

# Papworth Integrated Performance Report (PIPR) August 2019

*October 2019*



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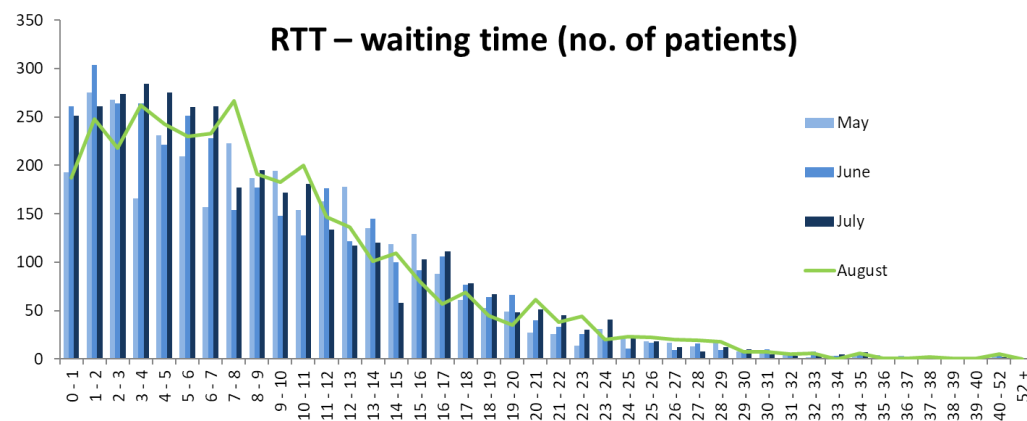
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# Context:

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         | Mar-19       | Apr-19       | May-19       | Jun-19       | Jul-19       | Aug-19       | Trend |
|----------------------------|--------------|--------------|--------------|--------------|--------------|--------------|-------|
| Cardiac Surgery            | 189          | 176          | 175          | 187          | 208          | 211          |       |
| Cardiology                 | 762          | 617          | 591          | 576          | 733          | 673          |       |
| ECMO                       | 6            | 38           | 52           | 77           | 48           | 60           |       |
| PTE operations             | 22           | 13           | 13           | 14           | 14           | 17           |       |
| RSSC                       | 529          | 537          | 361          | 563          | 596          | 608          |       |
| Thoracic Medicine          | 412          | 380          | 380          | 399          | 477          | 403          |       |
| Thoracic surgery (exc PTE) | 70           | 67           | 59           | 60           | 79           | 85           |       |
| Transplant/VAD             | 56           | 45           | 40           | 37           | 58           | 54           |       |
| <b>Total Inpatients</b>    | <b>2,046</b> | <b>1,873</b> | <b>1,671</b> | <b>1,913</b> | <b>2,213</b> | <b>2,111</b> |       |
| Outpatient Attendances     | Mar-19       | Apr-19       | May-19       | Jun-19       | Jul-19       | Aug-19       | Trend |
| Cardiac Surgery            | 305          | 254          | 359          | 387          | 516          | 510          |       |
| Cardiology                 | 3,633        | 3,164        | 2,698        | 3,004        | 3,804        | 3,063        |       |
| ECMO                       | 0            | 0            | 0            | 0            | 0            | 0            |       |
| PTE                        | 0            | 0            | 0            | 0            | 0            | 0            |       |
| RSSC                       | 2,241        | 2,063        | 1,214        | 1,588        | 1,737        | 1,658        |       |
| Thoracic Medicine          | 1,916        | 1,794        | 1,708        | 2,031        | 2,101        | 1,833        |       |
| Thoracic surgery (exc PTE) | 111          | 89           | 68           | 87           | 88           | 73           |       |
| Transplant/VAD             | 311          | 324          | 218          | 264          | 314          | 310          |       |
| <b>Total Outpatients</b>   | <b>8,517</b> | <b>7,688</b> | <b>6,265</b> | <b>7,361</b> | <b>8,560</b> | <b>7,447</b> |       |

**Note 1** - activity figures include Private patients and exclude unbundled radiology scan activity;  
**Note 2** - from May 2019 ECMO activity shows billed days in months (previously billed episodes);  
**Note 3** - Inpatient episodes include planned procedures not carried out.



# 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

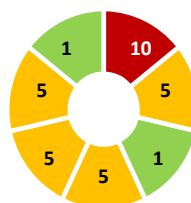
The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

| 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 2018 (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

**CARING:** FFT (Friends and Family Test): remains green for inpatients (98.1%). There has been a sustained improvement in the Outpatient score for August (95.1%) following the continued work and actions being taken by the teams in response to the feedback from our service users. Intentional Rounding in the Outpatients waiting area has commenced in July, which has been very well received by the patients.

**PEOPLE, MANAGEMENT & CULTURE:** The Trust vacancy rate decreased to 13.42%. Total nurse vacancy rate including Pre-registered Nurses remained unchanged and excluding Pre-Registered Nurses decreased to 11.2% as a result of staff achieving NMC registration.

**FINANCE:** Year to date surplus/deficit: The Trust's year to date (YTD) position is a deficit of £2.7m on both a Control Total basis excl. land sale and a net basis. This is favourable to plan by £0.8m.

## ADVERSE PERFORMANCE

**SAFE:** Safe Staffing: The safe staffing fill rate for registered nurses remains red (81.5%) for days and green (90.4%) for nights. In some wards, days and nights fall short of the desired 90% fill rate that we aim for. Not all the beds are currently being used while we wait for increased staffing, however the staffing roster templates assume all beds are in use resulting in a fill rate below 90%. This months report shows on improved position on the previous month, with less wards showing a monthly fill rate under 90%. Details are shown in the 'Spotlight On' slide. We also use Care Hours Per Patient Day (CHPPD) as another measure to monitor safe staffing. This takes into account patient numbers against staff numbers; and CHPPD levels in these areas remain healthy.

**EFFECTIVE:** 1) Bed Occupancy - at ward level continues to reflect the unstaffed, funded beds on level 5 (9 beds) and the daily closure of beds to mitigate safer staffing levels. 2) Admitted patient care activity - although activity levels are lower in month 5 than the previous month, this reflects fewer working days in month. Focus on activity recovery continues through the Hospital Optimisation project, with the opening of our sixth theatre scheduled for month 7. 3) Thoracic surgery SDA admissions continues to fall short of target. Ongoing work to increase pre-assessment clinics will help to improve performance.

**RESPONSIVE:** 1) The aggregate RTT position has improved slightly in month but remains below trajectory. Cardiac Surgery RTT performance reflects 30 more breaches than forecast and together with a reduction in the surgery waiting list of 7.6% performance has dipped further to 7.32% behind trajectory. The key action that supports recovery of this position is the opening of theatre 6 in October. 2) Cancer Performance - Delivery of the 62 day standard continues to be challenged by access to PET CT. This is being managed through a weekly meeting with the CUH and Alliance Medical team.

**PEOPLE, MANAGEMENT & CULTURE:** Total turnover increased to 16.2%. There was an increase in Nursing turnover from July with 8.4 wte leavers. Registered nurse turnover is 16.4% YTD. Total Trust turnover is 21.8 YTD.

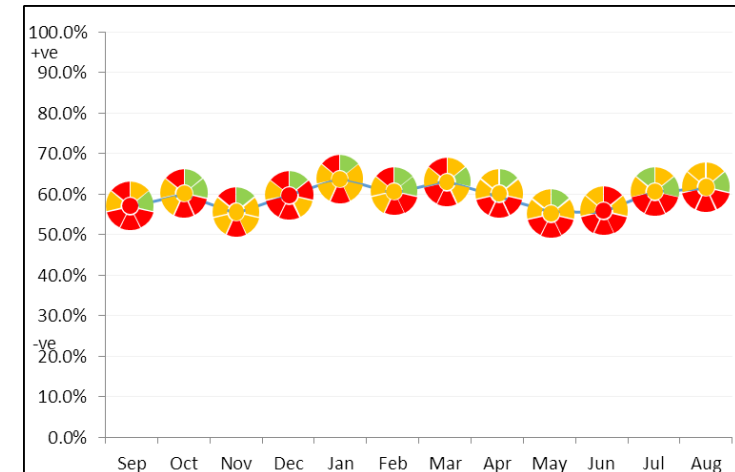
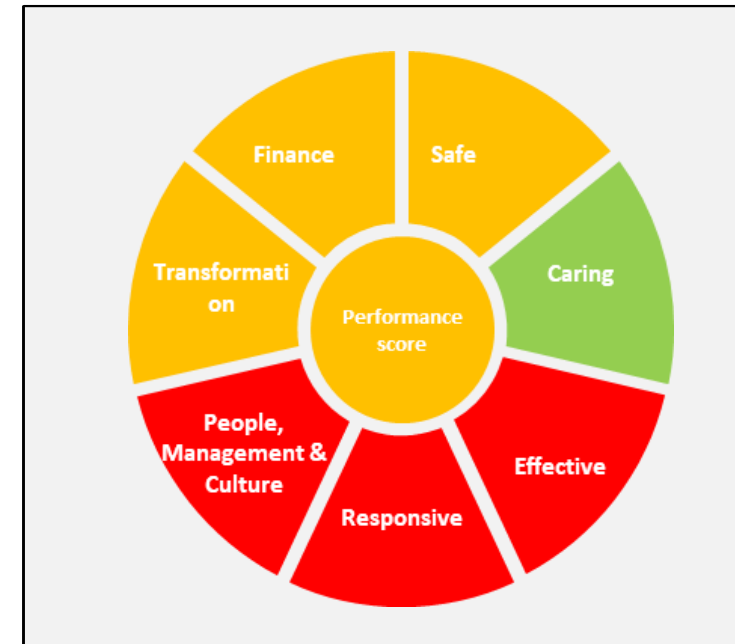
**TRANSFORMATION:** Service Improvement/Cost Improvement delivery is Red with £2.46m of the overall CIP target for 2019/20 of £5.11m still to be identified. To date there is a pipeline of £0.74m that is in the process of validation and sign off. There are a number of directorates that have started to develop recovery plans it is likely that will help fulfil some of their outstanding CIP requirements, these will be added to the plan as soon as details are available.

**FINANCE:** Clinical income year to date is £1.4m adverse to plan after Guaranteed Income Contract (GIC) protection, due to lower activity of 8.70% in Outpatients, 7.7% in Inpatient and day case activity and lower levels of Private Patient income. This has resulted in the GIC contributing £1.8m, £0.7m more than planned.

## LOOKING AHEAD

**NPH Design, Construction & Enabling Works:** Transfer to business as usual is complete. The key outstanding task for the programme is the sale of the old site and progress towards this will be monitored by the Strategic Performance Committee.

**CTP:** The focus of CTP is now cardiology and respiratory service transitions. Cardiology service change is now a recovery initiative for the STP. The teams are working towards a March 2020 service transfer date. ILD services transferred from CUH to the Trust on 1st September 2019 and is the first of the respiratory services changes to take place.



# At a glance – Balanced scorecard

|            | Month reported on  | Data Quality | Plan | Current month score  | YTD Actual       | Forecast YE        | Trend |  | Month reported on                                  | Data Quality  | Plan   | Current month score | YTD Actual | Forecast YE | Trend    |   |  |
|------------|--|--------------|------|----------------------|------------------|--------------------|-------|--|--|---|--------|---------------------|------------|-------------|----------|---|--|
| Safe*      | Safety Thermometer harm free care  | Aug-19       | 4    | 97%                  | 99.42%           | 99.02%             |       |  | Caring   | FFT score - Inpatients                                | Aug-19 | 4                   | 95%        | 98.10%      | 97.54%   |   |  |
|            | Never Events   | Aug-19       | 3    | 0                    | 0                | 1                  |       |  |  | FFT score - Outpatients                               | Aug-19 | 2                   | 95%        | 95.10%      | 92.38%   |   |  |
|            | Moderate harm incidents and above as % of total PSIs reported                    | Aug-19       | 3    | 3%                   | 1.00%            | 0.83%              |       |  |  | Number of written complaints per 1000 WTE (New 19/20) | Aug-19 | New                 | 12.6       | 8.5         |          |   |  |
|            | Safer staffing – registered staff day<br>Safer staffing – registered staff night | Aug-19       | 3    | 90-100%              | 81.5%<br>(90.4%) | 86.66%<br>(92.86%) |       |  |  | Mixed sex accommodation breaches (New 19/20)          | Aug-19 | New                 | 0          | 0           | 0        |   |  |
|            | Number of C.Diff cases (sanctioned) year to date                                 | Aug-19       | 5    | 11 pa                | 0                | 0                  |       |  |  | Number of written complaints per 1000 WTE (New 19/20) | Aug-19 | New                 | 12.61      | 8.48        | 8.48     |   |  |
|            | High impact interventions  | Aug-19       | 3    | 97%                  | 99.40%           | 98.88%             |       |  |  | % of complaints responded to within agreed timescales | Aug-19 | 4                   | 100%       | 100.00%     | 93.40%   |   |  |
|            | Falls per 1000 bed days  | Aug-19       | 3    | 4                    | 0.1              | 1.354              |       |  |  | Voluntary Turnover %                                  | Aug-19 | 3                   | 15.0%      | 16.2%       | 21.8%    |   |  |
|            | Sepsis - % patients screened and treated (New 19/20)                             | Jun-19       | New  | 90%                  | -                | 100.00%            |       |  |  | Vacancy rate as % of budget                           | Aug-19 | 4                   | 5.5%       | 13.4%       |          |   |  |
|            | Ward - Care hours per patient day<br>Critical Care - Care hours per patient day  | Aug-19       | 3    | 7.8<br>(32.9)        | 12.2<br>(35.1)   | 12.52<br>(36.7)    |       |  |  | % of staff with a current IPR                         | Aug-19 | 3                   | 90%        | 87.01%      |          |   |  |
| Effective  | Bed Occupancy (excluding CCA and sleep lab)                                      | Aug-19       | 4    | 85% (Green 80%-90%)  | 67.70%           | 67.36%             |       |  | % Medical Appraisals                               | Aug-19  | 3      | 90%                 | 86.24%     |             |          |   |  |
|            | CCA bed occupancy  | Aug-19       | 3    | 85% (Green 80%-90%)  | 82.31%           | 87.46%             |       |  | Mandatory training %                               | Aug-19  | 3      | 90%                 | 75.25%     | 75.25%      |          |   |  |
|            | Admitted Patient Care (elective and non-elective)                                | Aug-19       | 4    | 2181 (current month) | 2111             | 9781               |       |  | % sickness absence                                 | Aug-19  | 3      | 3.50%               | 2.55%      | 2.58%       |          |   |  |
|            | Cardiac surgery mortality EuroSCORE  | Aug-19       | 3    | 3%                   | 2.41%            | 2.13%              |       |  | Year to date EBITDA surplus/(deficit) £000s        | Aug-19  | 5      | £1,647k             | £2,354k    |             |          |   |  |
|            | Same Day Admissions – Cardiac (eligible patients)                                | Aug-19       | 4    | 50%                  | 50.00%           | 41.83%             |       |  | Year to date surplus/(deficit) exc land sale £000s | Aug-19  | 5      | £(3,579)k           | £(2,751)k  |             |          |   |  |
|            | Same Day Admissions - Thoracic (eligible patients)                               | Aug-19       | 4    | 40%                  | 36.67%           | 32.75%             |       |  | Cash Position at month end £000s                   | Aug-19  | 5      | £9,565k             | £12,891k   |             |          |   |  |
|            | Theatre Utilisation  | Aug-19       | 3    | 85%                  | 85.5%            | 85.8%              |       |  | Use of Resources rating                            | Aug-19  | 5      | 3                   | 3          | 3           |          |   |  |
| Responsive | % diagnostics waiting less than 6 weeks  | Aug-19       | 3    | 99%                  | 99.05%           | 99.24%             |       |  | Capital Expenditure YTD £000s                      | Aug-19  | 5      | £2,764k             | £1,981k    |             |          |   |  |
|            | 18 weeks RTT (combined)  | Aug-19       | 3    | 92%                  | 89.10%           | 89.10%             |       |  | In month Clinical Income £000s                     | Aug-19  | 5      | £12441k             | £12,200k   | £60,634k    |          |   |  |
|            | Number of patients on waiting list   | Aug-19       | 3    | 3343                 | 3549             | 3549               |       |  | CIP – actual achievement YTD - £000s               | Aug-19  | 4      | £44                 | £210k      | £210k       |          |   |  |
|            | 52 week RTT breaches   | Aug-19       | 3    | 0                    | 0                | 0                  |       |  | CIP – Target identified YTD £000s                  | Aug-19  | 4      | £44k                | £172k      | £172k       |          |   |  |
|            | 62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*       | Aug-19       | 3    | 85%                  | 40.00%           | 65.50%             |       |  | CIP – project delivery                             | Aug-19  | 4      |                     |            |             |          | → |  |
|            | 31 days cancer waits*  | Aug-19       | 3    | 96%                  | 100.00%          | 86.86%             |       |  | Quality improvement programme delivery             | Aug-19  | New    |                     |            |             |          | → |  |
|            | Theatre cancellations in month   | Aug-19       | 3    | 30                   | 49               | 239                |       |  | Digital programme delivery on track                | Aug-19  | 3      |                     |            |             |          | → |  |
|            | % of IHU surgery performed < 7 days of acceptance for treatment or transfer      | Aug-19       | 3    | 95%                  | 13.15%           | 13.55%             |       |  | New Papworth ORAC - overall progress               | Aug-19  | 4      |                     |            | Complete    | Complete | → |  |

\* 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           | 1       | 3       | 0                |          |  |
| RTT Waiting Times | % Within 18wks - Incomplete Pathways                  | 4            | 92%         | 89.10%  |         | 90.73%           |          | Monthly measure  |
| Cancer            | 31 Day Wait for 1st Treatment                         | 3            | 96%         | 100.00% | 86.86%  | 100.0%           |          | 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%         | 40.00%  | 55.84%  | 93.3%            |          | Current month provisional as going through verification process. Data is after reallocations |
| VTE               | Number of patients assessed for VTE on admission      | 3            | 95%         | 93.27%  |         | 92.22%           |          | Clinical Governance are reviewing data quality regards this metric with Lorenzo              |
| Finance           | Use of resources rating                               | 5            | 3           | 3       | 3       | 3                | 3        |  |

## 2. 2019/20 CQUIN

|                        | Scheme   | Total Available 19/20 |                | YTD Available  | Achievement    |               |            | Comments                         | RAG status |
|------------------------|--|-----------------------|----------------|----------------|----------------|---------------|------------|----------------------------------|------------|
|                        |  | £000s                 | %              |                | £000s          | Q1            | YTD        |                                  |            |
|                        |  |                       |                |                | £000s          | £000s         | £000s      | %                                |            |
| NHSE                   | GE3 Hospital Medicines Optimisation trigger 5    | £73.7k                | 10%            | £18.4k         | £18.4k         | £18.4k        | 25%        | NHSE confirmed Q1 compliance     | Green      |
|                        | Rethinking conversations/Shared decision making  | £250.5k               | 34%            | £0.0k          | £0.0k          | £0.0k         | 0%         |                                  | Green      |
|                        | NSTEMI pathway                                   | £206.3k               | 28%            | £51.6k         | £51.6k         | £51.6k        | 25%        |                                  | Green      |
|                        | Cardiac Clinical Network                         | £206.3k               | 28%            | £10.3k         | £10.3k         | £10.3k        | 5%         |                                  | Green      |
|                        | <b>NHSE</b>                                      | <b>£736.7k</b>        | <b>100%</b>    | <b>£80.3k</b>  | <b>£80.3k</b>  | <b>£80.3k</b> | <b>11%</b> |                                  |            |
| C&P CCG (& Associates) | CCG 2 Staff Flu Vaccinations                     | £79.1k                | 20%            | £0.0k          | £0.0k          | £0.0k         | 0%         | Q1 achievement not yet confirmed | Green      |
|                        | CCG 3a Alcohol & Tobacco - Screening             | £79.1k                | 20%            | £19.8k         | £19.8k         | £19.8k        | 25%        |                                  | Green      |
|                        | CCG 3b Tobacco Brief Advice                      | £79.1k                | 20%            | £19.8k         | £19.8k         | £19.8k        | 25%        |                                  | Green      |
|                        | CCG 3c Alcohol Brief Advice                      | £79.1k                | 20%            | £19.8k         | £19.8k         | £19.8k        | 25%        |                                  | Green      |
|                        | CCG 7 Three High Impact Actions to Prevent Falls | £79.1k                | 20%            | £19.8k         | £19.8k         | £19.8k        | 25%        |                                  | Green      |
|                        | <b>C&amp;P CCG (&amp; Associates)</b>            | <b>£395.7k</b>        | <b>100%</b>    | <b>£79.1k</b>  | <b>£79.1k</b>  | <b>£79.1k</b> | <b>20%</b> |                                  |            |
| <b>Trust Total</b>     | <b>£1,132.4k</b>                                 |                       | <b>£159.4k</b> | <b>£159.4k</b> | <b>£159.4k</b> | <b>14%</b>    |            |                                  |            |

# Board Assurance Framework risks (above risk appetite)

| PIPR Category         | Title   | Ref  | Mgmt Contact | Risk Appetite            | BAF with Datix action plan | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-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                  | Safer staffing and Monitor's Agency Price cap                                 | 742  | JR           | 4                        | Yes                        | 12     | 12     | 12     | 12     | 12     | 12     | ↔                       |
| Safe                  | Potential for cyber breach and data loss                                      | 1021 | AR           | 3                        | Yes                        | 15     | 15     | 10     | 10     | 15     | 15     | ↔                       |
| Safe                  | Optimisation of the EPR systems   | 1787 | JR           | 6                        | Yes                        | 12     | 12     | 12     | 12     | 12     | 12     | ↔                       |
| Safe                  | Turnover in excess of target and will increase as a result of the move        | 1853 | OM           | 6                        | Yes                        | 16     | 16     | 16     | 16     | 16     | 16     | ↔                       |
| Safe                  | Unable to recruit number of staff with the required skills/experience         | 1854 | OM           | To be discussed at Execs | Yes                        | 16     | 16     | 16     | 16     | 20     | 20     | ↔                       |
| Effective             | Delivery of Efficiency Challenges - CIP Board approved                        | 841  | EM           | 12                       | Yes                        | 20     | 20     | 20     | 20     | 20     | 20     | ↔                       |
| Effective             | Delivery of Efficiency Challenges - CIP targets                               | 843  | EM           | 12                       | In progress                | 20     | 20     | 20     | 20     | 20     | 20     | ↔                       |
| Effective             | Current Trading   | 2145 | EM           | 12                       | In progress                | -      | -      | 20     | 25     | 25     | 25     | ↔                       |
| Effective             | Hospital Optimisation   | 2249 | JR           | 10                       | In progress                | -      | -      | 15     | 15     | 15     | 15     | ↔                       |
| People Manag. & Cult. | Failure to release staff to undertake educational activity due to workload    | 684  | JR           | 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        | We will not utilise our expertise to influence local strategy for cardiology' | 1162 | EM           | 8                        | Yes                        | 9      | 9      | 9      | 9      | 9      | 9      | ↔                       |
| Finance               | Failure to meet cardiac and cancer waiting targets - Overdue Update           | 678  | EM           | 12                       | Yes                        | 16     | 16     | 16     | 16     | 16     | 16     | ↔                       |
| Finance               | Income Growth - activity transfers  | 865  | EM           | 12                       | In progress                | 20     | 20     | 20     | 20     | 20     | 20     | ↔                       |
| Finance               | Master Development and control plans - sale value                             | 873  | RC           | 10                       | Yes                        | 10     | 10     | 20     | 20     | 20     | 20     | ↔                       |
| Finance               | Master Development and control plans - sales dates                            | 874  | RC           | 10                       | Yes                        | 10     | 10     | 10     | 10     | 15     | 15     | ↔                       |
| Finance               | NEW Current Trading Impacts - Consultant Job Plans                            | 2146 | RC           | 12                       | In progress                | -      | -      | -      | -      | -      | 15     | ↑                       |
| Finance               | Current Growth  | 2148 | RC           | 12                       | In progress                | -      | -      | 25     | 25     | 25     | 25     | ↔                       |
| Finance               | Capacity Assumptions  | 2149 | RC           | 10                       | In progress                | -      | -      | 15     | 15     | 15     | 15     | ↔                       |
| Finance               | Efficiency assumptions  | 2163 | RC           | 12                       | In progress                | -      | -      | 15     | 15     | 15     | 15     | ↔                       |

## Performance summary

Accountable Executive: Chief Nurse  
6 month performance trends

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



|                 | Data Quality  | Target | Mar-19       | Apr-19 | May-19  | Jun-19 | Jul-19  | Aug-19 |        |
|-----------------|---|--------|--------------|--------|---------|--------|---------|--------|--------|
| Dashboard KPIs  | Safety Thermometer harm free care                                   | 4      | >97%         | 99.46% | 100.00% | 98.64% | 98.24%  | 98.78% | 99.42% |
|                 | Never Events  | 3      | 0            | 1      | 0       | 0      | 1       | 0      | 0      |
|                 | Moderate harm incidents and above as % of total PSIs reported       | 3      | <3%          | 2.17%  | 0.83%   | 1.20%  | 0.86%   | 0.26%  | 1.00%  |
|                 | Safer staffing – registered staff day                               | 3      | 90-100%      | 87.2%  | 93.6%   | 90.8%  | 83.6%   | 83.8%  | 81.5%  |
|                 | Safer staffing – registered staff night                             |        |              | 98.1%  | 95.0%   | 96.1%  | 90.8%   | 92.0%  | 90.4%  |
|                 | Number of C.Diff cases (sanctioned)                                 | 5      | 5 in year    | 0      | 0       | 0      | 0       | 0      | 0      |
|                 | High impact interventions   | 3      | 97.0%        | 99.0%  | 97.2%   | 99.0%  | 99.2%   | 99.6%  | 99.4%  |
|                 | Falls per 1000 bed days   | 3      | <4           | 1.8    | 2.1     | 3.1    | 0.1     | 1.37   | 0.1    |
|                 | Sepsis - % patients screened and treated (New 19/20)                | New    | 90.0%        | 83.3%  | -       | -      | 100.00% | -      | -      |
|                 | Ward - Care hours per patient day                                   | 3      | >7.8         | 10.1   | 10.6    | 15.9   | 11.8    | 12.1   | 12.2   |
|                 | Critical care - Care hours per patient day                          |        | >32.9        | 34.1   | 37.0    | 43.4   | 33.0    | 35.0   | 35.1   |
| Additional KPIs | Number of Papworth acquired PU (grade 2 and above)                  | 4      | <4           | 1      | 0       | 2      | 1       | 1      | 0      |
|                 | MRSA bacteremia   | 3      | 0            | 0      | 0       | 0      | 0       | 0      | 0      |
|                 | Number of serious incidents reported to commissioners in month      | 3      | 0            | 2      | 2       | 2      | 1       | 0      | 2      |
|                 | E coli bacteraemia  | 3      | Monitor only | 0      | 3       | 0      | 1       | 0      | 0      |
|                 | Klebsiella bacteraemia  | 3      | Monitor only | 0      | 0       | 3      | 1       | 1      | 3      |
|                 | Pseudomonas bacteraemia   | 3      | Monitor only | 0      | 0       | 1      | 0       | 0      | 0      |
|                 | Moderate harm and above incidents reported in month (including SIs) | 3      | Monitor only | 5      | 2       | 4      | 3       | 1      | 3      |

### Summary of Performance and Key Messages:

**CQC Model Hospital rating for 'Safe'** is **Good** dated 30.06.2019 (as at 12.09.2019)

**Safe Staffing:** The safe staffing fill rate for registered nurses remains red (81.5%) for days and green (90.4%) for nights. In some wards, days and nights fall short of the desired 90% fill rate that we aim for. Not all the beds are currently being used while we wait for increased staffing, however the staffing roster templates assume all beds are in use resulting in a fill rate below 90%. This months report shows on improved position on the previous month, with less wards showing a monthly fill rate under 90%. Details are shown in the 'Spotlight On' slide. We also use Care Hours Per Patient Day (CHPPD) as another measure to monitor safe staffing. This takes into account patient numbers against staff numbers; and CHPPD levels in these areas remain healthy (a full breakdown is shown on 'Spotlight On' slide). Overall, the CHPPD indicator remains in green at 12.2 for wards and 35.1 for Critical Care.

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. The eRostering Manager is continuing to work with clinical teams to review their roster templates in line with SafeCare and SafeCare-Live rollout. Roster templates will be updated as required to ensure an accurate representation of fill rates for registered and unregistered staff.

**Sepsis:** As part of the NHS Standard Contract 2019/20 there is continued monitoring of Sepsis across the country. As we have no Emergency Department our numbers of patients with Sepsis are less, therefore while the national quality requirement is 'based on a standard of 50 service users each quarter'; we are reporting on every patient confirmed with Sepsis (as validated by the Lead Nurse ALERT and a Consultant).

Dec 2018 (Q3 2018/19) = 100% (33 patients); Mar 2019 (Q4, 2018/19) = 83.3% (33 patients); Jun 2019 (Q1, 2019/20) = 100% (13 patients).

**SIs:** The Trust has reported 2 Serious Incidents in August. For more details of the incidents and immediate actions taken please refer to key performance challenge on the next page.





## Key performance challenges

### Escalated performance challenges:

The Trust has reported 2 Serious Incidents in August 2019. One was involving a patient on the PPCI pathway and the other was a patient who developed a DVT post admission.

Both are currently under investigation and initial duty of candour has been undertaken.

Details are summarised in the table below.

| Date reported | SI Ref        | STEIS Ref  | Summary  | Specialty  | Duty of candour |
|---------------|---------------|------------|--|------------|-----------------|
| 20.08.2019    | SUI-WEB 32356 | 2019/18446 | Delay in PPCI referral acceptance                    | Cardiology | Yes             |
| 27.08.2019    | SUI-WEB 32357 | 2019/18867 | DVT post admission. No VTE assessment or prophylaxis | Cardiology | Yes             |

### Key risks:

#### SUI-WEB32356

- Potential/ actual patient harm
- Potential failure to follow PPCI protocol
- Possible negative impact on staff morale and confidence
- Reputational risk

#### SUI-WEB32357

- Potential/ actual patient harm
- Poor patient experience
- Potential risk of clinical negligence claim
- Poor compliance with NICE Guidelines and Trust Policy and procedures
- Possible negative impact on staff morale and confidence
- Reputational risk

### Key Actions:

#### SUI-WEB32356 – Immediate Actions

- Immediate communication with junior doctors and Interventional cardiologists regarding PPCI referral procedure. In particular regarding the requirement to discuss with a consultant when turning down a referral for the second time.
- Escalation of ongoing action with digital team re recording of advice given during a referral when the referral is declined
- Full RCA under way
- Initial Duty of candour completed

#### SUI-WEB32357 – Immediate Actions

- Immediate escalation regarding required compliance with NICE guidance and Trust Policy and Procedure relating to VTE prevention
- Ongoing monthly monitoring of compliance with risk assessment on admission (currently 93% - threshold is 95%) and prophylaxis prescription/ administration
- DXC have quoted £6,000 to enable the VTE risk assessment to be a mandatory field on the prescription chart – to be escalated to Q&R for funding
- Full RCA under way
- Initial Duty of candour completed



### 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.

The safe staffing fill rate for registered nurses is red (81.5%) for days and green (90.4%) for nights. There are some individual inpatient areas that remain under the desired 90% fill rate. This is a breakdown of the August 2019 data:

| Ward name  | Day                                       |                                    | Night                                     |                                    | Care Hours Per Patient Day (CHPPD)                            |         |
|------------|---|------------------------------------|---|------------------------------------|---|---------|
|            | Average fill rate - registered nurses (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses (%) | Average fill rate - care staff (%) | Cumulative count over the month of patients at 23:59 each day | Overall |
| 3 NORTH    | 53.6%                                     | 51.7%                              | 76.6%                                     | 74.5%                              | 364   | 12.8    |
| 3 SOUTH    | 99.0%                                     | 103.0%                             | 94.7%                                     | 152.0%                             | 1074  | 8.8     |
| 4 N&S      | 78.9%                                     | 85.7%                              | 98.7%                                     | 158.1%                             | 853   | 8.8     |
| 5 NORTH    | 90.3%                                     | 93.6%                              | 93.2%                                     | 134.4%                             | 1116  | 10.5    |
| 5 SOUTH    | 74.3%                                     | 63.9%                              | 85.9%                                     | 85.1%                              | 436   | 20.2    |
| CCA        | 95.5%                                     | 58.3%                              | 93.3%                                     | 62.0%                              | 822   | 35.1    |
| Day Ward * | 78.6%                                     | 71.4%                              |   |                                    |   |         |

### Comments

Shaded red in the left table; three out of six inpatient areas (3 North; 4 North /South; and 5 South) are under the 90% fill rate for registered nurses on days; and two also for nights (3 North and 5 South).

This is an improved position from the previous month; which also included 5 North who are now showing a monthly fill rate of over 90% for days and nights. (Day Ward, note below).

**3 North (days and nights):** Not all of the beds in this ward are occupied by inpatients or have overnight stays. The Registered Nurse to patient ratio is monitored through the regular daily bed meetings and staffing levels and skill mix are adjusted as required to support patient care. There are RN and HCSW vacancies in this area and there is active recruitment in progress.

**4 North & South (days):** Not all of the beds in this ward are occupied by inpatients or have overnight stays. The Registered Nurse to patient ratio is monitored through the regular daily bed meetings and staffing levels and skill mix are adjusted as required to support patient care. There are RN vacancies in this area and there is active recruitment in progress. The Directorate leadership team are reviewing the bed model and staffing model across the floor, to review new cohorting options for patients, taking into account ward layout in the new hospital. Over the weekends there is some cohorting of patient groups to close a quadrant, reflecting lower patient numbers over the weekend in this speciality.

**5 South (days and nights):** There are 9 beds (out of the 41) closed on this ward as planned while recruitment occurs. 5 North and 5 South Wards are supporting each other with staffing and skill mix across the floor, adjusting as required for acuity and dependency of patients. There is active recruitment in progress across the 5th floor.

**\*Day Ward** is included in PIPR for information, however in line with NHS requirements, not reported via NHS Digital as it is not an inpatient area. The updated eRostering template is now in use. The RN to patient ratio is monitored through the regular daily bed meetings and staffing levels and skill mix are adjusted as required to support patient care and Day Ward activity. The Directorate leadership team are reviewing patient activity through this area as part of the Trust optimisation work currently in progress.

Across the Trust, there is a recruitment pipeline in very active progress led by Lynn Roberts, Head of Resourcing, in partnership with nursing recruitment and the clinical areas. A weekly Recruitment Focus Meeting chaired by the Chief Executive also started 10<sup>th</sup> July 2019, to support recruitment efforts.

## Performance summary



Accountable Executive: Chief Nurse

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

### 6 month performance trends

|                 | Data Quality   | Target | Mar-19                         | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 |       |
|-----------------|--|--------|--------------------------------|--------|--------|--------|--------|--------|-------|
| Dashboard KPIs  | FFT score- Inpatients                                    | 4      | 95%                            | 95.5%  | 97.5%  | 96.6%  | 97.8%  | 97.7%  | 98.1% |
|                 | FFT score - Outpatients                                  | 2      | 95%                            | 95.8%  | 97.9%  | 88.4%  | 85.5%  | 95.0%  | 95.1% |
|                 | Mixed sex accommodation breaches (New 19/20)             | New    | 0                              | 0      | 0      | 0      | 0      | 0      | 0     |
|                 | Number of written complaints per 1000 WTE (New 19/20)    | New    | 12.6                           | 7.8    | 7.8    | 10.2   | 10.3   | 8.0    | 8.5   |
|                 | % of complaints responded to within agreed timescales    | 4      | 100%                           | 100%   | 67%    | 100%   | 100%   | 100%   | 100%  |
| Additional KPIs | Number of complaints upheld / part upheld                | 4      | 3 (60% of complaints received) | 5      | 5      | 3      | 4      | 1      | tbc   |
|                 | Number of complaints (12 month rolling average)          | 4      | 5 and below                    | 4.4    | 4.5    | 4.8    | 5.0    | 5.0    | 5.2   |
|                 | Direct Care Time - Activity follows completed in quarter | 3      | 100%                           | 100.0% | -      | -      | 100.0% | -      | -     |
|                 | Direct care time   | 3      | 40%                            | 38.7%  | -      | -      | 37.7%  | -      | -     |
|                 | Direct Care Time - Number of wards > 40%                 | 3      | 100%                           | 50%    | -      | -      | 33%    | -      | -     |
|                 | Number of complaints                                     | 4      | 5                              | 6      | 7      | 5      | 6      | 3      | 6     |
|                 | Number of recorded compliments                           | 4      | 500                            | 652    | 555    | 248    | 483    | 648    | 659   |

### Summary of Performance and Key Messages:

**CQC Model Hospital rating for 'Caring' is Outstanding** dated 30.06.2019 (as at 12.09.2019)

**FFT (Friends and Family Test):** remains green for inpatients (98.1%). There has been a sustained improvement in the Outpatient score for August (95.1%) following the continued work and actions being taken by the teams in response to the feedback from our service users. Intentional Rounding in the Outpatients waiting area has commenced in July, which has been very well received by the patients.

#### Friends and Family Test (FFT) benchmarking

For information, these are the latest published FFT % Recommended scores. The latest national benchmarking data is [July 2019](#) (at the time of writing PIPR 12.09.2019), therefore the RPH data from the same month is included:

#### Inpatients

- Liverpool Heart and Chest Hospital NHS Foundation Trust = 100%
- Royal Papworth = 97.7%
- Royal Brompton and Harefield NHS Foundation Trust = 96%
- CUH = 96%
- England NHS = 96%
- NWAFT = *not included in NHSE published report (checked 12.09.2019)*

#### Outpatients

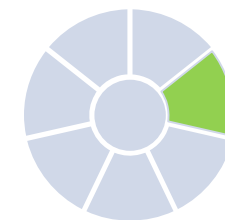
- Royal Brompton and Harefield NHS Foundation Trust = 96%
- Royal Papworth = 95%
- CUH = 95%
- England NHS = 94%
- Liverpool Heart and Chest Hospital NHS Foundation Trust = 93%
- NWAFT = *not included in NHSE published report (checked 12.09.2019)*

**Complaints:** the number of formal complaints in month is 6. Details are shown on the *Key Performance Challenges* slide for information. This is 8.5 written complaints per 1000 WTE. Monitoring the Number of written complaints per 1000 WTE is a benchmark figure based on the NHS Model Hospital to enable national benchmarking. In Model Hospital (most recent quarterly data period is 31.03.2019); the peer median is 12.98 and the national median is 24.46; with a Trust value of 7.69. This places us in the green (lowest 25%) quartile when compared with others (as at 12.09.2019).

The *number of complaints (12 month rolling average)* has just tipped into red at 5.2 and we will continue to monitor this, though the numbers remain low; (and as noted above, the *Numbers of written complaints per 1000 WTE* remains in the green at 8.5).

**Compliments:** the number of recorded compliments has further increased this month to 659.

## Key performance challenges



### Escalated performance challenges:

The Trust has received 6 formal complaints in Aug. This is over the threshold of 5. One complaint was received from a patient receiving private care who was unhappy with the final bill for their procedure and has also raised some concerns regarding care. One complaint relates to the failure to run the Thetford Outreach clinic on 2 occasions. This is still under investigation but would have affected multiple patients.

| Opened (Date rec'd) | Ref Number | Directorate       | Location / Ward                        | Service Type Inpatient / Outpatient | Summary  | (Primary) Sub Subject |
|---------------------|------------|-------------------|--|-------------------------------------|--|-----------------------|
| 08/08/2019          | Q21920-40F | Thoracic Services | Resp Phys                              | Outpatient                          | Concern with patient confidentiality regarding the display of name when attending for outpatient appointment                                   | Communications        |
| 09/08/2019          | Q21920-41F | Cardiology        | Private Patient Services VJ Old Site   | Inpatient                           | Private Patient - attended for PFO closure, unhappy with hidden costs and service in general.  | Patient Care/ Finance |
| 12/08/2019          | Q21920-43F | Surgical Services | Cardiac Surgery out patients           | Outpatient                          | Patient referred from PCH for repair or replacement valve. Letter sent April - unhappy with delay in being seen                                | Patient Care          |
| 21/08/2019          | Q21920-45F | Surgical Services | Cardiac Surgery Critical Care OLD SITE | Inpatient                           | Son of patient unhappy with late mothers treatment   | Patient Care          |
| 28/08/2019          | Q21920-46F | Thoracic Services | Thetford                               | Outpatient                          | Attended planned appointment at Thetford on 2 occasions and found no one there. Requesting explanation and reimbursement for travelling costs. | Communications        |
| 28/08/2019          | Q21920-47F | Ambulatory Care   | ILD Clinic                             | Outpatient                          | Patient happy with outpatient experience but wishes to complain about the car parking facilities and ticket validation process                 | Facilities            |

### Key risks:

- Poor patient experience
- Poor experience for family and friends of the patient
- Possible poor standard of care and service provided
- Possible negative impact on staff morale
- Reputational damage to Trust
- Poor patient expedience

### Key Actions:

- All complaints are subject to a full investigation. Individual investigations and responses are being prepared.
- Actions are identified.
- Complaints and lessons learned shared at Business Unit and Directorate meetings and Trust wide through the Q&R reports.
- Continued monitoring of further complaints and patient and public feedback.
- Staff, Sisters and Matrons proactively respond to and address 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.
- From live feedback, feedback from complaints and/or lessons learned, changes are made to improve the experience for patients going forward.
- Where applicable, You Said We Did feedback is displayed in boards in each ward/department for patients and other staff and visitors to see. Comments tbc



## Spotlight on: National Cancer Patient Experience Survey 2018 Results (published Sep 2019)

The **National Cancer Patient Experience Survey 2018** is the eighth iteration of the survey first undertaken in 2010. It has been designed to monitor national progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

The survey was overseen by a national Cancer Patient Experience Advisory Group. This Advisory Group set the principles and objectives of the survey programme and guided questionnaire development. The survey was commissioned and managed by NHS England. The survey provider, Quality Health, is responsible for designing, running and analysing the survey.

Detailed results and the full report is available upon request. The RPH Nurse Consultant (Oncology) is working through the feedback and report in detail.

*At the time of concluding the PIPR report the qualitative patient comments report (from this survey) was not available.*

### Royal Papworth Hospital headline summary results

- **The average rating given by respondents when asked to rate their care on a scale of zero (very poor) to 10 (very good) = 9.3 (national average 8.8)**

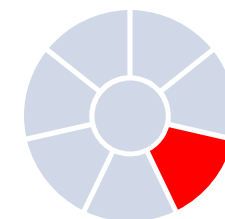
The following questions are included in phase 1 of the Cancer Dashboard developed by Public Health England and NHS England:

- **86%** of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment (*national average 79%*)
- **97%** of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment (*national average 91%*)
- **89%** of respondents said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist (*national average 85%*)
- **92%** of respondents said that, overall, they were always treated with dignity and respect while they were in hospital (*national average 89%*)
- **99%** of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital (*national average 94%*)

# Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Directors of Operations



## 6 month performance trends

|                 | Data Quality  | Target | Mar-19               | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 |        |
|-----------------|---|--------|----------------------|--------|--------|--------|--------|--------|--------|
| Dashboard KPIs  | Bed Occupancy (excluding CCA and sleep lab)                                   | 4      | 85% (Green 80%90%)   | 81.0%  | 74.5%  | 58.2%  | 66.6%  | 69.8%  | 67.7%  |
|                 | CCA bed occupancy   | 3      | 85% (Green 80%90%)   | 92.8%  | 86.3%  | 83.0%  | 96.8%  | 88.9%  | 82.3%  |
|                 | Admitted Patient Care (elective and non-elective)                             | 4      | 2181 (current month) | 2046   | 1873   | 1671   | 1913   | 2213   | 2111   |
|                 | Cardiac surgery mortality EuroSCORE   | 3      | <3%                  | 1.88%  | 1.88%  | 2.04%  | 2.09%  | 2.22%  | 2.41%  |
|                 | Same Day Admissions – Cardiac (eligible patients)                             | 4      | 50%                  | 38.64% | 43.53% | 33.80% | 40.00% | 41.82% | 50.00% |
|                 | Same Day Admissions - Thoracic (eligible patients)                            | 4      | 40%                  | 43.18% | 25.93% | 38.71% | 24.53% | 37.93% | 36.67% |
|                 | Theatre Utilisation   | 3      | 85%                  | 82.79% | 89.87% | 84.62% | 82.29% | 86.81% | 85.49% |
| Additional KPIs | Length of stay – Cardiac Elective – CABG (days)                               | 3      | 8.20                 | 8.61   | 8.16   | 7.34   | 7.38   | 9.05   | 8.07   |
|                 | Length of stay – Cardiac Elective – valves (days)                             | 3      | 9.70                 | 9.04   | 9.37   | 10.65  | 9.20   | 9.85   | 9.00   |
|                 | Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)                 | 3      | 90%                  | 93%    | 82%    | 79%    | n/a    | n/a    | n/a    |
|                 | Cath Lab Utilisation 6 (including 15 min Turn Around Times) *                 | 3      | 70%                  | 74%    | 72%    | 34%    | n/a    | n/a    | n/a    |
|                 | Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times) | 3      | 90%                  | 0%     | 0%     | 73%    | 78%    | 83%    | 83%    |
|                 | CCA length of stay (LOS) (hours) - mean                                       | 3      | Monitor only         | 122    | 125    | 107    | 91     | 95     | 89     |
|                 | CCA LOS (hours) - median  | 3      | Monitor only         | 44     | 46     | 47     | 42     | 42     | 41     |
|                 | Length of Stay – combined (excl. Day cases) days                              | 3      | Monitor only         | 5.51   | 5.14   | 4.69   | 5.11   | 5.05   | 4.54   |
|                 | % Day cases   | 3      | Monitor only         | 56.98% | 56.67% | 58.55% | 56.82% | 58.62% | 58.75% |

\* Note - For May 2019 occupancy % for Cath Lab 6 relates to the hybrid catheter lab at New Papworth.

## Summary of Performance and Key Messages:

### Bed occupancy

Bed occupancy at ward level continues to reflect the unstaffed, funded beds on level 5 (9 beds) and the daily closure of beds to mitigate safer staffing levels. CCA bed occupancy remains green with an 82.3% recorded level even though the unit has been managing to staff 30-32 beds throughout the month instead of the 33 beds funded. As a consequence the unit has been running hotter than the performance would suggest.

Critical care LOS decreased in month due to patient specialty mix and acuity with mean LOS being the lowest for over 2 years.

### Activity recovery

Although activity levels are lower in month 5 than the previous month, this reflects fewer working days in month. Focus on activity recovery continues through the Hospital Optimisation project, with the opening of our sixth theatre scheduled for month 7.

### Theatre and Cath lab Utilisation

Theatre utilisation reduced slightly in month, a small increase in late starts and over runs of elective cases contributed to this position, and are being reviewed as part of the theatre optimisation work stream.

Overall Cath lab activity decreased in month 5 compared with month 4 (831 cases compared with 742 cases) but ahead of month 2 and 3 activity. A reduction in activity was noted across all specialties with the exception of ACS that increased from 136 cases to 141.

### SDA Admissions

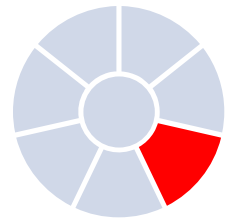
An improvement in the same day admissions in Cardiac Surgery was achieved in month 5 achieving the target for the first time in 6 months. This reflects action taken to mitigate the impact of closed beds. However Thoracic surgery SDA admissions continues to fall short of target. Ongoing work to increase pre-assessment clinics will help to improve performance.

### Length of stay

A deep dive review of length of stay is summarised in this month's spotlight.



## Spotlight on: Length of Stay



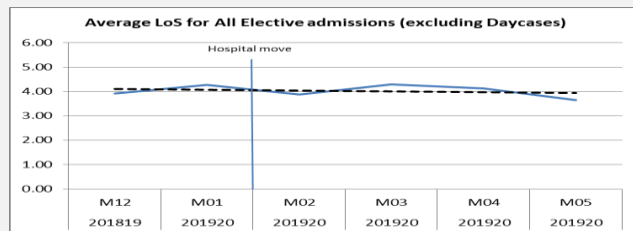
### Background

A question was raised at July's Performance Committee regarding inpatient length of stay (LoS) pre and post the move to the new Hospital. A deep dive into length of stay has been undertaken and is summarised here.

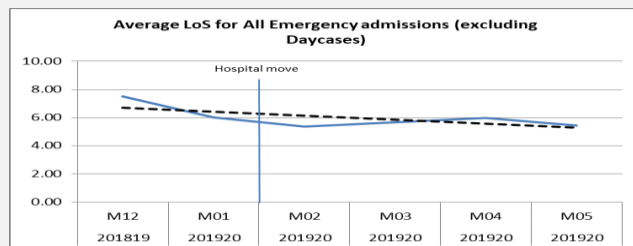
The source of the data is the Patient Episode LoS report in Qlikview which pulls data from Lorenzo. All data excludes private patients and Critical Care episodes.

### Summary Conclusions

Graph 1 shows the Trust average length of stay for elective admissions for March 2019 through to August 2019. This has stayed broadly static over the six month period. August's average LoS was 3.65 days.

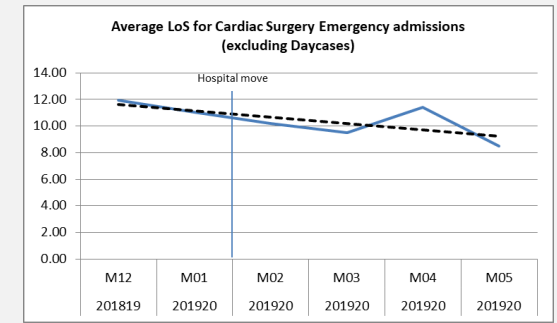
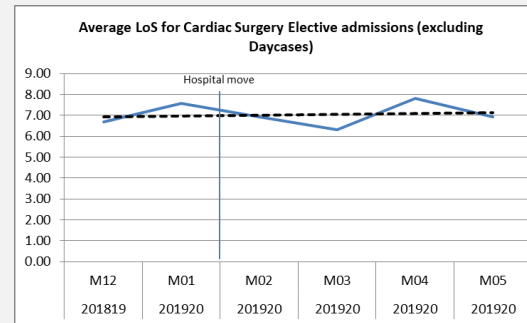


Graph 2 shows the Trust average length of stay for non-elective admissions for March 2019 through to August 2019. This has shown a 27% reduction over the six month period going from 7.51 days in March 2019 to 5.46 days in August.



### Speciality Detail

- Cardiac Surgery:** Average elective LoS has stayed broadly static over the six months up to August 2019. Non-elective LoS has shown a 29% (-3.43 days) reduction over the same period.



- Thoracic Surgery:** Average elective LoS has stayed broadly static over the six months up to August 2019 and was 5.89 days in August. Non-elective LoS has reduced over the same period by 3.8 days.
- Transplant:** Average elective LoS has increased by 1.59 days over the six months up to August 2019. Non-elective LoS has reduced by 58% (-13.18 days) over the same period.
- Cardiology:** Average elective LoS trend is showing a reduction over the six months up to August 2019 of 0.1 days. Non-elective LoS trend dropped by a total of 1.03 days from March to May but has increased again since the move to Cambridge.
- RSSC:** Average elective LoS trend shows an increase over the six months up to August 2019 of just 0.05 days. Non-elective LoS has reduced by 65% (-14.79 days) over the same period.
- Thoracic Medicine:** Average elective LoS has reduced by 2.28 days over the six months up to August 2019. Non-elective LoS has also reduced over the same period by 10.56 days (54%) although there was a sharp increase in LoS in August.

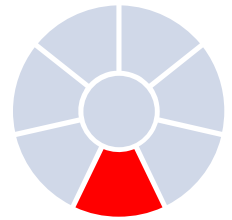


## Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Director of Operations

### 6 month performance trends



|   | Data Quality  | Target | Mar-19 | Apr-19  | May-19  | Jun-19  | Jul-19  | Aug-19  |         |
|---|---|--------|--------|---------|---------|---------|---------|---------|---------|
| Dashboard KPIs  | % diagnostics waiting less than 6 weeks                                     | 3      | >99%   | 99.31%  | 99.30%  | 99.30%  | 99.23%  | 99.30%  | 99.05%  |
|   | 18 weeks RTT (combined)*  | 3      | 92%    | 90.94%  | 90.47%  | 90.28%  | 89.89%  | 88.94%  | 89.10%  |
|   | Number of patients on waiting list  | 3      | 3,343  | 3343    | 3274    | 3472    | 3580    | 3725    | 3549    |
|   | 52 week RTT breaches  | 3      | 0      | 0       | 0       | 0       | 0       | 0       | 0       |
|   | 62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)** | 3      | 85%    | 80.0%   | 66.7%   | 62.5%   | 60.0%   | 50.0%   | 40.0%   |
|   | 31 days cancer waits**  | 3      | 96%    | 100.0%  | 84.3%   | 84.6%   | 96.0%   | 100.0%  | 100.0%  |
|   | Theatre cancellations in month  | 3      | 30     | 60      | 28      | 46      | 60      | 56      | 49      |
|   | % of IHU surgery performed < 7 days of acceptance for treatment or transfer | 3      | 95%    | 19.04%  | 20.33%  | 21.42%  | 4.54%   | 8.33%   | 13.15%  |
| Additional KPIs   | 18 weeks RTT (cardiology)*  | 3      | 92%    | 93.89%  | 94.72%  | 93.48%  | 92.66%  | 93.26%  | 93.81%  |
|   | 18 weeks RTT (Cardiac surgery)*   | 3      | 92%    | 77.20%  | 73.32%  | 73.23%  | 74.78%  | 75.20%  | 69.68%  |
|   | 18 weeks RTT (Respiratory)*   | 3      | 92%    | 94.12%  | 94.21%  | 94.65%  | 93.84%  | 91.51%  | 92.08%  |
|   | 62 days cancer waits post re-allocation (old rules)**                       | 3      | 85%    | 100.0%  | 83.3%   | 62.5%   | 60.00%  | 66.7%   | 40.0%   |
|   | Acute Coronary Syndrome 3 day transfer %                                    | 3      | 90%    | 100.00% | 100.00% | 99.33%  | 100.00% | 100.00% | 100.00% |
|   | Other urgent Cardiology transfer within 5 days %                            | 3      | 90%    | 100.00% | 96.55%  | 100.00% | 100.00% | 100.00% | 100.00% |
|   | % patients rebooked within 28 days of last minute cancellation              | 3      | 100%   | 71.43%  | 79.07%  | 54.55%  | 97.06%  | 73.81%  | 89.47%  |
|   | Outpatient DNA rate   | 4      | 9%     | 8.02%   | 8.76%   | 8.32%   | 7.18%   | 8.75%   | 9.12%   |
|   | Urgent operations cancelled for a second time (New 19/20)                   | New    | 0      | 3       | 0       | 3       | 5       | 1       | 1       |
|   | Total cancellations (New 19/20)   | New    | tbc    | 43      | 19      | 33      | 43      | 38      | 46      |
| % of IHU surgery performed < 10 days of medically fit for surgery | 3   | 1      | 58.00% | 43.00%  | 40.00%  | 47.00%  | 46.00%  | 52.00%  |         |

### Summary of Performance and Key Messages:

#### RTT Performance

The aggregate RTT position has improved slightly in month but remains below trajectory. Reflected in this position is 129 more breaches and 279 more pathways than forecast. Cardiology continue to decrease breaches to below the expected level and have achieved a waiting list reduction of an additional 270 pathways over recent months.

Cardiac Surgery RTT performance reflects 30 more breaches than forecast and together with a reduction in the surgery waiting list of 7.6% performance has dipped further to 7.32% behind trajectory. The key action that supports recovery of this position is the opening of theatre 6 in October.

Respiratory have recovered their performance to the 92% standard but there is further recovery actions to be taken to respond to the increase of the waiting list by 595 pathways and three fold increase in breaches. Some of the increases are attributable to the impact of addressing the closure of the GP Community Sleep Study service on behalf of the CCG, however, the biggest impact is due to failure to draw activity through Out-Patients since the hospital move.

#### Cancer Performance

Performance against the 31 day standard has been sustained since an additional day of operating was included in the theatre schedule post move. Delivery of the 62 day standard continues to be challenged by access to PET CT. This is being managed through a weekly meeting with the CUH and Alliance Medical team.

#### Theatre cancellations

Theatre cancellations decreased to 49 in month, with 14 cancellations attributable to lack of capacity due to staffing and 19 cancellations due to emergency and transplant activity.

#### % patients rebooked within 28 days

This standard has had an overall improvement, over last 6 months, with a reduction from 9 breaches in July to 3 in August and is a point of focus for surgery, and with further beds opening in CCA and theatre 6 opening should be a reduction in last minute cancellations.

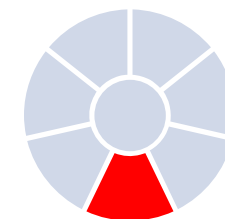
#### %IHU Surgery

Performance against the national 7 day standard has improved in month but remains significantly behind the target and is a key focus for improvement. 52% of patients had surgery within 10 days of acceptance of the referral. Performance will be supported by the opening of theatre 6.

\* - An additional proposed metric for "Patients waiting for six months or longer - % which have been contacted to offer faster treatment at alternative provider" has been proposed for 19/20 but has not been included for M02 as discussions are still ongoing with commissioners and the requirement has not been included in national planning guidance \*\* Note - latest month of 62 day and 31 cancer wait metric is still being validated

# Responsive

## Key performance challenges



### Theatre Cancellations

| Cancellation code                                    | Aug-19    | Total      |
|--|-----------|------------|
| 1a Patient DNA                                       | 1         | 3          |
| 1b Patient refused surgery                           | 0         | 0          |
| 1c Patient unfit                                     | 5         | 21         |
| 1d Sub optimal work up                               | 1         | 6          |
| 2a All CCA beds full with CCA patients               | 2         | 15         |
| 2b No ward bed available to accept transfer from CCA | 3         | 31         |
| 2c Delay in repatriation of patient from CCA         | 1         | 1          |
| 2d No ward bed available                             | 0         | 0          |
| 3a Critical Care                                     | 9         | 18         |
| 3b Theatre Staff                                     | 0         | 0          |
| 3c Consultant Surgeon                                | 0         | 3          |
| 3d Consultant Anaesthetist                           | 0         | 0          |
| 3e Other   | 0         | 3          |
| 4a Emergency took time                               | 9         | 41         |
| 4b Transplant took time                              | 7         | 33         |
| 4c ECMO/VAD took time                                | 0         | 0          |
| 4d Additional urgent case added and took slot        | 3         | 14         |
| 4e Equipment/estate unavailable                      | 2         | 11         |
| 5a Planned case overran                              | 5         | 27         |
| 5b Additional urgent case added and took slot        | 0         | 1          |
| 5c Overruns delayed start                            | 1         | 5          |
| 6a Scheduling issue                                  | 0         | 6          |
| <b>Total</b>   | <b>49</b> | <b>236</b> |

### Top reasons theatre cancellations in month:

- Critical Care staff
- Emergency took time
- Transplant took time

### Additional activity within theatres and CCA

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

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

**2** additional elective case was added to the list.

**77** additional emergency minor procedures also went through theatre.

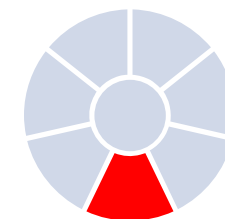
On **9** occasions, the Theatre or CCA team was called out for retrieval or repatriation of patients.

### Cath Lab Cancellations

| Reason                                 | Aug-19    | Total      |
|--|-----------|------------|
| Medical reasons                        | 12        | 49         |
| Emergency took time                    | 7         | 36         |
| Clerical error                         | 6         | 29         |
| Patient DNA                            | 4         | 20         |
| Bed Shortage                           | 8         | 18         |
| Previous case over ran                 | 4         | 14         |
| Patient unfit for procedure            | 2         | 12         |
| Cancelled by patient                   | 0         | 12         |
| Patient did not arrive in time         | 1         | 10         |
| Admitted But Treatment Deferred        | 1         | 10         |
| Equipment Failure                      | 1         | 8          |
| Further tests                          | 1         | 5          |
| Procedure no longer required           | 2         | 5          |
| Infection control                      | 0         | 3          |
| Transport                              | 0         | 3          |
| More urgent case                       | 1         | 2          |
| Procedure carried out at another hosp. | 0         | 1          |
| Consultant unavailable                 | 0         | 1          |
| Procedure changed                      | 0         | 1          |
| Various other reasons                  | 22        | 49         |
| <b>Grand total</b>                     | <b>72</b> | <b>288</b> |

# Responsive

## Spotlight on: Surgical RTT Recovery



### RTT Performance:

Surgical RTT performance this month has not met the current recovery trajectory due to a number of long waiters being cancelled and requiring rebooking, a reduction in surgical beds and an increase in emergency cases.

To achieve the RTT plan of 92% by March 2020 remains a challenge due to a number of influencing factors. To support the delivery of our plan, the surgical directorate has been identified as a primary area of focus for the Trust Optimisation Programme led by the executive team.

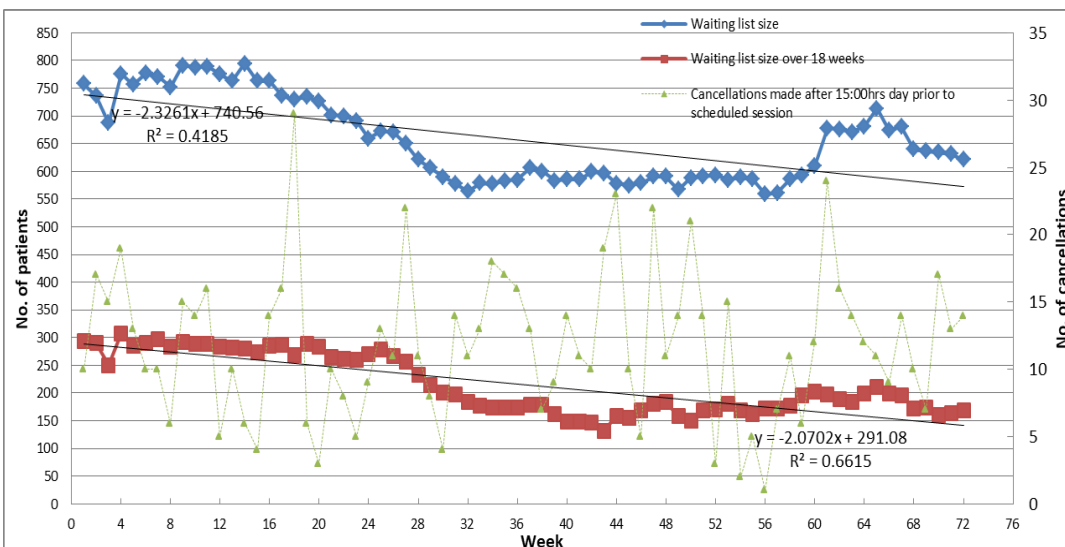
The plot of graph 1, shows performance from March 2018 to end of August 2019. Over the last 6 weeks we have begun to see a steady decrease in the number of patients on our WAL and a decline in the number of patients waiting over 18 weeks.

### 5 key factors influencing performance.

- Impact of ramp down/move to new campus
- High cancellations (lack of beds/ increase in emergency, transplant and IHU work)
- Bed reduction in Surgery and Critical Care due to ongoing safety concerns raised by staff.
- Launch of PP plus – Data quality and validation of waiting list numbers
- Constraints in administration and booking output.
- Need real time pathway closure on PP + following treatment.

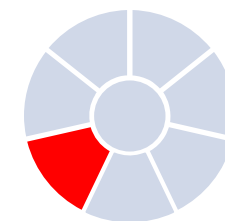
### Key Actions:

- Theatre 6 to come online from 1<sup>st</sup> October
- Continue with collaborative working (Ops,CD,HON, nursing CCA and ward) to improve theatre utilisation.
- Provide a weekly forward planning update to executive.
- Continuation of Optimisation work steam projects
- Continue to review and make adjustment between elective and non elective capacity to meet demand.
- Continue waiting list validation work.
- Clinics to be booked 6 weeks in advance to support patient pathway.



|                                    | Cardiology    | Surgery       | Respiratory Medicine | Overall       |
|------------------------------------|---------------|---------------|----------------------|---------------|
| Pathways: Plan per Trajectory      | 1320          | 600           | 1350                 | 3270          |
| Pathways: August                   | 1050          | 554           | 1945                 | 3549          |
| <b>Variance</b>                    | <b>-270</b>   | <b>-46</b>    | <b>595</b>           | <b>279</b>    |
| Breaches: Plan per Trajectory      | 80            | 138           | 40                   | 258           |
| Breaches: August                   | 65            | 168           | 154                  | 387           |
| <b>Variance</b>                    | <b>-15</b>    | <b>30</b>     | <b>114</b>           | <b>129</b>    |
| Achievement: Plan per Trajectory % | 93.94%        | 77.00%        | 97.01%               | 92.11%        |
| Achievement: August %              | 93.81%        | 69.68%        | 92.08%               | 89.10%        |
| <b>Variance</b>                    | <b>-0.13%</b> | <b>-7.32%</b> | <b>-4.93%</b>        | <b>-3.01%</b> |

# 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       | Mar-19       | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 |        |
|----------------------------------|---|--------------|--------------|--------|--------|--------|--------|--------|--------|
| Dashboard KPIs                   | Voluntary Turnover %  | 3            | 15.0%        | 22.83% | 24.43% | 21.23% | 11.11% | 15.05% | 16.18% |
|                                  | Vacancy rate as % of budget   | 4            | 5.50%        | 11.01% | 12.54% | 15.17% | 14.10% | 13.57% | 13.42% |
|                                  | % of staff with a current IPR                                       | 3            | 90%          | 90.29% | 89.06% | 87.32% | 88.77% | 88.33% | 87.01% |
|                                  | % Medical Appraisals  | 3            | 90%          | 90.57% | 89.62% | 82.08% | 84.91% | 88.89% | 86.24% |
|                                  | Mandatory training %  | 3            | 90.00%       | 88.70% | 72.38% | 74.99% | 76.50% | 75.54% | 76.84% |
|                                  | % sickness absence  | 3            | 3.5%         | 2.26%  | 2.19%  | 2.46%  | 2.94%  | 2.80%  | 2.55%  |
| Additional KPIs                  | FFT – recommend as place to work                                    | 3            | 63.0%        | 46.00% | 57.00% | n/a    | 61.00% | n/a    | n/a    |
|                                  | FFT – recommend as place for treatment                              | 3            | 80%          | 73.00% | 80.00% | n/a    | 91.00% | n/a    | n/a    |
|                                  | Registered nurse vacancies rate (including pre-registered nurses)   | 3            | 5.0%         | 4.34%  | 5.11%  | 9.81%  | 10.52% | 9.31%  | 9.32%  |
|                                  | Registered nursing vacancy WTE (including pre-registered nurses)    |              |              | n/a    | 33.71  | 58.39  | 62.77  | 63.37  | 63.43  |
|                                  | Registered nurse vacancies rate (excluding pre-registered nurses)   | 2            | 5.00%        | 9.50%  | 9.13%  | 11.90% | 12.09% | 11.39% | 11.18% |
|                                  | Registered nursing vacancy WTE (excluding pre-registered nurses)    |              |              | 62.59  | 60.21  | 80.39  | 82.1   | 77.54  | 76.1   |
|                                  | Unregistered nurse vacancies WTE (including pre-registered nurses)  | 3            | 10.00%       | 28.31  | 38.23  | 60.87  | 62.54  | 64.98  | 61.43  |
|                                  | Unregistered nursing vacancy rate (including pre-registered nurses) |              |              | 12.89% | 17.12% | 24.85% | 25.45% | 26.44% | 25.00% |
|                                  | Unregistered nursing vacancy rate (excluding pre-registered nurses) |              |              | 28.38% | 29.58% | 33.83% | 33.32% | 32.21% | 30.15% |
|                                  | Long term sickness absence %  | 3            | 0.80%        | 0.23%  | 0.54%  | 0.34%  | 0.46%  | 0.62%  | 0.73%  |
|                                  | Short term sickness absence   | 3            | 2.70%        | 2.03%  | 1.85%  | 2.12%  | 2.48%  | 2.18%  | 1.80%  |
|                                  | Agency Usage (wte) Monitor only                                     | 3            | Monitor only | 82.3   | 59.7   | 53.5   | 55.2   | 71.4   | 69.8   |
|                                  | Bank Usage (wte) monitor only                                       | 3            | Monitor only | 66.3   | 65.5   | 47.7   | 54.7   | 65.0   | 69.1   |
|                                  | Overtime usage (wte) monitor only                                   | 3            | Monitor only | 73.6   | 73.6   | 51.2   | 90.7   | 58.7   | 57.6   |
|                                  | Turnover - Non medical starters                                     | 3            | Monitor only | 20.7   | 18.4   | 28.8   | 23.6   | 32.1   | 35.6   |
| Turnover - Non medical leavers   | 3   | Monitor only | 32.5         | 34.5   | 33.6   | 18.6   | 28.4   | 22.5   |        |
| Agency spend as % of salary bill | 4   | 3.05%        | 6.62%        | 6.05%  | 5.72%  | 5.83%  | 6.44%  | 6.80%  |        |

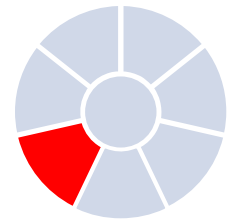
### Summary of Performance and Key Messages:

Key highlights in August are:

- Total turnover increased to 16.2%. There was an increase in Nursing turnover from July with 8.4 wte leavers. Registered nurse turnover is 16.4% YTD. Total Trust turnover is 21.8 YTD.
- We were a net gainer of staff by 13.1 wte in August. This was primarily driven by a large increase in the Additional Clinical Services staff group. We were a net gainer of HCSW staff by 7.6 wte. We were a net loser of registered nurses with a low number of new starters. There are 73 registered nurses and 71 HCSWs in the pipeline at the time of writing this report.
- The Trust vacancy rate decreased to 13.42%. Total nurse vacancy rate inc Pre-registered Nurses remained unchanged and excluding Pre-Registered Nurses decreased to 11.2% as a result of staff achieving NMC registration.
- Total IPR compliance remained broadly static. The Spotlight provides more detail on IPR compliance.
- Sickness absence remained well below the KPI at 2.55%.
- Mandatory training compliance improved to 76.8%. We continue to see an improvement in compliance with Health, Safety and Wellbeing and Equality and Diversity which are the e-learning modules introduced this year. We have seen a deterioration in compliance with Fire Safety and Resuscitation Level 1 & 2. This is primarily related to issues with recording completed training and trainer capacity .
- Temporary staff use remained at a high level in August. This is primarily driven by high levels of use of agency and overtime in Critical Care, Theatres and the Surgical Wards. This reflects the gaps in staffing levels in these areas and the increased staffing levels being utilised in Critical Care as they adapt their ways of working to the new clinical environment. Agency use and enhanced overtime rates will be removed as vacancy rates improve and communication has gone out to managers to confirm enhanced controls. The capacity of Temporary Staffing is being increased to support improvements in the provision of bank capacity.

# People, Management & Culture

## Key performance challenges



### Escalated performance challenges:

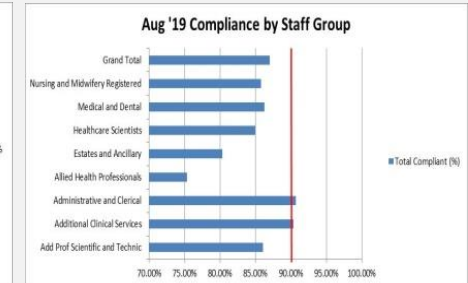
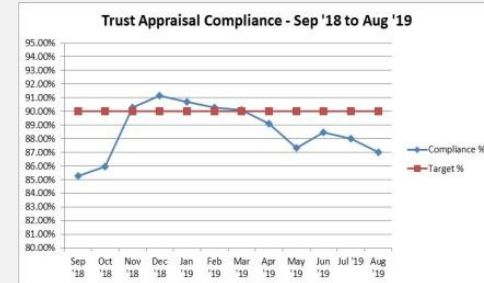
- Turnover remains volatile in the period following the move.
- Nurse vacancy rates increased as a consequence of increased establishments and lower number of starters in the run up to and during the move period. This is significantly impacting our ability to provide the levels of activity required on Surgical Wards.
- In a number of areas, in particular Critical Care, have required additional staff, increasing pay costs, as they adapt to the new operating models and working environments .
- Recruitment remains difficult across a number of non-medical staff groups. In particular recruitment to radiography roles is , which is a national shortage occupation, is difficult.
- Staff engagement and well being is negatively impacted as staff adapt to the new ways of working and increased travel time.
- Ensuring compliance with mandatory training and appraisal as a result of the competing demands on staff time.
- WRES and WDES data indicates that staff from a BAME background and with a disability have a less positive working experience.

### Key risks:

- Turnover increases following the move as staff find they cannot manage the increased travel time/costs.
- Staff engagement and morale reduces and this in turn drives high turnover , sickness absence, poor working relationships and damages the patient experience.
- The Trust is not able to recruit the numbers of clinical and non-clinical staff to match turnover and meet increases in establishments as a result of new operating models post-move.
- Pay costs in excess of budget as a result of the cost of temporary staffing used to mitigate vacancies.
- Managers are unable to release staff to participate with mandatory training and appraisal reviews because of pressures on staffing levels.

### Key Actions:

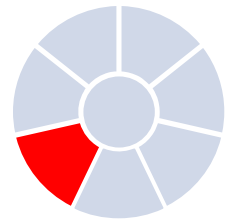
#### IPR Compliance:



- The Trust's appraisal compliance stood at 87.01% in August 2019 against a target of 90%. The Trust has consistently failed to reach it's 90% appraisal compliance target since March 2019 with rates consistently in the high 80% region.
- No Directorate has compliance under 80% but despite significant focus and regular review at monthly performance meetings the majority have not managed to achieve and maintain compliance with 90%. The exceptions to this are Ambulatory Care, Workforce and Digital.
- IPRs are a key element of successful employee engagement. They offer an opportunity for a discussion as to what is important to employees as well as a change to provide feedback, set objectives and discuss aspirations. Regular, quality IPRs are an essential element of providing rewarding jobs for staff.
- IPRs are recorded on the Allocate system and then compliance reports produced by Workforce Information. Review of the factors preventing Directorates achieving compliance suggests that the key issue is failure to record IPRs correctly
- Further actions being taken to improve compliance are:
  - Refreshed guidance on when an appraisal is required when a member of staff changes role or department
  - Refreshed HealthRoster guidance for administrators and managers as to how and when appraisals should be added to HealthRoster
  - Requiring Directorates/Departments to review and improve their processes for recording and monitoring compliance.

# People, Management & Culture

## Spotlight on: Time to Hire



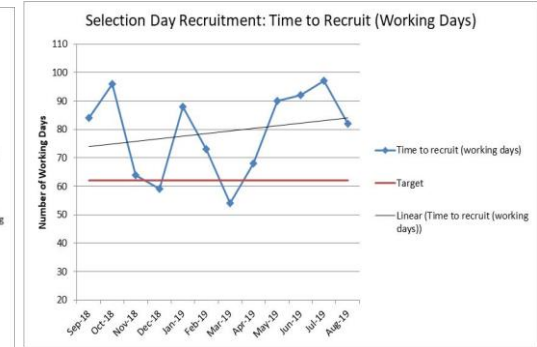
### Time to Hire:

- The KPIs for recruitment time to hire are as follows:

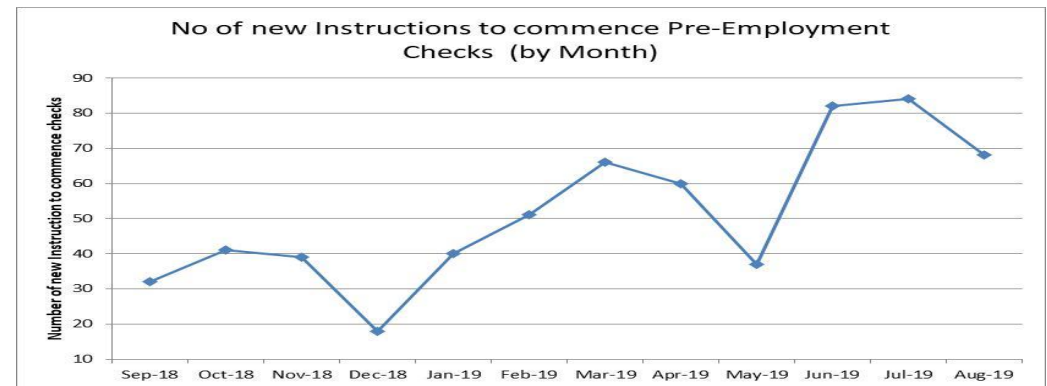
| Recruitment Stage   | Selection Day | Standard Process | Average Working Days |                      |                   |
|---|---------------|------------------|----------------------|----------------------|-------------------|
|   | TARGET        | TARGET           | All                  | Standard Process (A) | Selection Day (B) |
| Advert upload   | 2             | 2                | 1                    | 2                    | 1                 |
| Advert Open to Advert Closed                                      | 21            | 10               | 13                   | 12                   | 14                |
| Advert Closed to Shortlisting Complete                            | 4             | 4                | 4                    | 6                    | 2                 |
| Shortlisting Complete to Invite to Interview                      | 2             | 2                | 2                    | 2                    | 2                 |
| Invite to Interview to Interview Date                             | 10            | 10               | 7                    | 8                    | 5                 |
| Interview Date to Notification of Outcome                         | 4             | 4                | 4                    | 4                    | 3                 |
| Conditional Offer Sent  | 2             | 2                | 3                    | 2                    | 3                 |
| Completion of Pre-Employment Checks                               | 15            | 15               | 37                   | 27                   | 49                |
| Unconditional Offer/Contract Sent                                 | 2             | 2                | 3                    | 3                    | 3                 |
| <b>Total Average Working Days (Advert to Unconditional Offer)</b> | <b>62</b>     | <b>51</b>        | <b>74</b>            | <b>66</b>            | <b>82</b>         |

- The recruitment team lost three very experienced members of the small team and one of the Recruitment Nurses in Spring 19. They have been replaced but the training takes 6 months so capacity has impacted.
- The team have been supporting an increased number of events to meet the increase in beds and staffing establishments
- Additional temporary resources have been engaged to support the employment checking process. However it is a very resource intensive process. The high volume of recruitment activity should reduce as our vacancy rates improve.
- Actions being taken/considered to reduce time to hire are:
  - Offer letters to propose that successful applicants proceed with handing in their notice ahead of the unconditional offer
  - Improved use of NHS Jobs to support management of employment checks including enabling managers to have sight of process
  - Recruiting managers to be encouraged to undertake chasing of references
  - Longer term to explore how electronic recruitment systems could improve productivity and the quality of service provided.

- As a result of process improvements compliance with these KPIs had been being achieved however over the last 5 months we have not achieved compliance. The table below shows performance over the last 12 months.



- The safe employment checks we are required to undertake are comprehensive and they are the key factor that elongates the time to hire. However the main driver for the increase in the length of time to hire has been the significantly increased activity levels in recruitment. The table below demonstrates this.



# Transformation

## Performance summary



**Accountable Executive:** Chief Operating Officer / Chief Finance Officer

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

|                 |   | Data Quality | Target | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19   |
|-----------------|---|--------------|--------|--------|--------|--------|--------|--------|----------|
| Dashboard KPIs  | CIP – project delivery                                      | 4            |        | Amber  | Red    | Red    | Red    | Red    | Red      |
|                 | Quality improvement programme delivery                      | New          |        |        | Amber  | Amber  | Amber  | Amber  | Amber    |
|                 | Digital programme delivery on track                         | 3            |        | Amber  | Amber  | Amber  | Amber  | Amber  | Amber    |
|                 | New Papworth ORAC - overall progress                        | 4            |        | Green  | Green  | Green  | Green  | Green  | Complete |
| Additional KPIs | PFI, Equipping & Estates - Design & Construction            | 3            |        | Green  | Green  | Green  | Green  | Green  | Complete |
|                 | PFI, Equipping & Estates - Equipping                        | 3            |        | Green  | Green  | Green  | Green  | Green  | Complete |
|                 | PFI, Equipping & Estates - Enablement of New Papworth       | 3            |        | Green  | Green  | Green  | Green  | Green  | Complete |
|                 | PFI, Equipping & Estates - Retained Estate Enablement       | 3            |        | Green  | Green  | Green  | Green  | Green  | Complete |
|                 | PFI, Equipping & Estates - Site Sale and & De-commissioning | 3            |        | Green  | Green  | Green  | Green  | Green  | Complete |
|                 | Operational readiness - CTP Clinical Services               | 3            |        | Green  | Green  | Green  | Green  | Green  | Complete |
|                 | Operational readiness - CTP Pathology                       | 3            |        | Green  | Green  | Green  | Green  | Green  | Complete |
|                 | Operational readiness - DORACS Clinical Delivery            | 3            |        | Green  | Green  | Green  | Green  | Green  | Complete |
|                 | Operational readiness - DORACS Clinical Support             | 3            |        | Green  | Green  | Green  | Green  | Green  | Complete |
|                 | Operational readiness - DORACS Office Policy                | 3            |        | Green  | Green  | Green  | Green  | Green  | Complete |
|                 | Operational readiness - Move and Migration                  | 3            |        | Green  | Green  | Green  | Green  | Green  | Complete |
|                 | Workforce & Communications - Communications                 | 3            |        | Green  | Green  | Green  | Green  | Green  | Complete |
|                 | Workforce & Communications - Training & Education           | 3            |        | Green  | Green  | Green  | Green  | Green  | Complete |
|                 | Workforce & Communications - Workforce Planning             | 3            |        | Green  | Green  | Green  | Green  | Green  | Complete |
|                 | ICT - ICT & Telecoms  | 3            |        | Amber  | Green  | Green  | Green  | Green  | Complete |
|                 | Hospital Cutover - Move Control                             | 3            |        | Green  | Green  | Green  | Green  | Green  | Complete |

### Summary of Performance and Key Messages:

#### Operational Readiness:

Transfer to business as usual is complete.

#### NPH Design, Construction & Enabling Works:

Transfer to business as usual is complete. The key outstanding task for the programme is the sale of the old site and progress towards this will be monitored by the Strategic Performance Committee.

#### CTP:

The focus of CTP is now cardiology and respiratory service transitions. Cardiology service change is now a recovery initiative for the STP. The teams are working towards a March 2020 service transfer date. ILD services transferred from CUH to the Trust on 1<sup>st</sup> September 2019 and is the first of the respiratory services changes to take place.

#### Service Improvement (SIP/CIP): Rag Status Red -The overall CIP target for 2019/20 is £5.113m

##### Progress

- **£0.2m** from estates has already been taken out of budgets and is approved;
- **£1.2m** Procurement work plan CIP target has been approved.
- **£0.1m** Is the agreed target for the Pharmacy Corporate project and has achieved **£74K** which will be phased and removed from the various budgets in the next months.
- **£0.1m** Is the agreed as the target for the demand management Corporate project
- **£0.40m** has been approved and signed off in a mix of schemes and will taken out budgets accordingly
- **£0.071m** was identified from 2018/19 and carried over for 2019/20

**2019/20 CIP planning:** This has commenced across all directorates linked to budget setting for 2019/20 and business planning. To date we have a **pipeline of £0.74m** that is in the process of validation and sign off.

There are further schemes just being validated that will be progressed as soon as possible.

Validated schemes are being signed off now weekly by the Executive Directors

There are a number of schemes/projects that do not qualify as a CIP, but are being progressed as they contribute to **Income generation, Overspend mitigation, Non recurrent or are SIP/Quality schemes.**

The **Length of Stay Projects** are now grouped together as a **Programme** under the Chief Nurse and it will commence in September.

**Corporate Projects: Pharmacy, Demand management and Clinical variation** are all in progress.

**Total outstanding still to be identified = £2.46m**

**There are a number of directorates that have started to develop recovery plans it is likely that will help fulfil some of their outstanding CIP requirements, these will be added to the plan as soon as details are available.**

# Transformation

## Key performance challenges



### Escalated challenges

#### NPH Construction/Operational Readiness NPH Construction/Operational Readiness:

Transfer to business as usual is complete.

#### Service Improvement (SIP/CIP):

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

### Key Risks

#### NPH Construction/Operational Readiness:

Transfer to business as usual is complete.

#### Service Improvement (SIP/CIP):

1. If the trust does not identify sufficient schemes to close the gap, then the trust's recurrent cost base will increase by £2.46m (assuming pipeline schemes convert);
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:

Transfer to business as usual is complete.

#### Service Improvement (SIP/CIP):

1. There is a pipeline of £0.74m awaiting validation and further work to identify schemes is on going with all directorates and departments. Three additional corporate schemes have commenced, £0.1m from the pipeline has been approved by the Executive Directors with £74k identified (The pipeline shows the that this has been taken out);
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 September 2019 . Issue escalated to the Chief Nurse and Chief Information officer.



# Transformation

## Spotlight on : CTP Cardiology



### Programme Aim:

The aim of the project is to work collaboratively to deliver and integrated cardiology service across CUH and RPH by the end of March 2020. This is in line with commissioner expectations.

### Programme objectives are to:

- implement a 'single service' vision and key milestones in the lead up to a fully integrated cardiology service between RPH and CUH;
- focus on the best configuration of services for patient outcomes first;
- seek to identify and remove duplication of services and maximising value for the public purse;
- develop the service integration through clinical patient pathways to include the key cardiology functions of outpatients, diagnostics, cath labs, inpatients and rehab.

### Key Interdependencies:

The successful implementation of this programme is linked to several other areas of development:

1. Commissioning of beds on 4NW – to support the transfer of some inpatient cardiology work from CUH;
2. It supports the delivery of the combined Long Term Plan response to the STP;
3. The opening of Theatre 6 at RPH will facilitate shorter IHU pathways.

### Programme Milestones

| No. | Milestone   | Due date   |
|-----|---|------------|
| 1   | Cardiology outpatient model agreed                                  | 31/07/2019 |
| 2   | Cardiac physiology integrated model implemented                     | 30/09/2019 |
| 3   | Cath lab strategy implemented                                       | 30/09/2019 |
| 4   | Integrated cardiac rehab service implemented                        | 31/12/2019 |
| 5   | Model of care for non-cardiology led and joint care patients agreed | 30/09/2019 |
| 6   | Inpatient pathways implemented                                      | 31/03/2020 |
| 7   | Integrated cardiology service model implemented                     | 31/03/2020 |

### Governance

- Programme launched and supported via a PID (approved by CUH & RPH in April 2019);
- Programme monitored and overseen by Joint Management Board (membership of CUH & RPH Executives and Programme Management);
- Cardiology Steering Group (meets monthly) with medical, clinical, operational, nursing and programme management membership responsible for day to day oversight and delivery of the programme).

### Current Position

Working groups covering the following key areas are at varying stages of designing, agreeing and implementing new operational models to support a single integrated service. These reflect the key areas of service provision and include the following: Cath Labs, Cardiac Physiology, Cardiac Rehab, Outpatients, Pathway specific groups e.g. TLoC, inpatients.

The Cardiology CTP submission to support the delivery of the Long Term Plan was jointly made in early September. This presented four case scenarios:

1. Reduce CUH by 15 beds, increase RPH by 11 beds;
2. Reduce CUH by 20 beds, increase RPH by 11 beds (plus additional day case activity);
3. As case2, with early private sector repatriation from April 2020;
4. As case 3, with K2 repurposing included from April 2020.

These are currently being viability and risk assessed, however crucially all represent a significant financial saving to the Cambridgeshire & Peterborough CCG System.

## Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

### 6 month performance trends



|                                   | Data Quality   | Target     | Mar-19                  | Apr-19     | May-19   | Jun-19    | Jul-19    | Aug-19    |           |
|-----------------------------------|--|------------|-------------------------|------------|----------|-----------|-----------|-----------|-----------|
| Dashboard KPIs                    | Year to date EBITDA surplus/(deficit) £000s          | 5          | £1,647k                 | £(1,371)k  | £7k      | £164k     | £670k     | £1,330k   | £2,354k   |
|                                   | Year to date surplus/(deficit) exc land sale £000s   | 5          | £(3,579)k               | £(10,235)k | £(767)k  | £(1,478)k | £(1,706)k | £(2,442)k | £(2,751)k |
|                                   | Cash Position at month end £000s                     | 5          | £9,565k                 | £22,719k   | £14,220k | £18,779k  | £17,055k  | £13,513k  | £12,891k  |
|                                   | Use of Resources rating                              | 5          | 3                       | 3          | 3        | 3         | 3         | 3         | 3         |
|                                   | Capital Expenditure YTD £000s                        | 5          | £3,799k pa (19/20)      | £20,743k   | £826k    | £1,518k   | £1,778k   | £1,972k   | £1,981k   |
|                                   | In month Clinical Income £000s                       | 5          | £12441k (current month) | £13,147k   | £12,338k | £11,677k  | £11,821k  | £12,598k  | £12,200k  |
|                                   | CIP – actual achievement YTD - £000s                 | 4          | £44k                    | £7,367k    | £0k      | £33k      | £50k      | £67k      | £210k     |
| CIP – Target identified YTD £000s | 4  | £5,113k pa | £9,423k                 | £0k        | £0k      | £0k       | £110k     | £172k     |           |
| Additional KPIs                   | Debtors > 90 days overdue                            | 4          | 10%                     | 27.5%      | 19.8%    | 40.7%     | 31.5%     | 34.6%     | 19.8%     |
|                                   | Capital Service Rating (New 19/20)                   | 5          | 4                       | 4          | 4        | 4         | 4         | 4         | 4         |
|                                   | Liquidity rating (New 19/20)                         | 5          | 4                       | 4          | 4        | 3         | 3         | 3         | 1         |
|                                   | I&E Margin rating (New 19/20)                        | 5          | 1                       | 4          | 4        | 4         | 4         | 4         | 4         |
|                                   | I&E Margin: Distance from financial plan (New 19/20) | 5          | 1                       | 1          | 1        | 1         | 1         | 1         | 4         |

### Summary of Performance and Key Messages:

The Trust's year to date (YTD) position is a deficit of £2.7m on both a Control Total basis excl. land sale and a net basis, which is favourable to plan by £0.8m.

However, the land sale was planned to complete in August generating a profit of £10.5m, therefore, the net position is £9.7m adverse to plan when this is included.

The analysis below excludes the land sale impact, as follows:

EBITDA is on plan in the month. Drivers of the year to date favourable position are as follows:

- i. **Clinical income** £1.4m adverse to plan after Guaranteed Income Contract (GIC) protection, due to lower activity of 8.70% in Outpatients, 7.7% in Inpatient and day case activity and lower levels of Private Patient income. This has resulted in the GIC protection of £1.8m, £0.7m more than planned.
- ii. **Pay expenditure** to date is adverse against plan by £0.2m. The substantive cost favourable variance driven by 251 WTEs vacancies, is offset by temporary staffing costs totalling £4.7m. This continues to be an area of concern as staff costs are not flexing in line with activity delivery. A series of rapid actions have been instigated to address this issue.
- iii. **Non pay expenditure** is £0.5m favourable to plan in month and £3.4m year to date. This YTD position is driven by lower expenditure on clinical supplies due to activity levels, central procurement of defibs, non-utilisation of contingency reserves £1.2m, PFI contract volume adjustments / performance deductions of £0.3m and old site decommissioning and new site project costs of £0.2m.
- iv. **CIP** is in line with plan in month, however, only marginal levels had been planned up to September 2019. The shortfall in identified schemes remains at £3.2m (63% of the £5.1m target). Of the £1.9m identified, £0.2m has been delivered year to date, with the remainder forecast for delivery in the latter half of the year.

**Non-operating items** are ahead of plan due to the interest income received as a result of the favourable cash position and reductions in depreciation.

**In-month** the Trust had a deficit of £0.3m, £0.1m favourable to plan. Staffing levels are above the comparable 2018/19 period, however, inpatient activity represents a 6.8% increase compared to August 2018 and an 8% increase against the average Q4 2018/19 activity, from increased ECMO, PCP and Thoracic surgery, but lower Cardiology, indicating a further improvement compared to the loss of productivity seen earlier in the year.

The **underlying position** after non-recurrent and normalising items have been removed, is a deficit of £6.7m year to date, £1.7m deficit in-month. The key adjustments include FRF/PSF funding of £4.4m, PFI transition funding £1.7m and New Papworth Hospital Programme expenditure £0.8m.

**Forecast** year end position remains in line with the planned control total break-even position, however, risk in regard to CIP and activity recovery levels must be addressed to ensure its delivery.

**Capital expenditure** is £0.8m lower than plan year to date, relating to the timing of small works and blood fridges (£0.3m) and ongoing replacement underspends (£0.5m). The Trust previously reforecast its CDEL in line with an NHSI request linked to the land sale, this does not affect the overall capital programme. The risk remains around the old site land sale which was planned to complete in August with a profit of £10.5m.

**Cash** is £3.3m favourable due to lower capital expenditure and improved working capital position.

**Use of Resources metric** is 3 for the month in line with the planned score. There has been no change in the month to the financial Risks identified.



## Key performance challenges

| Strategic financial risks:   |          |  |               |              |            |       |
|--|----------|--|---------------|--------------|------------|-------|
| This section sets out the financial risks facing the Trust to help the strategic focus to be on those that will cause the Trust the greatest issues. |          |  |               |              |            |       |
| Strategic risk   | BAF ref. | Description  | Risk appetite | August Score | July score | Trend |
| Current trading  | 2145     | If the Trust is unable to generate the 2019/20 planned activity and prices, then the income will be lower than planned levels.   | 10            | 25           | 25         | ↔     |
|  | 2146     | If the Trust is unable to agree the Consultant Job plans prior to the start of the financial year, then this provides a risk of costs being in excess of planned levels.   | 10            | 15           | 15         | ↔     |
|  | 2213     | If Commissioners request service developments that do not result in an increase in the value of the GIC contracts, then this will result in increased costs and generate a pressure to the Trust's financial performance.  | 10            | 12           | 12         | ↔     |
|  | 2147     | If the Trust does not achieve its Control Total then it will not receive the £15.5m of PSF / FRF central funding and will result in Distress Funding being required  | 12            | 15           | 15         | ↔     |
| Future growth  | 2148     | If the Trust does not meet growth targets or if there is a change in case mix to more loss making procedures and the cost base is not flexed to reflect this, then this will lead to lower income/cash levels but no reductions in cost levels so a higher deficit than planned.   | 12            | 25           | 25         | ↔     |
| Capacity assumptions   | 2149     | If the capacity plan does not reflect the actual operating model of the new hospital, there is a risk that activity and capacity assumptions underpinning the 2019/20 plan are not valid, potentially leading to lower levels of income or higher levels of cost than planned. In addition, if the target length of stay assumptions are not met then a lower level of activity will be accommodated in the New Hospital leading to a lower level of income. | 10            | 15           | 15         | ↔     |
| Efficiency Assumptions   | 2163     | If the cost inflation rates increase then this will create a further cost pressure. However, conversely there is potential upside if the rates decrease.   | 12            | 15           | 15         | ↔     |
| Delivery of Efficiency Challenge   | 843      | If the 2018/19 CIP gap is not closed then the Trust is at risk of significantly missing its I&E and cash plans. If the Trust does not meet its on-going CIP requirement in 2019/20 then this will cause I&E and cash pressure and widens the gap to being able to afford to pay for the Unitary Payment.   | 12            | 20           | 20         | ↔     |
| Maintain a positive cash balance   | 2164     | If the Trust is unable to manage its financial performance in line with the Operational Plan, then there is a risk that it will be unable to maintain a positive cash balance and will require Distress Funding.   | 12            | 12           | 12         | ↔     |
| Master Development & Control Plan  | 873      | If the sale value of the current site and non-hospital buildings is lower than £15m then this leaves the Trust with a repayment shortfall that will need to be funded from Trust cash balances. Part of this risk has been reflected in the 2019/20 plan but if the value slips further then this would cause a cash pressure to the Trust.  | 10            | 20           | 20         | ↔     |
| Equipment Replacement  | 2165     | If the equipment replacement programme is not planned properly over time and if all equipment needs to be replaced at the same time, then this will cause a cash pressure in future years.   | 10            | 10           | 10         | ↔     |
| Additional Costs   | 2166     | If there was a further delay in the build of the HLRI then this would increase the period of paying for R&D offsite accommodation and therefore additional cost pressures.   | 10            | 5            | 5          | ↔     |
| Electronic Patient Record System   | 858      | If there is an escalation of cost as was seen with eHospital over original estimate then this could have a significant impact on cash and I&E. If the replacement of Microsoft licenses results in addition costs then this could have a significant impact on cash and I&E.   | 12            | 6            | 6          | ↔     |

## Spotlight on Directorate financial performance



| Directorate scorecard performance summary: |                    |                 |                    |                | YTD variances    |                 |                    |                  |   | Overall RAG | Trend |
|--|--------------------|-----------------|--------------------|----------------|------------------|-----------------|--------------------|------------------|---|-------------|-------|
|  | In-month variances |                 |                    |                | YTD variances    |                 |                    |                  |   |             |       |
|  | Net Cost           | Clinical income | Activity – IP & DC | Activity - OP  | Net Cost         | Clinical income | Activity – IP & DC | Activity - OP    |   |             |       |
|  | £m / %             | £m / %          | No. / %            | No. / %        | £m / %           | £m / %          | No. / %            | No. / %          |   |             |       |
| Ambulatory                                 | £0.1 / 2.5%        | £(0.1) / -9.3%  |                    | (825) / -8.9%  | £0.2 / 6.1%      | £(0.8) / -11.5% |                    | (4,030) / -8.7%  | 2 | ●           |       |
| Clinical support services                  | £(0.0) / -2%       | £(0.2) / -2%    | (968) / -7.6%      | (825) / -8.9%  | £(0.0) / .%      | £(1.4) / -2.2%  | (5,152) / -8.2%    | (4,030) / -8.7%  | 2 | ●           |       |
| Cardiology                                 | £0.3 / 3.1%        | £(0.5) / -15.9% | (95) / -12.9%      | (575) / -16.1% | £0.8 / 9.5%      | £(2.6) / -17.7% | (603) / -16.7%     | (2,741) / -15.5% | 2 | ●           |       |
| Surgery and transplant                     | £(0.0) / -4%       | £0.6 / 16.9%    | 76 / 23.7%         | 81 / 10%       | £(0.1) / -1.7%   | £0.6 / 3.6%     | 136 / 8.4%         | (123) / -3.1%    | 3 | ↓           |       |
| Thoracic / respiratory                     | £(0.1) / -1.1%     | £0.1 / 3.5%     | (23) / -2.2%       | (407) / -10.9% | £(0.1) / -1.5%   | £0.0 / .2%      | (330) / -6.5%      | (1,128) / -6.1%  | 2 | ●           |       |
| Nursing - Corporate                        | £0.0 / .1%         | £(0.1) / -2%    |                    |                | £0.1 / 2.9%      | £(0.8) / -2.2%  |                    |                  | 3 | ●           |       |
| R&D  | £(0.0) / -59.8%    |                 |                    |                | £(0.2) / -226.4% |                 |                    |                  | 2 | ●           |       |
| Digital                                    | £0.0 / 1.8%        |                 |                    |                | £0.1 / 4.5%      |                 |                    |                  | 4 | ●           |       |
| Estates & facilities                       | £(0.2) / -3.4%     |                 |                    |                | £(0.0) / -.9%    |                 |                    |                  | 3 | ↑           |       |
| Other                                      | £(10.1) / 987.8%   |                 |                    |                | £(8.8) / 864.3%  |                 |                    |                  | 4 | ●           |       |

| Directorate performance – key headlines  |  |
|--|--|
| <p><b>Adverse performance</b></p> <p><i>Ambulatory</i> – total outpatient activity was down against prior months levels (10.7% actual income, 5.07% activity), and adverse to planned levels, by £0.14m, representing activity which is 8.9% lower than plan. Net cost for the directorate are underspent YTD, with £0.08m favourable position, due to lower pay costs, with 16.50 WTE vacancies in month.</p> <p><i>Clinical Support Services</i> – total expenditure was overspent in the month against plan by £0.03m in the month, due to continued high levels of temporary staffing expenditure, turning the YTD position adverse to £0.01m. It is the continued use of bank, agency and overtime against the high levels of vacancies, currently 63.05 WTE which drives the adverse monthly position.</p> <p><i>Cardiology</i> – total expenditure was lower than plan by £0.27m, driven by clinical devices and consumables. Vacancies of 13.50 WTE continue to provide an underlying favourable pay variance, of £0.23m YTD, however bank, agency and overtime costs of £0.71m result in a net pay overspend of £0.47m. Clinical activity remains behind plan overall, with a reduction in activity levels compared to prior month being reported. The adverse position is driven by reduced Implantable Defibrillator, EP, Pacemaker and Coronary angiography activity. In month income was £0.50m adverse, increasing adverse YTD activity of £2.61m.</p> <p><i>Surgery / Transplant</i> – the in month favourable income position of £0.59m is due to additional VAD device implants, Thoracic Surgery, ECMO and Transplant activity, which all services reporting a favourable position YTD, totalling £0.63m. A high level of expenditure remains, particularly temporary staffing on the wards, which is linked to the higher activity levels reported in inpatient, and the YTD day case activity. Total expenditure is now adverse to plan by £0.13m.</p> <p><i>Thoracic</i> – Increased activity levels in Thoracic Medicine and PTE this month has returned the YTD income position back above plan, by £0.02m. YTD expenditure remains adverse to plan, by £0.11m, due to clinical consumable expenditure. There is an underlying favourable pay position due to vacancies of 49.75 WTE's although this is being consumed by continued levels of temporary staffing in order to deliver services.</p> <p><i>R&amp;D</i> – the adverse variance of £0.05m is driven by reduced income against plan for office rental, NIHR and CRN income. It is anticipated that this position will improve over the coming months as funding is received for other planned research projects.</p> <p><i>HR</i> – the Trust wide excess travel claims as a result of the move to new hospital continues to remain largely unused, with £0.22m underspend YTD. Excluding this, the directorate has an underlying adverse variance of £0.20m, driven by 14.94 WTEs over establishment compared to plan.</p> <p>Areas with adverse budget variances are being managed via an escalation meeting with the senior finance team.</p> |  |

RAG Status Key: R – Adverse variance > 2% AR – Adverse variance ≥1% AG – Adverse variance ≥0% G – Favourable variance