

# Papworth Integrated Performance Report (PIPR) September 2019

*October 2019*



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# Context:

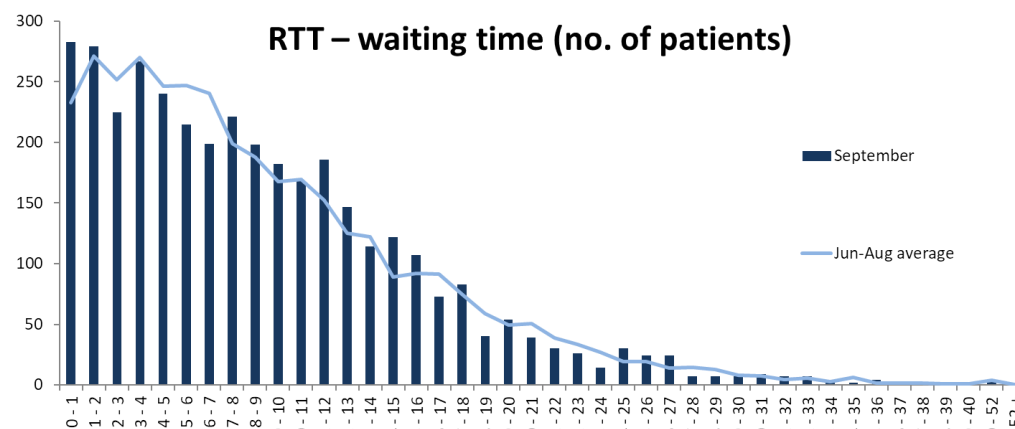
The activity table and RTT waiting time curve below sets out the context for the operational performance of the Trust and should be used to support constructive challenge from the committee:

Inpatient Episodes	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Trend
Cardiac Surgery	176	175	187	208	211	195	
Cardiology	617	591	576	733	673	672	
ECMO	38	52	77	48	60	46	
PTE operations	13	13	14	14	17	20	
RSSC	537	361	563	596	608	617	
Thoracic Medicine	380	380	399	477	403	440	
Thoracic surgery (exc PTE)	67	59	60	79	85	70	
Transplant/VAD	45	40	37	58	54	45	
<b>Total Inpatients</b>	<b>1,873</b>	<b>1,671</b>	<b>1,913</b>	<b>2,213</b>	<b>2,111</b>	<b>2,105</b>	
Outpatient Attendances	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Trend
Cardiac Surgery	254	359	387	516	510	476	
Cardiology	3,164	2,698	3,004	3,804	3,063	3,263	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	2,063	1,214	1,588	1,737	1,658	1,748	
Thoracic Medicine	1,794	1,708	2,031	2,101	1,833	1,853	
Thoracic surgery (exc PTE)	89	68	87	88	73	101	
Transplant/VAD	324	218	264	314	310	344	
<b>Total Outpatients</b>	<b>7,688</b>	<b>6,265</b>	<b>7,361</b>	<b>8,560</b>	<b>7,447</b>	<b>7,785</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

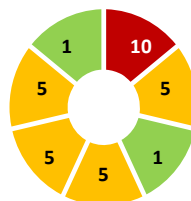
The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

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).

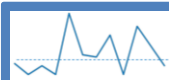
- **Red (10 points)** = 2 or more red KPIs within the category
- **Amber (5 points)** = 1 red KPI rating within the category
- **Green (1)** = No reds and 1 amber or less within the category



### 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 - **RED**

## FAVOURABLE PERFORMANCE

**CARING:** FFT (Friends and Family Test): remains green for inpatients (97.6%).

**EFFECTIVE:** Theatre utilisation continues to be above target levels and same day admissions for cardiac patients was over target for the second month.

**PEOPLE, MANAGEMENT & CULTURE:** Total turnover decreased to 13.59%. There was a decrease in Nursing turnover from August with 6.84 WTE leavers (inclusive of PRPs). We were a net gainer of non-medical staff by 73.06 WTE in September which is the highest net gain in the last 24 months.

**FINANCE:** Year to date surplus/deficit: The Trust's year to date (YTD) position is a deficit of £2.5m on a Control Total basis excl. land sale, which is favourable to plan by £0.8m.

## ADVERSE PERFORMANCE

**SAFE:** Safe Staffing: the safe staffing fill rate for registered nurses remains red (80%) for days and green (90%) 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% (the next upgrade of HealthRoster allows for this and may be available later this year). 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.

**CARING:** 1) FFT (Friends and Family Test): there has been a small dip in the Outpatient score for September (93%). The Outpatients Sister and team responded immediately to the results and they are working with the clinics where the response rate is lower and continuing with their really positive work with intentional rounding in Outpatients.

**EFFECTIVE:** 1) Bed occupancy across the wards remains below planned levels. This is a consequence of ad-hoc bed closures to mitigate safer staffing. 2) Same Day Admissions (SDA) - cardiac surgery saw a further improvement against the 50% standard for SDA in Month 6. Thoracic continues to be a challenge due to the lack of pre-assessment for our short notice cancer patients. Trust wide optimisation work remains ongoing to improve access to pre-assessment.

**RESPONSIVE:** 1) The aggregate RTT position has improved slightly in month but remains below trajectory. Cardiology continue to decrease breaches to below the expected level despite an increase in primary PCI, Rapid NSTEMI, ACS activity since the hospital move. 2) There is one 52 week breach this month. This was identified as part of work to switch to the new RTT database. An initial harm review has been undertaken and an urgent appointment given to the patient.

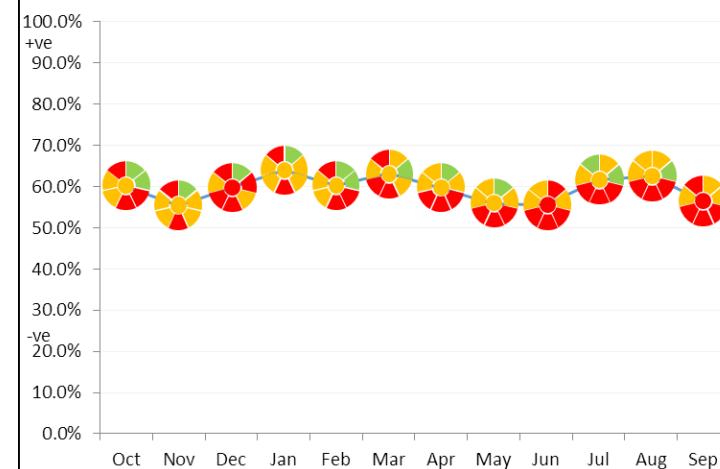
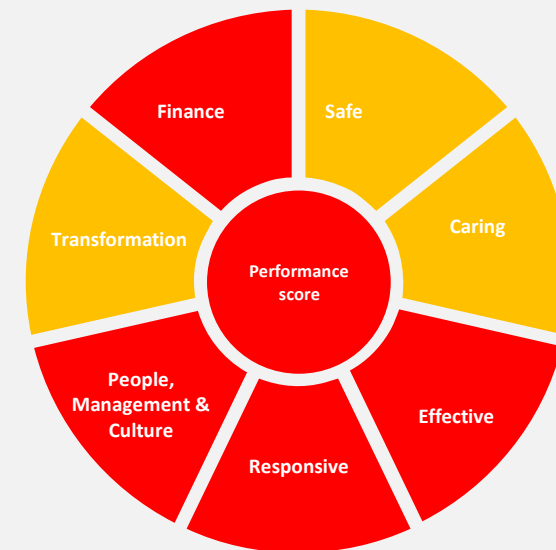
**PEOPLE, MANAGEMENT & CULTURE:** 1) Vacancy rates decreased in month but remain above target. 2) Total IPR compliance remained broadly static. This is despite further communications and advice to managers on how to improve compliance and ensure that all complete appraisals were appropriately recorded. 3) Sickness absence increased to 3.6%, driven by colds/coughs/flu and musculo-skeletal conditions. 4) Mandatory training compliance has improved to 80.2% but remains below target.

**TRANSFORMATION:** Service Improvement/Cost Improvement delivery is Red with £2.32m of the overall CIP target for 2019/20 of £5.11m still to be identified. To date there is a pipeline of £0.91m 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:** 1) Clinical income is £1.6m adverse to plan after Guaranteed Income Contract (GIC) protection, due to lower activity of 8.2% in Outpatients, 9.3% in Inpatient and day case activity and lower levels of Private Patient income. This has resulted in overall GIC protection of £1.6m YTD. 2) Use of Resources metric is 4 for the month below the planned score of 3 driven by the delayed land sale. 3) CIP is £0.5m adverse to plan due to the start of the CIP gap phasing.

## LOOKING AHEAD

**TRANSFORMATION:** CTP - Joint working with CUH continues to progress the integration of the inpatient cardiology service for March 2020. Earlier opening of beds for cardiology patients in December are being considered as part of the 4NW project (Hospital Optimisation) as this would provide extra capacity to CUH ahead of winter. The respiratory teams are developing detailed plans for transfer of bronchiectasis and clinical immunology services later 2019/early 2020. These are subject to both Trusts approval processes.



# 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	Sep-19	4	97%	100.00%	99.18%			Caring	FFT score- Inpatients	Sep-19	4	95%	97.60%	97.55%		
	Never Events	Sep-19	3	0	0	1				FFT score - Outpatients	Sep-19	2	95%	93.00%	92.48%		
	Moderate harm incidents and above as % of total PSIs reported	Sep-19	3	3%	0.00%	0.69%				Number of written complaints per 1000 WTE (New 19/20)	Sep-19	New	12.6	11.7			
	Safer staffing – registered staff day Safer staffing – registered staff night	Sep-19	3	90-100%	80% (90%)	85.55% (92.38%)				Mixed sex accommodation breaches (New 19/20)	Sep-19	New	0	0	0		
	Number of C.Diff cases (sanctioned) year to date	Sep-19	5	11 pa	0	0				Number of written complaints per 1000 WTE (New 19/20)	Sep-19	New	12.61	11.73	11.73		
	High impact interventions	Sep-19	3	97%	97.00%	98.57%				% of complaints responded to within agreed timescales	Sep-19	4	100%	100.00%	94.50%		
	Falls per 1000 bed days	Sep-19	3	4	2.2	1.495				Voluntary Turnover %	Sep-19	3	15.0%	13.6%	16.5%		
	Sepsis - % patients screened and treated (New 19/20)	Sep-19	New	90%	Await data	Await data				Vacancy rate as % of budget	Sep-19	4	5.5%	11.2%			
	Ward - Care hours per patient day Critical Care - Care hours per patient day	Sep-19	3	7.8 (32.9)	12.2 (34.3)	12.47 (36.3)				% of staff with a current IPR	Sep-19	3	90%	87.29%			
	Effective	Bed Occupancy (excluding CCA and sleep lab)	Sep-19	4	85% (Green 80%-90%)	73.10%	72.87%				% Medical Appraisals	Sep-19	3	90%	89.74%		
CCA bed occupancy		Sep-19	3	85% (Green 80%-90%)	89.83%	87.85%			Mandatory training %	Sep-19	3	90%	76.07%	76.07%			
Admitted Patient Care (elective and non-elective)		Sep-19	4	2178 (current month)	2105	11886			% sickness absence	Sep-19	3	3.50%	3.61%	2.75%			
Cardiac surgery mortality EuroSCORE		Sep-19	3	3%	2.56%	2.20%			Year to date EBITDA surplus/(deficit) £000s	Sep-19	5	£3,312k	£3,874k				
Same Day Admissions – Cardiac (eligible patients)		Sep-19	4	50%	52.58%	43.62%			Year to date surplus/(deficit) exc land sale £000s	Sep-19	5	£(3,369)k	£(2,490)k				
Same Day Admissions - Thoracic (eligible patients)		Sep-19	4	40%	37.84%	33.60%			Cash Position at month end £000s	Sep-19	5	£6,602k	£15,501k				
Theatre Utilisation		Sep-19	3	85%	88.1%	86.2%			Use of Resources rating	Sep-19	5	3	4	4			
Responsive	% diagnostics waiting less than 6 weeks	Sep-19	3	99%	99.66%	99.31%			Capital Expenditure YTD £000s	Sep-19	5	£2,911k	£2,043k				
	18 weeks RTT (combined)	Sep-19	3	92%	90.68%	90.68%			In month Clinical Income £000s	Sep-19	5	£12379k	£12,174k	£72,808k			
	Number of patients on waiting list	Sep-19	3	3343	3649	3649			CIP – actual achievement YTD - £000s	Sep-19	4	£420	£405k	£405k			
	52 week RTT breaches	Sep-19	3	0	1	1			CIP – Target identified YTD £000s	Sep-19	4	£769k	£420k	£420k			
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Sep-19	3	85%	85.70%	65.50%			CIP – project delivery	Sep-19	4					→	
	31 days cancer waits*	Sep-19	3	96%	100.00%	86.86%			Quality improvement programme delivery	Sep-19	New					→	
	Theatre cancellations in month	Sep-19	3	30	42	281			Digital programme delivery on track	Sep-19	3					→	
	% of IHU surgery performed < 7 days of medically fit for surgery	Sep-19	4	95%	43.00%	30.83%			Hospital Optimisation	Sep-19	3					→	
								Cambridge Transition Programme	Sep-19	3					→		
								HLRI – Construction delivery on track	Sep-19	3					→		
								HLRI – Occupational planning on track	Sep-19	3					→		
								Research and Development Strategy – overall progress	Sep-19	3					→		

\* 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	Number of C.Diff cases (sanctioned) year to date	5	11	0	0	0		
	Monitoring C.Diff (toxin positive)	5	Monitor only	1	4	2		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	90.68%		89.31%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	100.00%	86.86%	98.7%		Current month provisional as going through verification process.
	31 Day Wait for 2nd or Subsequent Treatment - surgery	3	94%	100.00%	100.00%	100.0%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	3	85%	85.70%	60.82%	50.0%		Current month provisional as going through verification process. Data is after reallocations
VTE	Number of patients assessed for VTE on admission	3	95%	93.39%		94.44%		Clinical Governance are reviewing data quality regards this metric with Lorenzo
Finance	Use of resources rating	5	3	4	4	3	3	

## 2. 2019/20 CQUIN

	Scheme	Total Available 19/20		YTD Available	Achievement			Comments	RAG status
		£000s	%		£000s	Q1	YTD		
		£000s	%	£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%	C&PCCG confirmed Q1 compliance	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	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-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	To be discussed at Execs	Yes	12	12	12	12	12	12	↔
Safe	Potential for cyber breach and data loss	1021	AR	3	Yes	15	10	10	15	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	6	Yes	16	16	16	20	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	25	↔
Effective	Hospital Optimisation	2249	JR	10	In progress	-	15	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	20	20	20	20	25	↑
Finance	Master Development and control plans - sales dates	874	RC	10	Yes	10	10	10	15	15	15	↔
Finance	NEW Current Trading Impacts - Consultant Job Plans	2146	RC	12	In progress	-	-	-	-	15	15	↔
Finance	Current Growth	2148	RC	12	In progress	-	25	25	25	25	25	↔
Finance	Capacity Assumptions	2149	RC	10	In progress	-	15	15	15	15	15	↔
Finance	Efficiency assumptions	2163	RC	12	In progress	-	15	15	15	15	15	↔
Safe	FM mobilisation and bedding in	2225	RC	15	In progress	-	20	15	15	15	15	↔
Responsive	R&D strategic recognition	730	RH	8	Yes	12	12	12	6	6	6	↔
Transformation	Pathology IM&T systems	689	AR	12	Yes	12	12	12	12	12	12	↔
Transformation	Variations on the New Hospital	847	RC	10	Yes	10	10	10	10	10	10	↔
Transformation	Whole Hospital Equipping Plan purchases vs loan value	850	RC	12	Yes	8	8	8	8	8	8	↔
Transformation	Electronic Patient Record System - benefits (Linked to ID1787)	858	JR	12	Yes	6	6	6	6	6	6	↔
Transformation	Master Development and control plans - local planning regulations	875	RC	10	Yes	10	10	10	10	10	10	↔
Finance	EU exit	2338	AR	16	In progress	-	-	-	-	16	16	↔



## Performance summary

**Accountable Executive:** Chief Nurse  
**6 month performance trends**

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

	Data Quality	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	
Dashboard KPIs	Safety Thermometer harm free care	4	>97%	100.00%	98.64%	98.24%	98.78%	99.42%	100.00%
	Never Events	3	0	0	0	1	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	0.83%	1.20%	0.86%	0.26%	1.00%	0.00%
	Safer staffing – registered staff day	3	90-100%	93.6%	90.8%	83.6%	83.8%	81.5%	80.0%
	Safer staffing – registered staff night			95.0%	96.1%	90.8%	92.0%	90.4%	90.0%
	Number of C.Diff cases (sanctioned)	5	11 in year	0	0	0	0	0	0
	High impact interventions	3	97.0%	97.2%	99.0%	99.2%	99.6%	99.4%	97.0%
	Falls per 1000 bed days	3	<4	2.1	3.1	0.1	1.37	0.1	2.2
	Sepsis - % patients screened and treated (New 19/20)	New	90.0%	-	-	100.00%	-	-	Await data
	Ward - Care hours per patient day	3	>7.8	10.6	15.9	11.8	12.1	12.2	12.2
Critical care - Care hours per patient day	>32.9		37.0	43.4	33.0	35.0	35.1	34.3	
Additional KPIs	Number of Papworth acquired PU (grade 2 and above)	4	<4	0	2	1	1	0	2
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	3	0	2	2	1	0	2	0
	E coli bacteraemia	3	Monitor only	3	0	1	0	0	1
	Klebsiella bacteraemia	3	Monitor only	0	3	1	1	3	0
	Pseudomonas bacteraemia	3	Monitor only	0	1	0	0	0	1
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	2	4	3	1	3	0
	Monitoring C.Diff (toxin positive)	5	Monitor only	0	1	0	1	1	1

### Summary of Performance and Key Messages:

**CQC Model Hospital rating for 'Safe' is Good** dated Sep 2019

**Safe Staffing:** The safe staffing fill rate for registered nurses remains red (80%) for days and green (90%) 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% (the next upgrade of HealthRoster allows for this and may be available later this year). 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 34.3 for Critical Care.

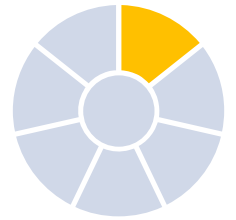
As with previous months, for the areas where there remains a lower fill rate, this has been balanced with lower bed occupancy; pausing of beds in partnership with operational planning; and safe movement of staff to ensure a good registered nurse to patient ratio. Through the daily patient safety (bed) 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. Further safe staffing details are shown in the 'Spotlight On' slide.

**C.Diff:** an additional line has been added at the base of the KPIs to also show cases of C.Diff toxin positive before scrutiny panel. If after scrutiny panel they are sanctioned (i.e. added to Royal Papworth Hospitals trajectory), then this will be indicated on the 'Number of C.Diff cases (sanctioned)' section nearer the top of the KPI data table. This currently remains 0.

**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; excluding Critical Care). 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). *Sep 2019 (Q2, 2019/20) – await data at the time of writing PIPR.*



## Key performance challenges



### Escalated performance challenges:

#### Venous Thromboembolism (VTE) Risk Assessment

VTE data collection was first made mandatory from June 2010, and data has been published quarterly from the first full quarters data (July-September 2010). This measure looks at the proportion of patients admitted to hospital that had a risk assessment for venous thromboembolism. Trusts are required to upload their data on VTE risk assessment onto NHS Digital quarterly.

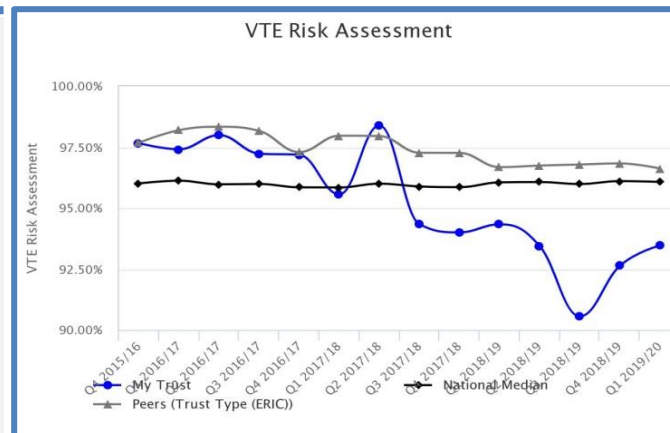
In order to revisit our progress, VTE has been selected as a 'Key performance challenge' for 'Safe' in PIPR this month. We last reported on VTE in this section of PIPR M10 2018/19 (Jan 2019). VTE is routinely covered monthly in PIPR on the 'At a glance – Externally reported' slide – of which this is an extract:

Metric	Plan/Target pa	Actuals Apr-19	Actuals May-19	Actuals Jun-19	Actuals Jul-19	Actuals Aug-19	Actuals Sep-19	YTD
Number of patients assessed for VTE on admission	95.0%	97.00%	90.00%	93.00%	97.00%	93.33%	90.00%	93.39%

The national target is 95%. Sep 2019 is red at 90%. Quarter 2 was 94.44% (end Sep 2019). This is an improved position on Quarter 1 (end Jun 2019) which was 93%. The graph below is from Model Hospital where the latest data shows up to Q1. Royal Papworth Hospital is the blue line.

### Key risks:

- Risk to patient harm (note there was an SUI-WEB32357 reported 27.08.2019. DVT post admission. No VTE assessment or prophylaxis; reported in PIPR M05 19/20; Aug 2019 data, PIPR). Investigation in progress; final submission deadline is 19.11.2019
- Poor experience for our patients
- Risk to damage of organisations reputation
- Possible negative impact on staff morale and confidence



### Key Actions:

#### What are we doing to improve?

- Work is being lead by a Head of Nursing
- Re launch of VTE link nurses meeting and meetings quarterly circulated to all VTE link nurses for all areas next meeting 29/10/2019
- Trust (DN500) VTE Risk Assessment & Prophylaxis Procedure reviewed in line with NICE guidance
- Review of data quality with Lorenzo looking to improve our automated reporting and how to reliably exclude N/A's and duplicates (in progress)
- VTE Risk 497 reviewed and updated on Trust risk register (risk rated as 12)
- VTE scrutiny established to review all RCA's/DATIX and VTE events
- Review of prophylaxis medication compliance by undertaking Tinzaparin/Enoxaparin omission audits continues
- eLearning link shared with VTE link nurses to undertake; mandatory VTE training already covered on induction and annual mandatory update
- As a Digital Exemplar, we are looking to 'design the problem out' by making the field on the Lorenzo Drug Chart mandatory. DXC have been approached regards this and the Digital Team are liaising as required



### 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 (80%) for days and green (90%) for nights. There are some individual inpatient areas that remain under the desired 90% fill rate. This is a breakdown of the September 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	53.5%	68.4%	75.2%	68.6%	391	12.2
3 SOUTH	95.8%	102.9%	91.5%	138.9%	953	9.2
4 N&S	66.3%	101.3%	97.6%	146.7%	750	9.2
5 NORTH	92.2%	111.7%	94.2%	138.8%	1096	10.8
5 SOUTH	76.2%	69.6%	87.2%	88.9%	470	19.8
CCA	88.2%	62.9%	91.4%	64.6%	871	34.3
Day Ward *	86.4%	68.0%				

### Comments

Shaded red in the left table; four out of six inpatient areas (3 North; 4 North/South; 5 South and Critical Care) are under the 90% fill rate for registered nurses on days; and two also for nights (3 North and 5 South). 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 vacancies in this area and there is active recruitment in progress. Required staff (registered and unregistered nursing staff) to patient ratio was 1:2.3 (actual = 1:1.4) from SafeCare-Live (HealthRoster) data.

**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. Required staff (registered and unregistered nursing staff) to patient ratio was 1:2.4 (actual = 1:2.3) from SafeCare-Live (HealthRoster) data.

**5 South (days and nights):** Not all the beds are occupied all of the time. 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 for this speciality. Required staff (registered and unregistered nursing staff) to patient ratio was 1:2.4 (actual = 1:2.3) from SafeCare-Live (HealthRoster) data.

**Critical Care (days):** Extra beds have been opened on the unit in conjunction with the opening of Theatre 6. The beds are staffed when necessary and therefore not all the inpatient beds are occupied all of the time. Required staff (registered and unregistered nursing staff) to patient ratio for Critical Care was 1:0.8 (actual = 1:0.7) from SafeCare-Live (HealthRoster) data.

**\*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 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. Required staff (registered and unregistered nursing staff) to patient ratio was 1:4.6 (actual = 1:1.2) from SafeCare-Live (HealthRoster) data.



## Performance summary

**Accountable Executive:** Chief Nurse

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

### 6 month performance trends

	Data Quality	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	
Dashboard KPIs	FFT score- Inpatients	4	95%	97.5%	96.6%	97.8%	97.7%	98.1%	97.6%
	FFT score - Outpatients	2	95%	97.9%	88.4%	85.5%	95.0%	95.1%	93.0%
	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	10.2	10.3	8.0	8.5	11.7
	% of complaints responded to within agreed timescales	4	100%	67%	100%	100%	100%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 (60% of complaints received)	5	3	4	1	3	tbc
	Number of complaints (12 month rolling average)	4	5 and below	4.5	4.8	5.0	5.0	5.2	5.2
	Direct Care Time - Activity follows completed in quarter	3	100%	-	-	100.0%	-	-	100.0%
	Direct care time	3	40%	-	-	37.7%	-	-	42.7%
	Direct Care Time - No of Wards with DCT> 40% (new site)	3	6	-	-	2	-	-	4
	Number of complaints	4	5	7	5	6	3	6	12
	Number of recorded compliments	4	500	555	248	483	648	659	965

### Summary of Performance and Key Messages:

**CQC Model Hospital rating for 'Caring' is Outstanding** dated 30.09.2019

**FFT (Friends and Family Test):** remains green for inpatients (97.6%). There has been a small dip in the Outpatient score for September (93%). The Outpatients Sister and team responded immediately to the results and they are working with the clinics where the response rate is lower and continuing with their really positive work with intentional rounding in Outpatients. The Spotlight On slide looks at Friends and Family Test.

**Complaints:** the number of formal complaints in month is 12 which is higher than usual for us at Royal Papworth, however remains under the national benchmarking position (which is noted later in this section). Looking back at previous PIPR reports, the last time complaints was over 10 was March 2018 (the number was 11).

For September, this equates to 11.7 written complaints per 1000 WTE (which also remains below the threshold). 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 30.06.2019); the peer median was 11.75 and the national median was 22.94; with a Trust value of 10.28. This places us in the green (lowest 25%) quartile when compared with others (as at 16.10.2019).

**The number of complaints (12 month rolling average):** remains in red at 5.2 and we will continue to monitor this in line with the other benchmarking as noted above. Details of each of the complaints are shown on the Key Performance Challenges slide for information.

**Direct Care Time:** four out of the six patient areas had direct care time over 40% and there was also an increase in overall Direct Care Time for this quarter.

**Compliments:** the number of recorded compliments has seen a significant increase this month to 965.

## Key performance challenges



Opened	Ref Number	Directorate	Location / Ward	Service Type Inpatient / Outpatient	Summary	(Primary) Sub Subject	Outcome
<b>Sept'19</b>							
03/09/2019	Q21920-48F	Thoracic Services	Lung Defence Clinic	Outpatient	Patient states clinic has discontinued treatment - require clarification. Also feels unhappy with how staff have been treating her.	Communications	Not Upheld
03/09/2019	Q21920-49F <b>Private Patient</b>	Other	5 North West Ward	Inpatient	Patient unhappy with after care following procedure. Lack of information and communication re care.	Patient Care	Upheld
05/09/2019	Q21920-50F SUI-WEB32357	Cardiology	3 South East	Inpatient	Patient's family unhappy with the care their father received whilst waiting for a pacemaker following a stroke at his DGH.	Patient Care	Under Invest
06/09/2019	Q21920-51F	Surgical Services	5 South East	Inpatient	Patient concerned about a near miss medication error which occurred and numerous other points which he discussed with PALS	Patient Care	Under Invest
11/09/2019	Q21920-53F	Cardiology	Cardiac Day Ward	Outpatient	Patient attended for Angiogram appointment, was then advised it was cancelled - patient has requested reimbursement for associated costs.	Booking / Communications	Under Invest
12/09/2019	Q21920-54F	Surgical Services	Cardiac Surgery	Inpatient	Patient underwent AVR surgery and deteriorated shortly afterwards - Daughter is requesting clarification of information around treatment provided.	Patient Care	Under Invest
13/09/2019	Q21920-55F	Other	Outpatients	Outpatient	Attended a medical oncology appointment to discuss treatment options but test results were not available at the appointment	Appointments/ Administration	Under Invest
16/09/2019	Q21920-57F	Surgical Services	5 North West	Inpatient	Patient transferred to Papworth on 28/08/19 in error by N&N. Patient was rescheduled for surgery and N&N informed but not acted upon.	Communications	Under Invest
20/09/2019	Q21920-59F	Surgical Services	Cardiac Critical Care	Inpatient	Patient sustained an injury to his forehead whilst an inpatient, following repeated questioning of staff told the injury occurred in theatre after his procedure.	Patient Care	Under Invest
20/09/2019	Q21920-60F	Thoracic Services	Outpatients	Outpatient	Patient had not received GP letter following her PVDU appointment on 26/07/19, received letter via email after several weeks with incorrect demographic information that the patient has concerns with.	Administration/Communications	Under Invest
23/09/2019	Q21920-61F	Thoracic Services	5 South	Inpatient	Patient and family unhappy with the communication from the medical team during the time they were an inpatient.	Communications	Under Invest
30/09/2019	Q21920-63F	Cardiology	Outpatients	Outpatient	Patient attended outpatient appointment to discover Consultant on annual leave. Patient unhappy with service provided and staff attitude in restaurant.	Booking / Communications	Under Invest

### Escalated performance challenges:

There has been an increase in formal complaints in Sept (12). 5 relate to patient care and 6 relate to a combination of communication / administration / booking and appointments. 1 complaint was received from a private patient. There were 5 complaints received from outpatients and 7 from inpatients. There are no consistent themes relating to the specific clinical areas. 10 complaints remain under investigation at the time of writing this PIPR report.

### 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

### 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.

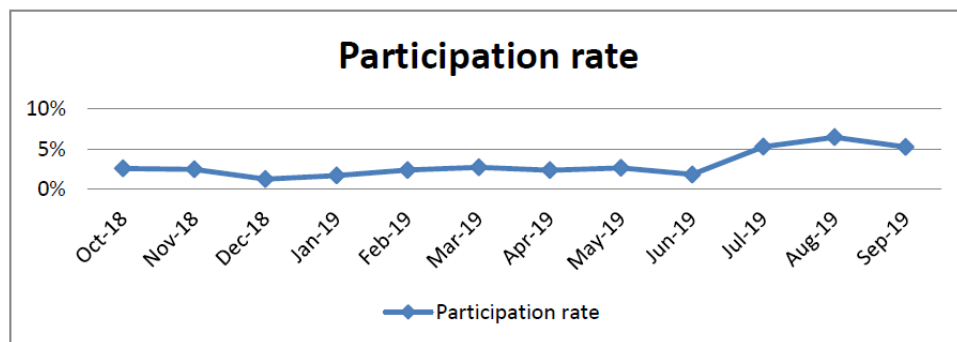
Where applicable, You Said We Did feedback is displayed in boards in each ward / department for patients and other staff and visitors to see.



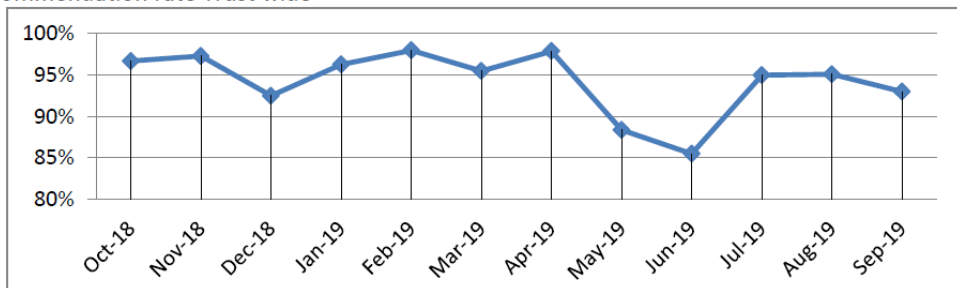
### Overview:

During **September 2019**, the **Outpatients Friends and Family Test** has deteriorated slightly taking the months Recommendation Score under the 95%. The Recommendation Score has decreased from 95.1% (August) to 93% (September). The participation rate has also decreased from 6.4% (August) to 5.3% (September). The Outpatients Sister and team responded immediately to the results and they are working with the clinics where the response rate is lower and continuing with their really positive work with intentional rounding in Outpatients.

Participation Rate Trust wide



Recommendation rate Trust wide



### Friends and Family Test (FFT) benchmarking

These are the latest published FFT % Recommended scores. The latest national benchmarking data is August 2019 (at the time of writing PIPR 16.10.2019), therefore the RPH data from the same month is also included:

#### Inpatients

- Liverpool Heart and Chest Hospital NHS Foundation Trust = 100%
- Royal Papworth = 98%
- Royal Brompton and Harefield NHS Foundation Trust = 96%
- CUH = 96%
- England NHS = 96%
- NWAFT = *not included in NHSE published report (checked 16.10.2019)*

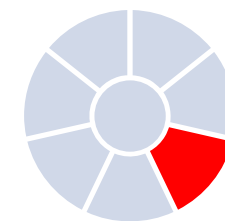
#### Outpatients

- Liverpool Heart and Chest Hospital NHS Foundation Trust = 100%
- Royal Papworth = 95%
- Royal Brompton and Harefield NHS Foundation Trust = 95%
- CUH = 95%
- England NHS = 94%
- NWAFT = *not included in NHSE published report (checked 16.10.2019)*

# Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Directors of Operations



## 6 month performance trends

		Data Quality	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80% <sup>90%</sup> )	74.5%	63.6%	73.8%	77.1%	75.1%	73.1%
	CCA bed occupancy	3	85% (Green 80% <sup>90%</sup> )	86.3%	83.0%	96.8%	88.9%	82.3%	89.8%
	Admitted Patient Care (elective and non-elective)	4	2181 (current month)	1873	1671	1913	2213	2111	2105
	Cardiac surgery mortality EuroSCORE	3	<3%	1.88%	2.04%	2.09%	2.22%	2.41%	2.56%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	43.53%	33.80%	40.00%	41.82%	50.00%	52.58%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	25.93%	38.71%	24.53%	37.93%	36.67%	37.84%
	Theatre Utilisation	3	85%	89.87%	84.62%	82.29%	86.81%	85.49%	88.09%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	3	8.20	8.16	7.34	7.38	8.80	8.07	7.59
	Length of stay – Cardiac Elective – valves (days)	3	9.70	9.37	10.65	9.20	9.85	9.00	10.18
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	3	90%	82%	79%	n/a	n/a	n/a	n/a
	Cath Lab Utilisation 6 (including 15 min Turn Around Times) *	3	70%	72%	34%	n/a	n/a	n/a	n/a
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	90%	0%	73%	77%	83%	83%	84%
	CCA length of stay (LOS) (hours) - mean	3	Monitor only	125	107	91	95	89	88
	CCA LOS (hours) - median	3	Monitor only	46	47	42	42	41	42
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	5.14	4.69	5.11	5.06	4.60	4.98
	% Day cases	3	Monitor only	56.67%	58.59%	56.85%	58.58%	58.98%	63.41%

\* Note - From 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 across the wards remains below planned levels. This a consequence of ad-hoc bed closures to mitigate safer staffing. Occupancy increased in CCA in month to 89%, which has run with 32-33 open of its 36 funded beds. In month cardiac surgery accounted for 54% of the occupied beds, transplant heart failures and VAD for 16% of the occupied beds.

#### SDA

Cardiac surgery saw a further improvement against the 50% standard for SDA in Month 6. Thoracic continues to be a challenge due to the lack of pre-assessment for our short notice cancer patients. Trust wide optimisation work remains ongoing to improve access to pre-assessment.

#### Admitted activity

Activity throughput continues to improve as a consequence of the work undertaken as part of the Hospital optimisation project. Theatre utilisation increased in month 6 to 88.09% the highest since the move to the New Papworth site. Cath lab utilisation increased to 84% in month the highest utilisation to date since the move. The numbers of cases completed in the cath labs increased in month from 741 cases in month 5 to 772 cases in month 6. A number of lab sessions in month were closed due to staffing across various staff groups.

#### % Day cases

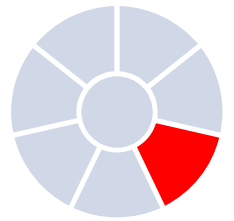
% day cases increased again in month to 63.41%. The average number of patients through the day ward increased marginally in September to 36 patients per day.

#### LOS – Surgery

CABG LOS fell to 7.59 days against target of 8.2. In September we discharged a number of complex valve patients which led to our average rising to 10.18 days.



## Key performance challenges



### Theatre Cancellations

Cancellation code	Sep-19
1a Patient DNA	0
1b Patient refused surgery	1
1c Patient unfit	9
1d Sub optimal work up	1
2a All CCA beds full with CCA patients	1
2b No ward bed available to accept transfer from CCA	3
2c Delay in repatriation of patient from CCA	0
2d No ward bed available	0
3a Critical Care	3
3b Theatre Staff	0
3c Consultant Surgeon	1
3d Consultant Anaesthetist	0
3e Other	1
4a Emergency took time	9
4b Transplant took time	4
4c ECMO/VAD took time	0
4d Additional urgent case added and took slot	1
4e Equipment/estate unavailable	0
5a Planned case overran	6
5b Additional urgent case added and took slot	0
5c Overruns delayed start	1
6a Scheduling issue	1
<b>Total</b>	<b>42</b>

### Top reasons in month:

- Patient unfit
- Emergency took time
- Planned case overran

### Additional activity within theatres and CCA

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

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

3 additional elective case was added to the list.

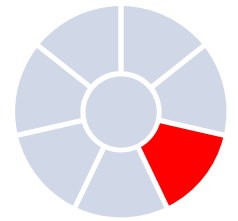
83 additional emergency minor procedures also went through theatre.

On 4 occasions, the Theatre or CCA team was called out for retrieval or repatriation of patients.

### Cath Lab Cancellations

Reason	Sep-19
Medical reasons	4
Emergency took time	13
Clerical error	3
Patient DNA	4
Bed Shortage	1
Previous case over ran	0
Patient unfit for procedure	2
Cancelled by patient	2
Patient did not arrive in time	3
Admitted But Treatment Deferred	0
Equipment Failure	0
Procedure no longer required	3
Further tests	0
Infection control	0
Transport	0
More urgent case	0
Procedure carried out at another hosp.	0
Consultant unavailable	0
Procedure changed	0
Various other reasons	12
<b>Grand total</b>	<b>47</b>

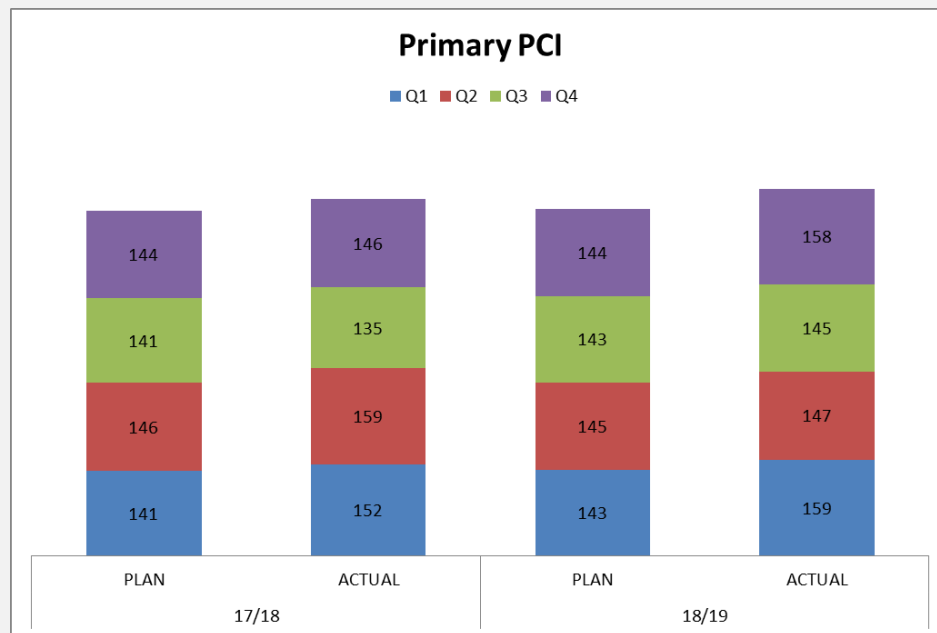
## Spotlight on: Cardiology Emergency and Urgent pathways



### Background

The profile of 17/18 was on average 7% ahead of the plan delivered, each month gain. 18/19 was on average 6% ahead of the plan delivered, each month gain. 19/20 shows an increase in the first quarter to an average of 8% ahead of plan delivered, each month gain. The relocation activation rates are showing a small increase (even ahead of our projected growth).

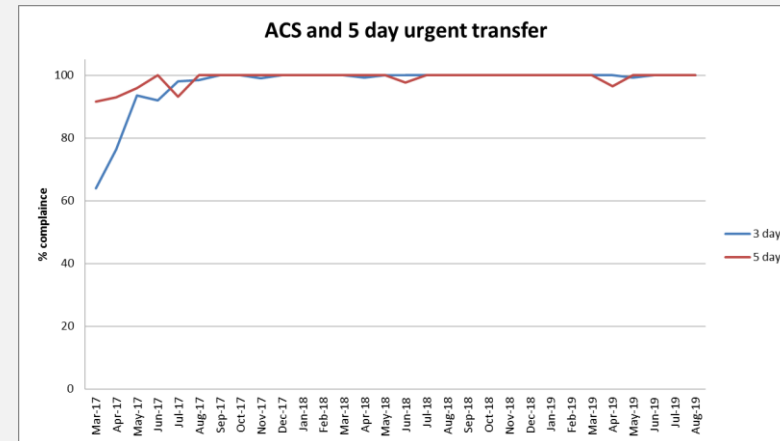
The majority (>95%) of the PPCI referrals are activated from East Anglia Team commissioning, and this remains unchanged in 19/20 year to date.



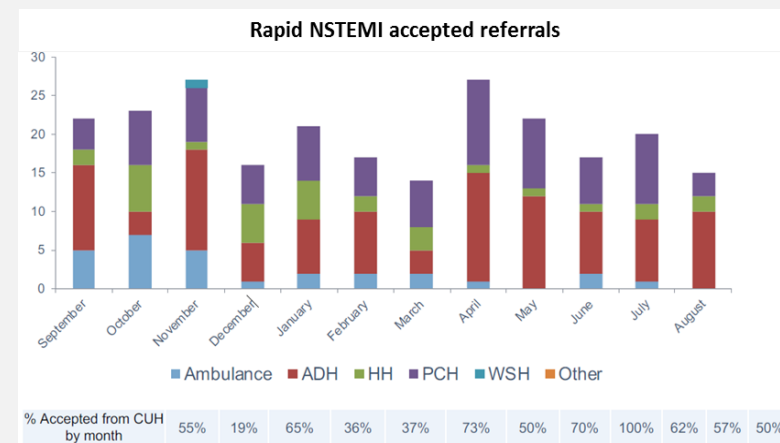
### In summary:

The emergency and urgent cardiology pathways receive greater referrals than plan consistently year on year. The relocation has provided further opportunities for growth across all the pathways.

The Acute Coronary Syndrome pathway was a recovery focus March 2017, compliance was achieved May 2017 and has not closed or compromised on transfer times to present day. The 5 day urgent transfer target (inpatient complex pacing), although compliant underwent an improvement cycle alongside the ACS pathway and has achieved a minimum of 97%



The development of Rapid NSTEMI pathway provided an expedited pathway for ACS patients. At concept, it was projected to facilitate 80-100 patients. In the first year 271 patients have been transferred, and 91% of them received treatment within 24 hours.



% Accepted from CUH by month	55%	19%	65%	36%	37%	73%	50%	70%	100%	62%	57%	50%
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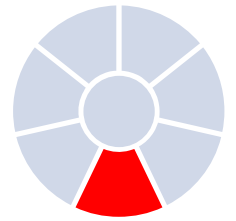
# Responsive

# Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Director of Operations

## 6 month performance trends



	Data Quality	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	99.30%	99.30%	99.23%	99.30%	99.05%	99.66%
	18 weeks RTT (combined)*	3	92%	90.47%	90.28%	89.89%	88.94%	89.10%	90.68%
	Number of patients on waiting list	3	3,343	3274	3472	3580	3725	3549	3649
	52 week RTT breaches	3	0	0	0	0	0	0	1
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)**	3	85%	66.7%	62.5%	60.0%	50.0%	40.0%	85.7%
	31 days cancer waits**	3	96%	84.3%	84.6%	96.0%	100.0%	100.0%	100.0%
	Theatre cancellations in month	3	30	28	46	60	56	49	42
Additional KPIs	% of IHU surgery performed <7 days of medically fit for surgery***	4	95%	34.00%	28.00%	29.00%	25.00%	26.00%	43.00%
	18 weeks RTT (cardiology)*	3	92%	94.72%	93.48%	92.66%	93.26%	93.81%	96.28%
	18 weeks RTT (Cardiac surgery)*	3	92%	73.32%	73.23%	74.78%	75.20%	69.68%	78.14%
	18 weeks RTT (Respiratory)*	3	92%	94.21%	94.65%	93.84%	91.51%	92.08%	91.49%
	62 days cancer waits post re-allocation (old rules)**	3	85%	83.3%	62.5%	60.00%	66.7%	40.0%	85.7%
	Acute Coronary Syndrome 3 day transfer %	3	90%	100.00%	99.33%	100.00%	100.00%	100.00%	100.00%
	Other urgent Cardiology transfer within 5 days %	3	90%	96.55%	100.00%	100.00%	100.00%	100.00%	100.00%
	% patients rebooked within 28 days of last minute cancellation	3	100%	79.07%	54.55%	97.06%	78.57%	92.11%	95.24%
	Outpatient DNA rate	4	9%	8.76%	8.32%	7.18%	8.75%	9.12%	9.01%
	Urgent operations cancelled for a second time (New 19/20)	New	0	0	3	5	1	1	0
	Total cancellations (New 19/20)	New	tbc	19	33	43	38	46	25
	% of IHU surgery performed <10 days of medically fit for surgery	4	95%	43.00%	40.00%	47.00%	46.00%	52.00%	67.00%

### Summary of Performance and Key Messages:

#### RTT Performance

The aggregate RTT position has improved slightly in month but remains below trajectory. Cardiology continue to decrease breaches to below the expected level despite an increase in primary PCI, Rapid NSTEMI, ACS activity since the hospital move.

Cardiac Surgery performance largely recovered to planned trajectory level of 78.67% the month, as a result of an increase in throughput, reduction in cancellations, and an increase in conversion to the waiting list. With the opening of theatre 6 in October there is confidence that surgery is back on track for recovery by March 2020.

The growth in the waiting list and higher than expected breaches sit within Respiratory Medicine and details of how this is being addressed are described in this month's spotlight.

#### 52 week breaches

There is one 52 week breach this month. This was discovered as part of work to switch to the new RTT database and was not visible to the teams prior to discovery. An initial harm review has been undertaken and an urgent appointment given to the patient.

#### Cancer performance

Ongoing issues with PET CT and Histopathology turnaround time are contributing to breaches of the 62day standard. Little improvement in PET CT performance has been achieved despite close liaison with the CUH team and this has been escalated again to the specialist commissioners.

#### Theatre cancellations

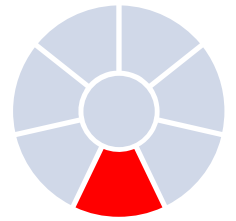
Theatre cancellations decreased to 42 in month. The top three reasons for cancellations were patient unfit, emergency took time and planned case overran.

28 days Rebook Performance was 95.24% with 2 patients falling outside of target due to specific consultant availability.

#### IHU Surgery Performance.

September saw an increase in performance of patients treated against the 7 and 10 day standards to the best performance year to date. There has, however, been an increase in patients who have been scheduled and then unfit on the day of surgery and team are reviewing data to ensure performance reflects this.

\* - 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 \*\*\* % of IHU surgery performed <7 days has been refreshed to reflect performance from the medically fit for surgery date.



## Key performance challenges: Outpatient DNAs

### Escalated performance challenges:

The Trust-wide DNA rate for September 19 is 9.3%, which is consistent with the rate for the last two years. There is considerable variation between the subspecialties with RSSC and CF particularly have a consistently higher DNA rate. The very high volume of RSSC outpatient activity has a proportionally large impact on the Trust-wide DNA rate.

	April 19	May 19	June 19	July 19	Aug 19	Sept 19
Cardiology	6%	6%	5%	7%	8%	7%
Radiology	4%	3%	3%	4%	3%	3%
Cystic Fibrosis	10%	18%	16%	16%	16%	19%
ILD	7%	4%	2%	5%	4%	3%
Lung Defence	5%	5%	4%	5%	4%	7%
Oncology	4%	5%	5%	6%	7%	3%
PVDU	6%	11%	3%	9%	7%	4%
Resp Med	13%	9%	8%	6%	12%	10%
RSSC	16%	16%	16%	17%	17%	17%
Cardiac Surgery	0%	3%	3%	4%	2%	4%
Thoracic Surgery	2%	4%	8%	8%	10%	4%
Transplant	4%	7%	4%	5%	5%	3%
Overall % DNA	9%	8.5%	8.0%	8.8%	9.1%	9.3%

CF - DNAs are followed up by the CF specialist nurse team to establish the reason for the non attendance. A significant proportion of the DNAs are related to short notice changes to booked appointments – instigated either by the clinical team or by patients (eg patient actually well and doesn't need to attend clinic) but these appointments are frequently not cancelled on Lorenzo before the clinic.

RSSC – Of the RSSC clinics, the highest DNA rates are in the Sleep Advisory Clinic, CPAP new appointments and for outreach clinics. The new appointment DNA rate is also higher at 23% to the 15% of follow ups (Sept 19 data).

### Key risks:

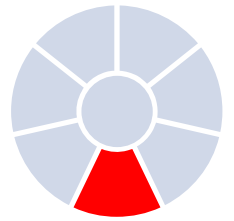
- Lost income from under filled clinics.
- Delays to patient pathways.

### Key Actions:

- Weekly meetings between CF team and booking office to insure actions have been completed.
- Review of clinic letters to make sure patients are getting the correct information.
- Booking appointments out to 6 weeks to give maximum notice.
- Clarity of process after a DNA
- Applying and enforcing Access Policy rules.
- Further work as identified by Meridian.
- Potential review of text message reminder service.

# Responsive

## Spotlight on: Thoracic RTT Recovery



### RTT Performance:

Thoracics is not currently compliant with the local RTT standard which require 97% of non-admitted and in patients to receive their elective care within 18 weeks of referral.

Thoracics have a history of meeting an Av performance target of 97% which started decline in Aug 2018. Current Position 91.47%.

Operational focus has been to put the breaks on the decline from the 1<sup>st</sup> of Aug and reduce the number of patients waiting for a date over 18 weeks and reduce the long waiters. Next steps is to focus on the tip overs into 18 weeks.

### 5 key factors influencing performance.

- Impact of ramp down/move to new campus
- DNAs are increasing to over 11%
- Compliance with all aspects of the Trusts elective access policy, with patients not being outcome with a future access plan
- Launch of PP+ – data quality and validation of waiting list numbers, and real time closure on PP+ (Lorenzo) following treatment. Clock starts are consistently above clock stops for Q1 and Q2
- Constraints in administration and booking output
- Not reviewing the Outpatient and Inpatient 6 week forward look

### Key Actions:

- Review of waiting lists and establish manageable size
- Data quality (what does it look like, what are the back logs, longest waiters, does the clock stop activity make sense when compared to incomplete pathways, RTT incompletes compared with inpatient and outpatient waits)
- Continuation of Optimisation work steam projects, with a focus on DNA's and Cancellations
- Continue to review and make adjustments to non elective capacity to meet demand.
- Continue waiting list validation work.
- PTL review with booking team weekly to ensure we are booking out to 6 weeks, and mitigate issues.
- Update Directory of services.
- To support training in the access policy and procedures.

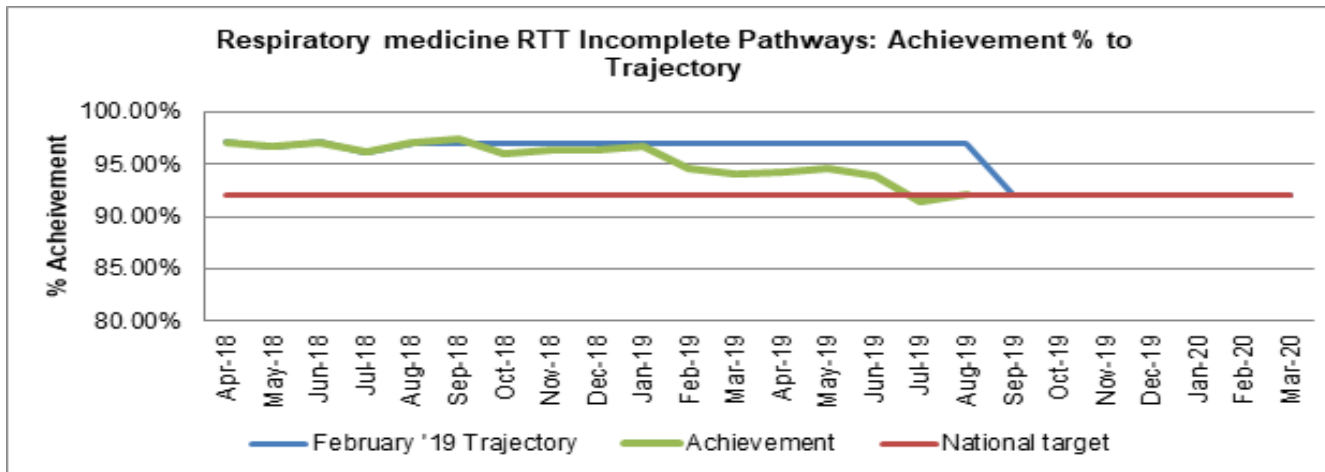
### Waiting list size:

- Weekly demand/ Variation in demand/ Urgency profile/ desired max waiting time

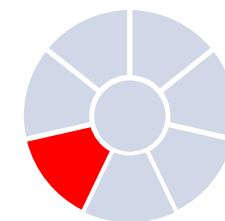
### Pathways: need clarity as to the timings of the following events:

- Earliest outpatient apt/ latest/ DTA/ Earliest treatment/ latest treatment

Figure 1:



# 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	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	
Dashboard KPIs	Voluntary Turnover %	3	15.0%	24.43%	21.23%	11.11%	15.05%	16.18%	13.59%
	Vacancy rate as % of budget	4	5.50%	12.54%	15.17%	14.10%	13.57%	13.42%	11.18%
	% of staff with a current IPR	3	90%	89.06%	87.32%	88.77%	88.33%	87.01%	87.29%
	% Medical Appraisals	3	90%	89.62%	82.08%	84.91%	88.89%	86.24%	89.74%
	Mandatory training %	3	90.00%	72.38%	74.99%	76.50%	75.54%	76.84%	80.19%
	% sickness absence	3	3.5%	2.19%	2.46%	2.94%	2.80%	2.55%	3.61%
Additional KPIs	FFT – recommend as place to work	3	63.0%	57.00%	n/a	61.00%	n/a	n/a	n/a
	FFT – recommend as place for treatment	3	80%	80.00%	n/a	91.00%	n/a	n/a	n/a
	Registered nurse vacancies rate (including pre-registered nurses)	3	5.0%	5.11%	9.81%	10.52%	9.31%	9.32%	8.15%
	Registered nursing vacancy WTE (including pre-registered nurses)			33.71	58.39	62.77	63.37	63.43	55.48
	Registered nurse vacancies rate (excluding pre-registered nurses)	2	5.00%	9.13%	11.90%	12.09%	11.39%	11.18%	10.90%
	Registered nursing vacancy WTE (excluding pre-registered nurses)			60.21	80.39	82.1	77.54	76.1	74.15
	Unregistered nurse vacancies WTE (including pre-registered nurses)	3	10.00%	38.23	60.87	62.54	64.98	61.43	44.95
	Unregistered nursing vacancy rate (including pre-registered nurses)			17.12%	24.85%	25.45%	26.44%	25.00%	18.29%
	Unregistered nursing vacancy rate (excluding pre-registered nurses)			29.58%	33.83%	33.32%	32.21%	30.15%	25.89%
	Long term sickness absence %	3	0.80%	0.54%	0.34%	0.46%	0.62%	0.73%	0.56%
	Short term sickness absence	3	2.70%	1.85%	2.12%	2.48%	2.18%	1.80%	3.06%
	Agency Usage (wte) Monitor only	3	Monitor only	59.7	53.5	55.2	71.4	69.8	62.5
	Bank Usage (wte) monitor only	3	Monitor only	65.5	47.7	54.7	65.0	69.1	57.3
	Overtime usage (wte) monitor only	3	Monitor only	73.6	51.2	90.7	58.7	57.6	59.6
	Turnover - Non medical starters	3	Monitor only	18.4	28.8	23.6	32.1	35.6	92.4
Turnover - Non medical leavers	3	Monitor only	34.5	33.6	18.6	28.4	22.5	19.3	
Agency spend as % of salary bill	4	3.19%	6.05%	5.72%	5.83%	6.44%	6.80%	4.45%	

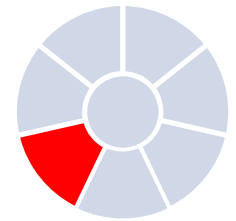
### Summary of Performance and Key Messages:

Key highlights in September are:

- Total turnover decreased to 13.59%. There was a decrease in Nursing turnover from August with 6.84 wte leavers (inclusive of PRPs). Registered nurse turnover is 13.5 % YTD and unregistered is 17.4%. Total Trust turnover is 16.5% YTD.
- We were a net gainer of non-medical staff by 73.06 wte in September which is the highest net gain in the last 24 months. We held two inductions in September due to availability of suitable rooms. Therefore this net gain is likely to be actually higher as not all the starters were processed by Payroll at the time of writing this report. There will only be one small induction in October for nursing apprentices. Details of the numbers of starters and leavers broken down by staff group is provided in the next slide
- We were a net gainer of HCSW staff by 20 wte. We were a net gainer of registered nurses by 29.7 wte. The spotlight focuses on nurse recruitment and vacancy rates.
- The Trust vacancy rate decreased to 11.2%. Total nurse vacancy rate including Pre-Registered Nurses reduced to 8.2% and 0.9% excluding Pre-Registered Nurses. Two of the Pre-Registered Nurses the Trust was supporting to apply for registration with the NMC via the portfolio route have been successful at appeal. The other 2 were unsuccessful which is very disappointing for the staff concerned. They will be supported to find suitable posts within the Trust and we will fund one final attempt for them to pass the OET exam.
- Total IPR compliance remained broadly static. This is despite further communications and advice to managers on how to improve compliance and ensure that all complete appraisals were appropriately recorded. Directorate Performance Review meetings will focus on this issue at future meeting.
- Sickness absence increased to 3.6% which is a significant increase. The increase was driven by an increase in reasons relating to colds/coughs/flu and also musculo-skeletal conditions. The biggest cause of absence remains anxiety/stress/depression/psychiatric illnesses. There is no one staff group or area driving the increase.
- Mandatory training compliance continued its improvement trajectory and improved to 80.2%.
- Temporary staff use reduced however remains at a high level. This continues to be 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



# 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 and Respiratory Wards.
- 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 and cardiac physiologist roles are national shortage occupations, 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:

#### Starters and Leavers in September by Staff Group

Staff Group	Starters	Leavers	Net gain/Loss
Add Prof Scientific and Technic	2.00		2.00
Additional Clinical Services **	45.74	4.64	41.10
Administrative and Clerical	17.24	5.81	11.43
Allied Health Professionals	1.80	2.00	-0.20
Estates and Ancillary	5.00		5.00
Healthcare Scientists	2.00	1.00	1.00
Medical	5.90	3.60	2.30
Nursing Registered	18.56	5.84	12.72
Grand Total	98.25	22.89	75.36

\*\* includes pre-registered nurses

There were two corporate and clinical inductions held in September due to room availability in October.

#### Compassionate and Collective Leadership Programme

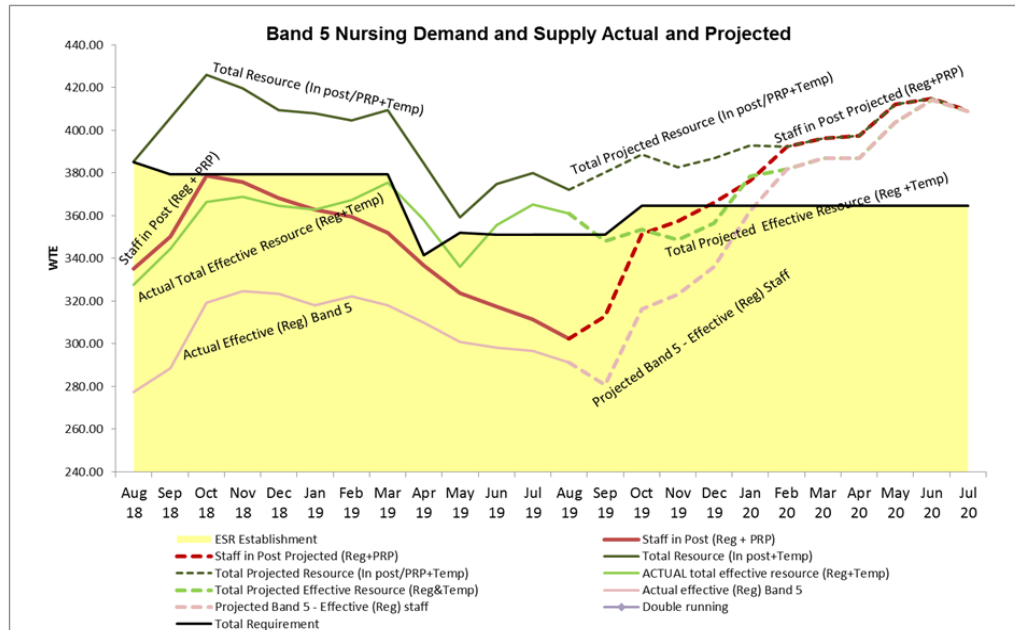
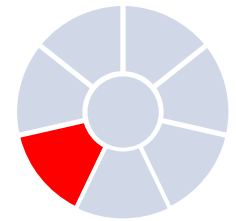
The Diagnostic Phase of the Compassionate and Collective Leadership Programme continued during September. There was a 20% response rate to the Leadership Survey and the results are currently being analysed. Interviews are progressing with Trust Board members and leaders below Board level. A large number of focus groups are being held with teams across the Trust. The Change Champions have also been communicating the aims of the programme through a variety of mechanisms including stands in the Atrium. The outputs from all of the diagnostic activities will be provide a comprehensive picture of the culture, leadership and workforce capacity of the Trust and enable the development of a Collective and Compassionate Leadership Strategy. The aim is to present the outputs from the Diagnostic Phase to the December Trust Board.

#### 2019 Staff Survey

The National Staff Survey commenced on 7 October 2019 and will be open until 29 November. All staff will be invited to participate electronically.

# People, Management & Culture

## Spotlight on: Nurse Recruitment and Vacancies



### Band 5 Registered Nurse Vacancies:

Current projections for vacancy rates for Registered Nurse Band 5s based on the recruitment pipeline and turnover (assumed to be approximately 17%) indicate that we will achieve a 5% vacancy rate inclusive of PRPs by November and exclusive of PRPs by January 20. These projections include the increase in establishment linked to Theatre 6 and the increase in Critical Care beds. It does not yet include any increase in establishment as a result of the transfer of Cardiology Services from CUH.

### Grow our Own:

17 Nurse Apprentices will commence on 28 October. They will be based in clinical areas throughout their apprenticeship and will follow a 4 year programme with ARU.

### HCSW Vacancies:

Recruitment to HCSW posts remains very positive. We are projecting that we will be under a 10% vacancy rate by the end of December. In September there were 63 wte vacancies with 58 wte in the pipeline. There are increases in establishment in October linked to the increase in Critical Care beds and there will be further increases when Cardiology services transfer. However we are confident, based on current responses to adverts, that we will be able to recruit to the increased establishment. We are planning that we will be in a position to reduce significantly if not stop in the New Year, in all but exceptional circumstances, the use of HCSW agency staff. We have recruited a number of HCSW bank workers which will improve our ability to fill temporary staffing needs with bank workers.

### Recruitment Pipeline and Activity

We continue to participate in a wide range of recruitment events in addition to running our own in the hospital. Examples are as follows:

**2 October UEA** (following successful event, invitation sent to 30 ODP's to attend 2 November open event)

**Friday 18 October ARU, Cambridge** - 42 contacts with an invitation to attend 2 November

**2 November – Royal Papworth Recruitment Open Day 9.30-2.30 (Fast-track recruitment available)**

**4 November - Suffolk Uni (Ipswich)**

**14 November – Nottingham Uni**

**27 November – Bournemouth Uni**

The Recruitment Team have been reviewing their processes and have implemented a number of changes in order to speed up time to hire including pulling forward applications for areas such as Critical Care to interview candidates before posts have closed. Respiratory Services remains a stubbornly hard to recruit area and work continues to promote this speciality.

# Transformation

## Performance summary



Accountable Executive: Chief Operating Officer / Chief Finance Officer

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

	Data Quality	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Dashboard KPIs	CIP – project delivery	4	Red	Red	Red	Red	Red	Red
	Digital programme delivery on track	3	Amber	Amber	Amber	Amber	Amber	Amber
	New Papworth ORAC - overall progress	4	Green	Green	Green	Green	Complete	Complete
	Hospital Optimisation *	3	N/A	N/A	N/A	N/A	N/A	Green
	Cambridge Transition Programme *	3	N/A	N/A	N/A	N/A	N/A	Amber
	HLRI – Construction delivery on track *	3	N/A	N/A	N/A	N/A	N/A	Green
	HLRI – Occupational planning on track *	3	N/A	N/A	N/A	N/A	N/A	Green
	Research and Development Strategy – overall progress *	3	N/A	N/A	N/A	N/A	N/A	Amber

\* - 5 additional draft metrics have been introduced for September 2019 after discussion at SPC to replace the New Papworth ORAC progress Dashboard KPI and additional KPIs.

### Summary of Performance and Key Messages:

**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
- **£0.1m** Is the agreed as the target for the Clinical Variation Corporate project
- **£0.6m** has been approved and signed off in a mix of schemes and will taken out budgets accordingly
- **£0.07m** was identified from 2018/19 and carried over for 2019/20

The Trust has an additional £0.91m of pipeline Gateway 1 and 2 projects which require additional work to pass through the CIP Gateway sign off process. The Length of Stay Projects are now grouped together as a Programme under the Chief Nurse that commenced in September. Corporate Projects: Pharmacy, Demand management and Clinical variation are all in progress. Assuming these items all pass through the Gateway process and are signed off this leaves a **remaining £2.3m CIP gap** which needs to be identified.

There are further schemes being validated, linked to Directorate recovery plans, 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. CIP planning for 2021/22 commences in November.

**Lorenzo Digital Exemplar:** We are in month three of the sixteen month programme. The programme is 21% complete, and currently on track engaging the business in stakeholder management and change workshops. The initial phase of the project focusses on the Surgical pathway (ECG, CHOL, POCT devices and Vyair Respiratory Physiology)

**Hospital Optimisation:** Detailed update provided in Spotlight.

**CTP:** Joint working with CUH continues to progress the integration of cardiology services for March 2020. Earlier opening of beds for cardiology patients in December are being considered as part of the 4NW project (Hospital Optimisation) as this would provide extra capacity to CUH ahead of winter. At the time of writing the Trust is awaiting a response from CUH to that will determine the date of this first phase of transfers and this is driving the RAG rating of Amber. The respiratory teams are developing detailed plans for transfer of bronchiectasis and clinical immunology services later 2019/early 2020. These are subject to both Trusts approval processes.

**HLRI:** The Agreement for Lease has now been signed and contracts have been exchanged with the University of Cambridge. Works are expected to commence on 28 October 2019 to satisfy requirements of the planning permission for building.

Note: RAG ratings against projects are currently based on assessments made by the Project Lead. In future months the RAG will be linked to the achievement of project milestones.

# Transformation

## Key performance challenges



### Escalated challenges

#### Lorenzo Digital Exemplar:

Releasing staff to have input into the programme and identify to be processes. Involvement of the staff in system testing. Experience of the current system speed and performance impedes expectations

#### CTP:

Implementing changes to Cardiology services in relatively short timescales (in patient beds ahead of winter.

#### HLRI:

There are none at this early stage or project implementation.

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

1. Delivery of the 2019/20 CIP plan: £2.3m of the 2019/20 CIP plan is not yet identified.
2. Lorenzo Benefits
3. Lorenzo Benefit - realisation

### Key Risks

#### Lorenzo Digital Exemplar:

If the speed and performance of the system persists then staff will not gain the full benefits of the system.

If the business change and engagement is poor then the benefits of new functionality and pathways as a result of the programme will be reduced.

#### CTP:

Risk of insufficient workforce in some staff groups to implement the change

#### HLRI:

There are none at this early stage or project implementation.

#### 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 £2.32m (assuming pipeline schemes convert);
2. If the trust cannot increase activity to 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

#### Lorenzo Digital Exemplar:

Develop, implement and monitor our optimisation plans to ensure system performance. Develop engagement from the business with the change aspects such as config and processes.

Continue to make progress on some of the quick project wins while ensuring steady progress of the wider Exemplar programme.

#### CTP:

Clear workforce plans in place. Initiatives underway include inviting expressions of interest from CUH cardiology nurses, recruitment at Recruitment days.

#### HLRI:

There are none at this early stage or project implementation.

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

1. There is a pipeline of £0.91m awaiting validation and further work to identify schemes is on going with all directorates and departments. Three additional corporate schemes have commenced.
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 : Hospital Optimisation Project



### Project Aim:

The aim of the project is to develop plans and oversee the implementation of these to improve flow across the organisation and delivery of patient care to meet the agreed services activity plan and contractual performance targets. The project also seeks to unblock constraints and mitigate any associated risks.

### Project objectives are to:

- Maximise the utilisation of outpatients
- Improve access to pre-assessment and same day admissions
- Review booking and admin processes
- Maximise theatre utilisation through focus on turnaround times / delays and reduction in cancellations
- Maximise cath lab utilisation through focus on turnaround times / delays and reduction in cancellations
- Maximise utilisation of the Day Ward
- Maximise bed capacity to support activity
- Focus recruitment and retention of CCA staff
- Opening of beds on 4 North West

### Governance:

- The project is monitored and overseen by the Hospital Optimisation Project Group using standard project management tools. The group meets every 3 weeks and is chaired by the Chief Operating Officer.
- The Hospital Optimisation Project Group reports to the Strategic Projects Committee.

### Project Milestones

No.	Milestone	Due date
1	Meridian outpatient utilisation action plan commences 14 <sup>th</sup> October	24/01/20
2	Theatre 6 opens	01/10/19
3	Open 11 beds on 4NW for private cardiology and CUH transfers	01/12/19
4	36 CCA beds open	31/12/19
5	Opening of remaining beds on 4NW	01/02/20

### Current Position

A new reporting format to SPC has been introduced with a focus on four areas - outpatient utilisation, optimisation of flow through theatres and cath labs, critical care staffing and opening of 4 North West.

Outpatient utilisation – the current use of rooms provides considerable opportunity to increase throughput in clinics. The Trust is working with Meridian to review OPD utilisation and an initial review undertaken by Meridian has identified numerous opportunities for improvement. A 13 week action plan being developed with Meridian.

### Current Position

Optimisation of flow through theatres and cath labs – opportunities to optimise flow through theatres and cath labs identified, including opening theatre 6, reviewing turnaround times and utilisation of holding bay and introducing productive theatre project.

The Critical care staffing project is focusing on ensuring consistent safe staffing of critical care beds and the recruitment and retention of CCA staff through a targeted recruitment campaign.

The opening of 4 North West allows Trust to commence integration of cardiology services with CUH and further develop and grow private care in new hospital. Phase A - short form business case to staff 11 ward beds for consideration by EDs and Investment group this month. This will allow shift of BAU private work from cardiology wards and first phase of CUH transfers. Target date 1<sup>st</sup> December 2019 to open beds. Phase B – business case to staff remaining 4NW beds including recommendations for use of 3 current OP / office rooms in parallel with development of a Private Patient Strategy. Target date 1<sup>st</sup> February 2020 to open remaining beds.

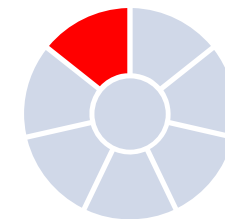


## Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

### 6 month performance trends



	Data Quality	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	
Dashboard KPIs	Year to date EBITDA surplus/(deficit) £000s	5	£3,312k	£7k	£164k	£670k	£1,330k	£2,354k	£3,874k
	Year to date surplus/(deficit) excl land sale £000s	5	£(3,369)k	£(767)k	£(1,478)k	£(1,706)k	£(2,442)k	£(2,751)k	£(2,490)k
	Cash Position at month end £000s	5	£6,602k	£14,220k	£18,779k	£17,055k	£13,513k	£12,891k	£15,501k
	Use of Resources rating	5	3	3	3	3	3	3	4
	Capital Expenditure YTD £000s	5	£3,799k pa (19/20)	£826k	£1,518k	£1,778k	£1,972k	£1,981k	£2,043k
	In month Clinical Income £000s	5	£12441k (current month)	£12,338k	£11,677k	£11,821k	£12,598k	£12,200k	£12,174k
	CIP – actual achievement YTD - £000s	4	£420k	£0k	£33k	£50k	£155k	£210k	£405k
	CIP – Target identified YTD £000s	4	£5,113k pa	£0k	£0k	£0k	£110k	£172k	£420k
Additional KPIs	Debtors > 90 days overdue	4	10%	19.8%	40.7%	31.5%	34.6%	19.8%	46.2%
	Capital Service Rating (New 19/20)	5	4	4	4	4	4	4	4
	Liquidity rating (New 19/20)	5	4	4	3	3	3	1	3
	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	4	4

### Summary of Performance and Key Messages:

The Trust's year to date (YTD) position is a deficit of £2.5m on a Control Total basis excl. land sale, 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 £9.6m adverse to plan when this is included. The analysis below excludes the land sale impact.

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

- Clinical income** £1.6m adverse to plan YTD after Guaranteed Income Contract (GIC) protection, due to lower activity of 8.2% in outpatients, 9.3% in inpatient and day case activity and lower levels of Private Patient income. Activity performance has resulted in YTD GIC protection of £1.6m, £0.4m more than planned for this stage of the year. Without the GIC protection, the Trust's income position would be £2.0m adverse to plan YTD.
- Pay expenditure** to date is adverse against plan by £1.3m. The substantive cost favourable variance driven by 88 WTEs vacancies, a reduction from prior months due to targeted CIP phasing. This is net of temporary staffing costs totalling £5.5m. 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 (see Appendix 8).
- Non pay expenditure** is £0.4m favourable to plan in month and £3.8m YTD. This YTD position is driven by lower expenditure on clinical supplies due to activity levels, central procurement of defibs, non-utilisation of contingency reserves £1.3m, PFI contract volume adjustments / performance deductions of £0.4m and old site decommissioning and new site project costs of £0.2m.
- CIP** is £0.5m adverse to plan due to the start of the CIP gap phasing. The shortfall in identified schemes remains at £3.2m (63% of the £5.1m target). Of the £1.9m identified, £0.4m has been delivered YTD.

**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 surplus of £0.2m, £0.1m adverse to plan. Staffing levels are above the comparable 2018/19 period, however, overall admitted activity in month (excl. ITU) represents a 12.5% increase compared to September 2018 and an 4.4% increase against the average Q4 2018/19 activity, indicating a further improvement compared to the loss of productivity seen earlier in the year.

The **forecast year end** position on an adjusted run rate basis demonstrates mitigating actions are required to hit the planned control total break-even position. Without action, the Trust's deficit is forecast to reach a downside position of £19.8m. The report identifies £3.3m of mitigating items which will non-recurrently mitigate the in-year position and sets out suggested management actions and enhanced controls to bridge the gap to control total achievement. Key actions include the implementation additional controls on agency and pay to reduce run rate spend. The **underlying position** after non-recurrent and normalising items have been removed is a deficit of £8.5m YTD.

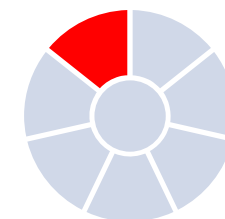
**Capital expenditure** is £0.9m lower than plan year to date, relating to the timing of small works and ongoing replacement programme underspends. The risk remains around the old site land sale which was planned to complete in August with a profit of £10.5m.

**Cash** is £8.9m favourable due to lower capital expenditure, improved working capital position and the impact of the delayed land sale.

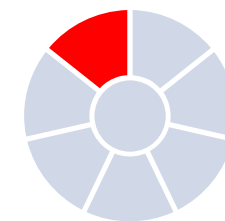
**Use of Resources** metric is 4 for the month below the planned score of 3 driven by the delayed land sale.



## 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	Sept Score	August 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	25	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:										
	In-month variances				YTD variances				Overall RAG	Trend
	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	£(0.0) / -5%	£(0.1) / -8%		(526) / -5.6%	£0.2 / 4.6%	£(0.2) / -10.6%		(4) / -1%	3	↓
Clinical support services	£(0.2) / -9%	£(0.2) / -1.6%	(1,254) / -9.8%	(526) / -5.6%	£(0.3) / -1.3%	£(1.6) / -2.1%	(6,406) / -8.4%	(4,555) / -8.2%	2	●
Cardiology	£0.2 / 2.1%	£(0.4) / -13.9%	(93) / -12.6%	(494) / -13.8%	£1.0 / 9.9%	£(3.0) / -16.5%	(696) / -16%	(3,235) / -15.2%	2	●
Surgery and transplant	£(0.2) / -2.5%	£0.4 / 12.5%	29 / 9.1%	109 / 13.4%	£(0.4) / -3.9%	£1.1 / 5.1%	165 / 8.5%	(14) / -3%	3	●
Thoracic / respiratory	£(0.1) / -1.6%	£0.1 / 3.9%	29 / 2.7%	(174) / -4.7%	£(0.2) / -2.4%	£0.1 / .8%	(301) / -4.9%	(1,303) / -5.9%	2	●
Nursing - Corporate	£(0.1) / -2.2%	£(0.2) / -1.6%			£0.0 / .1%	£(1.6) / -2.1%			3	●
R&D	£(0.0) / -32.5%				£(0.2) / -215.3%				2	●
Digital	£(0.0) / -4%				£0.0 / 1.4%				4	●
Estates & facilities	£0.0 / .6%				£0.1 / 1.5%				4	↓
Other	£0.7 / 118.7%				£(8.2) / -1354.5%				3	↑

### Directorate performance – key headlines

#### Adverse performance

**Ambulatory** – total outpatient activity reported an improvement against prior month (1.45% £'s, 3.53% activity), but remains adverse to planned levels, by £0.12m, representing activity which is 8.0% lower than plan. Net cost for the directorate are underspent YTD, with £0.17m favourable position, due to lower pay costs, with 12.71 WTE vacancies in month.

**Clinical Support Services** – total expenditure was overspent in the month against plan by £0.22m in the month, due to continued high levels of temporary staffing expenditure, increasing the YTD adverse position to £0.30m. It is the continued use of bank, agency and overtime against the high levels of vacancies, currently 48.05 WTE which drives the adverse monthly position.

**Cardiology** – total expenditure was lower than plan by £0.22m, and continues to be driven by clinical devices and consumables. Vacancies of 8.70 WTE continue to provide a substantive favourable pay variance YTD, however bank, agency and overtime costs of £0.681 result in a net pay overspend of £0.68m. Clinical activity remains behind plan overall, although a slight improvement in activity levels has been achieved this month. YTD activity is adverse against plan by £3.04m, driven by Electrophysiology, Pacemaker and Coronary angiography activity.

**Surgery / Transplant** – the in month favourable income position of £0.43m is due to additional VAD device implants, Thoracic Surgery, ECMO and Transplant activity, with all services except Pumps reporting a favourable position YTD, totalling £1.06m. A high level of expenditure remains, particularly temporary staffing on the wards, which is linked to the higher inpatient activity levels reported. Total expenditure is adverse to plan by £0.38m.

**Thoracic** – Increased activity levels in Thoracic Medicine and PTE this month has further increased the favourable YTD income position, to £0.11m. YTD expenditure is adverse to plan, by £0.21m, due to clinical consumable expenditure, particularly CPAP and Nasal masks. There is a substantive favourable pay position due to vacancies of 50.31 WTE's although this is being consumed by continued levels of temporary staffing in order to deliver services.

**R&D** – the adverse variance of £0.21m is driven by reduced income against plan for office rental, NIHR and CRN income. This position is anticipated to improve over the coming months as new funding streams for other planned research projects are received.

**HR** – the Trust wide excess travel claims as a result of the move to new hospital continues to remain largely unused, with £0.25m underspend YTD. Excluding this, the directorate has an underlying adverse variance of £0.23m, driven by 13.16 WTEs over establishment compared to plan.

Areas with adverse budget variances are being managed via an escalation meeting with the senior finance team.

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