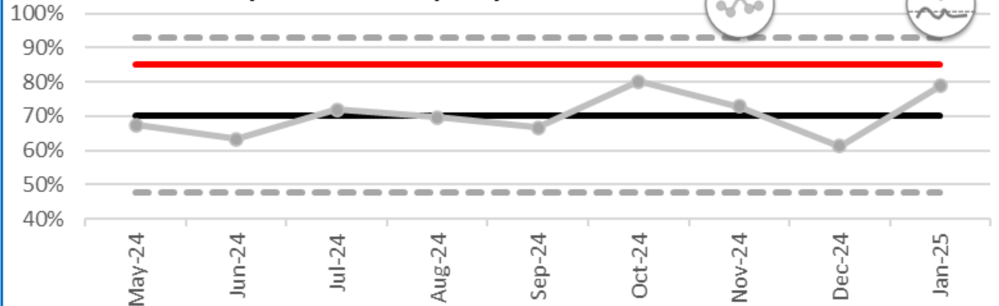
1. Historic trends & metrics



Jan-25
72.3%
Target (red line)
85%
Variation
Common cause variation
Assurance
Has consistently failed the target



Jan-25
93.9%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
78.8%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Comments

CCA bed occupancy:

- ICU bed occupancy in M10 continues on an upward trajectory and increased again to 93.9%.
- In M10 we have seen a significant increase in ECMO, transplantation and other emergency activity. Following the seasonal reduction in M6 of emergency and ECMO activity.
- With an increase in ECMO and transplant activity, this has impacted on IHU activity however the stabilising of ERU and ICU saw a reduction in cancellations on the day and an increase in activity. The embedding of ERU and ICU has resulted in a reduced LOS for both CABG (LOS 7.5, KPI 8.2) and Valves (LOS 9.2, KPI 9.7).
- 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).

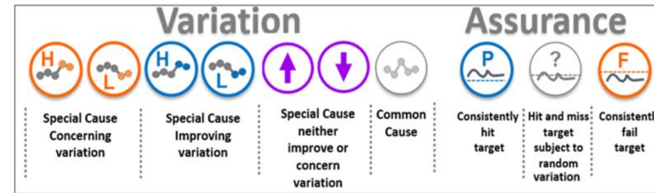
ERU bed occupancy:

- Bed occupancy in M10 increased to 78.8% from 61.2% in M9
- The senior leadership team have now embedded with the wider division that the 10 bedded ERU and 26 bedded ICU are independent areas that work collaboratively. By protecting the ERU beds this will ring fence elective activity. This has been cascaded across the organisation at senior management meetings.
- ERU is facilitating an increase in planned activity (including IHU patients) in theatres, flow and reduction in length of stay.
- The leadership team are reviewing the ratio of ERU and ICU beds, to ensure the current ratio is correct, this work is ongoing and will be reviewed at 6 months (March) once there is sufficient data to analyse.

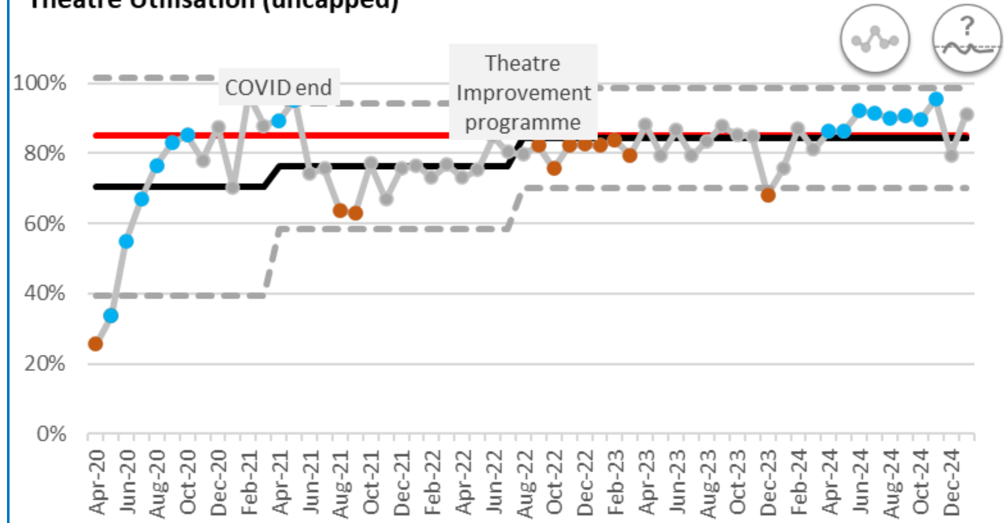
Effective: Utilisation

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

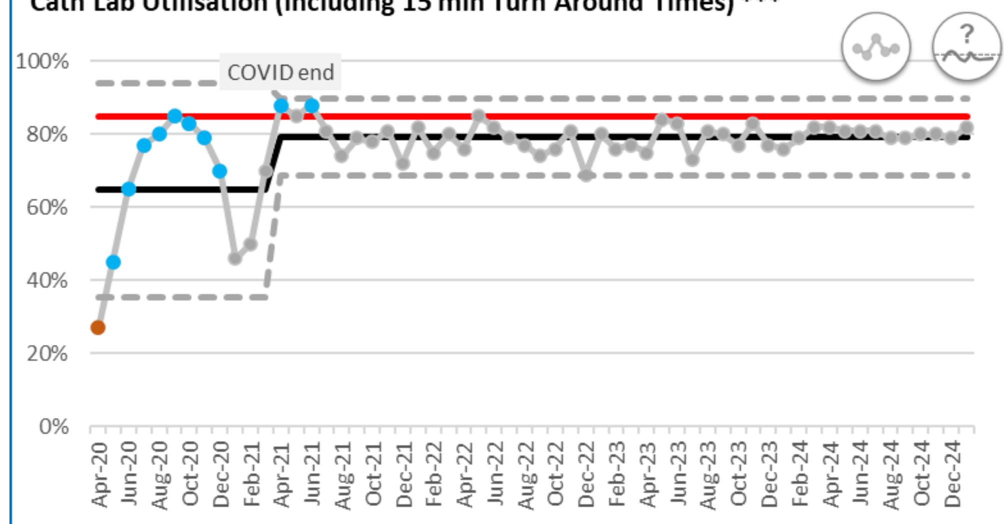
Royal Papworth Hospital
NHS Foundation Trust



1. Historic trends & metrics



Jan-25
91%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
82%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

2. Action plans / Comments

Theatre Utilisation:

- Theatre utilisation was 91% in M10, this reflects the significant increase in ECMO, transplantation and other emergency activity in M10. Despite these challenges elective activity has increased in M10, 239 cases in M10 2025 compared to 188 in M10 2024
- The senior leadership team within the division have now embedded the new ways of working for the 10 bedded ERU and 26 bedded ICU, this will bring increased stability to the areas and for the teams whilst not diminishing the collaborative working.
- Protecting the ERU beds will ring fence elective activity. The benefits have been seen in M10.
- Patient safety initiatives have been approved by ED's for the remainder of quarter 4, the 12-week programme was commenced on 12.01.25

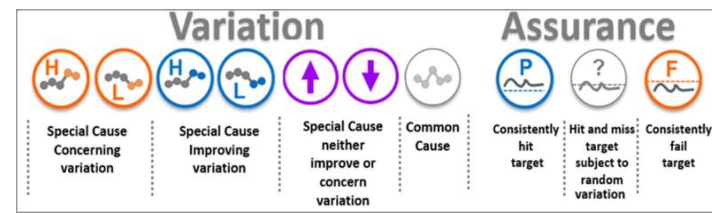
Cath Lab Utilisation:

- M10 Cath lab performance has seen an increase of 2% in M10.
- Recent demand and capacity analysis has underscored a persistent trend regarding data accuracy, which impacts the interpretation of perceived utilisation.
- Larger trust project run by the division looking at Cath Lab optimisation integrating all service users from all divisions to gather an array of options for maximising capacity for all.

*** 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*

Responsive: Summary

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



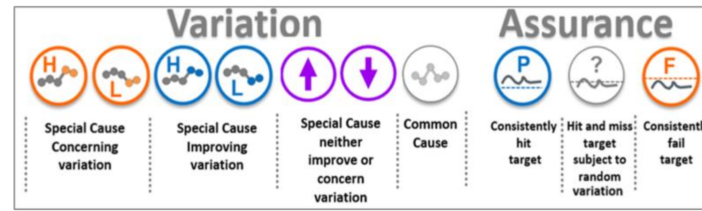
Royal Papworth Hospital
NHS Foundation Trust

	Metric	Latest Performance: Trust target	Latest Performance: Most recent position	Previous: Position	In month vs target	Action and Assurance: Variation	Action and Assurance: Assurance	Action and Assurance: Escalation trigger
Dashboard KPIs	% diagnostics waiting less than 6 weeks	99%	95.6%	97.4%			?	Review
	18 weeks RTT (combined)	92%	63.7%	63.3%		L	F	Action Plan
	31 days cancer waits	96%	88%	92%			?	Review
	62 day cancer wait for 1st Treatment from urgent referral	85%	10%	17%			?	Review
	104 days cancer wait breaches	0	8	6			?	Review
	Number of patients waiting over 65 weeks for treatment	0	11	6			?	Review
	Theatre cancellations in month	15	45	66			?	Review
	% of IHU surgery performed < 7 days of medically fit for surgery	95%	27%	45%			?	Review
	Acute Coronary Syndrome 3 day transfer %	90%	68%	52%		L	?	Review
	Number of patients on waiting list	3851	7506	7352		H	F	Action Plan
	52 week RTT breaches	0	62	52		H	F	Action Plan
Additional KPIs	% of IHU surgery performed < 10 days of medically fit for surgery	95%	41%	52%		L	?	Review
	18 weeks RTT (cardiology)	92%	62.5%	61%		L	F	Action Plan
	18 weeks RTT (Cardiac surgery)	92%	66.2%	64%			F	Action Plan
	18 weeks RTT (Respiratory)	92%	64.0%	64%		L	F	Action Plan
	Other urgent Cardiology transfer within 5 days %	90%	84%	77%			?	Review
	% patients rebooked within 28 days of last minute cancellation	100%	69%	63%		L	?	Review
	Urgent operations cancelled for a second time	0	0	0		L	?	Review
	Non RTT open pathway total	Monitor	45571	46963		H		Monitor
	Validation of patients waiting over 12 weeks	95%	38%	53%		H	F	Action Plan

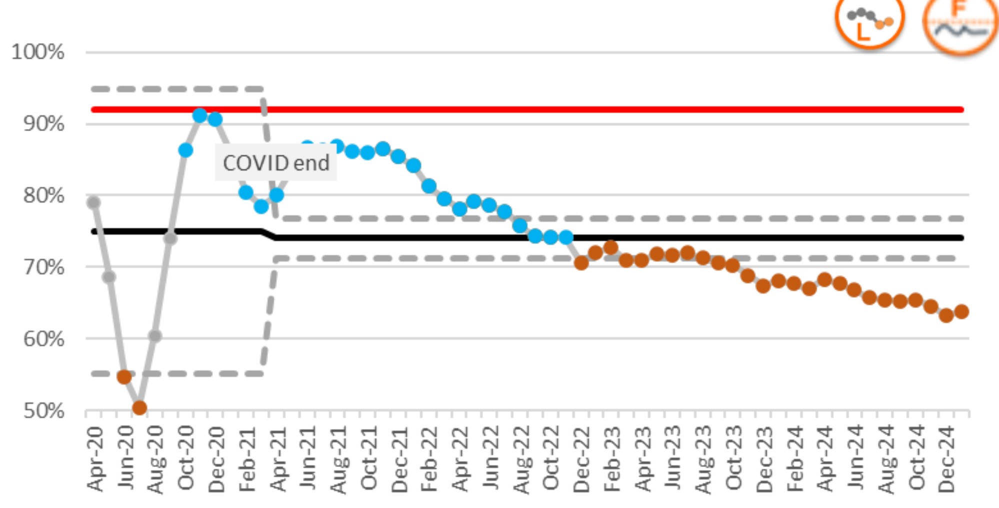
Responsive: RTT

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

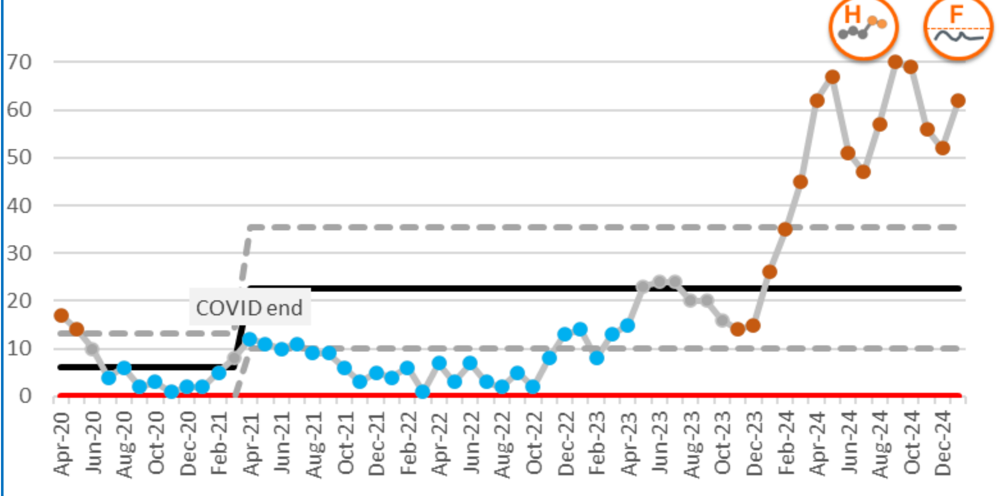
Royal Papworth Hospital
NHS Foundation Trust



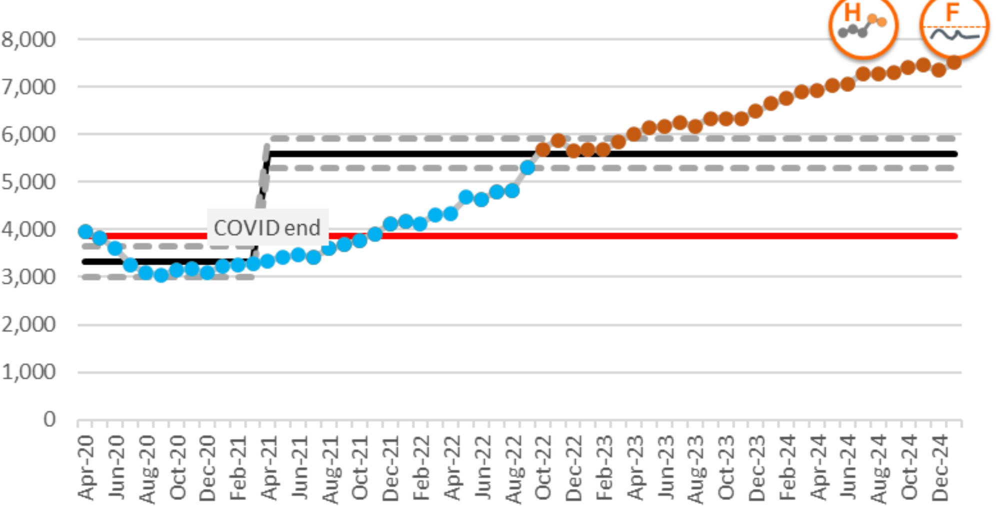
1. Historic trends & metrics



Jan-25
63.7%
Target (red line)
92.0%
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target



Jan-25
62
Target (red line)
0
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target



Jan-25
7506
Target (red line)
3851
Variation
Special cause variation of a concerning nature
Assurance
Has consistently failed the target

Action plans / Comments

- The PTL continues to be reviewed regularly, and patient prioritisation reviewed daily as late referrals are received or if patients condition changes. There were 62 52-week RTT breaches in month, which is an increase of 10 from the previous month.
- Thoracic and Ambulatory RTT has decreased over the year alongside an increase in demand. Additional capacity has been planned within the sleep lab to accommodate PSGs (increase go live delayed to April 2025) as well as an increase in CSS capacity (went live December 2024). Additional demand and capacity for the RSSC pathway is required. ILD capacity has reduced since September 2024 however successful recruitment into a substantive consultant position is due to commence April 2025. A transformational group has been set up for RSSC to monitor progress and impact of actions.

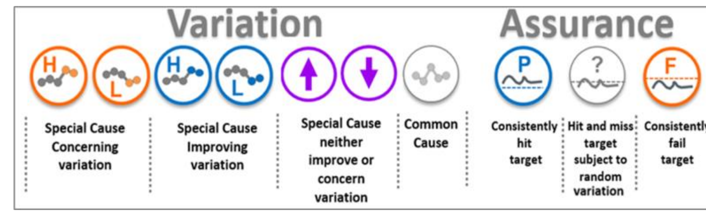
52 Week breakdown:

- 37 of the 52-week breaches were in Cardiology, n increase of 4 from the previous month. 17 of these patients are now treated, 7 have dates, 11 are structural/Tavi cases requiring dates, 2 are EP Patients requiring dates.
- For M10, 10 of the 52-week breaches were in Thoracic and Ambulatory. Over 65+ weeks there were 3 patients (received at 54, 63 and 65 weeks). Plans are in place for all patients. Urgent slots continue to be held to accommodate late referrals and long waiters. Plan for 2025/26 is to have no 52 week breaches due to internal delays and detailed plans are being put into place.
- 8 of the patients over 52 weeks were in surgery, over 65+ weeks there was 1 patient, no change from M9, awaiting outcome from specialist TTE 23/1 letter not yet received, and then Star Chamber discussion. Over 52-64 Weeks there were 7 patients down by 3 from M9, 5 Planned, 1 new patient ref received at 54 weeks, 1 awaiting consultant update after OPA 28/1

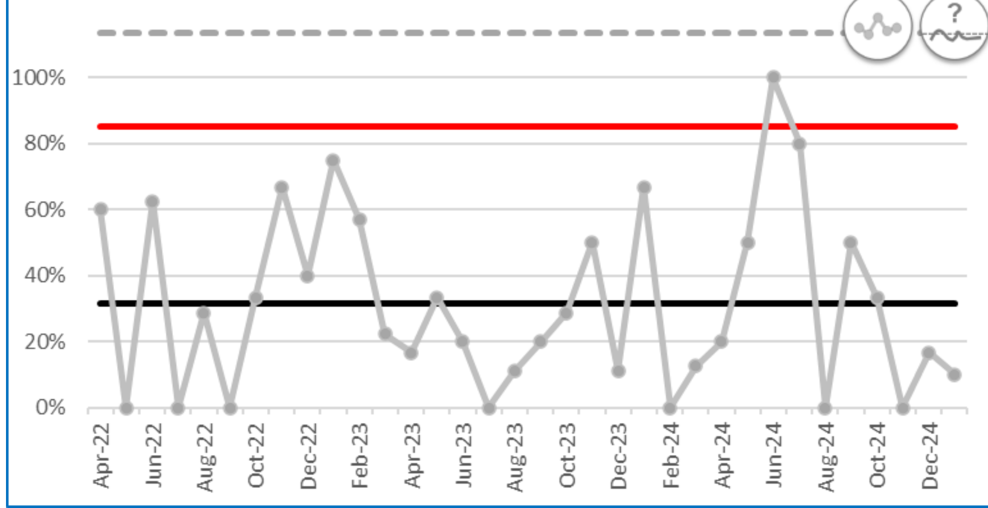
Responsive: Cancer

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

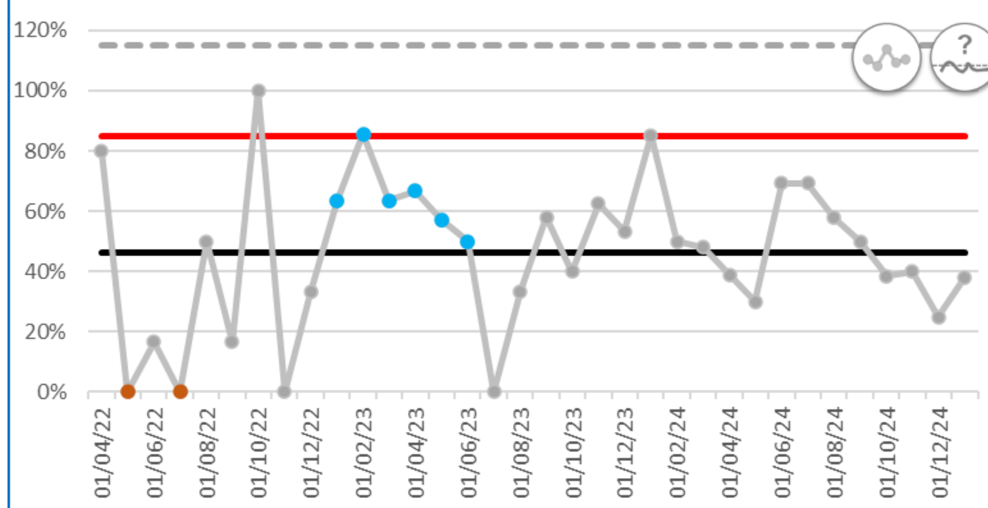
Royal Papworth Hospital
NHS Foundation Trust



1. Historic trends & metrics



Jan-25
10%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



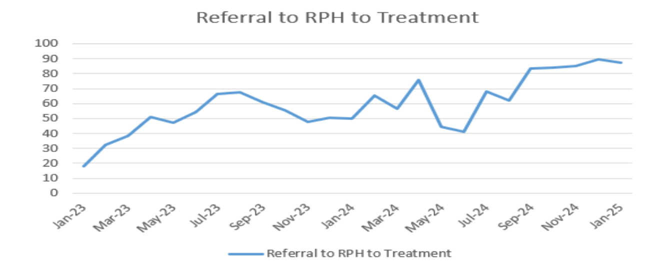
Jan-25
38%
Target (red line)
85%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments

The average day of referral for M09, was 32.51 days (94 referrals received). A high rate of late referrals has been noted in M10 (29 received after day 38) and discussions have been held with referring DGHs to see if any support can be given. The combined 62-day performance was 27%.

62 day: 1 success, 9 breaches
1) IPT day 66, 21 day wait for surgeon/onc clinic, 23 day wait for surgery
2) Required gastro investigations at HH, pt refused first offer for EBUS, required updated imaging, 22 day decision to treat (DTT)
3) Complex pathway: CTNB, PET, EBUS, 14 day wait for clinic and 28 day wait for surgery
4) 14 day wait for PET, 5 day EBUS, 11 day CTNB, 14 day wait clinic, 28 day wait for surgery
5) IPT received day 50, carried over MDT due to absent surgeon, 13 day wait for clinic, 25 day wait for surgery
6) 13 day wait CTNB, 18 day wait clinic, 16 day wait surgery
7) 14 day wait PET, 13 day wait CTNB, 9 day wait clinic, 22 day wait surgery
8) Treated day 74, good diagnostic waits (although had MRI at local hospital) but unable to schedule for surgery in time (15 day wait for surgery)

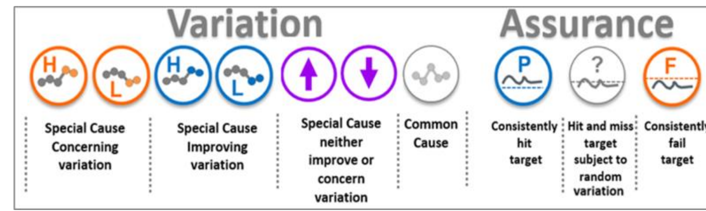
Upgrade: 7 successful,
1) Referred day 130, required 2 weeks thinking time prior to DTT, first surgery date cancelled on the day by hospital
2) Active monitoring 17 days after referral (24 day success)
3) Referred day 115: unable to schedule surgery within 24 days due to clinic and theatre waits (30 days from referral to RPH to treatment)
4) Referred day 85, needed time to discuss options, 9 day wait for surgery (51 days from referral to treatment)
5) Referral received day 55, 44 day wait for surgery due to 2 cancellations by hospital
6) Complex pathway (PET, EBUS, Echo, CTNB, 19 day wait for clinic, 30 day wait for surgery)
7) Complex diagnostic pathway (CT and MRI @ WSH, PET, CTNB, clinic, surgery, 28 day wait for surgery
8) Referral day 36, 8 day wait for EBUS, 16 day wait for clinic, 20 day wait for surgery
9) 45 day wait for surgery due to cancelled by hospital
10) 13 day wait for CTNB, 18 day wait for clinic, 30 day wait for surgery due to cancellation by hospital
11) 9 day wait for PET, 12 day



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

Responsive: Cancer

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



Royal Papworth Hospital
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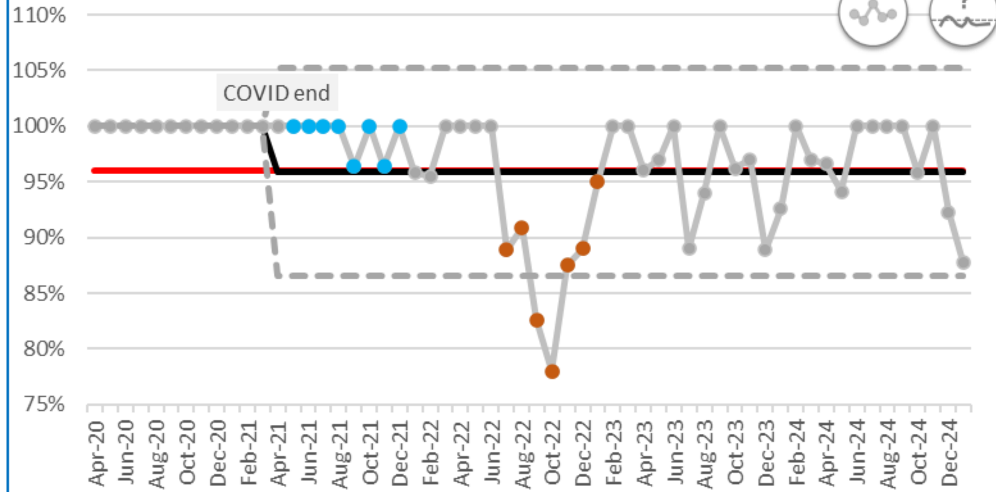
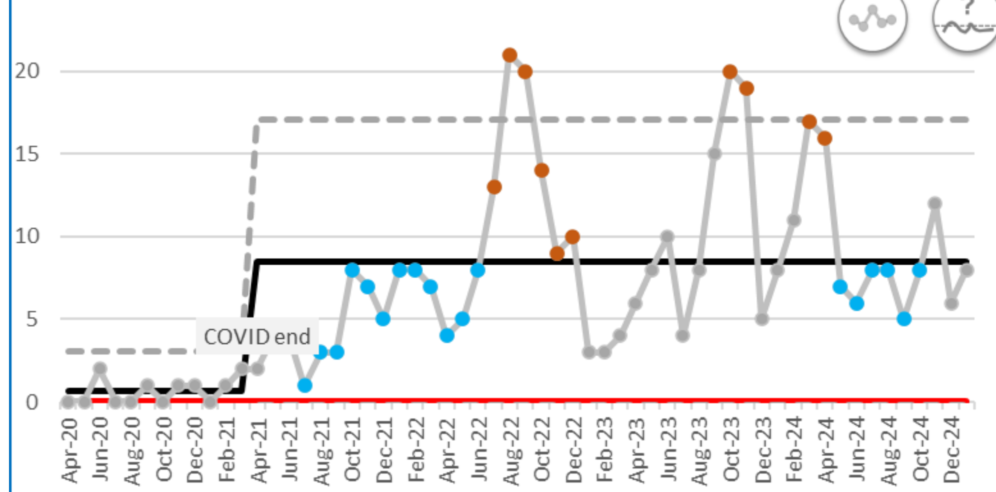
Target — Mean — Measure — Process Limit — Concerning special cause — Improving special cause

1. Historic trends & metrics



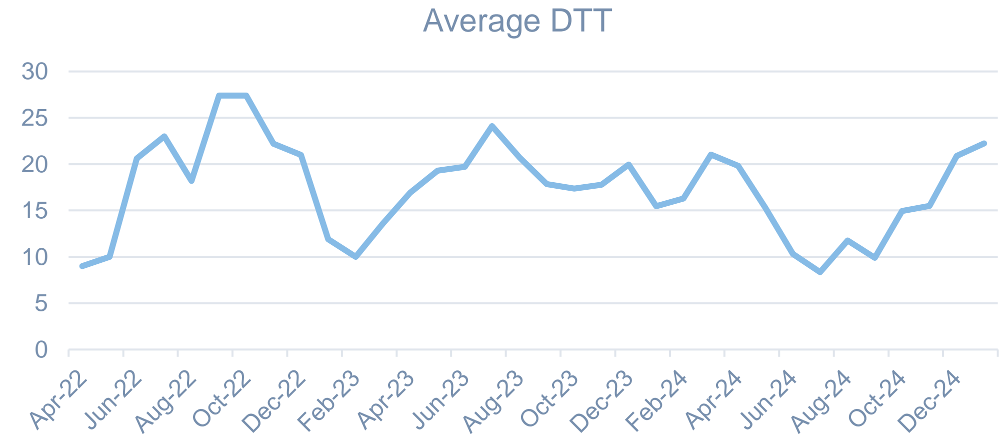
Jan-25
88%
Target (red line)
96%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
8
Target (red line)
0
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments

31 Day breaches: Five breaches within M10. The average decision to treat (DTT) was 22.24 days. This makes meeting the local target of 24 days from referral to treatment challenging as the DTT clock begins at the point of the clinic. Action plan in development regarding scheduling of surgical patients and plans in place to increase capacity. Please note an increase in DTT has a subsequent impact on the 62-day compliance. New risk added to the STA risk register regarding oncology surgery cancellations.

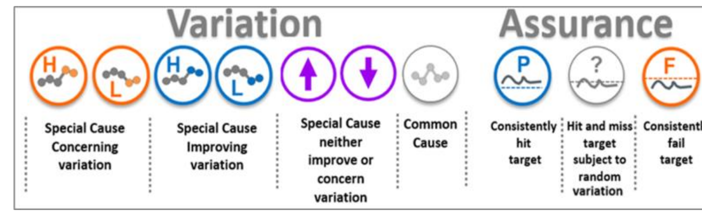


104 day breaches: Eight in M10. 104-day breaches were largely due to patients being referred after 104 days and due to surgery clinical capacity and surgery capacity.

Ongoing oversight of long waiters – each Monday a report is sent to medics/nurses/MDT admin team requesting updates for 85 day+ patients. All 104+ patients' narrative and expected plan is reported at Trust Access.

Responsive: Other metrics

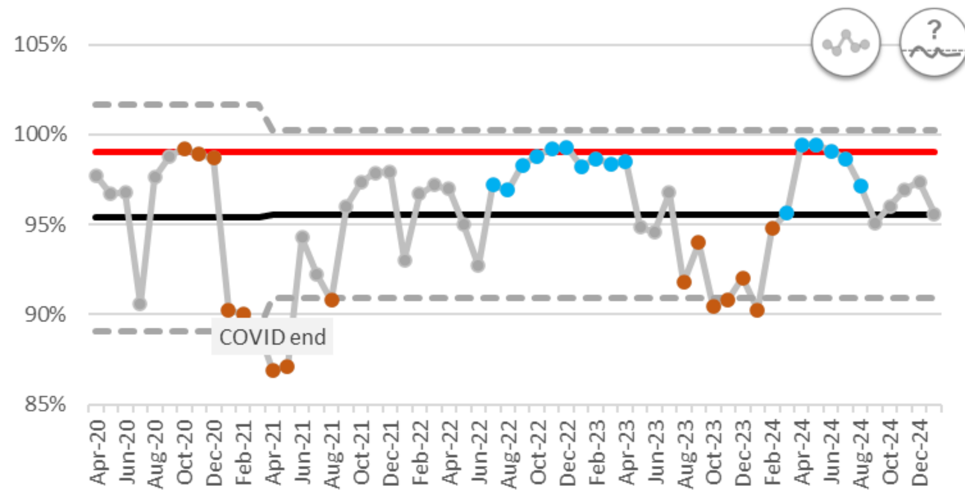
Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Chief Operating Officer*



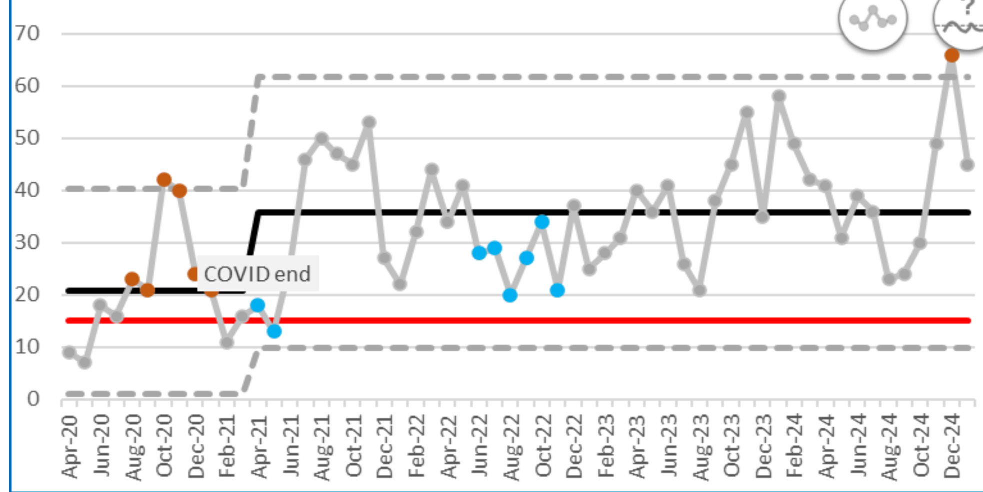
Target
Measure
Concerning special cause
Mean
Process Limit
Improving special cause

Royal Papworth Hospital
NHS Foundation Trust

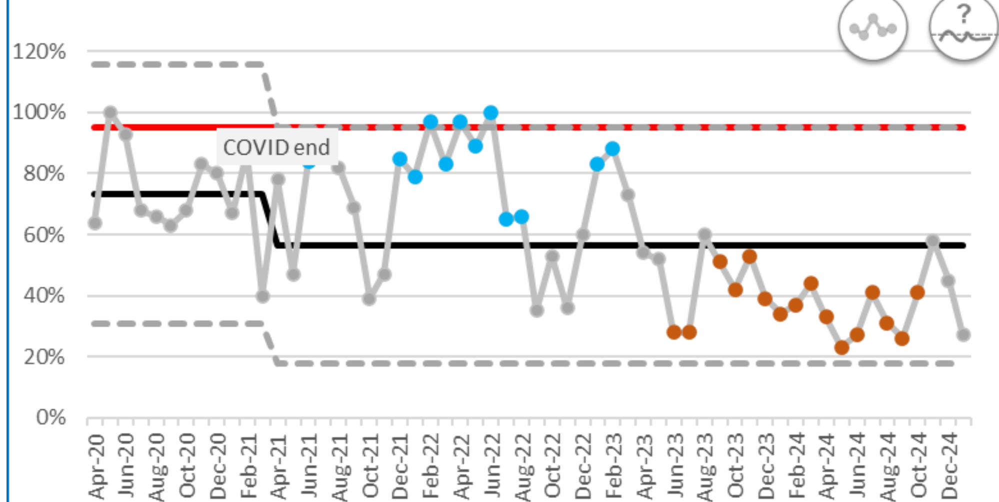
1. Historic trends & metrics



Jan-25
95.6%
Target (red line)
99%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
45
Target
15
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation



Jan-25
27%
Target (red line)
95%
Variation
Common cause variation
Assurance
Hit and miss on achieving target subject to random variation

Action plans / Comments

DM01

- Diagnostic reporting in radiology has seen a downward trajectory in M10 to 54%. This reflects the mutual aid being given to the system by RPH to complete diagnostics and report long waiting patients.
- Change management work underway with the booking team to commence booking from a PTL to ensure patients are booked in date order. Initially starting with Nuclear Medicine but will progress to CT & MRI during Q4.
- Mutual Aid is being requested by NWAFT for scanning & reporting. Still awaiting NWAFT formal request but this is now impacting on our MRI & NM waiting times and, therefore, DM01. NWAFT has been approached for detail and timeframe for their recovery plan due to impact on our waiting list and DM01.
- Sleep diagnostics continue to be monitored and actions taken to improve the unvalidated position. Patients are still put onto the wrong access plan which causes incorrect data. Additional capacity has been invested in and has been rolled out for CSS. PSG additional capacity has been delayed to April 2025 due to recruitment.

CT Reporting Delays

Please refer to slide 6.

Theatre Cancellations

- 45 cancellations occurred in M10 a reduction from M9 by 21 cases
- 7 patients unfit for surgery
- 7 CCA no capacity
- 9 additional urgent case added
- 9 planned case overrun

The ring fencing of the 10 bedded ERU is supporting the reduction of on the day cancellations the reduction in M10 by 21. This work is being led by the leadership team.

In House Urgent patients

- Capacity for IHU's is flexed. Increased capacity is made available to support flow at RPH and the region.
- STA leadership team are working collaboratively with cardiology and clinical admin' on flow and news of working.
- The operational team in STA are supporting clinical admin' to manage flow.

Responsive: Spotlight – CT Backlog

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

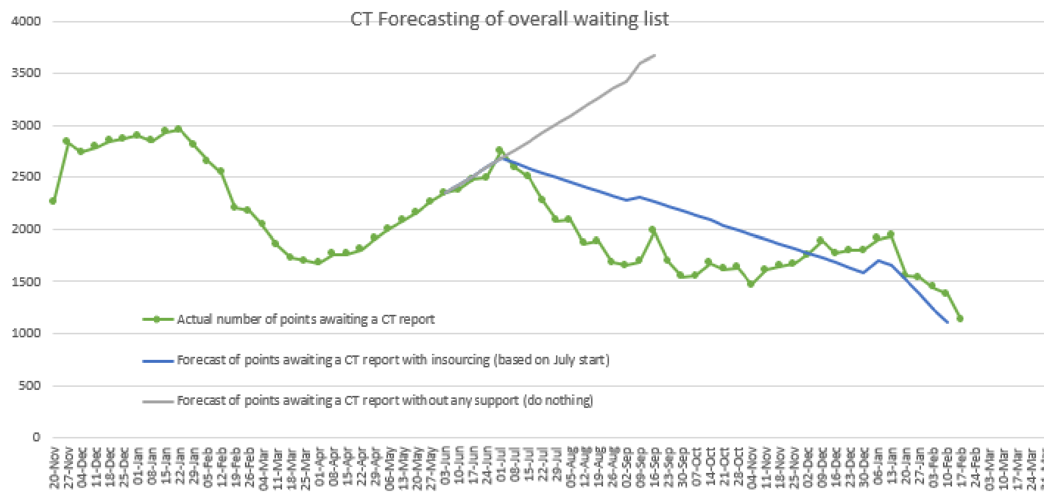
Royal Papworth Hospital
NHS Foundation Trust

CT Executive Summary position – end January 2025

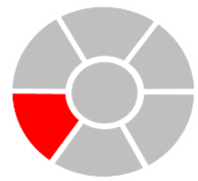
Additional reporting shifts have been embedded in M10 to bring the trajectory back online. Digitally connected outsourcing currently being worked up as a radiology solution with an expected 6- 12-month implementation timeframe. Options appraisal document submitted to Exec Board in November is currently being up12-month

CT Waiting list reporting - Executive Summary

Focus	Aim	Forecast	27/01/2025	03/02/2025	10/02/2025	17/02/2025	Trend
Actual new CTs undertaken and added to waiting list (points) (diff between Monday to Monday minus total reported that week gives remaining balance added to waiting list)	Monitor CTs added to reporting waiting list	488	474	455	432	220	
Total CT points reported	Increase the numbers of CT reports per week	628	488	554	498	463	
Actual number of points awaiting a CT report	Decrease the overall waiting list	5743	1541	1442	1376	1133	
Actual points backlog awaiting a CT report for more than 4 weeks	Decrease the backlog of those waiting more than 4 weeks for CT reporting	494	514	444	413	308	
Number of patients awaiting a CT report	Decrease patients awaiting CT reports	n/a	526	481	472	481	
Number of patients awaiting a CT report for more than 4 weeks	Decrease patients awaiting CT reports more than 4 weeks		157	111	97	80	
Proportion of CT reports waiting for more than 4 weeks	Decrease the proportion of waiters who wait over 4 weeks (backlog)	9%	33%	31%	30%	27%	
% of expected points reported by Substantive Staff	To report 6 points per reporting shift hour (100% means correct number of points reported in rostered reporting shifts)		116%	105%	78%	98%	
% of expected points reported by Insource Staff	To report 6 points per reporting shift hour (100% means correct number of points reported in weekend reporting shifts)		72%	86%	102%	54%	
Number of patients awaiting a CT scan based on PTL	Tracking only		1246	1259	1220	1197	



- Total CT points reported last week 463 - 35 less than last week
- Actual number of points awaiting a report decreased by 243 (1133)
- The number of patients awaiting a CT report has increased by 9
- The number of patients awaiting a CT report >4 weeks, has decreased by 3% (27% = 17 pts), which continues to improve our ability to attain the NHSE 4-week turnaround time
- 2 insourcing reporting sessions last week with 23 sessions remaining within contract
- 1 outstanding from September, 1 outstanding from October, 20 from November, of which 7 are partially reported or pending review, 30 from December, of which 7 are partially reported/pending review and 165 from January



People, Management & Culture: Summary

Royal Papworth Hospital
NHS Foundation Trust

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

		Data Quality	Target	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Dashboard KPIs	Voluntary Turnover % **	4	9.0%	9.34%	12.98%	8.26%	9.62%	7.37%	6.90%
	Vacancy rate as % of budget **	4	7.50%	10.20%	10.09%	9.08%	8.31%	7.95%	7.29%
	% of staff with a current IPR	4	90%	72.73%	72.47%	73.35%	75.39%	76.77%	76.33%
	% Medical Appraisals*	3	90%	70.63%	72.22%	66.67%	70.25%	72.73%	76.61%
	Mandatory training %	4	90.00%	88.52%	88.78%	89.03%	88.72%	88.39%	87.95%
	% sickness absence **	5	4.0%	3.72%	4.56%	4.78%	4.58%	5.26%	5.10%
Additional KPIs	FFT – recommend as place to work **	3	72.0%	61.00%	n/a	n/a	n/a	n/a	n/a
	FFT – recommend as place for treatment	3	90%	88.00%	n/a	n/a	n/a	n/a	n/a
	Registered nursing vacancy rate (including pre-registered nurses)	4	5.00%	6.44%	6.29%	5.29%	3.37%	2.72%	2.16%
	Unregistered nursing vacancies excluding pre-registered nurses (% total establishment)	4	10.00%	8.73%	9.53%	9.35%	12.66%	12.92%	12.23%
	Long term sickness absence % **	5	1.50%	1.65%	2.01%	2.14%	1.62%	2.14%	2.10%
	Short term sickness absence	5	2.50%	2.06%	2.55%	2.65%	2.97%	3.12%	2.99%
	Agency Usage (wte) Monitor only	5	Monitor only	43.8	42.4	50.0	43.6	35.2	33.6
	Bank Usage (wte) monitor only	5	Monitor only	90.6	90.2	90.0	80.8	81.0	96.3
	Overtime usage (wte) monitor only	5	Monitor only	50.4	41.2	45.9	41.1	33.4	41.5
	Agency spend as % of salary bill	5	2.21%	2.43%	2.29%	3.62%	2.73%	2.00%	1.90%
	Bank spend as % of salary bill	5	2.42%	2.89%	3.04%	2.72%	2.97%	2.92%	2.68%
	% of rosters published 6 weeks in advance	3	Monitor only	36.40%	36.40%	57.60%	48.50%	48.25%	63.60%
	Compliance with headroom for rosters	4	Monitor only	29.80%	31.00%	28.30%	26.50%	32.00%	29.50%
	Band 5 % White background: % BAME background	5	Monitor only	n/a	45.36% : 53.43%	n/a	n/a	42.00%:56.75 %	n/a
	Band 6 % White background: % BAME background	5	Monitor only	n/a	64.94% : 34.23%	n/a	n/a	64.34%:34.39 %	n/a
	Band 7 % White background % BAME background	5	Monitor only	n/a	78.40% : 19.44%	n/a	n/a	76.63%:20.85 %	n/a
	Band 8a % White background % BAME background	5	Monitor only	n/a	82.35% : 17.65%	n/a	n/a	83.87%:14.52 %	n/a
	Band 8b % White background % BAME background	5	Monitor only	n/a	85.71% : 14.29%	n/a	n/a	85.71%:14.29 %	n/a
	Band 8c % White background % BAME background	5	Monitor only	n/a	75.00% : 25.00%	n/a	n/a	77.78%:22.22 %	n/a
	Band 8d % White background % BAME background	5	Monitor only	n/a	90.91% : 9.09%	n/a	n/a	90.00%:10.00 %	n/a
	Time to hire (days)	3	48	57	59	58	41	45	41

Summary of Performance and Key Messages:

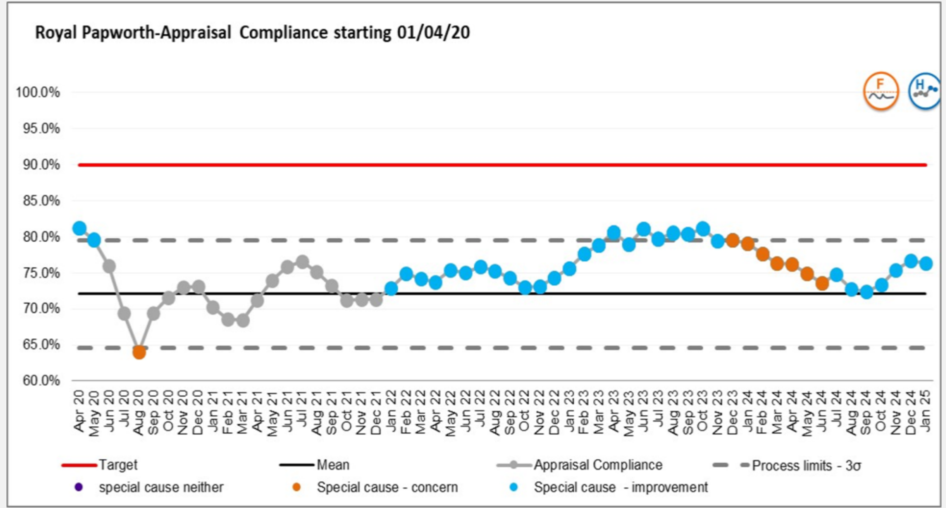
- The turnover rate was below the 9% target for the second month in a row and the SPC chart on the following pages shows that turnover is on an improving trend. Whilst this is positive when coupled with the positive vacancy position, it is possible that the December and January figures are influenced by known seasonal factors where staff are less likely to move roles in these months.
- There were 12.45 wte non-medical leavers in January. The most common reason for leaving was relocation. There were 44.89 WTE non-medical new starters in January meaning we were a net gainer of staff by 32.43 WTE in month. This is the highest monthly net gain in two years.
- Total Trust vacancy rate decreased below target to 7.29% (170.24WTE) and the two-year trend is an improving one.
- Registered nurse vacancy rate decreased again to 2.16% which is 16.6wte posts. There are 23 Registered Band 5 Nurses currently in our pipeline plus 5 for temporary staffing. All areas have strong pipelines with the exception of Theatre ODP roles which are a national shortage role.
- The Unregistered Nurse vacancy rate decreased marginally to 12.23% (28.56 wte) and remains above our KPI of 10%. There are 24 Healthcare Support Workers in the pipeline plus for 22 Temporary Staffing.
- Time to hire reduced again to 41 days below our KPI justifying our tentative optimism expressed last month that the new measures we have put in place will help us track below or close to our KPI on a sustained basis.
- Total sickness absence decreased to 5.1% but remains above our 4% KPI target. Absence rates are driven at the moment by short term seasonable respiratory ailments. The Workforce Directorate continue to support managers with utilising the absence management processes and providing training for line managers in approaches to managing absence.
- Temporary staffing usage continued to reduce, with agency usage in particularly significantly reducing. Departments have been asked to strengthen their oversight and controls on the use of overtime and agency to fill staffing gaps/maintain safe staffing levels. We are seeing, as expected, some growth in bank usage as we use bank staff to cover shifts previously covered by agency and OT.
- The % of rosters published 6 weeks in advance has improved significantly in January to 66% reflecting the work that matrons and managers are doing to review rotas and introduce good roster management practice.

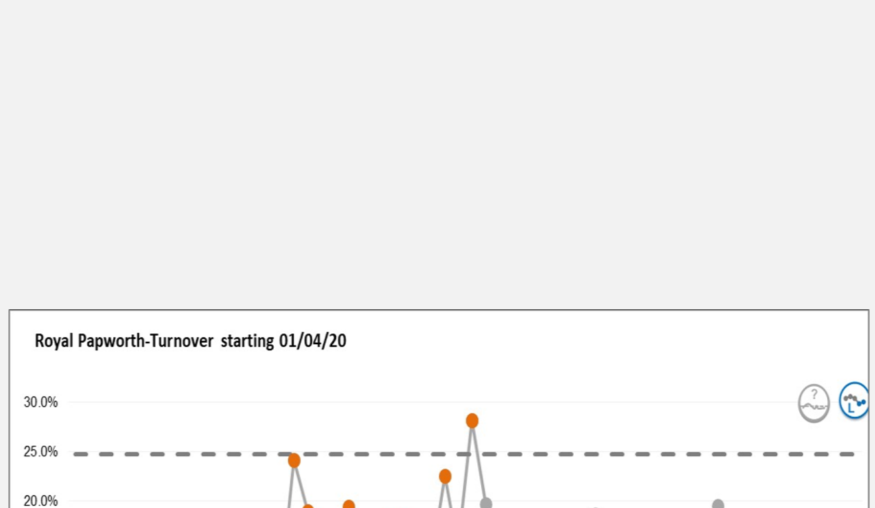
*** The following targets have been changed in 24/25 – Voluntary turnover % from 12% to 9%, Vacancy rate as % of budget from 9% to 7.5%, sickness absence from 3.5% to 4%, FFT – recommend as place to work from 70% to peer average of 72% and Long term sickness absence % from 1% to 1.5%*

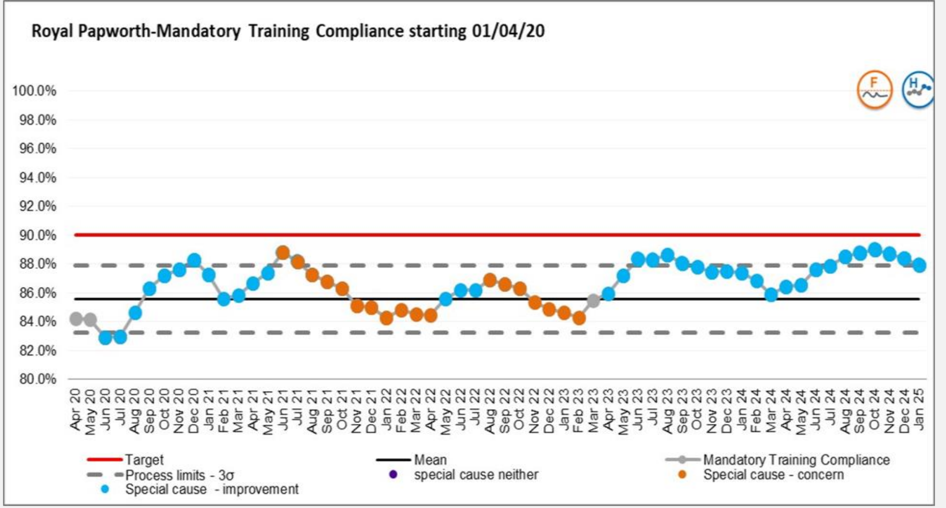
Royal Papworth Hospital
NHS Foundation Trust

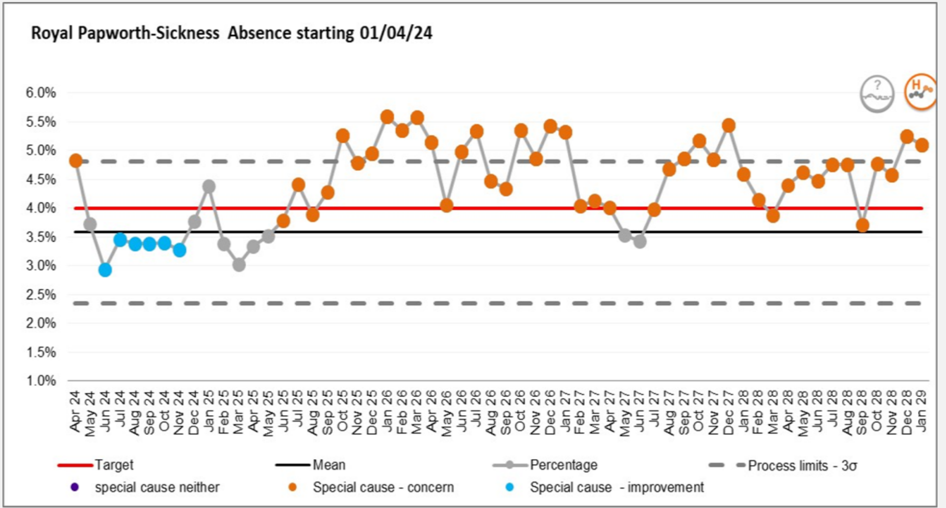
People, Management & Culture: Key performance trends

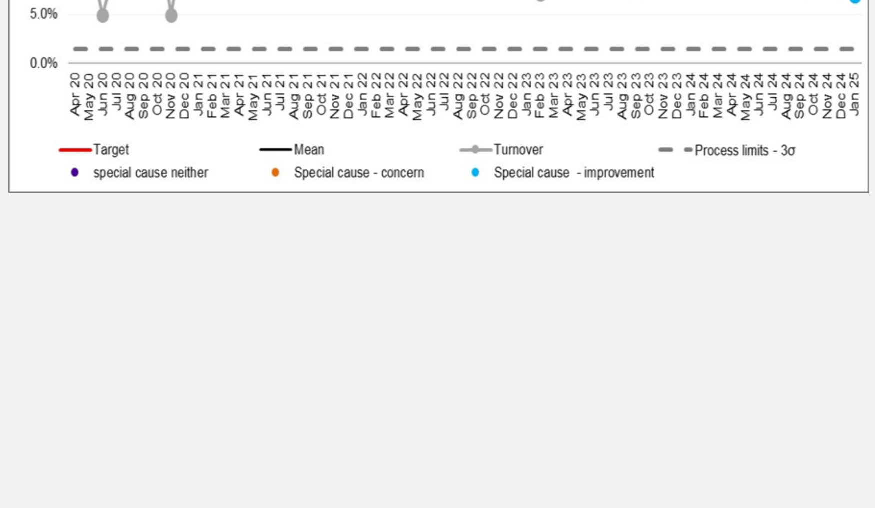
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*







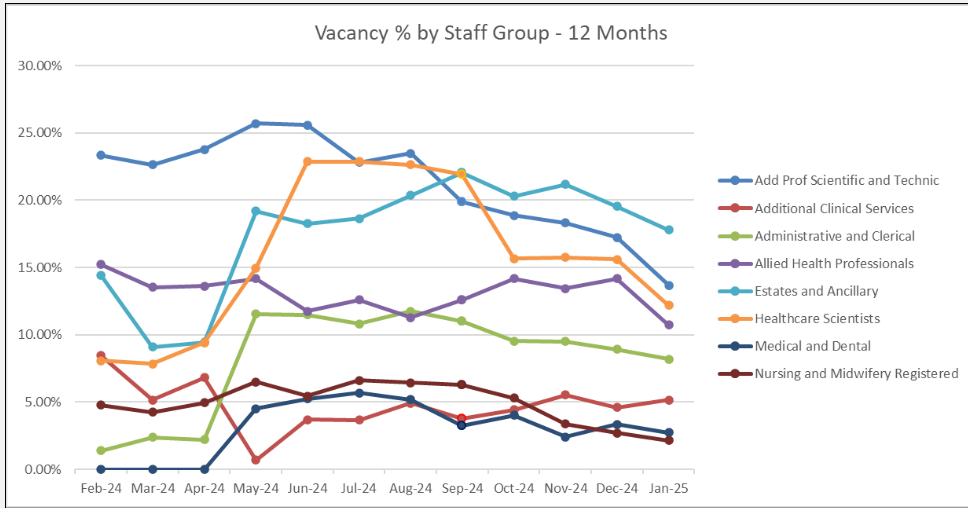


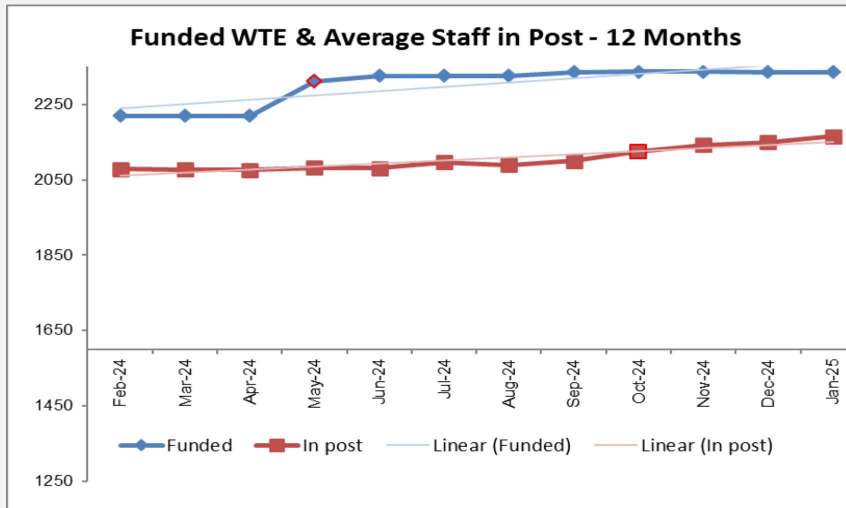


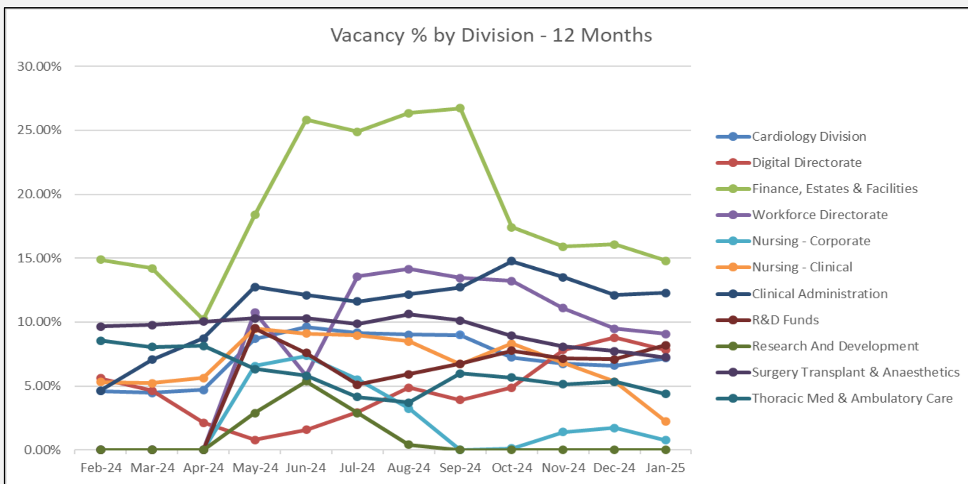
People, Management & Culture: Vacancies 2024-5

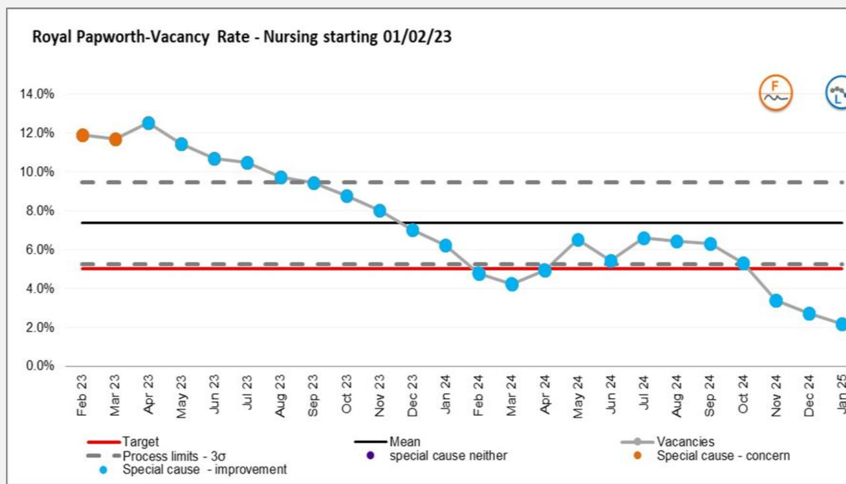
Royal Papworth Hospital
NHS Foundation Trust

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









- The general picture for Trust wide recruitment over 2024-5 is positive with vacancies on a positive downward trend sitting at 7.29% in January below our 7.5% target which is the first time we have been below our KPI since April 2024. Through 2024-5 planning we saw an increase to our funded establishment which naturally increased our vacancy rate through Q1 & 2 whilst we worked to recruit to these new posts. Into Q3 and Q4 we are starting to see the results of that activity as new starters commence in post and our vacancy rate improves commensurately.

- That said, the Trust-wide position is heavily influenced by the very low vacancy rate for our biggest staff group (nurses – at 2.16%). Whilst all staff groups are on an improving trend we still have vacancy factors significantly in excess of our KPI in the Estates (17%), APST (14%), HCS (12%) and AHP (10%) staff groups and this is where we need to focus our recruitment and retention efforts in 2025-6 whilst maintaining the positive position in nursing.

- Looking at vacancies by division again, many areas are on a decreasing trend. Of note, whilst still tracking at the highest rate of vacancies (14.78%), Finance, Estates and Facilities are showing the most positive movement with vacancies down from a high of 26.71% in September 24 to 14.78% in January 25. Areas to watch over the rest of Q4 are Cardiology and Digital, both of which are showing vacancies on an increasing trend.

Finance: Performance summary

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

Royal Papworth Hospital
NHS Foundation Trust

		Data Quality	Target	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Dashboard KPIs	Year to date surplus/(deficit) adjusted £000s	4	£(4)k	£886k	£962k	£1,244k	£1,413k	£99k	£140k
	Cash Position at month end £000s *	5	£71,535k	£78,784k	£77,694k	£83,674k	£80,260k	£81,494k	£74,117k
	Capital Expenditure YTD (BAU from System CDEL) - £000s	4	£3781 YTD	£748k	£961k	£1,494k	£1,641k	£1,905k	£2,322k
	CIP – actual achievement YTD - £000s	4	£5,525k	£2,827k	£3,406k	£3,889k	£5,313k	£5,460k	£5,730k
Additional KPIs	Capital Service Ratio YTD	5	1	0.9	1.1	1.2	1.0	0.6	0.6
	Liquidity ratio	5	26	32	32	30	31	29	29
	Year to date EBITDA surplus/(deficit) £000s	5	Monitor only	£6,653k	£7,800k	£8,761k	£10,190k	£9,687k	£10,773k
	Total debt £000s	5	Monitor only	£4,780k	£4,060k	£3,110k	£3,720k	£3,610k	£4,230k
	Average Debtors days - YTD average	5	Monitor only	6.1	5.5	4.4	4.2	4.1	5
	Better payment practice code compliance YTD - Value £ % (Combined NHS/Non-NHS)	5	Monitor only	96%	97%	96%	97%	97%	97%
	Better payment practice code compliance YTD - Volume % (Combined NHS/Non-NHS)	5	Monitor only	97%	97%	97%	97%	97%	97%
	Elective Variable Income YTD £000s	4	£44517k (YTD)	£22,711k	£27,699k	£33,942k	£38,720k	£43,393k	£48,908k
	CIP – Target identified YTD £000s	4	£6630k	£6,204k	£6,939k	£6,965k	£6,632k	£6,632k	£6,632k
	Implied workforce productivity % - compares real terms growth in pay costs from 19/20 against growth in activity from 19/20	5	Monitor only	-	-2.2%	-2.0%	-2.2%	-1.4%	-1.7%

Summary of Performance and Key Messages:

- **At month 10, the Year to date (YTD) finance position is a surplus of c0.1m, this represents a c£0.5m favourable variance to plan.** This is driven by a better than planned bank interest income (from a higher cash balance and interest rate) and variable activity over-performance.
- **The financial position reflects the continuation of the national aligned payment incentive arrangements** where the Trust's contracted income comprises of a fixed and a variable element. The latter is applicable broadly to elective activity delivery, with income calculated using published national tariff. Clinical income is favourable year-to-date, due to elective and pass-through (Homecare drugs and devices) activity over-performance. Variable performance year-to-date is estimated at c105% (latest national lens is published M6 YTD), against a national variable activity target of c108%. The income position includes the re-distribution of system funding on a non-recurrent basis of £3.5m.
- **YTD pay spend is adverse to plan by £7.5m. There is an underlying underspend in substantive pay from vacant establishment; this is being offset by pay award costs when compared to total pay budget (the latter being funded in actual terms within the income position) and use of premium temporary staffing above budget.** The impact of using premium cover, particularly the use of agency staff, is a key spotlight within ongoing roster reviews, led by the Chief Nurse and Director of Workforce. Enhanced controls have been put in place alongside enhanced monitoring. The YTD position also includes a provision for medical bank back-dated holiday pay (c£0.4m); resident doctors prior year award (£0.4m) matched to income; and non-recurrent pay arrears (£0.3m).
- **YTD operating non-pay spend is adverse to plan by £9.5m.** This is almost entirely driven by pass-through spend for Homecare drugs and tariff excluded devices, both of which are recovered through income. This position also includes a c£1.0m provision for staff welfare approved by Trust Board.
- **Net finance costs** are favourable to plan, owing to a higher than anticipated level current bank interest rates on cash balances (forecast to reduce over the next few months), and higher cash balances.
- **The cash position closed at £74.1m**, a decrease of £7.4m on last month's position due to the cash movement for the re-distribution of system funding of £3.5m and payment of PDC divided c£2.0m.
- **The Trust has a revised 2024/25 capital allocation (total CDEL) of £5.8m for the year which includes allocation for right of use assets and PFI residual interest capital charges.** As at month 10, 88% of the Trust's capital expenditure plan has been committed. The year-to-date expenditure position includes a rephasing for the Pathology LIMS project and a delay in the bypass equipment replacement scheme. These collectively drives an underspend of £1.4m. The Investment Group has undertaken a re-prioritisation exercise on schemes to ensure the delivery of full spend against annual allocation.

Note * Target set at 90% operational plan

Finance: Key Performance – Year to date SOCI position

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

Royal Papworth Hospital NHS Foundation Trust

The YTD position is c£0.2m surplus. The favourable position is driven by finance interest income, central reserves to be drawn-down by services for approved cases and an over-performed variable activity to plan. Pay adverse position is driven by premium on temporary staffing to backfill vacancies. This continues to be an area of focus for the Trust, with enhanced controls currently being implemented. This position also includes a provision for the redistribution of System funding of £3.5m.

		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	£126,977	£95,351	(£3,500)	£91,851	(£35,126)	Red
	Balance to Fixed Payment	£0	£35,473	£0	£35,473	£35,473	Green
	Variable at Tariff	£44,517	£48,089	£819	£48,908	£4,391	Green
	Homecare Pharmacy Drugs	£37,743	£43,923	£0	£43,923	£6,180	Green
	High cost drugs	£506	£649	£0	£649	£143	Green
	Pass through Devices	£16,815	£17,434	£2,618	£20,052	£3,237	Green
	Sub-total	**£226,559**	**£240,919**	**(£63)**	**£240,857**	**£14,298**	Green
Clinical income - Outside of national block framework							
	Devices	£2,105	£1,296	£0	£1,296	(£809)	Red
	Other clinical income	£2,220	£2,668	£472	£3,140	£920	Green
	Private patients	£8,351	£8,452	£0	£8,452	£100	Green
	Sub-total	**£12,677**	**£12,416**	**£472**	**£12,888**	**£211**	Green
Total clinical income		**£239,235**	**£253,335**	**£409**	**£253,744**	**£14,509** ❶	Green
Other operating income							
	Other operating income	£14,273	£15,256	£338	£15,594	£1,321 ❷	Green
Total operating income		**£14,273**	**£15,256**	**£338**	**£15,594**	**£1,321**	Green
Total income		**£253,508**	**£268,591**	**£747**	**£269,338**	**£15,830**	Green
Pay expenditure							
	Substantive	(£115,384)	(£116,203)	(£700)	(£116,903)	(£1,519)	Red
	Bank	(£375)	(£3,320)	(£14)	(£3,320)	(£2,945)	Red
	Agency	£0	(£3,026)	(£37)	(£3,063)	(£3,063)	Red
	Sub-total	**(£115,759)**	**(£122,549)**	**(£751)**	**(£123,286)**	**(£7,527)** ❸	Green
Non-pay expenditure							
	Clinical supplies	(£44,805)	(£49,020)	(£1,361)	(£50,382)	(£5,577) ❹	Red
	Drugs	(£5,876)	(£5,685)	£0	(£5,685)	£191	Green
	Homecare Pharmacy Drugs	(£36,378)	(£42,383)	£0	(£42,383)	(£6,005) ❺	Red
	Non-clinical supplies	(£38,274)	(£35,099)	(£1,553)	(£36,653)	£1,622 ❻	Green
	Depreciation	(£9,043)	(£8,869)	£0	(£8,869)	£174	Green
	Sub-total	**(£134,377)**	**(£141,057)**	**(£2,915)**	**(£143,972)**	**(£9,595)**	Red
Total operating expenditure		**(£250,136)**	**(£263,607)**	**(£3,665)**	**(£267,258)**	**(£9,595)**	Red
Finance costs							
	Finance income	£2,500	£3,441	£0	£3,441	£941 ❼	Green
	Finance costs	(£4,929)	(£5,052)	£0	(£5,052)	(£123)	Red
	PDC dividend	(£1,736)	(£1,713)	£0	(£1,713)	£23	Green
	Revaluations/(Impairments)	£0	£0	£0	£0	£0	Green
	Gains/(losses) on disposals	£0	(£0)	£0	(£0)	(£0)	Red
	Sub-total	**(£4,165)**	**(£3,325)**	**£0**	**(£3,325)**	**£841**	Green
Surplus/(Deficit) For The Period/Year		**(£793)**	**£1,659**	**(£2,918)**	**(£1,245)**	**£7,075** ❽	Green
Adjusted financial performance surplus/(deficit)		**(£313)**	**£1,901**	**(£2,918)**	**£140**	**£7,980**	Green

(Please note: The national calculation to derive the adjusted financial performance position has been changed in 2024/25 to reflect the impact of the adoption of IFRS16 PFI accounting, using a UKGAAP as opposed to an IAS17 basis).

In month headlines:

❶ **Clinical income is c£15m favourable to plan.**

- Fixed income on a tariff lens is behind plan by c£35.1m. This is mitigated by current block contract arrangements, which provides security to the Trust's income position. The commissioner plan (agreed via the contract) attributes a material element of this balancing figure to the ITU funding block growth - when viewed via commissioner lens the balancing figure of the fixed income is c£28m.
- Variable income is favourable to plan by c£4.4m and reflects c105% performance against the expected national baselines. Variable activity delivery remains a key focus for the Trust.
- Devices outside framework are behind plan by c£0.8m, this adverse variance is offset by an equal and opposite favourable variance in expenditure.

❷ **Other operating income is c£1.3m favourable to plan driven by** education & training income, staff recharges, donations of physical assets income, increase in staff accommodation usage, claim awarded for sustainable energy usage, increase in R&D income offset by adverse variance on charitable income.

❸ **Pay expenditure is c£7.5m adverse to plan**. This position includes a provision for prior year medical bank staff holiday pay of £0.4m. Substantive underspends are being offset by premium temporary staffing spend for which additional controls are being put in place to bring this within budget. The pay award cost in the underlying position is offset in income.

❹ **Clinical Supplies is c£5.6m adverse to plan**. This YTD position reflects the activity position including pass-through device over-performance which is recovered in the income position. The position also includes device rebates of c£0.5m YTD.

❺ **Homecare drugs is £6.0m adverse to plan.** The adverse variance on expenditure is driven by increase in patients within the pathway (this is recovered from commissioners as income).

❻ **Non-clinical supplies is £1.6m favourable to plan.** The position includes provision for staff welfare schemes (£1.0m). The underspend in the centrally held reserves are partly offset by overspends in general supplies and services and premises costs including agency recruitment feeds.

❼ **Finance income** favourable position is driven by higher than planned cash balances and interest rates being higher than plan.

❽ Included in the adjusted performance is the treatment of PFI costs. The national team are exploring a change to the adjusted surplus / deficit position to reflect UKGAAP treatment of PFI costs. We are seeking external review and validation of our figures and not expecting a downside impact however future upside may come.

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