

Papworth Integrated Performance Report (PIPR) February 2019

March 2019



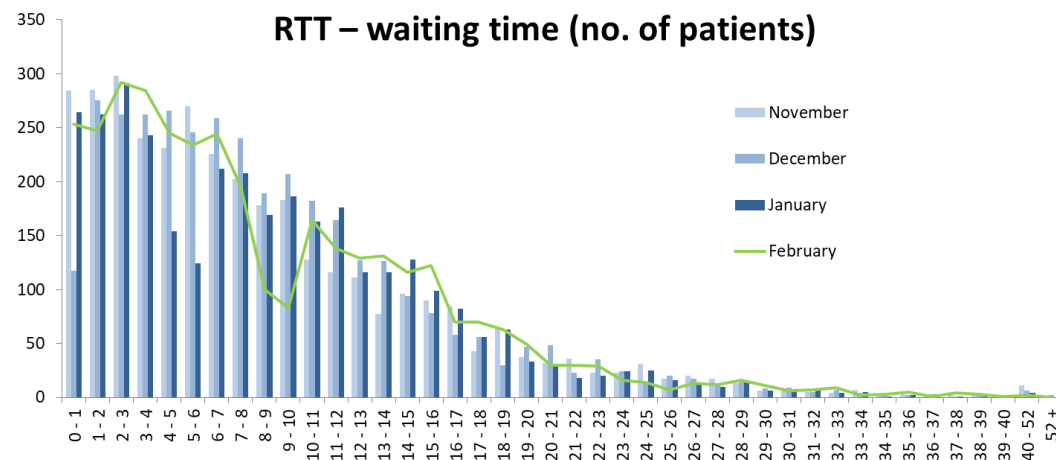
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Context:

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

| Inpatient Episodes | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Trend |
|----------------------------|--------------|--------------|--------------|--------------|--------------|--------------|-------|
| Cardiac Surgery | 163 | 284 | 206 | 162 | 212 | 136 | |
| Cardiology | 716 | 776 | 740 | 616 | 759 | 640 | |
| ECMO | 3 | 3 | 5 | 8 | 11 | 14 | |
| PTE operations | 15 | 20 | 13 | 13 | 20 | 8 | |
| RSSC | 507 | 602 | 487 | 310 | 545 | 477 | |
| Thoracic Medicine | 333 | 390 | 426 | 325 | 421 | 380 | |
| Thoracic surgery (exc PTE) | 52 | 88 | 63 | 57 | 90 | 48 | |
| Transplant/VAD | 43 | 53 | 45 | 44 | 64 | 49 | |
| Total Inpatients | 1,832 | 2,216 | 1,985 | 1,535 | 2,122 | 1,752 | |
| Outpatient Attendances | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Trend |
| Cardiac Surgery | 322 | 381 | 360 | 276 | 358 | 300 | |
| Cardiology | 3,626 | 3,787 | 3,628 | 2,966 | 3,729 | 3,442 | |
| ECMO | 0 | 0 | 0 | 0 | 0 | 0 | |
| PTE | 0 | 0 | 0 | 0 | 2 | (2) | |
| RSSC | 1,881 | 2,332 | 2,099 | 1,568 | 2,240 | 1,878 | |
| Thoracic Medicine | 1,697 | 1,975 | 1,884 | 1,590 | 2,019 | 1,802 | |
| Thoracic surgery (exc PTE) | 116 | 117 | 111 | 96 | 120 | 103 | |
| Transplant/VAD | 310 | 364 | 366 | 315 | 370 | 381 | |
| Total Outpatients | 7,952 | 8,956 | 8,448 | 6,811 | 8,838 | 7,904 | |



Reading guide

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

- **'At a glance' section** – this includes a 'balanced scorecard' showing performance against those KPIs considered the most important measures of the Trust's performance as agreed by the Board. The second dashboard includes performance against those indicators set by the Trust's regulators and reported externally.
- **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)

Key

KPI 'RAG' Ratings

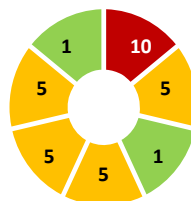
The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

| 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 2016 (where data is available)

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. The Trust will consider development of a data quality assurance framework to provide greater clarity around quality of underlying data.

| 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

Overall Trust rating - **AMBER**

Favourable performance

Safe: The Safe domain remains green in February. The overall safe staffing fill rate for registered nurses is green for nights (96.1%) and just under the 90% green threshold for days (88.3%). In some wards, days and nights fall short of the desired 90% fill rate that we aim for, however Care Hours Per Patient Day (CHPPD) levels in these areas remain healthy.

Caring: This month Caring has returned to a green rating from amber. This is because the number of complaints (12 month moving average) is back in green. There are also very positive Friends and Family Test scores which are covered in more detail in the Spotlight On section for Caring.

Responsive: RTT - Cardiology have achieved the 92% RTT standard a month ahead of trajectory with a further reduction in breaches and waiting list size. Short term changes in scheduling throughout the flu outbreak enabled patients to be treated that minimally impacted the bed pool post procedure. Cardiac Surgery's RTT performance remains ahead of trajectory with a further reduction in breaches. This was in spite of the 56 cancellations of elective activity and an inability to schedule further elective activity throughout the 3 week Flu outbreak period. A further cancellation of activity was noted due to the closure of Theatre 5 due a airflow failure.

Finance: The Trust's year to date position is a deficit of £7.42m, favourable against the plan by £3.39m.

Adverse performance

Effective: Theatre Utilisation - Performance was down by over 22% against the January performance. This was due to the cancellation of nearly all elective activity over the 3 week period of Flu related closures and a further airflow failure in theatre 5.

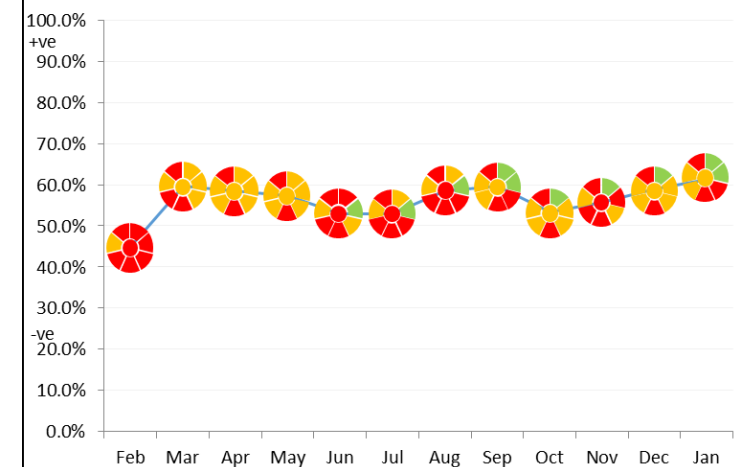
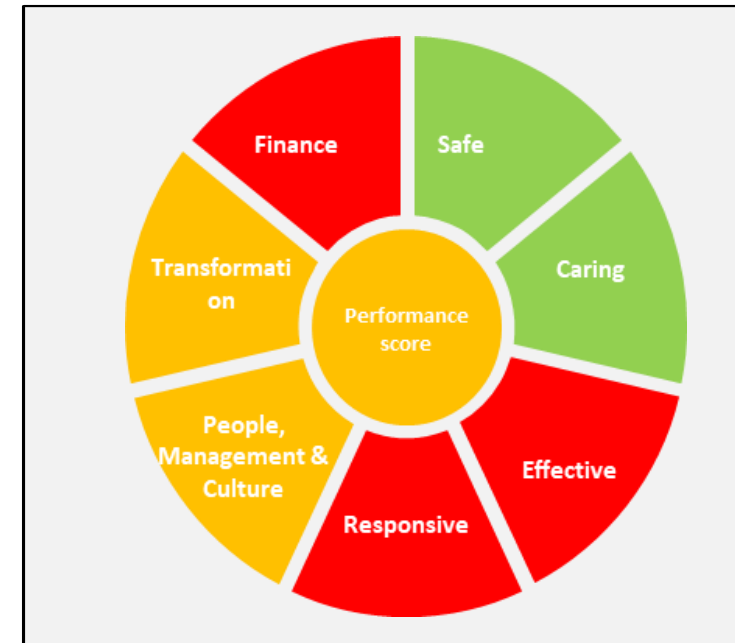
Responsive: 1) RTT - Respiratory RTT performance has dipped, this is being addressed through a focus on booking and capacity being fully utilised. 2) Theatre cancellations - There were 56 theatre cancellations in month – whilst this seemed to indicate an improvement from the January position it is noted that this is not truly reflective of overall position as all elective scheduling was placed on hold due to the Flu outbreak. This is reflected in the low theatre utilisation figure.

People, Management & Culture: 1) Turnover - We were a net loser of staff by 6.4 wte in February. There were low numbers of starters across all staff groups. This is linked to the move date in April as new appointees have been reluctant to start this close to the move. The same low in take will happen in March and April with the expectation, based on the pipeline, that this will improve in May 2019. 2) Sickness absence increased to 4.48%. This was directly related to the flu outbreak in February.

Finance: Clinical income is below plan by £1.95m, this comprises an adverse variance resulting from lower than planned NHS activity of 2,623 (11.2%) inpatient/day cases equating to £4.71m, partially mitigated by a favourable complexity case mix of £3.00m and a combination of other favourable items totalling £0.06m, to give an underlying net clinical income position which is behind plan by £1.65m.

Looking ahead

NPH Design, Construction & Enabling Works: Phase 2 works have been certified as complete, snagging matters cleared and those noted exception items previously agreed by the Liaison Committee resolved. Road works necessary to connect the site into the adjacent road network have also taken place and the landscaped areas around the pond completed and handed over. As such, the remaining construction works are now focused on clearing the site establishment and returning the land earmarked for the HLRI development back to its pre-use condition. In addition, a range of essential Small Works Requests have been specified and are being worked through. Sampling and testing of the water system has taken place and the results assessed by the Water Safety Group to be within tolerance to allow occupation. Those areas that experienced adverse results are undergoing remedial works in accordance with a second version of a Remedial Action Plan developed by the Water Safety Group and agreed by all parties. Equipment and furniture deliveries are continuing to the site in accordance with an agreed logistics plan. The processes of final commissioning and handover of Major Medical Equipment to user departments has commenced.



At a glance – Balanced scorecard

| | Month reported on | Data Quality | Plan | Current month score | YTD Actual | Forecast YE | Trend |
|------------|---|--------------|------|---------------------|----------------|-----------------|-------|
| Safe* | Safety Thermometer harm free care | Feb-19 | 4 | 97% | 97.22% | 98.37% | |
| | Never Events | Feb-19 | 3 | 0 | 0 | 0 | |
| | Moderate harm incidents and above as % of total PSIs reported | Feb-19 | 3 | 3% | 1.20% | 1.33% | |
| | Safer staffing – registered staff day (night) | Feb-19 | 3 | 90-100% | 88.3% (96.12%) | 85.53% (91.47%) | |
| | Number of C.Diff cases (sanctioned) | Feb-19 | 5 | 5 pa | 0 | 2 | |
| Effective | Bed Occupancy (excluding CCA) | Feb-19 | 4 | 85% (Green 80%-90%) | 76.47% | 76.00% | |
| | CCA bed occupancy | Feb-19 | 3 | 85% (Green 80%-90%) | 89.91% | 91.24% | |
| | Admitted Patient Care (elective and non-elective) | Feb-19 | 4 | 24332 | 1752 | 21578 | |
| | Cardiac surgery mortality EuroSCORE | Feb-19 | 3 | 3% | 1.93% | 2.06% | |
| | Theatre Utilisation | Feb-19 | 3 | 85% | 63.6% | 84.9% | |
| Responsive | % diagnostics waiting 6 weeks and over | Feb-19 | tbc | 99% | 99.28% | 99.36% | |
| | 18 weeks RTT ** | Feb-19 | 3 | 92% | 90.35% | 90.35% | |
| | 62 days cancer waits | Feb-19 | 3 | 85% | 100.00% | 89.61% | |
| | 31 days cancer waits | Feb-19 | 3 | 96% | 100.00% | 99.37% | |
| | Theatre cancellations in month | Feb-19 | 3 | 30 | 56 | 582 | |
| | % of IHU surgery performed < 7 days of acceptance for treatment or transfer | Feb-19 | 3 | 95% | 31.25% | 25.02% | |
| | | | | | | | |

| | Month reported on | Data Quality | Plan | Current month score | YTD Actual | Forecast YE | Trend |
|-----------------------------|--|--------------|------|---------------------|------------|-------------|-------|
| Caring | FFT score- Inpatients | Feb-19 | 4 | 95% | 97.00% | 96.95% | |
| | FFT score - Outpatients | Feb-19 | 2 | 95% | 98.00% | 97.37% | |
| | No of complaints (12 month moving average) | Feb-19 | 4 | 5 | 4.80 | | |
| | % of complaints responded to within agreed timescale | Feb-19 | 4 | 100% | 100.00% | 100.00% | |
| People Management & Culture | Voluntary Turnover % | Feb-19 | 3 | 15% | 16.64% | 16.42% | |
| | Vacancy rate as % of budget | Feb-19 | 4 | 6% | 10.59% | | |
| | % of staff with a current IPR | Feb-19 | 3 | 90% | 90.29% | | |
| | % sickness absence | Feb-19 | 3 | 3.5% | 4.48% | 3.43% | |
| Finance | Year to date EBITDA surplus/(deficit) £k | Feb-19 | 4 | £(1,149)k | £(71)k | | |
| | Year to date surplus/(deficit) £k | Feb-19 | 4 | £(11,429)k | £(7,421)k | | |
| | Cash Position at month end £k | Feb-19 | 4 | £6,526k | £25,363k | | |
| | Use of Resources rating (UOR) | Feb-19 | 5 | 4 | 3 | 3 | |
| | Capital Expenditure YTD £k | Feb-19 | 4 | £24,222k | £15,862k | | |
| | In month Clinical Income £k | Feb-19 | 4 | £12,366 | £11,868k | £135,869k | |
| | CIP – Identified £000s | Feb-19 | 4 | £8,619k | £6,041k | £6,041k | |
| | CIP – FY Target £000s | Feb-19 | 4 | £9,522k | £9,423k | £9,423k | |
| | Agency spend as % of salary bill | Feb-19 | 4 | 2.45% | 5.30% | 4.93% | |
| Transformation | ORAC programme delivery on track | Feb-19 | 4 | | | | → |
| | SIP – project delivery | Feb-19 | 4 | | | | → |
| | Digital programme delivery on track | Feb-19 | 3 | | | | → |

* Note - The Safe metric "Number of serious incidents reported to commissioners in month" has been changed from a Dashboard KPI to an Additional KPI from September 18.

** 18 week RTT is provisional *** Latest month of 62 day and 31 cancer wait metric is still being validated

At a glance – Externally reported / regulatory standards

1. NHS Improvement Compliance Framework

| NHSI Targets | Measure | Data Quality | NHSI Target | Month | YTD | Previous quarter | Forecast | Comments |
|-------------------|---|--------------|-------------|---------|---------|------------------|----------|--|
| C. Difficile | Meeting the C.Diff Objective | 5 | 5 | 0 | 3 | 1 | | |
| RTT Waiting Times | % Within 18wks - Incomplete Pathways | 4 | 92% | 90.35% | 89.48% | | | Monthly measure |
| Cancer | 31 Day Wait for 1st Treatment | 3 | 96% | 100.00% | 99.37% | 97.7% | | Current month provisional as going through verification process. |
| | 31 Day Wait for 2nd or Subsequent Treatment - surgery | 3 | 94% | 100.00% | 100.00% | 100.0% | | Current month provisional as going through verification process. |
| | 62 Day Wait for 1st Treatment | 3 | 85% | 100.00% | 89.61% | 80.93% | | Current month provisional as going through verification process. Data is after reallocations |
| VTE | Number of patients assessed for VTE on admission | 3 | 95% | 92.50% | 90.33% | | | Clinical Governance are reviewing data quality regards this metric with Lorenzo |
| Finance | Use of resources rating | 5 | 3 | 3 | 3 | 3 | 3 | |

2. 2018/19 CQUIN

| Scheme | | Total available | Achievement | | | | | Comments |
|----------------------|---|------------------|----------------|----------------|----------------|------------------|------------|--------------------------------|
| | | | Q1 | Q2 | Q3 | YTD | 2018/19 | |
| | | £'000s | £'000s | £'000s | £'000s | £'000s | % | |
| NHSE | GE3: Medicines Optimisation | £88.50 | £0.00 | £29.21 | £0.00 | £29.21 | 33% | No Q1 or Q3 indicator, Q2 100% |
| | IM2: CF Patient Adherence | £221.25 | £55.31 | £55.31 | £55.31 | £165.93 | 75% | Q1, Q2 & Q3 100% |
| | NSTEMI pathway | £177.00 | £17.70 | £53.10 | £53.10 | £123.90 | 70% | Q1, Q2 & Q3 100% |
| | NSTEAC pilot | £177.00 | £17.70 | £17.70 | £17.70 | £53.10 | 30% | Q1, Q2 & Q3 100% |
| | Cardiac Clinical Network | £221.25 | £0.00 | £0.00 | £0.00 | £0.00 | 0% | No Q1-Q3 indicators |
| | New Papworth Hospital | £1,000.00 | £250.00 | £250.00 | £250.00 | £750.00 | 75% | Q1, Q2 & Q3 100% |
| NHSE total | | £1,885.00 | £340.71 | £405.32 | £376.11 | £1,122.14 | 60% | |
| C&P CCG & Associates | 1a Improvement of health and wellbeing of NHS staff | £54.39 | £10.88 | £0.00 | £0.00 | £10.88 | 20% | Q1 100%, no Q2 or Q3 indicator |
| | 1b Healthy food for NHS staff, visitors and patients | £54.39 | £0.00 | £0.00 | £0.00 | £0.00 | 0% | No Q1-Q3 indicators |
| | 1c Improving the uptake of flu vaccinations for frontline clinical staff within Providers | £54.39 | £0.00 | £0.00 | £0.00 | £0.00 | 0% | No Q1-Q3 indicators |
| | 2a Timely identification of sepsis in acute inpatient settings | £40.83 | £10.21 | £10.21 | £10.21 | £30.63 | 75% | Q1, Q2 & Q3 100% |
| | 2b Timely treatment of sepsis in acute inpatient settings | £40.83 | £10.21 | £10.21 | £10.21 | £30.63 | 75% | Q1, Q2 & Q3 100% |
| | 2c Antibiotic Review | £40.83 | £10.21 | £10.21 | £10.21 | £30.63 | 75% | Q1, Q2 & Q3 100% |
| | 2d Reduction in antibiotic consumption | £40.83 | £10.21 | £10.21 | £10.21 | £30.63 | 75% | Q1, Q2 & Q3 100% |
| | 6 Offering advice and guidance | £163.34 | £24.50 | £24.50 | £24.50 | £73.50 | 45% | Q1, Q2 & Q3 100% |
| | 9a Tobacco screening | £8.17 | £2.04 | £2.04 | £2.04 | £6.12 | 75% | Q1, Q2 & Q3 100% |
| | 9b Tobacco brief advice | £32.67 | £8.17 | £8.17 | £8.17 | £24.51 | 75% | Q1, Q2 & Q3 100% |
| | 9d Alcohol screening | £40.83 | £10.21 | £10.21 | £10.21 | £30.63 | 75% | Q1, Q2 & Q3 100% |
| | 9e Alcohol brief advice or referral | £40.83 | £10.21 | £10.21 | £10.21 | £30.63 | 75% | Q1, Q2 & Q3 100% |
| | Engagement in STP process | £153.09 | £38.27 | £38.27 | £38.27 | £114.81 | 75% | Q1, Q2 & Q3 100% |
| CCGs total | | £765.43 | £145.12 | £134.24 | £134.24 | £413.60 | 54% | |
| Grand Total | | £2,650.43 | £485.83 | £539.56 | £510.35 | £1,535.74 | 58% | |

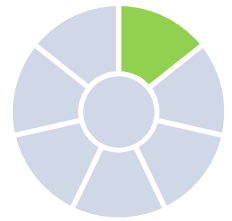
Board Assurance Framework risks (above risk appetite)

| PIPR Category | Title | Ref | Mgmt Contact | Risk Appetite | BAF with Datix action plan | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Status since last month |
|-----------------------|---|------|--------------|---------------|----------------------------|--------|--------|--------|--------|--------|--------|-------------------------|
| Safe | Failure to stay within ceiling trajectories for all HCAI's | 675 | JR | 6 | Yes | 8 | 8 | 8 | 8 | 8 | 8 | ↔ |
| Safe | Ageing Estate | 690 | RC | 6 | Yes | 20 | 16 | 12 | 12 | 12 | 12 | ↔ |
| Safe | Safer staffing and Monitor's Agency Price cap | 742 | JR | 6 | Yes | 20 | 20 | 20 | 16 | 16 | 12 | ↓ |
| Safe | NEW BAF CQC Fundamentals of care | 744 | JR | 6 | Yes | 6 | 15 | 15 | 15 | 15 | 15 | ↔ |
| Safe | Risk of insufficient workforce levels to meet the staffing requirements of the new Papworth Hospital (Ref closed risks ID 683 & 1695) | 1695 | JS | 12 | Yes | 16 | 16 | 16 | 16 | 16 | 16 | ↔ |
| Safe | Optimisation of the EPR systems | 1787 | JR | 6 | Yes | 12 | 12 | 12 | 12 | 12 | 12 | ↔ |
| Safe | Turnover in excess of our target level and that it will further increase as a result of the move of location | 1853 | OM | 6 | Yes | 16 | 16 | 16 | 16 | 16 | 16 | ↔ |
| Safe | The Trust is unable to recruit the required number of staff at the required level of skills and experience. | 1854 | OM | 6 | Yes | 16 | 16 | 16 | 16 | 16 | 16 | ↔ |
| Effective | Delivery of Efficiency Challenges - SIP Board approved | 841 | EM | 12 | Yes | 20 | 20 | 20 | 20 | 20 | 20 | ↔ |
| Effective | Delivery of Efficiency Challenges - SIP targets | 843 | EM | 12 | In progress | 20 | 20 | 20 | 20 | 20 | 20 | ↔ |
| Responsive | R&D strategic recognition | 730 | RH | 8 | Yes | 12 | 12 | 12 | 12 | 12 | 12 | ↔ |
| Responsive | Capacity assumptions - length of stay | 868 | EM | 10 | In progress | 12 | 12 | 12 | 12 | 12 | 12 | ↔ |
| Responsive | Capacity assumptions - activity | 869 | EM | 10 | In progress | 20 | 25 | 25 | 25 | 25 | 20 | ↓ |
| People Manag. & Cult. | Failure to release staff to undertake educational activity due to workload constraints and capacity pressure leading to inadequately trained staff and revalidation issues affecting service developments and patient care. | 684 | JS | 8 | Yes | 9 | 9 | 9 | 9 | 9 | 9 | ↔ |
| People Manag. & Cult. | Low levels of Staff Engagement | 1929 | OM | 9 | In progress | 16 | 16 | 16 | 16 | 16 | 16 | ↔ |
| Transformation | Expenditure Growth - New ways of working | 866 | RC | 12 | Yes | 15 | 15 | 15 | 15 | 15 | 12 | ↓ |
| Transformation | NEW Potential for cyber breach and data loss | 1021 | AR | 3 | Yes | - | - | - | 15 | 15 | 15 | ↔ |
| Transformation | The STP work includes Cardiology | 1162 | EM | 8 | Yes | 9 | 9 | 9 | 9 | 9 | 9 | ↔ |
| Finance | Failure to meet cardiac and cancer waiting targets | 678 | EM | 12 | Yes | 16 | 16 | 16 | 16 | 16 | 16 | ↔ |
| Finance | Current Trading Income performance | 833 | RC | 10 | Yes | 20 | 20 | 20 | 20 | 20 | 20 | ↔ |
| Finance | Current Trading Expenditure | 835 | RC | 10 | Yes | 20 | 20 | 20 | 20 | 20 | 20 | ↔ |
| Finance | Income Growth - targets | 836 | EM | 12 | Yes | 25 | 25 | 25 | 25 | 25 | 25 | ↔ |
| Finance | Income Growth - case mix | 837 | EM | 12 | In progress | 20 | 20 | 20 | 20 | 20 | 20 | ↔ |
| Finance | Income Growth - activity transfers | 865 | EM | 12 | In progress | 20 | 20 | 20 | 20 | 20 | 20 | ↔ |

Performance summary

Accountable Executive: Chief Nurse
6 month performance trends

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



| | | Data Quality | Target | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 |
|---|---|--------------|--------------|----------------|----------------|---------------|---------------|---------------|---------------|
| Dashboard KPIs | Safety Thermometer harm free care | 4 | >97% | 97.83% | 98.30% | 98.31% | 98.91% | 98.96% | 97.22% |
| | Never Events | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Moderate harm incidents and above as % of total PSIs reported | 3 | <3% | 1.40% | 0.80% | 1.16% | 2.60% | 1.10% | 1.20% |
| | Safer staffing – registered staff day | 3 | 90-100% | 83.8% | 88.0% | 89.0% | 85.0% | 92.2% | 88.3% |
| | Safer staffing – registered staff night | | | 87.8% | 93.6% | 99.1% | 97.7% | 95.3% | 96.1% |
| | Number of C.Diff cases (sanctioned) | 4 | 5 in year | 0 | 0 | 0 | 0 | 0 | 0 |
| | High impact interventions * | 3 | 97.0% | Additional KPI | Additional KPI | 99.6% | 99.5% | 99.1% | 98.8% |
| | Falls per 1000 bed days | 3 | <4 | Additional KPI | Additional KPI | 2.6 | 2.5 | 3.9 | 3.2 |
| | Ward - Care hours per patient day | 3 | >7.8 | 10.3 | 10.4 | 9.8 | 11.7 | 10.4 | 11.2 |
| Critical care - Care hours per patient day | >32.9 | | 34.3 | 33.0 | 33.2 | 34.8 | 34.3 | 35.8 | |
| Additional KPIs | Number of Papworth acquired Pressure Ulcers (grade 2 and above) | 4 | <4 | 2 | 2 | 2 | 2 | 2 | 1 |
| | Falls per 1000 bed days* | 3 | <2.2 | 1.6 | 1.8 | n/a | n/a | n/a | n/a |
| | MRSA bacteraemia | 3 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| | Number of serious incidents reported to commissioners in month | 3 | 0 | 2 | 2 | 0 | 1 | 2 | 1 |
| | Registered nurse vacancies (WTE)** | 2 | 5.00% | 91.32 | 61.16 | 55.81 | 59.79 | 59.41 | 59.38 |
| | Registered nurse vacancies (% total establishment)** | | | 13.91% | 9.31% | 8.47% | 9.08% | 9.02% | 9.02% |
| | HCSW vacancies (WTE)** | 3 | 10.00% | 3.49 | 5.10 | 8.20 | 15.69 | 18.65 | 20.73 |
| | HCSW vacancies (% total establishment)** | | | n/a | n/a | 3.80% | 7.28% | 8.65% | 9.58% |
| | E coli bacteraemia | 3 | Monitor only | 2 | 0 | 3 | 1 | 0 | 0 |
| | Klebsiella bacteraemia | 3 | Monitor only | 1 | 4 | 0 | 0 | 2 | 3 |
| | Pseudomonas bacteraemia | 3 | Monitor only | 1 | 1 | 1 | 1 | 0 | 0 |
| | High impact interventions * | 3 | Monitor only | 98.0% | 98.0% | Dashboard KPI | Dashboard KPI | Dashboard KPI | Dashboard KPI |
| Moderate harm and above incidents reported in month (including SIs) | 3 | Monitor only | 3 | 2 | 3 | 5 | 2 | 3 | |

* Promoted from Additional KPI to Dashboard KPI from Nov 18 onwards.

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Safe' is Good dated 31.01.2019 (checked 15.03.2019)

Safe Staffing: The overall safe staffing fill rate for registered nurses is green for nights (96.1%) and just under the 90% green threshold for days (88.3%). In some wards, days and nights fall short of the desired 90% fill rate that we aim for, however Care Hours Per Patient Day (CHPPD) levels in these areas remain healthy (a full breakdown is shown on 'Spotlight On' (for Safe). Overall (as shown in the KPIs) the CHPPD indicator remains healthy and in the green.

Hugh Fleming and Mallard Wards fill rates were also impacted during Feb 2019 due to the Flu Outbreak bed closures and where appropriate staff were moved to other areas in support of the dynamic decisions made daily during the Outbreak Incident. Staff were adaptable and very supportive of each other during the Flu Outbreak.

As with previous months, for the areas where there remains a lower fill rate, this has been balanced with lower bed occupancy; pausing of beds in partnership with operational planning; and safe movement of staff to ensure a good registered nurse to patient ratio. Through the daily patient safety (bed) meetings, we continue to review patient safety measures; as well as the registered nurse to patient ratios; and 'Utilisation', which is taken from the SafeCare module of HealthRoster and takes into account patients' acuity and dependency (levels of care). Where necessary, changes are made on the day with staffing levels and/or skill mix.

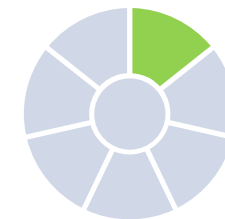
Vacancies for registered nurses have further reduced slightly in Feb 2019 (from Jan 2019), whereas HCSWs have again increased further. This remains one of the focus areas for Workforce / Recruitment and Retention and there have been a number of recent effective recruitment events, including another during March 2019. Nursing, Clinical Education and Workforce teams continue to work in partnership to support the very active and positive recruitment activity.

**For the 'Safe' section of PIPR the pre registration nurses are included in the HCSW vacancy figures (therefore this differs from the People, Management & Culture (PMC) Section of PIPR). This is to help clarify the actual registered nurse vacancies; and unregistered [HCSW] workforce gaps.

Serious incidents: There was one SI reported in February: SUI-WEB22879 Flu Outbreak - Incident threatening organisations ability to continue to deliver an acceptable quality of healthcare services. This remains under investigation.

Moderate harm incidents: There were three moderate harm and above incidents reported in month: WEB22879 (Flu Outbreak); WEB29910 (Cardiology patient found unresponsive who sadly died. This remains under investigation and has since been escalated and reported as an Si (during March 2019); WEB29787 (Cath labs/Day Ward patient who suffered a major stroke. This remains under investigation).

Key performance challenges



Escalated performance challenges: Safeguarding – Preventing Radicalisation ('Prevent') training

National Context: The NHS England Prevent website says: Prevent is part of the UK's Counter Terrorism Strategy known as CONTEST. Prevent works to stop individuals from getting involved or supporting terrorism or extremist activity. Radicalisation is a psychological process where vulnerable and/or susceptible individuals are groomed to engage into criminal, terrorist activity. The Prevent Programme is designed to safeguard people in a similar way to safeguarding processes to protect people from gang activity, drug abuse, and physical and sexual abuse. With a staff population for 1.3million, the NHS is a value based organisation which aims to empower staff to understand and recognise all forms of harm and abuse, this includes radicalisation...

...In April 2015, the Prevent Statutory Duty under Section 26 of the Counter-Terrorism and Security Act 2015 was made a statutory responsibility for the health sector. The Duty stated that the health sector needed to demonstrate "due regard to the need to prevent people from being drawn into terrorism". Within health, NHS Trusts and Foundation Trusts are specifically mentioned in the Duty. However, Prevent is part of mainstream safeguarding and therefore all health staff must ensure vulnerable people are safeguarded.

The NHS Standards Contract requires all NHS funded providers to demonstrate they comply with the requirements of the Prevent Duty. This includes ensuring that there is a named Prevent Lead and that there is access to quality training for staff in their organisation. As a statutory partner, the NHS is in a position to help identify and support any vulnerable individuals who may be being or at risk of being radicalised.

Local position: During February 2019 the Trust received a letter from NHS England raising concerns about our mandatory training compliance rates, particularly for Level 3. (The Prevent levels are Level 1&2 (also called 'basic') and Level 3 (also known as WRAP 'Workshop Raising Awareness of Prevent'). There are a number of reasons why RPH Level 3 compliance levels were low:

1. Only a WRAP Facilitator, registered with NHS England and the Home Office can deliver WRAP/Level 3. (NHS England, 2017). A Member of the Trust Safeguarding Team completed the national training in December 2018 (Home Office approved) in order to be able to deliver Prevent training to Trust staff. Teaching sessions then commenced as required.
2. The number of staff who are required to undertake the Level 3 has been increased as part of national recommendations.
3. eLearning is being rolled out across the Trust and Prevent Level 3 wasn't included in the first phase. It has since been added as part of our locally implemented action plan to improve training numbers and compliance.

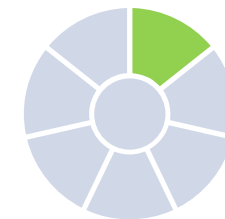
The letter dated 18th February 2019 advised that we were 11% trained (out of 62 staff requiring Level 3) and at the time of writing this PIPR (15.03.2019), due to the actions taken (see 'Key Actions') we are 66.83% (out of 199 staff requiring Level 3). The plan is to have 85% or more of the 199 staff trained by the end of March (which has been agreed with our Commissioners). Prevent Level 3 will then be rolled out to even more staff as part of the revised Training Needs Analysis work that is in progress at the moment. The Safeguarding Team are working in partnership with the Workforce team regards this.

Key risks:

- Undertraining of staff on an important and mandatory subject
- Potential missed opportunity to safeguard staff or others
- Lower training levels potentially means lower levels of awareness of Prevent
- Potential damage to reputation of organisation

Key Actions:

- Local Action Plan commenced led by Deputy Chief Nurse
- eLearning introduced for levels 1 to 3 Prevent
- Face to Face teaching sessions through March
- Personal email to all staff required to undertake the training (with reminders that followed)
- Bespoke monitoring of compliance
- Build into the review of ESR monitoring and mandatory training TNA review with subject matter expert and Workforce team.
- Further increase the number of staff who are trained in Level 3 Prevent (the national recommendation is 50% of all Trust staff)



Background

Each month, a breakdown of safe staffing is uploaded to the NHS Digital website. This information is then used to inform national benchmarking and public information such as that made available on NHS Choices.

While overall we are green for safe staffing (nights 96.1%) and just under the 90% threshold for green on days (88.3%), there are some individual inpatient areas that remain under the desired 90% fill rate. This is a breakdown of the February 2019 submission data:

| Ward name | Day | | Night | | Care Hours Per Patient Day (CHPPD) | |
|------------------|--|------------------------------------|--|------------------------------------|---|---------|
| | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Cumulative count over the month of patients at 23:59 each day | Overall |
| CMU | 83.0% | 75.0% | 101.9% | 100.0% | 615 | 9.3 |
| HEMINGFORD & HDU | 97.9% | 102.2% | 101.8% | 182.7% | 379 | 13.5 |
| CF WARD | 111.6% | 101.4% | 116.1% | - | 259 | 11.0 |
| HUGH FLEMING | 56.2% | 83.8% | 71.8% | 168.1% | 454 | 10.8 |
| MALLARD & PCU | 83.8% | 112.5% | 89.3% | 126.6% | 753 | 13.3 |
| RSSC | 83.7% | 56.6% | 91.1% | 73.1% | 372 | 10.7 |
| VARRIER JONES | 87.0% | 119.2% | 95.1% | 109.3% | 931 | 9.7 |
| CRITICAL CARE | 100.5% | 68.9% | 101.4% | 90.4% | 831 | 35.8 |

Comments

Shaded red in the left table; five out of eight inpatient areas remain under the 90% fill rate for registered nurses on days and two (of the same five areas) also for nights.

Those areas that remain under the 90% fill rate for registered nurses are:

CMU (days): RN vacancies have increased slightly from Dec 2018 (34.9%) to Jan 2019 (36.9%). Sickness has further improved from 5.6% (Dec 2018) to 2.5% (Jan 2019)*. Gaps in fill rate mainly due to RN vacancies.

Where required, co-ordinator taking patients to maintain safety. There are some EU/overseas pre-reg nurses working towards obtaining their UK PIN numbers working in this area. The overall CHPPD** is 9.3 which is higher than the benchmark threshold for RPH (7.8). This indicates that although the registered nurse fill rate is under the 90%, that the CHPPD are still being achieved.

Hugh Fleming (days and nights): RN vacancies have increased from Dec 2018 (14.2%) to Jan 2019 (23.2%). Sickness was 4.2% in Dec 2018 and 3.9% in Jan 2019. Some beds closed on ward during February due to a Flu Outbreak. Staff re allocated to other areas as appropriate (this also occurred at nights however staff not moved on the eRoster, which is being followed up by the Head of Nursing).

Mallard (days and nights): RN vacancies have increased slightly from Dec 2018 (10.8%) to Jan 2019 (13.4%). Sickness (4.3% Dec 2018; 5.4% Jan 2019). Some beds closed on ward during February due to a Flu Outbreak. Fill rate due to RN vacancies and sickness. Overseas pre-reg nurses providing direct care supported by co-ordinator, supernumerary Ward Sister and CPD staff as required. Unregistered required for enhanced care requirements. Above 100% unregistered nursing staff (days and nights) providing support required for enhanced care requirements.

RSSC (days): RN vacancies is a further month on month improved position from Dec 2018 (23.8%) to Jan 2019 (22.0%). Sickness (5.1% Dec 2018; 5.2% Jan 2019). There is a further improved RN roster fill rate position from previous month on days (77.2% Jan; 83.7% Feb 2019) and nights (84.0% Jan; 91.1% Feb 2019). Unregistered staff fill rate due to vacancies and sickness. Staffing levels and skill mix is monitored on a daily basis. Staffing levels adjusted as required for patient activity. There are some EU/overseas pre-reg nurses working towards obtaining their UK PIN numbers working in this area. The overall CHPPD is 10.7, which is better than the RPH benchmark threshold (of 7.8).

VARRIER JONES (days): RN vacancies have increased from Dec 2018 (1.1%) to Jan 2019 (9.7%). Sickness was 2.9% Dec 2018 and 3.8% Jan 2019. Further improved RN roster fill rate position from previous month on days (82.3% Jan; 87.0% Feb 2019) and nights (88.7% Jan; 95.1% Feb 2019). Above 100% unregistered nursing staff (days and nights) providing support required for enhanced care requirements.

* The RN vacancies and sickness data is taken from the most recent Monthly Scorecard (produced by the Trust Data Analyst).

**The Care Hours Per Patient Day (CHPPD) is calculated using a 23:59 hrs bed count mapped against actual staffing. This is a mandated calculation set by NHSI. The threshold for RPH has been established as 7.8 (average across the organisation for ward areas) and 32.9 for Critical Care, following modelling against international guidance.

Performance summary



Accountable Executive: Chief Nurse
6 month performance trends

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

| | Data Quality | Target | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | |
|-----------------|--|--------|--------------------------------|--------|--------|--------|--------|--------|------------|
| Dashboard KPIs | FFT score- Inpatients | 4 | 95% | 98.0% | 97.0% | 96.6% | 98.1% | 95.8% | 97.0% |
| | FFT score - Outpatients | 2 | 95% | 98.0% | 96.0% | 97.3% | 92.5% | 96.3% | 98.0% |
| | Number of complaints (12 month moving average) | 4 | 5 and below | 4.1 | 4.8 | 5.2 | 5.5 | 5.5 | 4.8 |
| | % of complaints responded to within agreed timescales | 4 | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Additional KPIs | Number of complaints upheld | 4 | 3 (60% of complaints received) | 4 | 3 | 7 | 4 | 6 | Await data |
| | Direct Care Time - Activity follows completed in quarter | 3 | 100% | 100.0% | - | - | 100.0% | - | - |
| | Direct care time | 3 | 40% | 36.7% | - | - | 40.8% | - | - |
| | Direct Care Time - Number of wards > 40% | 3 | 100% | 25% | - | - | 50% | - | - |
| | Number of complaints | 4 | 5 and below | 6 | 4 | 7 | 4 | 7 | 1 |
| | Number of recorded compliments | 4 | 10 | 767 | 771 | 695 | 621 | 734 | 517 |

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Caring' is Outstanding dated 31.01.2019 (checked 15.03.2019)

Summary: This month Caring is green (amber rating last month). This is because the number of complaints (12 month moving average) is back in green. There are also very positive Friends and Family Test scores which are covered in more detail in the Spotlight On section; in which also covers benchmarking with other cardiothoracic hospitals within the peer group and neighbouring hospitals (using the latest available national data which is Jan 2019).

The Model Hospital looks at **FFT Inpatient data** and the latest published data remains Dec 2018 (checked 15.03.2019), which was covered in detail in last months PIPR.

Complaints moving average: Moving average for complaints has turned green this month at 4.8 (red last month at 5.5). We remain green in Model Hospital for numbers of complaints.

Complaints: The Trust continues to report 100% of complaints within the agreed timescales. The number of complaints received during February 2019 was 1 (compared to 7 in the previous month). A summary of this complaint is covered in the next slide for information.

Compliments: the number of recorded compliments received and recorded during February 2019 was 517.

Key performance challenges



Escalated performance challenges:

While this is not a performance challenge for us, it is helpful to look in greater detail at our ongoing complaints position.

Complaints

There has been one complaint received during February 2019. This complaint was regarding a respiratory medicine patient who was unhappy with communication and patient experience regards transfer of specialist care for severe obstructive sleep apnoea. The complaint is currently being investigated.

The graph below shows our current complaint position in **Model Hospital** (date period 30.09.2018 [accessed 16.03.2019]). The Trust is green (complaints rate 7.98) therefore within lowest 25% of acute specialist trusts.

Key risks:

- Poor patient experience
- Possible poor standard of care and service provided
- A high complaints rate could result in damage to the reputation of the Trust
- Possible negative impact on staff morale

Key Actions:

We continue to monitor formal complaints and actions through the Quality and Risk Management group.

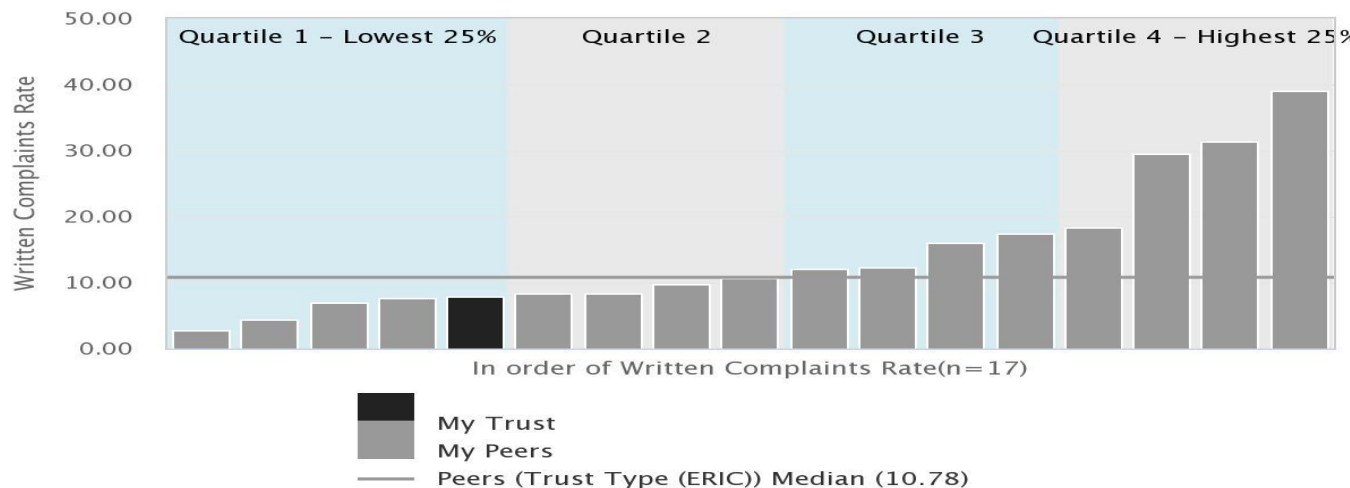
Individual Business Units and Directorates report complaints through their meetings acting on lessons learnt.

Continued monitoring of complaints and patient and public feedback.

Patient stories continue to be presented and shared at a number of Trust meetings.

Staff, Sisters and Matrons proactively responding to and addressing concerns when raised. This helps to ensure that concerns are heard and where possible handled in a positive way, often avoiding the need for a formal complaint. An apology is given where necessary.

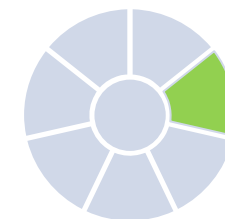
Written Complaints Rate , National Distribution



Further graph information

Left to right. Lowest complaints rate = Liverpool Heart and Chest NHS (2.73); Clatterbridge Cancer Centre NHS (4.42); GOSH (6.89); Royal Brompton and Harefield NHS (7.74) ; the black bar is RPH (7.98).

Highest complaints rate (far right) = Royal Orthopaedic Hospital NHS (39.15)



Overview:

There was a notable improvement in both the Inpatients and Outpatients Recommendation rate/score from January to February 2019 for Royal Papworth Hospital. Inpatients 95.8% (Jan) to 97.0% (Feb). Outpatients 96.3% (Jan) to 98.0% (Feb). The tables below display the February 2019 data for Royal Papworth Hospital. Details to the bottom right also provide benchmarking information, though please note that the national data is one month behind (therefore showing Jan 2019 data). RPH is 2nd from top in the inpatient and outpatient comparison groups shown.

Inpatients (RPH Feb 2019)

| Ward | Surveys returned | Patients discharged | Participation rate | Recommendation rate |
|---------------|------------------|---------------------|--------------------|---------------------|
| CF Ward | 7 | 16 | 44% | 86% |
| CMU | 49 | 117 | 42% | 100% |
| Hemingford | 40 | 78 | 51% | 98% |
| Hugh Fleming | 38 | 73 | 52% | 92% |
| Mallard | 22 | 83 | 27% | 100% |
| RSSC | 103 | 186 | 55% | 96% |
| Varrier Jones | 43 | 123 | 35% | 100% |
| TW | 302 | 676 | 44.7% | 97.0% |

Outpatients (RPH Feb 2019)

| Ward | Surveys returned | Patients discharged | Participation rate | Recommendation rate |
|------------|------------------|---------------------|--------------------|---------------------|
| Cardiac | 64 | 3866 | 1.7% | 100% |
| Thoracic | 79 | 4055 | 1.9% | 96% |
| Transplant | 53 | 406 | 13.1% | 98% |
| TW | 196 | 8327 | 2.4% | 98.0% |

RPH Highest Participation rates Feb 2019:

For inpatient areas the highest participation rate for February 2019 is RSSC at 55%. For outpatient areas the highest is Transplant at 13.1%.

RPH Highest Recommendation rates Feb 2019:

For inpatient areas the highest recommendation rate for February 2019 is joint CMU; Mallard and VJ all at 100%.

For outpatient areas the highest is Cardiac at 100%.

For benchmarking purposes, these are the latest published FFT % Recommended scores (Jan 2019):

Inpatients

- Liverpool Heart and Chest Hospital NHS Foundation Trust = 99%
- Royal Papworth = 96%
- Royal Brompton and Harefield NHS Foundation Trust = 96%
- CUH = 96%
- NWAFT = 95%
- England NHS = 95%

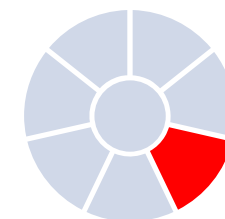
Outpatients

- Liverpool Heart and Chest Hospital NHS Foundation Trust = 99%
- Royal Papworth = 96%
- NWAFT = 96%
- England NHS = 94%
- CUH = 92%
- Royal Brompton and Harefield NHS Foundation Trust = 91%

Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Directors of Operations



6 month performance trends

| | | Data Quality | Target | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 |
|-----------------|---|--------------|----------------------|--------|--------|--------|--------|--------|--------|
| Dashboard KPIs | Bed Occupancy (excluding CCA) | 4 | 85% (Green 80%90%) | 73.4% | 74.2% | 80.7% | 66.8% | 78.1% | 76.5% |
| | CCA bed occupancy | 3 | 85% (Green 80%90%) | 92.4% | 93.9% | 94.7% | 92.0% | 93.1% | 89.9% |
| | Admitted Patient Care (elective and non-elective) | 4 | 2146 (current month) | 1832 | 2216 | 1985 | 1535 | 2122 | 1752 |
| | Cardiac surgery mortality EuroSCORE | 3 | <3% | 1.91% | 1.54% | 1.86% | 1.79% | 1.73% | 1.93% |
| | Theatre Utilisation | 3 | 80% | 92.04% | 89.25% | 83.27% | 85.30% | 86.12% | 63.64% |
| Additional KPIs | Same Day Admissions – Cardiac (eligible) | 4 | 40% | 27.48% | 26.59% | 19.23% | 26.51% | 31.18% | 30.19% |
| | Same Day Admissions – Thoracic (eligible) | 4 | 40% | 36.59% | 42.00% | 34.69% | 51.92% | 45.28% | 26.67% |
| | Length of stay – Cardiac Elective – CABG (days) | 3 | 8.22 | 8.65 | 7.86 | 7.77 | 9.12 | 6.88 | 7.32 |
| | Length of stay – Cardiac Elective – valves (days) | 3 | 9.65 | 8.59 | 8.04 | 9.74 | 8.82 | 7.54 | 9.18 |
| | Cath Lab Utilisation 1-5 (including 15 min Turn Around Times) | 4 | 90% | 87% | 85% | 86% | 78% | 89% | 82% |
| | Cath Lab Utilisation 6 (including 15 min Turn Around Times) | 4 | 70% | 80% | 77% | 76% | 64% | 70% | 64% |
| | CCA length of stay (LOS) (hours) - Mean | 3 | Monitor only | 97 | 98 | 115 | 152 | 112 | 151 |
| | CCA LOS (hours) - median | 3 | Monitor only | 38 | 31 | 40 | 45 | 32 | 46 |
| | Length of Stay – combined (excl. Day cases) days | 3 | Monitor only | 4.72 | 4.44 | 4.62 | 5.45 | 5.07 | 5.12 |
| | % Day cases | 3 | Monitor only | 54.32% | 55.81% | 56.35% | 53.16% | 58.75% | 59.52% |

Summary of Performance and Key Messages:

CCA occupancy

Critical care occupancy remained above trajectory . High respiratory ECMO occupancy reflecting the national picture on ongoing surge status (4-7 patients per day) patients under the transplant/heart failure service and a high number of ward patients on the unit in part due to the flu outbreak contributed to the high occupancy rate

Cardiac Surgery Mortality and LOS

Whilst the Flu outbreak impacted LOS throughout February. Performance remained within range for our services .

SDA

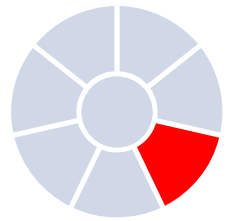
As a result of the outbreak, scheduling of elective activity and cancellation, attributed to a drop in performance in areas such as Thoracic Surgery. A Task and Finish group has been set up to look at how we can improve performance of SDA across the organisation.

Theatre Utilisation

As expected for the month, performance was down by over 22% against the January performance. This was due to the cancellation of nearly all elective activity over the 3 week period of Flu related closures and a further airflow failure in theatre 5 .

Cath Lab utilisation

Cath lab utilisation was below the planned trajectory-contributing factors included lab breakdown and flu outbreak. The impact of the flu outbreak was partially mitigated by selecting patients suitable as day cases for treatment.



Where we were:

In the summer of 2018, The Royal Papworth Administration team consolidated services at the Royal Papworth House in Huntingdon, in preparation for Royal Papworth Hospital relocating to the purpose built hospital on the Bio Medical Campus. The services at the Royal Papworth House are an amalgamation of booking and secretarial staff, some staff work across both sites whilst some are based purely at the House.

Despite processes being reviewed as part of the Lorenzo implementation it was evident after the transfer of personnel that there remained various processes and different ways of working

Vision:

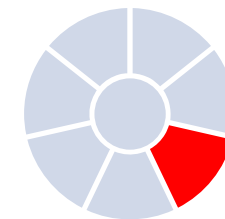
- Putting the patient at the centre of everything we do to provide excellent care
- Excellent communication between hospital and administration staff
- Streamlined processes and pathways
- Robust and stable workforce
- KPI's to demonstrate team performance

Key Issues:

- New ways of working and process for all staff, clinicians, administration staff and operational teams
- Inconsistent processes across the Trust
- Vacancies within both the secretarial and booking teams
- Lack of robust capacity planning and forward look
- Data quality
- Communication between and within teams
- Requirement for further clarification and consistency of roles and responsibilities
- Short notice cancellation of clinics (under 6 weeks)
- Requirement for additional staff training
- Call center systems not suitable for the purpose.

Key Actions taken:

- Empowering team leaders to lead and manage their teams
- Reviewing staffing structures within each speciality, clear roles and responsibilities
- Capacity planning and forward look
- Aligning named secretaries to each Consultant
- Named secretary to minute meetings
- SOP for all minute taking
- Regular attendance at Directorate meetings
- Reviewing all processes, cardiology, surgery and cancer currently under review
- Recruiting the right staff for the right job
- Buddy system for all new staff
- Refreshed staff induction pack
- Open and honest environment, opportunities for staff to voice concerns
- KPIs identified and weekly reporting
- New phone system introduced and calls being monitored.



Theatre Cancellations

| Cancellation Code | Feb-19 |
|--|-----------|
| 1a Patient DNA | 0 |
| 1b Patient refused surgery | 0 |
| 1c Patient unfit | 9 |
| 1d Sub optimal work up | 3 |
| 2a All CCA beds full with CCA patients | 14 |
| 2b No ward bed available to accept transfer from CCA | 8 |
| 2c Delay in repatriation of patient from CCA | 2 |
| 2d No ward bed available | 8 |
| 3a Critical Care | 8 |
| 3b Theatre Staff | 0 |
| 3c Consultant Surgeon | 0 |
| 3d Consultant Anaesthetist | 0 |
| 3e Other | 0 |
| 4a Emergency took time | 2 |
| 4b Transplant took time | 0 |
| 4c ECMO/VAD took time | 0 |
| 4d Additional urgent case added and took slot | 0 |
| 4e Equipment/estate unavailable | 0 |
| 5a Planned case overran | 2 |
| 5b Additional urgent case added and took slot | 0 |
| 5c Overruns delayed start | 0 |
| 6a Scheduling issue | 0 |
| Total | 56 |

Key risks

- Poor patient experience
- Reputational damage to Trust
- RTT – risk to achievement of RTT in cardiac surgery

Top reasons in month:

- No CCA bed available
- Patient unfit
- No ward bed available
- Critical Care staff

The numbers of patients scheduled on elective lists were significantly reduced due to the Flu outbreak in February

Additional activity within theatres and CCA

35 emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.

21 patients returned, were admitted to CCA as emergencies or were recovered in CCA following Thoracic surgery.

4 additional elective cases were added to the list. **80** additional emergency minor procedures also went through theatre.

On **16** occasions, the Theatre or CCA team was called out for retrieval or repatriation of patients.

Cath Lab Cancellations and postponements

| Reason | Feb-19 |
|--|------------|
| Emergency took time | 31 |
| Medical reasons | 21 |
| Previous case over ran | 6 |
| Patient did not arrive in time | 6 |
| Clerical error | 5 |
| Patient DNA | 2 |
| Infection control | 6 |
| Patient unfit for procedure | 3 |
| Cancelled by patient | 1 |
| Bed Shortage | 7 |
| Procedure no longer required | 1 |
| Equipment Failure | 6 |
| Transport | 0 |
| Further tests | 1 |
| Patient admitted as emergency | 0 |
| Procedure carried out at another hosp. | 0 |
| More urgent case | 1 |
| Consultant unavailable | 0 |
| Appointment moved to fill slots | 0 |
| Procedure changed | 0 |
| Various other reasons | 5 |
| Grand total | 102 |

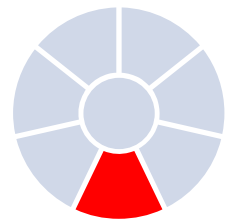
Responsive

Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Director of Operations

6 month performance trends



| | Data Quality | Target | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | |
|-----------------|--|--------|--------------|---------|---------|---------|---------|---------|---------|
| Dashboard KPIs | % diagnostics waiting less than 6 weeks | tbc | >99% | 99.23% | 99.08% | 99.18% | 99.36% | 99.42% | 99.28% |
| | 18 weeks RTT (combined)]* | 3 | 92% | 87.31% | 88.45% | 89.49% | 90.49% | 90.91% | 90.35% |
| | 62 days cancer waits post re-allocation (new 38 day IPT rules from Jul 18)** | 3 | 85% | 100.0% | 100.0% | 71.4% | 71.4% | 100.0% | 100.0% |
| | 31 days cancer waits ** | 3 | 96% | 100.0% | 100.0% | 93.1% | 100.0% | 100.0% | 100.0% |
| | Theatre cancellations in month | 3 | 30 | 37 | 50 | 67 | 50 | 67 | 56 |
| | % of IHU surgery performed < 7 days of acceptance for treatment or transfer | 3 | 95% | 41.66% | 20.00% | 17.64% | 20.45% | 34.21% | 31.25% |
| Additional KPIs | 18 weeks RTT (cardiology)* | 3 | 92% | 85.46% | 87.49% | 88.09% | 89.45% | 90.75% | 92.60% |
| | 18 weeks RTT (Cardiac surgery)* | 3 | 92% | 69.14% | 72.48% | 75.93% | 78.02% | 75.61% | 74.76% |
| | 18 weeks RTT (Respiratory)* | 3 | 92% | 97.35% | 96.04% | 96.41% | 96.32% | 96.72% | 94.52% |
| | 62 days cancer waits post re-allocation (old rules)** | 3 | 85% | 100.0% | 100.0% | 85.7% | 71.4% | 92.3% | 100.0% |
| | Number of patients on waiting list | 3 | 3,717 | 3514 | 3446 | 3511 | 3545 | 3401 | 3370 |
| | Acute Coronary Syndrome 3 day transfer % | 3 | 90% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| | Other urgent Cardiology transfer within 5 days % | 3 | 90% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| | % patients rebooked within 28 days of last minute cancellation | 3 | 100% | 100.00% | 96.55% | 100.00% | 96.97% | 93.10% | 68.18% |
| | 52 week RTT breaches | 3 | 0 | 4 | 1 | 1 | 2 | 0 | 0 |
| | Outpatient DNA rate | 4 | Monitor only | 9.50% | 10.08% | 9.32% | 9.64% | 8.35% | 7.74% |

*RTT metric data is provisional ** Note - latest month of 62 day and 31 cancer wait metric is still being validated

Summary of Performance and Key Messages:

RTT

Cardiology have achieved the 92% RTT standard a month ahead of trajectory with a further reduction in breaches and waiting list size. Short term changes in scheduling throughout the flu outbreak enabled patients to be treated that minimally impacted the bed pool post procedure.

Cardiac Surgery's RTT performance remains ahead of trajectory with a further reduction in breaches. This was in spite of the 56 cancellations of elective activity and an inability to schedule further elective activity throughout the 3 week Flu outbreak period. A further cancellation of activity was noted due to the closure of Theatre 5 due a airflow failure.

Respiratory RTT performance has dipped, this is being addressed through a focus on booking and capacity being fully utilised.

Theatre cancellations: There were 56 theatre cancellations in month – whilst this seemed to indicate an improvement from the January position it is noted that this is not truly reflective of overall position as all elective scheduling was placed on hold due to the Flu outbreak. This is reflected in the low theatre utilisation figure.

Cancer: We have seen a better than expected performance in January at 100% post re allocation and we are forecasting similar for February. This will give us a forecast YTD figure of 88.9% with only March left. However we do have a lot of late referrals and several possible breaches in March so this is forecast to be a 50% month. There is the slimmest of Margins that we may still be able to achieve 85% for the full year. PET delays in January and February continue but we have seen some improvements in March so far.

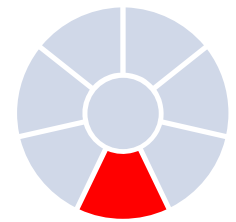
Cardiology 3 & 5 day Transfers: 3 and 5 day transfers were maintained without breaching. The rapid NSTEMI pathway remained open, despite the flu impacting the net bed pool.

Patients booked within 28 days Performance of cancellations and 28 day rebooks had been adversely affected by the cancellation of all elective activity over the 3 weeks outbreak period. There are 12 patients currently impacted.

52 week breaches None reported for February no breach risk identified for future months.

Responsive

Key performance challenges



Escalated performance challenges:

RTT Performance

The Trust's RTT performance continues to show a steady improvement. The flu outbreak in February resulted in bed closures and cancellations prior to admission therefore reducing activity and increasing the risk of 18 week breaches and 28 day breaches.

The PTL and active monitoring of patient's pathways continue with teams really demonstrating a good handle of the data and actions required.

The Trust in previous months has struggled to maintain an adequate flow of activity through RSSC due to a shortfall in medical and nursing staff. This continues to improve and capacity for inpatient and day cases is back to full capacity. More recently there have been issues with not booking into all the available capacity. Due to the booking and operational team's responsiveness this has improved but continues to be an area of focus. A 6 week forward view is produced which is in early indication of where additional actions are required.

Despite the flu outbreak, Cardiology have achieved 92% for the first time this year which is a tremendous achievement. This was a result of a huge team effort.

Key risks

- Potential risk of clinical harm to the patient.
- Reputational risk to the Trust
- Patient dissatisfaction with the service provision
- Financial risk to the Trust

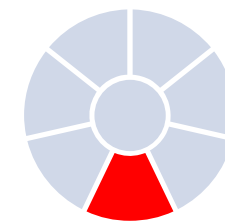
Key Actions

- Trust wide weekly PTL meeting is now fully embedded and is used to track progression of patients on the RTT patient tracking list.
- Weekend bookings and data validation are taking place.
- Weekly forward view for RSSC bookings and unused capacity. Weekly teleconference between the thoracic operational managers and the booking offices occurs to ensure that the capacity is efficiently utilised.
- The surgical and thoracic operational teams review the weekly PTL and flex activity accordingly. Outsourcing has been explored for thoracic surgery but currently this is not a viable option due to nursing capability and the closeness of date to the hospital move. Other options are being explored.
- Continuation of the excellent work within cardiology
- Reviewing of booking process in the ambulatory setting

| | Cardiology | Surgery | Respiratory Medicine | Overall |
|-------------------------------|-------------------------|--------------|----------------------|---------------|
| | Oct18/Jan 19 RAP | | | |
| Pathways: Plan per RAP | 1320 | 600 | 1350 | 3270 |
| Pathways: Final February | 1175 | 614 | 1661 | 3450 |
| Variance | -145 | 14 | 311 | 180 |
| Breaches: Plan per RAP | 122 | 185 | 40 | 347 |
| Breaches: Final February | 87 | 155 | 91 | 333 |
| Variance | -35 | -30 | 51 | -14 |
| Achievement: Plan per RAP % | 90.76% | 69.17% | 97.01% | 89.38% |
| Achievement: Final February % | 92.60% | 74.76% | 94.52% | 90.35% |
| Variance | 1.84% | 5.59% | -2.49% | 0.97% |

Responsive

Spotlight on Korner waiting times



The NHS uses "Korner Wait Times" to monitor the number of patients waiting as defined by the "Körner wait" in the NHS Data Manual. For inpatient and day case waits this definition includes only those patients waiting on the live waiting list. For the purpose of this month's spotlight we have reviewed all Korner pathways not on an active RTT pathway and also included those on a planned pathway.

| Speciality | Korner pathways | Longest wait | Planned pathways | Longest wait | Analysis for pathways |
|------------------|-----------------|--------------|------------------|--------------|---|
| Cardiac Surgery | 107 | 135 weeks | 2 | 10weeks | <ul style="list-style-type: none"> Team are currently reviewing Korner pathways and are identifying a number of data quality issues with pathways where access plans have not been closed correctly or started incorrectly. The two planned cases are again data quality and have been updated accordingly. |
| Thoracic Surgery | 70 | 74 weeks | 0 | n/a | <ul style="list-style-type: none"> Team are currently reviewing Korner pathways and again a number of DQ issues have been identified. Team to provide an update once review complete. No planned pathway issues identified. |
| Transplant | 4 | 279 weeks | 6 | 83 weeks | <ul style="list-style-type: none"> All patients reviewed and DQ issues identified for all 10 patients where patients access plans had not been closed off correctly. All have now been updated and corrected on report. 0 patients requiring actions. |

The total number of currently listed Korner waiting for Cardiology is 571 patients. Of this, 282 are "Breached" status and 289 are denoted "Future requests". From the data breakdown below there are only 9 patients awaiting a date before the end of the month.

The majority are either removed (e.g. no longer required) or had their treatment completed (90%). The report will be fully effective when the data quality is improved.

| CRM | | Intervention | | Diagnostic | |
|--------------------|-----------|--------------------|-----------|--------------------|------------|
| removed | 13 | removed | 4 | removed | 93 |
| treatment complete | 31 | treatment complete | 19 | treatment complete | 94 |
| dated | 8 | dated | 0 | dated | 2 |
| to be dated | 6 | to be dated | 0 | to be dated | 3 |
| PP | 1 | PP | 1 | PP | |
| DQ | 5 | DQ | 0 | DQ | 2 |
| TOTAL | 64 | TOTAL | 24 | TOTAL | 194 |

Actions:

- Data Quality review of all Korner and planned patients across services.
- Link with Validation team regarding data quality issues and ongoing monitoring of pathways.
- Education around the use of Access plans and ensuring staff are confident in the correct use of these. The lead for validation is completing some super user training to support staff and is building some pathway guidance to assist in staff training.
- Monitoring of korner waits through the Access and PTL meeting.

People, Management & Culture

Performance summary

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



6 month performance trends

| | Data Quality | Target | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | |
|-----------------|-----------------------------------|--------|--------------|--------|--------|--------|--------|--------|--------|
| Dashboard KPIs | Voluntary Turnover % | 3 | 15.0% | 23.02% | 13.50% | 12.40% | 19.60% | 16.52% | 16.64% |
| | Vacancy rate as % of budget | 4 | 5.50% | 13.34% | 10.49% | 10.19% | 11.19% | 10.61% | 10.59% |
| | % of staff with a current IPR | 3 | 90% | 85.25% | 85.95% | 90.30% | 91.14% | 90.68% | 90.29% |
| | % sickness absence | 3 | 3.50% | 3.37% | 3.98% | 3.93% | 3.19% | 3.91% | 4.48% |
| Additional KPIs | % Medical Appraisals | 3 | 90% | 88.68% | 83.96% | 85.05% | 91.59% | 90.48% | 88.46% |
| | FFT – rec as place to work | 3 | 63% | 47.00% | 48.00% | 53.00% | 55.00% | 53.00% | 51.00% |
| | FFT – rec as place for treatment | 3 | 80% | 83.00% | 87.00% | 90.00% | 86.00% | 88.00% | 71.00% |
| | Mandatory training % | 3 | 90.00% | 89.21% | 89.82% | 90.94% | 89.35% | 89.52% | 86.81% |
| | Registered nursing vacancy rate | 3 | 5.0% | 4.56% | 0.42% | 0.73% | 2.24% | 3.25% | 3.32% |
| | Unregistered nursing vacancy rate | 3 | 8.00% | 25.66% | 24.55% | 28.46% | 28.16% | 26.28% | 26.90% |
| | Long term sickness absence % | 3 | 0.80% | 0.81% | 1.07% | 1.28% | 0.84% | 0.73% | 0.00% |
| | Short term sickness absence | 3 | 2.70% | 2.56% | 2.92% | 2.65% | 2.36% | 3.18% | 4.48% |
| | Agency Usage (wte) Monitor only | 3 | Monitor only | 47.6 | 58.1 | 62.6 | 61.5 | 71.6 | 72.9 |
| | Bank Usage (wte) monitor only | 3 | Monitor only | 57.4 | 58.6 | 57.1 | 51.5 | 56.9 | 51.5 |
| | Overtime usage (wte) monitor only | 3 | Monitor only | 46.4 | 58.2 | 56.1 | 46.8 | 60.0 | 59.6 |
| | WTE Totals: Non Medical Starters | 3 | Monitor only | 58.2 | 59.9 | 29.2 | 32.7 | 35.3 | 17.1 |
| | WTE Totals: Non Medical Leavers | 3 | Monitor only | 33.6 | 22.0 | 19.4 | 28.8 | 22.3 | 23.5 |

Summary of Performance and Key Messages

Key highlights in January are:

- Total turnover was broadly static at 16.64%. Nursing turnover increased to 13.6% with 7.2 wte leavers compared to 5 wte in January.
- We were a net loser of staff by 6.4 wte in February. There were low numbers of starters across all staff groups. This is linked to the move date in April as new appointees have been reluctant to start this close to the move. The same low in take will happen in March and April with the expectation, based on the pipeline, that this will improve in May 2019.
- The Trust vacancy rate remained static at 10.6%. Total nurse vacancy rate (inc Pre-registered) increased slightly to 3.2%. The reason that vacancy rate for registered nursing was broadly static, despite being a net loser of staff, was that there were 4 PRP staff who gained registration and moved into Band 5 nursing posts. Therefore excluding PRP staff the registered nurse vacancy rate remained unchanged at 9%. The programme for supporting PRP nurses is progressing well and is providing a structured pathway to achieving PINs, alternative roles within the organisation or exiting the Trust. There are delays with the NMC progressing the paperwork for registration which is delaying the process for staff.
- Total IPR compliance reduced remained over the 90% KPI. The Trust will seek to maintain this performance through the busy move period by continuing to utilise the improved appraisal planning and reporting tools available to managers.
- Sickness absence increased to 4.48%. This was directly related to the flu outbreak.
- Mandatory training compliance decreased to 86.8%. There is a significant improvement project ongoing as reported at a previous
- The Friends and Family Staff Recommender questions are now being asked as part of the monthly pulse survey. The response rate for February was very low at 74 responses. Our recommender scores decreased in both areas however our national staff survey results are that 63% of staff would recommend the Trust as a place to work and 89% of staff would recommend the Trust as a place to be treated.
- Temporary staffing usage reduced by a small amount but is likely to at best remain static over the next 3 month but may increase in the lead up to the move linked to the cutover requirements for facilities .

People, Management & Culture

Key performance challenges



Escalated performance challenges

- Turnover remains volatile ahead of and immediately following the move.
- Nurse vacancy rates are improving but are not evenly distributed. Critical Care, Theatres and Cath Labs have significantly improved but there remains high vacancy rates on a number wards and in particular on Respiratory and Surgical wards.
- We have a high number of Pre-Registration Nursing and newly qualified staff who require support and supervision and makes ensuring the appropriate skill mix on wards difficult.
- Recruitment remains difficult across a number of non-medical staff groups. In particular recruitment to HCSW roles remains challenging despite recent successful events as we get closer to the move date and vacancy rates have increased as a result of increased establishment arising from Gateway 2.
- An increase in cough cold and flu related absences in month is increasing staffing challenges.
- Staff engagement is negatively impacted by the ongoing organisational change.
- Preparing staff for the new technology in the new hospital will require significant engagement with individuals and teams and a range of modalities.
- Releasing staff for training and familiarisation and planning for the move whilst maintaining BAU.
- Ensuring compliance with mandatory training as a result of the competing demands on staff time.

Key risks

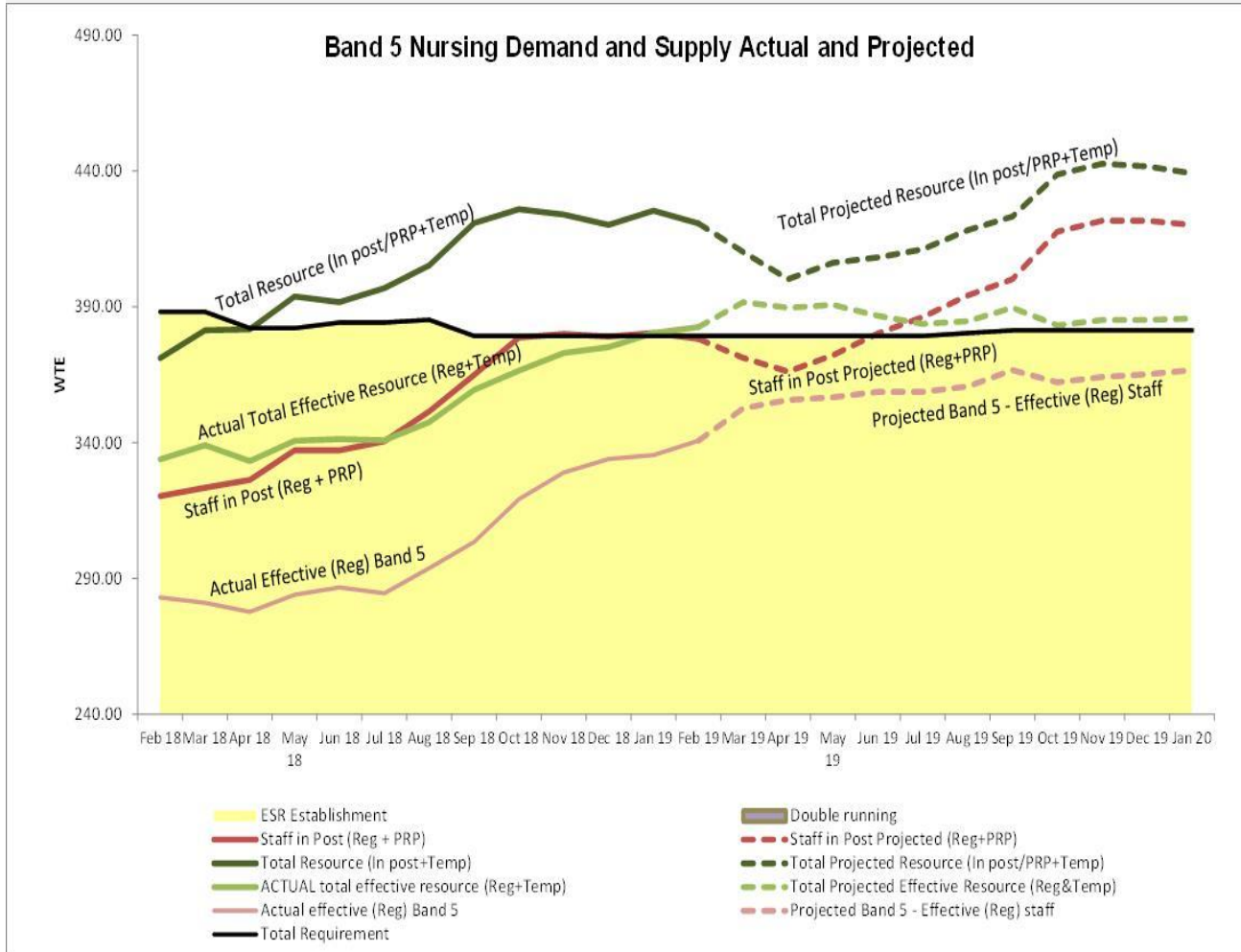
- Turnover increases as we get closer to the move date as staff decide not to move location.
- Length of time required for overseas nursing starters to successfully complete OET/OSCE and become registered staff.
- Staff engagement and morale reduces and this in turn drives high turnover, sickness absence, poor working relationships and damages the patient experience.
- Trust's ability to recruit numbers of clinical and non-clinical staff to match turnover and increases in establishments in some areas as a result of new operating models post-move.
- Leaders having the skills and capacity to effectively lead staff through the organisational change processes.
- Pay costs in excess of budget as a result of the cost of temporary staffing used to mitigate turnover, support increased activity and prepare for cutover.

Key actions in month

- **Sickness absence** increased significantly between January and February from 3.9% to 4.5%. This was as a result of the flu outbreak and was primarily in the registered and unregistered nursing staff group. The Trust had excellent engagement with the 2018/19 flu campaign with 84% of staff getting vaccinated. Anecdotally staff who were vaccinated and still had flu/flu like symptoms reported a less severe illness and were absent from work for a shorter period. A review of this is being undertaken so that we can promote this in the 19/20 campaign to mitigate any negative press concerning the benefits of being vaccinated.
- **Training and Familiarisation Training** is progressing well. As at 13 March there were 91% of Band 5 and below staff booked onto training against a KPI of 85% and 97.5% of Band 6 and above (including consultant staff) were booked into a session against a KPI of 90%. The DNA rate has been approximately 10% due mainly to sickness absence. These staff are sent an email asking them to rebook and the information is shared with managers so they can manage this. As at 13 March 39% of staff requiring training had attended a session which is on track to meet the KPIs of attendance. Three sessions have been arranged for early April for Junior Doctors and the Clinical Directors are managing their release to attend. The
- **Staff Survey**
- **Free Bus Service Waterbeach**
- **Mandatory Training**

People, Management & Culture

Spotlight on: Nurse Pipeline



The pipeline for new starters has reduced this quarter as expected and will remain low in April. New recruits prefer to wait until we move before starting. As anticipated, interest has increased from nurses keen to work at the Trust, following confirmation of the move. Eighteen nurses have confirmed their attendance at the 9 March recruitment & selection day. We can anticipate similar numbers in the months ahead.

We have also adjusted our projections to remove new starters who we have been waiting for a considerable time to confirm a start date and also for reduced overseas recruitment in 19/20.

We take a prudent approach to modelling turnover that includes an average of previous months adjusted to include increased turnover in the period before the move plus a 50% attrition rate for our overseas nurses working to gain registration.

The robust and comprehensive approach to managing the EU nurses has seen an improvement in exam success with 4 passes in December, 3 in January, and 3 in February. The performance review process will be finalised by mid-April and it is anticipated that there will be an additional 14 registered EU nurses by end April 2019. Thirteen nurses remain in the process with:

- 1 awaiting news from NMC on a Trust provided recommendation letter
 - 6 have been assessed and meet the Trust criteria to receive an NMC recommendation letter which will be prepared and submitted to the NMC in March
 - 6 outstanding with exams booked in March and April
- Resignations
- 6 in 2018 (two of which achieved OET);
 - 4 in 2019 – all of which achieved OET/IELTS)

We continue with a very proactive recruitment programme that includes social media, attending and running recruitment events and engagement with HEIs. We are planning an event in the new hospital in June which will showcase all the nurse specialities and Allied Health Professionals.

The latest modelling projects that we will achieve a 5% registered nurse vacancy rate (exclusive of PRP staff) in June 2019. This does not include an increase in establishment resulting from the Gateway 2 review. This will be factored into the next refresh of the modelling and is likely to increase vacancy rates and push back the date we achieve our KPI of 5%.

Transformation

Performance summary



Accountable Executive: Chief Operating Officer / Chief Finance Officer

Report Author: Project Director/Deputy Project Director/SIP Programme Manager

| | Data Quality | Target | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | | |
|---|---|--------|--------|--------|--------|--------|--------|--------|--|-------|
| Dashboard KPIs | SIP – project delivery | 3 | Amber | Amber | Amber | Amber | Amber | Amber | <p>Summary of Performance and Key Messages:</p> <p>Operational Readiness: Implementation of new resource booking system for the new hospital completed on 4th March 2019. Operational planning and review of Gateway 2 due for completion this month. Detailed move plan (room by room) developed for Pickford's final site survey and resource planning. Library services operational policy is drafted, final confirmation of desk locations on Floor 1 for approval at HCT 13th March 2019. Outpatient self check in for approval at HCT 13th March 2019.</p> <p>NPH Design, Construction & Enabling Works: Phase 2 works have been certified as complete, snagging matters cleared and those noted exception items previously agreed by the Liaison Committee resolved. Road works necessary to connect the site into the adjacent road network have also taken place and the landscaped areas around the pond completed and handed over. As such, the remaining construction works are now focused on clearing the site establishment and returning the land earmarked for the HLRI development back to its pre-use condition. In addition, a range of essential Small Works Requests have been specified and are being worked through. Sampling and testing of the water system has taken place and the results assessed by the Water Safety Group to be within tolerance to allow occupation. Those areas that experienced adverse results are undergoing remedial works in accordance with a second version of a Remedial Action Plan developed by the Water Safety Group and agreed by all parties. Equipment and furniture deliveries are continuing to the site in accordance with an agreed logistics plan. The processes of final commissioning and handover of Major Medical Equipment to user departments has commenced.</p> <p>CTP: Histo LMB specification was agreed at joint operational meeting held on 28th February 2019. Clean version being prepared for signature. Licence for the LMB offices is still under review. Tissue Bank lease has been agreed and signed by both parties. Principles of use of FM and patient tunnels agreed by Hospital Commission Team. Vacancies in Histopathology have been recruited to including Senior Biomedical Scientist Final draft of Critical Care Patients Transfer protocol is proceeding through approval channels at both Trusts. (expected 1 week April). BT analyser commissioning due for completion 4th March 2019.</p> <p>Service Improvement (SIP/CIP): The service and cost improvement programme is Amber</p> <p>The outstanding CIP gap carried forward to this month is £98,747. The main cardiology scheme was signed off in time for this months financial close down. With with further schemes in the pipeline this may be potentially further reduced for 2018/19 assuming all schemes in the pipeline are classed as a CIP.</p> <p>There are a number schemes for that are being worked up by Pathology, Radiology and CADs and are currently in SIP gateway 2 where the values have not been validated yet.</p> <p>As part of this a number of schemes will run over to next year and so far we have £134k contribution to the 2019/20 CIP programme. 2019/20 CIP planning has commenced across all directorates linked to budget setting for 2019/20 and business planning, we have started to receive some A3 scopes and have a pipeline of schemes , however we do not have enough to fulfil the trust target of £5m . Further planning and scoping of schemes is underway within the directorates on an urgent basis.</p> <p>A number of cross trust schemes will be in place for the new financial year to help support the trust CIP target.</p> | |
| | Digital programme delivery on track | 3 | Amber | Amber | Amber | Amber | Amber | Amber | | Amber |
| | New Papworth ORAC - overall progress | 3 | Amber | Amber | Amber | Amber | Amber | Amber | | Amber |
| Additional KPIs | PFI, Equipping & Estates - Design & Construction | 3 | Amber | Amber | Amber | Amber | Amber | Amber | | |
| | PFI, Equipping & Estates - Equipping | 3 | Amber | Amber | Amber | Amber | Amber | Amber | | |
| | PFI, Equipping & Estates - Enablement of New Papworth | 3 | Green | Green | Green | Green | Green | Green | | |
| | PFI, Equipping & Estates - Retained Estate Enablement | 3 | Green | Green | Green | Green | Green | Green | | |
| | PFI, Equipping & Estates - Site Sale and & De-commissioning | 3 | Amber | Amber | Amber | Green | Green | Green | | |
| | Operational readiness - CTP Clinical Services | 3 | Green | Green | Green | Green | Green | Green | | |
| | Operational readiness - CTP Pathology | 3 | Green | Green | Green | Amber | Amber | Green | | |
| | Operational readiness - DORACS Clinical Delivery | 3 | Green | Green | Green | Green | Amber | Amber | | |
| | Operational readiness - DORACS Clinical Support | 3 | Green | Green | Green | Green | Green | Green | | |
| | Operational readiness - DORACS Office Policy | 3 | Green | Green | Amber | Amber | Amber | Green | | |
| | Operational readiness - Move and Migration | 3 | Green | Green | Green | Green | Green | Green | | |
| | Workforce & Communications - Communications | 3 | Green | Green | Green | Green | Green | Green | | |
| | Workforce & Communications - Training & Education | 3 | Amber | Amber | Amber | Amber | Amber | Amber | Amber | |
| Workforce & Communications - Workforce Planning | 3 | Amber | Amber | Amber | Red | Red | Amber | | | |
| ICT - ICT & Telecoms | 3 | Amber | Amber | Amber | Amber | Amber | Amber | Amber | | |
| Hospital Cutover - Move Control | 3 | Green | Green | Amber | Green | Green | Green | Green | | |

Transformation

Key performance challenges



Escalated challenges

NPH Construction/Operational Readiness

1. Workforce – recruitment
2. Releasing staff to undertake NPH delivery
3. Effective pathology IT connectivity between RPH and CUH.

Service Improvement (SIP/CIP):

1. **Two year operational plan**
2. **Lorenzo Benefits**
3. **Lorenzo Benefit - realisation**

Key Risks

NPH Construction/Operational Readiness:

1. If the move to New Papworth Hospital leads to a worsening of retention rates and staff leaving the Trust then the ability to deliver service could be compromised
2. If it is not possible to release staff to undertake NPH delivery preparation and training due to high turnover and vacancy levels then the operational readiness for the move will be affected .
3. If there is no IT connectivity there will be no facility for electronic pathology results reporting.

Service Improvement (SIP/CIP):

1. If the trust does not identify sufficient schemes to close the gap, then the trusts planned deficit will increase by £98,747 for 2018/19.
2. If the trust cannot increase activity over the agreed plan then the planned cashable benefits will not be available to the trust. This may impact the agreement between the trust and NHS digital.
3. If the baseline for the Private Patient benefits is not valid then the trust will not accrue cashable benefits. This may impact the agreement between the trust and NHS digital.

Key Actions

NPH Construction/Operational Readiness:

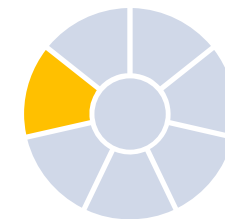
1. Agreed Recruitment Strategy in operation. Regular recruitment events scheduled and long-run vacancy levels reducing. Recruitment has been in accordance with the previously agreed workforce models from Gateway 2; review of these is underway to ensure that potential anomalies in assumptions are fully resolved. Staff consultations complete other than for those teams with more specific relocation or transfer issues which are now underway. Short-term measures put in place to alleviate individual impacts of the delay period.
2. Training plans for clinical, non clinical and digital familiarisation training developed in progress.
3. Linked to delivery of Requests and Results project and implementation of bi-directional messaging. Further phases are also planned for other disciplines. This issue will be resolved when all disciplines have R&R in place.

Service Improvement (SIP/CIP):

1. Additional schemes have identified some opportunities and these are currently being quantified. More schemes have been identified that when validated may help eliminate this risk
2. To report LOS bed day savings only at this stage and escalate to the Nursing and ICT directors. To investigate how the trust could use the LOS opportunities going forward.
3. To re audit the baseline and review the results in March 2018 . Issue escalated to the Nursing and ICT directors.

Transformation

Spotlight on : New Papworth ORAC progress report



Monthly RAG rating

Summary of performance in figures:

PROGRESS REPORT - Confidence Assessments

| Workstream | Workstream Delivery Assessment | | | | | |
|--|--------------------------------|-----|-----|-----|-----|-------|
| | Lead | NOV | DEC | JAN | FEB | Trend |
| PFI, Equipping & Estates | RC | | | | | |
| Design and Construction | NH | | | | | ↑ |
| Equipping | JMc | | | | | = |
| Enablement of New Papworth | AS | | | | | = |
| Retained Estate Enablement | AS | | | | | = |
| Site Sale & Decommissioning | AS | | | | | = |
| Operational Readiness | EM | | | | | |
| CTP - Clinical Services | LC | | | | | = |
| CTP - Pathology | JP | | | | | ↑ |
| DORACs - Clinical Delivery | AG | | | | | = |
| DORACs - Clinical Support | MM | | | | | = |
| DORACs - Office Policy | AG | | | | | ↑ |
| Move and Migration | LB | | | | | = |
| Workforce & Communications | OM | | | | | |
| Communications | KW | | | | | = |
| Training & Familiarisation | SHB | | | | | = |
| Workforce Planning | JS | | | | | ↑ |
| Digital | AR | | | | | |
| ICT and Telecoms | MJ | | | | | ↑ |
| Hospital Cutover | RH/JR | | | | | |
| Move Control | JR | | | | | = |
| Overall Project Delivery Rating | HCT | | | | | ↑ |

Summary of Performance and Key Messages:

The move of the Project to green amber status reflects the results from testing of water systems being at a level of remedial works within Water Safety Plan tolerance for occupation and progress with resolution of the issues arising from the operational planning process

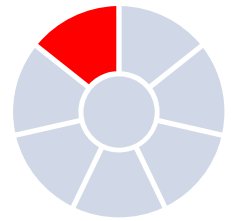
| RAG | Criteria Description |
|----------|---|
| Green | Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly |
| Yellow | Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery |
| Orange | Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and if addressed promptly, should not present a cost/schedule overrun |
| Red | Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and whether resolution is feasible |
| Dark Red | Successful delivery of the project/programme appears to be unachievable. There are major issues in several areas, which at this stage do not appear to be manageable or resolvable. The Project/Programme may need re-baselining and/or overall viability re-assessed |

Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

6 month performance trends



| | | Data Quality | Target | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 |
|-----------------|---------------------------------------|--------------|--------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Dashboard KPIs | Year to date EBITDA surplus/(deficit) | 4 | £(1,149)k | £(22)k | £576k | £(54)k | £(894)k | £(612)k | £(71)k |
| | Year to date surplus/(deficit) £000s | 4 | £(11,429)k | £(3,939)k | £(4,112)k | £(5,502)k | £(6,991)k | £(7,495)k | £(7,421)k |
| | Cash Position at month end £000s | 4 | £6,526k | £31,931k | £28,485k | £26,486k | £25,725k | £26,047k | £25,363k |
| | Use of resources rating | 5 | 4 | 3 | 3 | 3 | 3 | 3 | 3 |
| | Capital Expenditure YTD £000s | 4 | £24,392k pa | £12,289k | £13,469k | £13,743k | £14,151k | £14,658k | £15,862k |
| | In month Clinical Income £000s | 4 | £12,366k (current month) | £12,711k | £12,845k | £12,560k | £11,427k | £13,329k | £11,868k |
| | CIP – Identified - YTD £000s | 4 | £8,619k | £3,019k | £3,684k | £4,339k | £4,997k | £5,608k | £6,041k |
| | CIP – FY Target £000s | 4 | £9,522k pa | £9,143k | £9,143k | £9,143k | £9,143k | £9,143k | £9,423k |
| | Agency spend as % of salary bill | 4 | 2.45% | 4.71% | 3.97% | 5.97% | 6.06% | 5.64% | 5.30% |
| Additional KPIs | | | | | | | | | |
| | Debtors > 90 days overdue | 4 | 10% | 36.2% | 35.2% | 36.9% | 27.4% | 32.4% | 30.4% |

Summary of Performance and Key Messages:

The Trust's year to date position is a deficit of £7.42m, favourable against the plan by £3.39m.

Total clinical income is below plan by £1.95m, this comprises an adverse variance resulting from lower than planned NHS activity of 2,623 (11.2%) inpatient/day cases equating to £4.71m, partially mitigated by a favourable complexity case mix of £3.00m and a combination of other favourable items totaling £0.06m, to give an underlying net clinical income position which is behind plan by £1.65m. In addition, high cost drugs and devices income is £0.30m adverse to plan, however, are procured on a pass through basis and therefore offsets lower expenditure, this is a reduction from previous months following the completion of the contract variation for EP devices.

Pay is £1.36m adverse to plan with temporary staffing costs replacing substantive savings from vacancies, together with higher Medical staffing costs this year. Non pay is £2.78m favourable to plan, comprising favourable clinical supplies due to the lower activity (£2.80m), underspends due to timing on the NPH transition programme (£0.44m) and lower depreciation charges (£2.59m) due to a technical change following delayed capitalisation of assets. These favourable variances as offset by the timing of additional E&F related expenditure due to the delayed move (£0.82m), commissioner fines (£0.77m) and unachieved non-pay CIP (£0.54m).

EBITDA is ahead of plan by £0.47m due to £2.00m settlement income for the delayed move to the hospital, together with lower activity related expenditure and timing of the site continuation costs. Actual year to date CIP achievement of £6.04m is £2.58m adverse to the plan of £8.62m, due to £0.36m planning gap and an operational delivery gap of £1.73m from overspends in Pay compared to the Gateway 2 rosters, these are partially offset by non-recurrent underspends not reported as CIP.

Capital expenditure year to date is £15.86m which is underspent by £8.36m due to delays in timing of the new hospital equipment purchases as the refreshed plan anticipated significant expenditure in August, which was delayed, following the reset of the master commissioning programme.

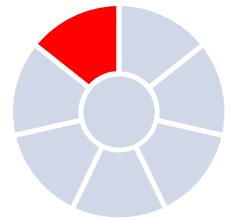
The cash balance of £25.36m is favourable to the refreshed plan by £20.76m, predominantly due to the timing of the NPH capital equipping programme and working capital improvements to plan.

In month the Trust has reported a surplus of £0.07m, which is £2.08m favourable against the planned refreshed plan deficit of £2.15m, and is largely as a result of the £2.00m settlement due to the delayed move. Lower expenditure, due to lower activity against plan, also contribute to this difference to plan.

The underlying run rate deficit of £0.68m in month and £11.59m year to date, is adjusted for costs of transition, the associated funding, fines, bad debt provision movements and the R&R project.

The forecast out-turn position was has improved this month and now reflects the Trusts anticipated year end deficit of £10.90m (£11.0m adjusted control total basis). Key driver for this improvement is the £2.00m settlement for the delayed hospital move, partly offset by an increase in Pay and Non Pay expenditure, against the previous out turn position.

Key performance challenges



February 2019 risk score changes: *There were no changes to the risk scores in the month:*

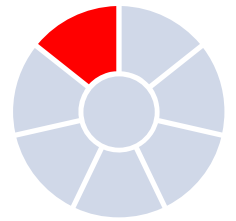
2018/19 year to date risk score changes: The following changes have taken place earlier in the year.

Risk decreases:

- **Capacity assumptions (7.2.1):** this risk has reduced from 25 to 20 following the review of the Demand and capacity model linked to the operational plan;
- **Whole Hospital Equipping Plan (7.6.1):** this risk continues to decrease from 12 to 8 as the forecast out-turn of the programme indicates an underspend of c£1.0m.
- **Operational Transition – Additional costs (7.7.2):** has decreased from 20 to 16 following the forecast out-turn indicating no further additional costs above those already identified.
- **EPR risk (7.8.1):** continues to decrease from 8 to 6, as the project has entered business as usual stage and there have been no additional costs.
- **Current Trading – Income:** this risk has reduced from 25 to 20 following the underlying year to date achievement of the Income plan (when adjusting for High Cost Drugs and Devices).
- **Current Trading – Expenditure:** this risk has also reduced as the net year to date expenditure is below planned levels.
- **Delivery of efficiency challenges:** a decrease in the likelihood of the Trust not delivering the levels of efficiency required to meet its plan, resulting in a new risk score of 20 (previously 25). This assessment has been made following the identification and sign off of further CIP schemes, which reduced the CIP planning gap.
- **Transitional Relief:** the Trust has received full payment of the first years tranche of transitional relief amounting to £6.9m in May, this has therefore reduced this risk from a score of 9 to 6.
- **Master development and control plan:** a decrease in the risk has resulted from the progression of an increased offer from a third party for the existing site, resulting in a new risk score of 10 (previously 20). The Trust is continuing negotiations to ensure best value for money is achieved.
- **Whole Hospital Equipping Plan:** a decrease in the risk has resulted following the completion of the bill of quantities and the alignment to the revised hospital move date, together with the bringing forward of certain equipment to the current site, resulting in a revised risk score of 12 (previously 16).

| Financial Strategic Risks | | | Risk appetite | FSRA Feb 19 | FSRA Mar 19 | |
|-----------------------------------|---|-------|-----------------------------------|-------------|-------------|----|
| Current Trading Impact | A | 7.1.1 | Income | 10 | 20 | 20 |
| | B | 7.1.1 | Expenditure | 10 | 20 | 20 |
| Future Growth | C | 7.1.2 | Income | 12 | 20 | 20 |
| | D | 7.1.2 | Expenditure | 12 | 15 | 15 |
| Capacity Assumption | E | 7.2.1 | Capacity Assumptions | 10 | 20 | 20 |
| Efficiency | F | 7.3.1 | Efficiency Assumptions | 12 | 8 | 8 |
| | G | 7.3.2 | Delivery of Efficiency Challenge | 12 | 20 | 20 |
| Master Development & Control Plan | H | 7.4.1 | Master Development & Control Plan | 10 | 10 | 10 |
| PFI | I | 7.5.1 | CBC Land and Link Tunnel | 9 | 3 | 3 |
| | J | 7.5.2 | Unitary Payment | 9 | 9 | 9 |
| | K | 7.5.3 | Capital Contribution Funding | 10 | 10 | 10 |
| | L | 7.5.4 | Variations on the New Hospital | 10 | 10 | 10 |
| Whole Hospital Equipping | M | 7.6.1 | Whole Hospital Equipping Plan | 12 | 8 | 8 |
| Operational Transition | N | 7.7.1 | Transitional Relief | 9 | 6 | 6 |
| | O | 7.7.2 | Additional Costs | 10 | 16 | 16 |
| Electronic Patient Record | P | 7.8.1 | Electronic Patient Record System | 12 | 6 | 6 |

| Progress against Annual Plan Submission | YTD |
|--|-----|
| Net deficit - The Trust reported a surplus of £0.07m in month, which was favourable by £2.08m to the original plan deficit of £2.15m. | ● |
| Total Income - Total income in the month of £15.48m was ahead of the plan (£13.46m). Underlying clinical income is behind plan by £0.90m in the month, due to: Lower inpatient /day case activity totaling £0.97m, offset with increased complexity of £0.65m. There is a favourable variance of £1.47m relating to high cost device & drugs income, however this is wholly due to the removal of the year to date EP device budget, now that the contract variation has been fully signed off (there is a offset in non pay expenditure, as these items are procured on a pass through basis – see below). | ● |
| Non-clinical Income was ahead of plan in the month by £2.66m, due to the £2.00m settlement due to the delayed handover of the hospital, together with an increased level of R&D related and CEA income, both of which have offsetting expenditure. | |
| Pay costs - Total pay costs were adverse in the month against original plan, by £0.87m, largely due to an additional medical staffing pay costs accrual surrounding the job planning liability. There remains a favourable substantive pay position due to the number of vacancies (204 WTEs) that exist across the Trust, but this was more than offset by the continued high levels of temporary staffing expenditure within the Operational Directorates. | ● |
| Non-pay costs – Total non-pay costs in the month ahead of plan, by £0.37m. The underlying position is £0.07m when excluding the High Cost Drugs and Devices pass through (offset income above). Whilst the predominate driver is lower clinical activity resulting in lower consumable costs, there were a number of High Cost/Low Volume procedures this month. There were unused contingency reserves of £0.49m together with a favourable Depreciation variance of £0.42m, due to the delay in the capitalisation of NPH medical equipment. | ● |
| Underlying run-rate – This depicts the actual costs by month adjusted for non-recurrent items. This shows an underlying run rate deficit of £0.68m in month and £11.59m year to date, when adjusted for costs of transition and the associated funding, fines, bad debt provision movements and R&R project costs. | ● |



Spotlight on Cost Improvement Programme

February 2019 Cost Improvement Programme (CIP) Performance:

Closing the 2018/19 CIP Gap

The 2018/19 operational plan contained a total CIP target of £9.52m which consisted of £2.76m unachieved CIP gap carried forward from 2017/18 and a £6.76m CIP target for 2018/19. Identified projects at the start of the year which had received full sign off as part of the 2018/19 Operational Plan were £8.31m.

In February and additional £0.28m progressed in the pipeline to Gateway 3 after the formal approval of a contract variation with NHSE. Since the start of the year an additional £1.11m CIP has been identified as set out in the table to the right leaving a remaining unidentified gap of £0.10m.

Actual CIP achievement to February 2019

The actual year to date achievement was £6.04m to February 2019 against the identified plan of £8.51m. Of the £9.42m identified projects the operational CIP variance is adverse to plan by £2.48m at the end of February 2019. The total variance against the CIP target including the unidentified CIP to end of February is adverse by £2.57m against the plan of £8.61m.

Key CIP Project year to date progress:

The adverse CIP operational variance to M11 of £2.48m is detailed in Appendix 1 and is principally related to pay overspends in the following Directorates where a Gateway 2 pay CIP has been removed in 2018/19 but the budget is currently overspending.

- Cardiology £0.93m adverse;
- Clinical Support Services £0.91m adverse;
- Surgery £0.35m adverse;
- Thoracic £0.23m adverse.

This is mitigated by non recurrent favourable pay variances in other directorates to February of £1.31m (however, the Trust is not recording this non recurrent underspend as CIP).

Forecast CIP achievement

The Trust is now forecasting a year end operational CIP variance of £2.63m and a total variance of £2.73m due to the continuation of the Directorate pay overspends outlined above and a forecast planning variance of £0.10m.

CIP Target 2018/19

| 2018/19 TOTAL CIP TARGET | | £9,521k |
|--|---|----------------|
| Full year effect of 2017/18 schemes: | Pathology Office Reconfiguration | £12k |
| | Finance Directorate Budget Review | £1,458k |
| 2018/19 CIP schemes: | Redundancy payment review (non-recurrent) | £2,101k |
| | Gateway 2 identified | £4,738k |
| Total CIP in 2018/19 operational plan | | £8,309k |
| 2018/19 CIP new schemes | Procurement Work Plan – Expenditure Reduction | £500k |
| | Pension cost reduction scheme | £46k |
| | Transplant donor transport | £41k |
| | Transplant drug expenditure | £56k |
| | Dressing supplier change (cath labs) | £1k |
| | Reduce damage - pacing boxes | £24k |
| | Reduce agency | £58k |
| | Digital budget reduction | £21k |
| | Review of high cost/Low volume in CCA (ECMO) | £23k |
| | Pharmacy projects including generic drugs savings | £15k |
| | Bariatric bed savings | £14k |
| | Thoracic Budget Reallocation | £17k |
| | Courier services rev with new format feb 2018 | £19k |
| | EP zero cost model | £280k |
| Total CIP 2018/19 new schemes | | £1,114k |
| Total CIP identified | | £9,423k |
| CIP balance (planning variance) | | £99k |

CIP Summary achievement to February 2019

| Project Type | Target Full Year | Identified Plan Full Year | Planning Variance (A) | Target YTD | Actual YTD | Variance to Target YTD | Identified Plan YTD | Actual YTD | Operat'al Variance YTD | Forecast Operat'al Variance (B) | Total Forecast (A+B) |
|--------------------|------------------|---------------------------|-----------------------|--------------|--------------|------------------------|---------------------|--------------|------------------------|---------------------------------|----------------------|
| | £'k | £'k | £'k | £'k | £'k | £'k | £'k | £'k | £'k | £'k | £'k |
| CIP - Pay | 4,865 | 4,865 | 0 | 4,337 | 1,871 | (2,466) | 4,337 | 1,871 | (2,466) | (2,627) | (2,627) |
| CIP- Non Pay | 4,585 | 4,487 | (99) | 4,204 | 4,105 | (99) | 4,114 | 4,105 | (9) | (6) | (105) |
| CIP- Drugs | 71 | 71 | 0 | 65 | 65 | 0 | 65 | 65 | 0 | 0 | 0 |
| CIP - Total | 9,521 | 9,423 | (99) | 8,606 | 6,041 | (2,565) | 8,516 | 6,041 | (2,475) | (2,634) | (2,732) |

2018/19 CIP actual vs Target

