

Papworth Integrated Performance Report (PIPR) October 2019

November 2019



Content

Reading Guide	Page 2
Trust Performance Summary	Page 3
'At a glance'	Page 4
- Balanced scorecard	Page 4
- Externally reported/Regulatory standards	Page 5
- Board Assurance Framework (BAF) risk summary	Page 6
Performance Summaries	Page 7
- Safe	Page 7
- Caring	Page 10
- Effective	Page 13
- Responsive	Page 16
- People Management and Culture	Page 19
- Transformation	Page 22
- Finance	Page 25

Context:

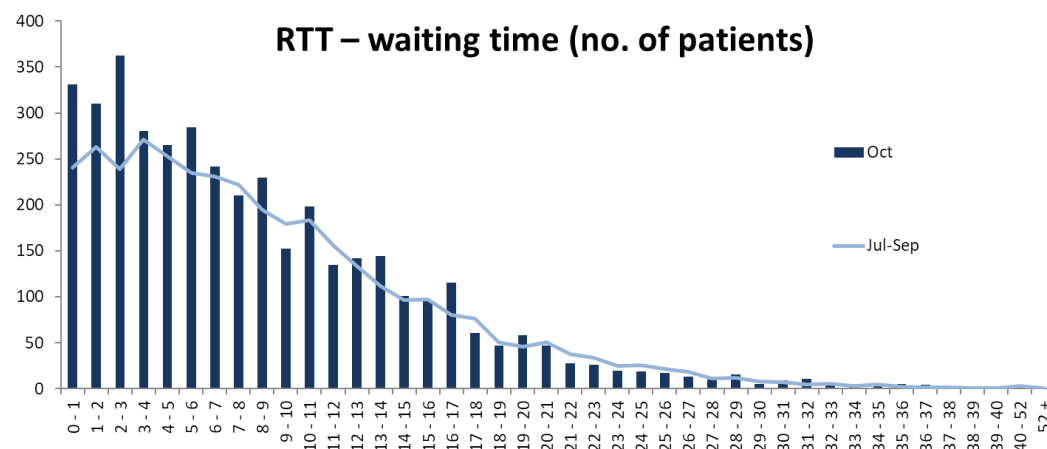
The activity table and RTT waiting time curve below sets out the context for the operational performance of the Trust and should be used to support constructive challenge from the committee:

Inpatient Episodes	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Trend
Cardiac Surgery	175	187	208	211	195	211	
Cardiology	591	576	733	673	672	750	
ECMO	52	77	48	60	46	66	
PTE operations	13	14	14	17	20	22	
RSSC	361	563	596	608	617	662	
Thoracic Medicine	380	399	477	403	440	432	
Thoracic surgery (exc PTE)	59	60	79	85	70	79	
Transplant/VAD	40	37	58	54	45	20	
Total Inpatients	1,671	1,913	2,213	2,111	2,105	2,242	
Outpatient Attendances	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Trend
Cardiac Surgery	359	387	516	510	476	652	
Cardiology	2,698	3,004	3,804	3,063	3,263	3,754	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	1,214	1,588	1,737	1,658	1,748	1,741	
Thoracic Medicine	1,673	2,000	2,066	1,833	1,792	2,111	
Thoracic surgery (exc PTE)	68	87	88	73	101	105	
Transplant/VAD	218	264	314	310	344	344	
Total Outpatients	6,230	7,330	8,525	7,447	7,724	8,707	

Note 1 - activity figures include Private patients and exclude unbundled radiology scan activity and ALK test 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

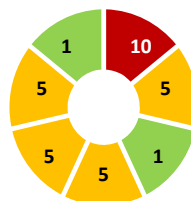
The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

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).

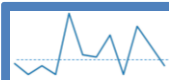
- **Red (10 points)** = 2 or more red KPIs within the category
- **Amber (5 points)** = 1 red KPI rating within the category
- **Green (1)** = No reds and 1 amber or less within the category



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: 1) CQC Model Hospital rating for 'Caring' is Outstanding dated Sep 2019. 2) FFT (Friends and Family Test): remains green for Inpatients (96.1%) and it has returned to green for Outpatients (95%), further to the work of the Outpatients Sister and team following the slight dip in the September result. This work continues, particularly as the activity review of outpatient clinic use remains in progress as part of the optimisation work (i.e. increasing numbers of patients through outpatients, impacts on the number of FFT surveys required).

TRANSFORMATION: HLRI - Project confidence rating is green with the project commencing as expected. Enabling works has commenced. Full start on site February 2020.

PEOPLE, MANAGEMENT & CULTURE: Total turnover decreased to 11.2% in October. Total Trust turnover is 15.5% YTD which is a significant improvement on 19.4% in 18/19.

FINANCE: The Trust's year to date (YTD) position is a deficit of £2.1m on a Control Total basis excl. land sale, which is favourable to plan by £0.7m.

ADVERSE PERFORMANCE

SAFE: 1) The safer staffing fill rate for registered nurses remains red; (83.4%) for days and (89.6%) 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%. 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. Overall, the CHPPD indicator remains in green at 11.3 for wards and 33.6 for Critical Care. 2) The Trust has reported three Serious Incidents in October. Full details are on the included in the Key Performance Challenge page of Safe.

EFFECTIVE: 1) Admitted Patient Care - Although below planned levels, admitted patient care Increased again this month. 2) Same Day Admissions (SDA) - Cardiac Surgery saw a decline in SDA performance for the first time in 3 months. A deep dive is being carried out to understand if this is the impact of SDA cancellations who are excluded from the data. 3) Theatre utilisation decreased to 83.7% in month 7 as the sixth theatre was opened increasing the available capacity in an incremental way. High emergency activity, and an increase in cancellations were noted in month.

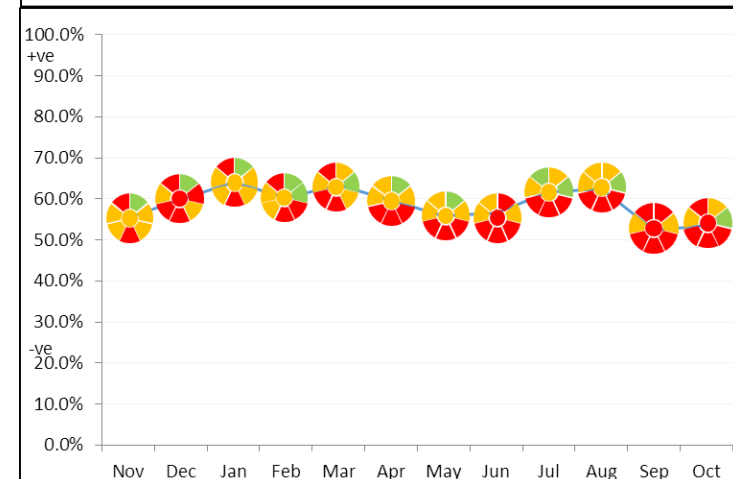
RESPONSIVE: 1) The aggregate RTT position has improved for the third month in a row but remains behind trajectory. Cardiac Surgery RTT performance in October is behind trajectory by approximately 4%. An increase in cancellations of patients waiting longer than 17 weeks (32 of the overall cancellations) has impacted on performance. Ongoing focus work across waiting list management, scheduling, CCU and the wards is being carried out to minimise the cancellations and support the recovery of performance. 2) There was a significant 52 week cardiology breach due to a clinical administrative processing error. The patient was identified and treated within 2 weeks of re-presentation. No harm was found during the harm review process resulting from the delay and the patient is scheduled for treatment in month. 3) Cancer Performance - Timely access to PET CT continues to compromise delivery of the 62 day standard. Weekly meetings with the Alliance Medical and CUH teams continue to address this issue.

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. CIP planning for 2021/22 has commenced in November with full CIP plans to be available for all departments by the close of November.

FINANCE: 1) Clinical Income is £1.8m adverse to plan YTD after Guaranteed Income Contract (GIC) protection, due to lower activity of 7.3% in outpatients, 6.4% in inpatient and day case activity and lower levels of Private Patient income. Activity performance has resulted in YTD GIC protection of £1.1m, £0.4m more than planned for this stage of the year. Of this protection £0.03m has unwound from prior months benefit in month. Without the GIC protection, the Trust's income position would be £2.9m adverse to plan 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 £1.1m 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.

LOOKING AHEAD

TRANSFORMATION: Joint working with CUH continues to progress the integration of cardiology services for March 2020. Plans to open additional beds for cardiology patients on 2nd December are progressing. These beds will provide extra capacity to CUH during the coming 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%	99.30%			Caring	FFT score- Inpatients	Sep-19	4	95%	96.10%	97.34%		
	Never Events	Sep-19	3	0	0	1				FFT score - Outpatients	Sep-19	2	95%	95.00%	92.84%		
	Moderate harm incidents and above as % of total PSIs reported	Sep-19	3	3%	1.86%	0.86%				Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Sep-19	New	12.6	12.6			
	Safer staffing – registered staff day	Sep-19	3	90-100%	83.4% (89.6%)	85.24% (91.99%)				Mixed sex accommodation breaches (New 19/20)	Sep-19	New	0	0	0		
	Safer staffing – registered staff night	Sep-19	3	90-100%	83.4% (89.6%)	85.24% (91.99%)				Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Sep-19	New	12.61	12.60	12.60		
	Number of C.Diff cases (sanctioned) year to date	Sep-19	5	11 pa	0	0				% of complaints responded to within agreed timescales	Sep-19	4	100%	100.00%	95.29%		
	High impact interventions	Sep-19	3	97%	99.00%	98.40%				Voluntary Turnover %	Sep-19	3	15.0%	11.2%	15.5%		
	Falls per 1000 bed days	Sep-19	3	4	2.3	1.61				Vacancy rate as % of budget	Sep-19	4	5.5%	11.5%			
	Sepsis - % patients screened and treated (New 19/20)	Sep-19	New	90%	-	-				% of staff with a current IPR	Sep-19	3	90%	87.74%			
	Ward - Care hours per patient day	Sep-19	3	7.8 (32.9)	11.3 (33.6)	12.3 (35.91)				% Medical Appraisals	Sep-19	3	90%	87.74%			
Critical Care - Care hours per patient day	Sep-19	3	7.8 (32.9)	11.3 (33.6)	12.3 (35.91)			Mandatory training %	Sep-19	3	90%	76.96%	76.96%				
Effective	Bed Occupancy (excluding CCA and sleep lab)	Sep-19	4	85% (Green 80%-90%)	84.00%	77.22%			% sickness absence	Sep-19	3	3.50%	4.17%	2.97%			
	CCA bed occupancy	Sep-19	3	85% (Green 80%-90%)	92.04%	88.45%			Year to date EBITDA surplus/(deficit) £000s	Sep-19	5	£5,135k	£5,616k				
	Admitted Patient Care (elective and non-elective)	Sep-19	4	2374 (current month)	2242	14128			Year to date surplus/(deficit) exc land sale £000s	Sep-19	5	£(2,994)k	£(1,891)k				
	Cardiac surgery mortality EuroSCORE	Sep-19	3	3%	2.74%	2.28%			Cash Position at month end £000s	Sep-19	5	£6,474k	£13,787k				
	Same Day Admissions – Cardiac (eligible patients)	Sep-19	4	50%	47.47%	44.17%			Use of Resources rating	Sep-19	5	3	4	4			
	Same Day Admissions - Thoracic (eligible patients)	Sep-19	4	40%	45.45%	35.29%			Capital Expenditure YTD £000s	Sep-19	5	£3,058k	£2,043k				
	Theatre Utilisation	Sep-19	3	85%	83.7%	85.8%			In month Clinical Income £000s	Sep-19	5	£12617k	£12,379k	£85,187k			
Responsive	% diagnostics waiting less than 6 weeks	Sep-19	3	99%	99.67%	99.36%			CIP – actual achievement YTD - £000s	Sep-19	4	£667	£632k	£632k			
	18 weeks RTT (combined)	Sep-19	3	92%	91.20%	91.20%			CIP – Target identified YTD £000s	Sep-19	4	£1,493k	£680k	£680k			
	Number of patients on waiting list	Sep-19	3	3343	4020	4020			CIP – project delivery	Sep-19	4					→	
	52 week RTT breaches	Sep-19	3	0	1	2			Quality improvement programme delivery	Sep-19	New					→	
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Sep-19	3	85%	60.00%	65.50%			Digital programme delivery on track	Sep-19	3					→	
	31 days cancer waits*	Sep-19	3	96%	100.00%	86.86%			Hospital Optimisation	Sep-19	3					→	
	Theatre cancellations in month	Sep-19	3	30	52	333			Cambridge Transition Programme	Sep-19	3					→	
	% of IHU surgery performed < 7 days of medically fit for surgery	Sep-19	4	95%	68.00%	36.14%			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	5	2		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	91.20%		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%	60.00%	66.07%	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%	93.90%		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	%	
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
	NHSE	£736.7k	100%	£80.3k	£80.3k	£80.3k	11%		
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
	C&P CCG (& Associates)	£395.7k	100%	£79.1k	£79.1k	£79.1k	20%		
Trust Total	£1,132.4k		£159.4k	£159.4k	£159.4k	14%			

Board Assurance Framework risks (above risk appetite)

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Status since last month
Safe	Failure to stay within ceiling trajectories for all HCAI's	675	JR	6	Yes	8	8	8	8	8	8	↔
Safe	Safer staffing and Monitor's Agency Price cap	742	JR	4	Yes	12	12	12	12	12	12	↔
Safe	Potential for cyber breach and data loss	1021	AR	3	Yes	10	10	15	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	20	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	25	↔
Effective	Hospital Optimisation	2249	JR	10	In progress	15	15	15	15	15	15	↔
People Manag. & Cult.	Failure to release staff to undertake educational activity due to workload - Overdue update	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	To be discussed at Execs	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	20	20	20	20	20	20	↔
Finance	Master Development and control plans - sales dates	874	RC	10	Yes	10	10	15	15	15	15	↔
Finance	Current Trading Impacts - Consultant Job Plans	2146	RC	12	In progress	-	-	-	15	15	15	↔
Finance	Current Growth	2148	RC	12	In progress	25	25	25	25	25	25	↔
Finance	Capacity Assumptions	2149	RC	10	In progress	15	15	15	15	15	15	↔
Finance	Efficiency assumptions	2163	RC	12	In progress	15	15	15	15	15	15	↔

Performance summary

Accountable Executive: Chief Nurse
6 month performance trends

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



	Data Quality	Target	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	
Dashboard KPIs	Safety Thermometer harm free care	4	>97%	98.64%	98.24%	98.78%	99.42%	100.00%	100.00%
	Never Events	3	0	0	1	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	1.20%	0.86%	0.26%	1.00%	0.00%	1.86%
	Safer staffing – registered staff day	3	90-100%	90.8%	83.6%	83.8%	81.5%	80.0%	83.4%
	Safer staffing – registered staff night			96.1%	90.8%	92.0%	90.4%	90.0%	89.6%
	Number of C.Diff cases (sanctioned)	5	11 in year	0	0	0	0	0	0
	High impact interventions	3	97.0%	99.0%	99.2%	99.6%	99.4%	95.4%	99.0%
	Falls per 1000 bed days	3	<4	3.1	0.1	1.37	0.1	2.2	2.3
	Sepsis - % patients screened and treated (New 19/20)	New	90.0%	-	100.00%	-	-	67.00%	-
	Ward - Care hours per patient day	3	>7.8	15.9	11.8	12.1	12.2	12.2	11.3
Critical care - Care hours per patient day	>32.9		43.4	33.0	35.0	35.1	34.3	33.6	
Additional KPIs	Number of Papworth acquired PU (grade 2 and above)	4	<4	2	1	1	0	2	2
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	3	0	2	1	0	2	0	3
	E coli bacteraemia	3	Monitor only	0	1	0	0	1	1
	Klebsiella bacteraemia	3	Monitor only	3	1	1	3	0	2
	Pseudomonas bacteraemia	3	Monitor only	1	0	0	0	1	0
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	4	3	1	3	0	6
	Monitoring C.Diff (toxin positive)	5	Monitor only	1	0	1	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; (83.4%) for days and (89.6%) 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 11.3 for wards and 33.6 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.

SI's: The Trust has reported three Serious Incidents in October. Full details are on the following Key Performance Challenge page.

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) [this result was available after the last PIPR was published; therefore the narrative is included in this PIPR]: 67% - reflecting 8 out of 12 patients getting their initial sepsis bundle completed, although 100% received antibiotics as required; only two patients out of the 12 had 'sepsis' when mapped against the national criteria. Follow up actions are in place led by the Lead Nurse ALERT, including reminding staff regards better compliance with completing the initial sepsis care bundle and appropriate use of the term 'sepsis'.

Key performance challenges



Escalated performance challenges:

There were three SIs reported during October 2019. Details are shown in the table below.

Each of these is initially discussed through the weekly SIERP (Serious Incident Executive Review Panel) and then followed up in partnership with the clinical teams involved and the appointed investigating officers. Progress is monitored by the Clinical Governance Department, through SIERP and QRMG.

Date	Ref	STEIS Ref	Summary	Speciality	Duty of Candour
04/10/2019	SUI-WEB32645	2019/21783	M abscessus outbreak in transplant patients	Transplant	Duty of candour completed
09/10/2019	SUI-WEB32857	2019/22131	Patient death following complications after BAV	Cardiology	Duty of candour completed
15/10/2019	SUI-WEB32980	2019/22559	Patient fall resulting in fractured neck of femur	Cardiology	Duty of candour undertaken with patient and son

Key risks:

SUI-WEB32645

- Four patients confirmed affected
- Potential / actual patient harm
- Reputational risk

SUI-WEB32857

- Potential / actual patient harm
- Reputational risk

SUI-WEB32980

- Actual harm to patient
- Reputational risk
- Potential risk of clinical negligence claim if investigation identifies any acts or omissions

Key Actions:

- Currently under investigation
- All potential sources of infection are being investigated
- Source of infection not yet identified
- PHE informed and are supporting the Trust
- Duty of Candour undertaken with affected patients
- Regular outbreak meetings with stakeholders
- Weekly updates to SIERP

- Currently under investigation
- Duty of Candour undertaken with affected patients

- Currently under investigation
- Duty of Candour undertaken with affected patients



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 (83.4%) for days and (89.6%) for nights. There are some individual inpatient areas that remain under the desired 90% fill rate. This is a breakdown of the October 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	62.0%	63.7%	76.0%	66.0%	452	10.1
3 SOUTH	94.7%	96.0%	91.4%	96.8%	1071	8.6
4 N&S	75.5%	99.8%	96.9%	96.3%	905	8.6
5 NORTH	90.1%	117.6%	95.6%	120.2%	1160	10.7
5 SOUTH	80.9%	76.0%	87.5%	86.7%	564	18.3
CCA	91.0%	57.0%	90.0%	71.3%	921	33.6
Day Ward *	89.8%	74.2%				

Comments

Shaded red in the left table; three out of six inpatient areas (3 North; 4 North/South; and 5 South) are under the 90% fill rate for registered nurses on days; and two also for nights (3 North and 5 South). 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 1:2.5 (actual = 1:1.6) 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 1:2.6 (actual = 1:2.4) from SafeCare-Live (HealthRoster) data.

5 South (days and nights): 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 1:2.5 (actual = 1:2.3) from SafeCare-Live (HealthRoster) data.

Critical Care (over 90% fill rate, however for information): 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. There is ongoing successful recruitment in this area for Healthcare Support Workers which includes a new and very popular nursing apprenticeship route which has now commenced. 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 1:4.7 (actual = 1:3.3) 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	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	
Dashboard KPIs	FFT score- Inpatients	4	95%	96.6%	97.8%	97.7%	98.1%	97.6%	96.1%
	FFT score - Outpatients	2	95%	88.4%	85.5%	95.0%	95.1%	93.0%	95.0%
	Mixed sex accommodation breaches (New 19/20)	New	0	0	0	0	0	0	0
	Number of written complaints per 1000 WTE (Rolling 3 mth average)	New	12.6	10.2	10.3	8.0	8.5	11.7	12.6
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	100%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 (60% of complaints received)	4	1	3	7	tbc	
	Number of complaints (12 month rolling average)	4	5 and below	4.8	5.0	5.0	5.2	5.2	5.8
	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	5	6	3	6	12	5
	Number of recorded compliments	4	500	248	483	648	659	965	721

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Caring' is Outstanding dated Sep 2019

FFT (Friends and Family Test): remains green for Inpatients (96.1%) and it has returned to green for Outpatients (95%), further to the work of the Outpatients Sister and team following the slight dip in the September result. This work continues, particularly as the activity review of outpatient clinic use remains in progress as part of the optimisation work (i.e. increasing numbers of patients through outpatients, impacts on the number of FFT surveys required).

In summary for October: **Inpatients** : the Recommendation Rate has decreased slightly from 97.6% (Sep) to 96.1 (Oct). The Participation Rate has decreased from 38.4% (Sept) to 33.6% (Oct). The Spotlight On slide looks at Friends and Family Test Inpatients in more detail. **Outpatients:** as noted above, the Recommendation Rate has increased from 93% (Sep) to 95% (Oct) . Participation Rate has decreased slightly from 5.3% (Sep) to 5.1% (Oct). These are the latest published FFT % Recommended scores. The latest nationally published benchmarking data is **September 2019** (at the time of writing PIPR 15.11.2019), 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%
- NWAFT = 96%
- England NHS = 96%

Outpatients

- Liverpool Heart and Chest Hospital NHS Foundation Trust = 98%
- Royal Brompton and Harefield NHS Foundation Trust = 96%
- CUH = 96%
- NWAFT = 96%
- Royal Papworth = 93%
- England NHS = 93%

Complaints: the number of formal complaints in month has reduced from 12 to 5, which is more in line with our usual position. This equates to 12.6 written complaints per 1000 WTE (which is taken from a three month rolling period, therefore slightly higher due to higher numbers through August and September).

The number of complaints (12 month rolling average): remains in red at 5.8 and we will continue to monitor this in line with the other benchmarking. Details of each of the complaints are shown on the Key Performance Challenges slide for information.

Compliments: the number of recorded compliments remains very positive at 721 during October.

Key performance challenges



Escalated performance challenges:

The table below provides an overview of the formal complaints received during October 2019.

Formal complaints have reduced in October to five, which is an improvement compared to the 12 received in September. Five formal complaints is closer to the numbers usually seen monthly for Royal Papworth.

Of the five, four relate to the Cardiology Service, however there are no trends. Of the five, four are for inpatients and one is an outpatient. The location/ward/department is different for each of the complaints.

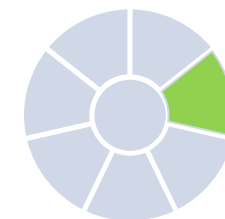
Opened (Date rec'd)	Ref Number	Directorate	Location / Ward	Service Type Inpatient / Outpatient	Summary
Oct'19					
02/10/2019	Q31920-64F	Cardiology	Day Ward	Inpatient	Patient is unhappy with her pacemaker procedure being cancelled twice and the outcome of the procedure once undertaken
08/10/2019	Q31920-66F	Cardiology	3 South East	Inpatient	Patient is unhappy with the combination of drugs he was prescribed post-discharge and the side effects he suffered as a result
09/10/2019	Q31920-68F	Cardiology	Outpatients	Outpatient	Patient is unhappy with the difficulties she has experienced in obtaining an appointment at Papworth and the recent correspondence she has received
18/10/2019	Q31920-70F	Cardiology	5 North East Ward	Inpatient	Daughter unhappy with care and treatment provided to father. Meeting arranged with Consultant Surgeon
30/10/2019	Q31920-72F	Critical Care	Bereavement communication CUH	Inpatient	Lack of communication/information following patients death and transfer to CUH Bereavement Team

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.
- 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.
- Continued monitoring of further complaints and patient and public feedback.



Overview:

During **October** the **Inpatients** Recommendation Rate has decreased slightly from 97.6% (Sep) to 96.1 (Oct). The Participation Rate has decreased from 38.4% (Sept) to 33.6% (Oct). As the benchmarking data below shows, this is still a healthy return rate when compared to peers and nationally.

There has been a month on month increase in inpatient participation rates since May 2019 (as the graph to the right shows), with this month being the first dip since May 2019.

FFT is discussed at the monthly Sisters Meeting, with the most recent meeting occurring 30th October 2019, where we monitor the participation rates and recommendation rates. We will continue to monitor this through PIPR and discussion at the Sisters meeting.

Benchmarking participation rate (also known as response rate) for inpatients

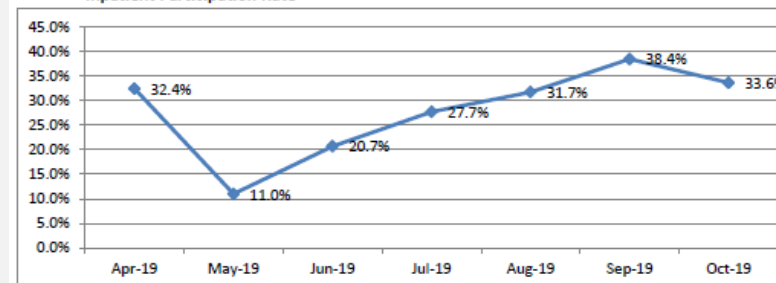
The latest nationally published benchmarking data is **September 2019** (at the time of writing PIPR 15.11.2019), therefore the RPH data from the same month is also included:

- Liverpool Heart and Chest Hospital NHS Foundation Trust = 60.3%
- Royal Papworth = 38.4%%
- Royal Brompton and Harefield NHS Foundation Trust = 33.1%
- CUH = 30.9%
- England NHS = 24.3%
- NWAFT = 19.4%

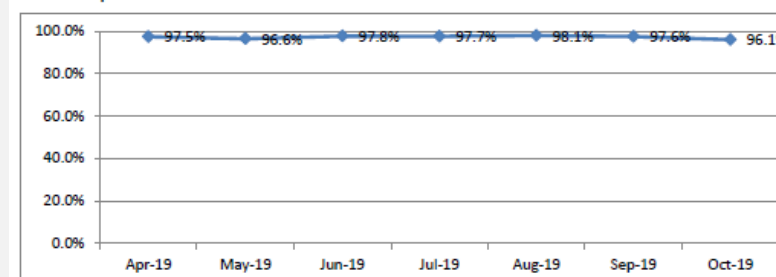
Friends and Family Test Inpatients (Oct 2019)

Ward	Surveys returned	Patients discharged	Participation rate	Recommendation rate
3 North	148	503	29%	94%
3 South	47	213	22%	96%
4 North & South	62	252	25%	100%
Private Patients	10	45	22%	100%
5 North	42	112	38%	100%
5 South	49	163	30%	100%
Day Ward	265	568	47%	95%
TW	623	1856	33.6%	96.1%

Inpatient Participation Rate



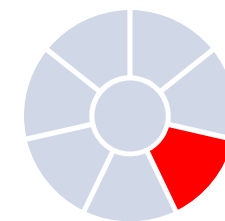
Inpatient Recommendation Rate



Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Directors of Operations



6 month performance trends

		Data Quality	Target	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	66.4%	78.2%	79.8%	80.0%	77.7%	84.0%
	CCA bed occupancy	3	85% (Green 80%90%)	83.0%	96.8%	88.9%	82.3%	89.8%	92.0%
	Admitted Patient Care (elective and non-elective)	4	2374 (current month)	1671	1913	2213	2111	2105	2242
	Cardiac surgery mortality EuroSCORE	3	<3%	2.04%	2.09%	2.22%	2.41%	2.56%	2.74%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	33.80%	40.00%	41.82%	50.00%	52.58%	47.47%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	38.71%	24.53%	37.93%	36.67%	37.84%	45.45%
	Theatre Utilisation	3	85%	84.62%	82.29%	86.81%	85.49%	88.09%	83.70%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	3	8.20	7.34	7.38	8.80	8.07	7.59	10.13
	Length of stay – Cardiac Elective – valves (days)	3	9.70	10.65	9.20	9.85	9.00	10.18	9.68
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	3	90%	79%	n/a	n/a	n/a	n/a	n/a
	Cath Lab Utilisation 6 (including 15 min Turn Around Times) *	3	70%	34%	n/a	n/a	n/a	n/a	n/a
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	90%	73%	78%	83%	83%	84%	81%
	CCA length of stay (LOS) (hours) - mean	3	Monitor only	107	91	95	89	88	93
	CCA LOS (hours) - median	3	Monitor only	47	42	42	41	42	40
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	4.69	5.11	5.06	4.60	4.98	4.79
	% Day cases	3	Monitor only	58.59%	56.85%	58.58%	58.98%	63.41%	60.50%

Summary of Performance and Key Messages:

Bed occupancy

Ward Bed occupancy increased to 84.04 % the highest occupancy since the move. CCA bed occupancy at 92 % is high despite a number of ad hoc beds closed. The bed occupancy reflects occupation of all open beds on CCA (34 beds Monday- Friday, 31 beds Saturday and 27 on a Sunday). CCA had 253 admissions in month 7 the highest number year to date.

Activity & utilisation

Although below planned levels, admitted patient care Increased again this month. Theatre utilisation decreased to 83.7% in month 7 as the sixth theatre was opened increasing the available capacity in an incremental way. High emergency activity, and an increase in cancellations were noted in month.

Cath lab utilisation decreased in month to 81 % as Cath lab 5 was out of use for 4.5 days due to equipment failure. However, there was an increase in activity put through the remaining labs with 813 completed cases compared with 771 in month 6 and high levels of emergency activity experienced throughout the month.

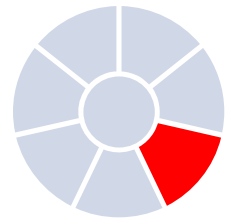
LOS – Cardiac Surgery. The valve pathway saw an improvement to 9.68% following an increase in M6. LOS for CABG increased in month 7 to over 10 bed days , an increase in the number of long stay patients post operatively has been noted.

SDA – Cardiac Surgery

Thoracic surgery reported an improvement for the first time since moving to the new site with a performance of 45.45%. This has improved due to an increase in pro-active pre-assessment within the month which is pivotal for the thoracic patients. Ongoing work continues with pre-admission and SDA via the optimisation work streams.

Cardiac Surgery saw a decline in SDA performance for the first time in 3 months. A deep dive is being carried out to understand if this is the impact of SDA cancellations who are excluded from the data.

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



Key performance challenges: Cancellations

Theatre Cancellations

Cancellation code	Oct-19
1a Patient DNA	0
1b Patient refused surgery	0
1c Patient unfit	2
1d Sub optimal work up	1
2a All CCA beds full with CCA patients	0
2b No ward bed available to accept transfer from CCA	6
2c Delay in repatriation of patient from CCA	0
2d No ward bed available	0
3a Critical Care	18
3b Theatre Staff	0
3c Consultant Surgeon	1
3d Consultant Anaesthetist	0
3e Other	0
4a Emergency took time	11
4b Transplant took time	1
4c ECMO/VAD took time	0
4d Additional urgent case added and took slot	3
4e Equipment/estate unavailable	0
5a Planned case overrun	6
5b Additional urgent case added and took slot	0
5c Overruns delayed start	1
6a Scheduling issue	2
Total	52

Top reasons in month:

- Critical care staff
- Emergency took time
- No Ward bed/Planned case overrun

Additional activity within theatres and CCA

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

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

No additional elective case was added to the list.

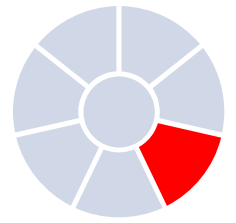
96 additional emergency minor procedures also went through theatre.

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

Cath Lab Cancellations

Reason	Oct-19
Emergency took time	17
Medical reasons	4
Patient DNA	3
Clerical error	4
Previous case over ran	7
Bed Shortage	3
Patient unfit for procedure	4
Cancelled by patient	0
Procedure no longer required	1
Patient did not arrive in time	1
Equipment Failure	4
Consultant unavailable	4
Further tests	1
More urgent case	3
Transport	0
Infection control	1
Admitted But Treatment Deferred	0
Procedure changed	1
Patient admitted as emergency	1
Procedure carried out at another hosp.	0
Various other reasons	12
Grand total	71

Spotlight on: Outpatient productivity



Meridian project

Work is on going across both the hospital and Royal Papworth House to optimise the booking into Outpatient clinics and the utilisation of outpatient rooms.

Booking office updates

- Daily review meetings started in Booking Centre
- Daily reporting started in the Booking Centre

Outpatients

- Ongoing review of room booking process with a planned 6-4-2 process to maximise room utilisation.
- Meridian have completed a room utilisation review with a proposal that 7 rooms could be released each day.
- Discussion required with clinical teams to take place to establish the feasibility of realising this sp

Training

- First of three training sessions has taken place to ensure that key staff members have the critical skills to embed the improvement for the future.

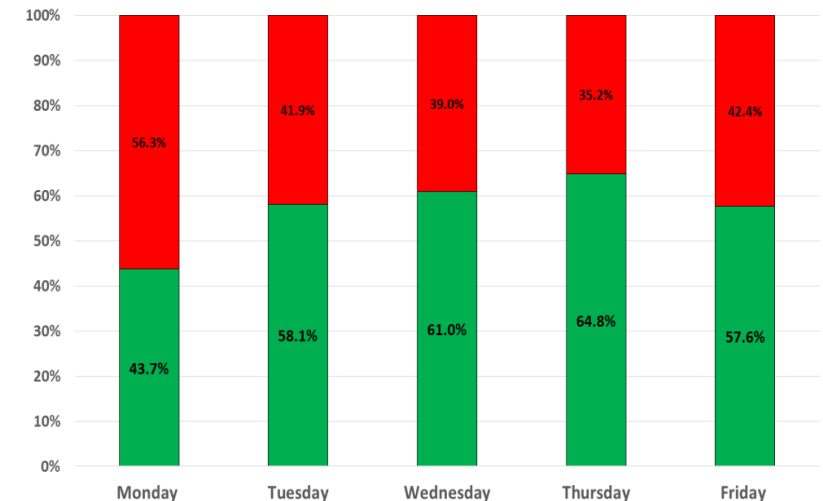
Room utilisation studies

- 13 days of observational studies looking at room use in clinic A, B and C every hour.

Room	Clinic/Consultant	9am	10am	11am	12pm	Remarks	Clinic/Consultant	1pm	2pm	3pm	4pm	5pm	Remarks
C1	Mr Peryt	0	0	0	0	No Bookings	Surgical SpR	0	0	0	1	1	Pain clinic withdrawn
C2	Auto CPAP	1	1	1	1		CPAP	1	1	0	1	0	
C3	R & D	1	0	0	0	No Bookings	R & D	0	0	0	0	0	No Bookings
C4	SDC	1	1	1	1		SDC	1	1	1	1	1	
C5	TX Heart Ass	1	1	1	1	SAC Withdrawn	SDC	0	1	1	1	1	
C6	PEA Nurse	1	1	1	1		Mr Jenkins	1	1	1	1	0	Mr Peryt no Bookings
C7	TX Heart Ass	1	1	1	1		SDC SpR	1	1	1	0	0	
C8	TX Heart Review	1	1	1	1		TX Lung Ass	0	1	1	1	1	
C9	TX Heart Review	1	1	1	1		TX Lung Ass	0	1	1	1	1	
C10	TX VAD	0	1	1	1			0	1	1	0	0	
Occupied		8	8	8	8			4	8	7	7	5	

- Meridian have identified that some clinics with multiple rooms booked are not fully utilising their allocations
- Following observations and analysis of multiple clinics, Meridian have identified **70** clinic room sessions (am+pm) per week available for reallocation
- Proposed reallocation of rooms necessary to maximise clinic utilisation within Outpatient Department

Overview of Utilisation (Occupancy % - Pods A,B,C)



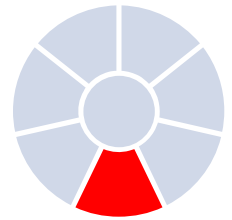
Responsive

Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Director of Operations

6 month performance trends



	Data Quality	Target	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	99.30%	99.23%	99.30%	99.05%	99.66%	99.67%
	18 weeks RTT (combined)*	3	92%	90.28%	89.89%	88.94%	89.10%	90.68%	91.20%
	Number of patients on waiting list	3	3,343	3472	3580	3725	3549	3649	4020
	52 week RTT breaches	3	0	0	0	0	0	1	1
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	3	85%	62.5%	60.0%	50.0%	83.3%	80.0%	60.0%
	31 days cancer waits*	3	96%	84.6%	96.0%	100.0%	100.0%	100.0%	100.0%
	Theatre cancellations in month	3	30	46	60	56	49	42	52
Additional KPIs	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	28.00%	29.00%	25.00%	26.00%	43.00%	68.00%
	18 weeks RTT (cardiology)	3	92%	93.48%	92.66%	93.26%	93.81%	96.28%	96.96%
	18 weeks RTT (Cardiac surgery)	3	92%	73.23%	74.78%	75.20%	69.68%	78.14%	76.07%
	18 weeks RTT (Respiratory)	3	92%	94.65%	93.84%	91.51%	92.08%	91.49%	92.04%
	62 days cancer waits post re-allocation (old rules)**	3	85%	62.5%	60.00%	66.7%	80.0%	85.7%	60.0%
	Acute Coronary Syndrome 3 day transfer %	3	90%	99.33%	100.00%	100.00%	100.00%	100.00%	100.00%
	Other urgent Cardiology transfer within 5 days %	3	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	% patients rebooked within 28 days of last minute cancellation	3	100%	54.55%	97.06%	78.57%	92.11%	95.24%	92.86%
	Outpatient DNA rate	4	9%	8.32%	7.18%	8.75%	9.12%	9.01%	8.52%
	Urgent operations cancelled for a second time (New 19/20)	New	0	3	5	1	1	0	2
	Total cancellations (New 19/20)	New	tbc	33	43	38	46	25	31
	% of IHU surgery performed < 10 days of medically fit for surgery	4	95%	40.00%	47.00%	46.00%	52.00%	67.00%	88.00%

Summary of Performance and Key Messages:

RTT Performance

The aggregate RTT position has improved for the third month in a row but remains behind 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.
- Respiratory has improved slightly and has met the standard this month. It is anticipated that the standard will be achieved in future months by an increasing margin.
- Cardiac Surgery RTT performance in October is behind trajectory by approximately 4%. An increase in cancellations of patients waiting longer than 17 weeks (32 of the overall cancellations) has impacted on performance. Ongoing focus work across waiting list management, scheduling, CCU and the wards is being carried out to minimise the cancellations and support the recovery of performance.

52 week breaches

There was a significant 52 week cardiology breach due to a clinical administrative processing error. The patient was identified and treated within 2 weeks of re-presentation. No harm was found during the harm review process resulting from the delay and the patient is scheduled for treatment in month.

Cancer performance

Timely access to PET CT continues to compromise delivery of the 62 day standard. Weekly meetings with the Alliance Medical and CUH teams continue to address this issue.

Theatre cancellations

Theatre cancellations increased to 52 in month, 18 on which were due to unavailability of Critical Care beds as beds were closed to address safe staffing concerns. Although the sixth theatre was opened on 2nd October, the additional supporting Critical Care capacity has not been available which has made patient flow extremely challenging.

28 day breaches

Surgery have recorded one 28 day breach which is due to the patient being recancelled and unable to rebook within the original 28 day target.

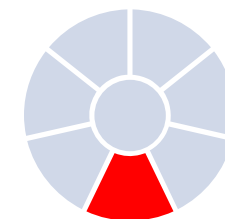
IHU Surgery Performance.

IHU performance against the 10 day target rose to 88% in M7. The outstanding breaches were all specific consultant/speciality surgery so if these were excluded from the data it shows 95% compliant to 10 day target. Only one case was due to capacity and again this was a case that required a double slot.

• Note - latest month of 62 day and 31 cancer wait metric is still being validated

Responsive

Key Challenges: Surgical RTT Recovery



RTT Performance:

After an improvement in RTT performance last month, Surgical RTT performance has failed to meet the current recovery trajectory due to a high number of long waiters (38 of all cancellations were over 16 week patients) being cancelled in month. This has been a direct result of restricted capacity within CCU and flow throughout the organisation and a reduction in surgical beds and an increase in emergency cases.

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

In the last 4 weeks we have seen a slight increase in our waiting list numbers alongside an increase in cancellations all of which have effected our overall position as our number of 18 week patients remain static.

5 key factors influencing performance.

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

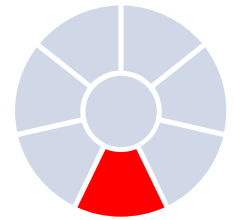
Key Actions:

- Theatre 6 online from 1st October
- Continue with collaborative working (Ops,CD,HON, nursing CCA and ward) to improve theatre utilisation and Patient flow throughout the organisation.
- Provide a weekly forward planning update to executive.
- Continuation of Optimisation work steam projects
- Continue to review and make adjustment between elective and non elective capacity to meet demand.
- Continue waiting list validation work.

	Cardiology	Surgery	Respiratory Medicine	Overall
Pathways: Plan per Trajectory	1320	600	1350	3270
Pathways: October	1282	606	2122	4010
Variance	-38	6	772	740
Breaches: Plan per Trajectory	50	118	40	208
Breaches: October	39	145	169	353
Variance	-11	27	129	145
Achievement: Plan per Trajectory %	96.21%	80.33%	97.01%	93.63%
Achievement: October %	96.96%	76.07%	92.04%	91.20%
Variance	0.75%	-4.26%	-4.98%	-2.43%

Responsive

Spotlight on: In-house urgent (IHU)



Project milestones:

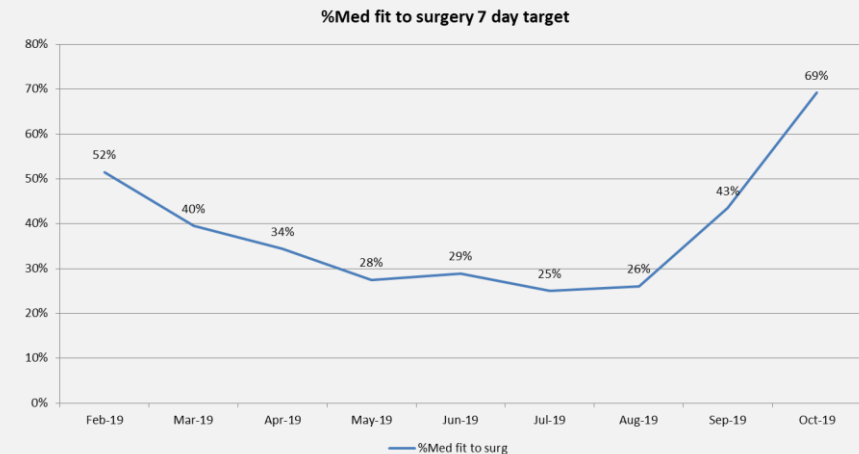
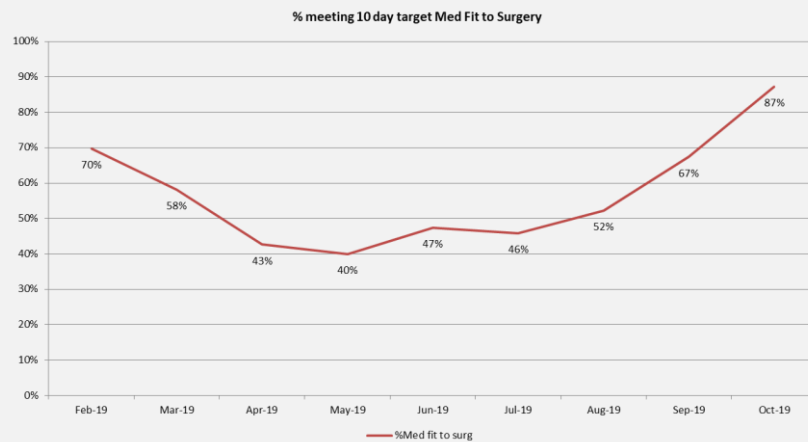
By 1st October 2019:

- 98% of patients who are on an IHU pathway will be assessed at MDT within 1 day once compliant with the Minimum Data Set (MDS) requirements
- 98% of patients on IHU pathway will have their surgery within 10 days (start date = when fit for surgery)
- 98% of all cancelled surgery will be rescheduled within 5 days

By 1st January 2020:

- 98% of patients on IHU pathway will have their surgery within 7 days (start date = when fit for surgery)

IHU performance is steadily improving, 97% of patients are discussed within 1 day of meeting MDS at MDT, 88% of patients are meeting 10 day target and this increases to 95% meeting the target if we exclude specific surgeon or speciality surgery considerations. 67% of patients were allocated within 7 days showing that we are well on our way to fulfilling this performance indicator in January. 100% of patients in October were rescheduled within 5 days which clearly shows we are improving against the set targets within IHU Project. Data accuracy and standardised reporting of this data has all been improved and rectified. IHU performance is reported at Performance Committee and sits within Hospital Optimisation Project and is discussed at weekly Surgery & Transplant Planning meetings.



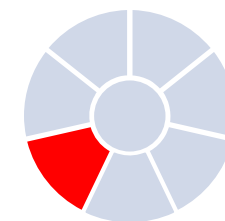
Demand within IHU fluctuates and it is important that we respond to the peaks and troughs in referrals appropriately. We are allocated 13 – 15 IHU slots / week and this has been instrumental in improving efficiencies and effecting flow within the pathway. It is important that we are able to flexible use both elective and IHU slots to maximise the flow of surgical patients.

Further analysis of data has been requested against the national target of 7 days from date of angiography to date of surgery. 35% of patients nationally meet this (National Cardiac Audit Programme 2019). Date of angio has been added to the IHU spreadsheet in order that we can monitor this in addition to our internally set targets. The project lead is also reviewing the removal of consultant specific patients as the tolerance will only allow for 1 of these cases per month so she is reviewing this against the standards.

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	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	
Dashboard KPIs	Voluntary Turnover %	3	15.0%	21.23%	11.11%	15.05%	16.18%	13.59%	11.16%
	Vacancy rate as % of budget	4	5.50%	15.17%	14.10%	13.57%	13.42%	11.18%	11.54%
	% of staff with a current IPR	3	90%	87.32%	88.77%	88.33%	87.01%	87.29%	87.74%
	% Medical Appraisals	3	90%	82.08%	84.91%	88.89%	86.24%	89.74%	87.74%
	Mandatory training %	3	90.00%	74.99%	76.50%	75.54%	76.84%	80.19%	82.26%
	% sickness absence	3	3.5%	2.46%	2.94%	2.80%	2.55%	3.61%	4.17%
Additional KPIs	FFT – recommend as place to work	3	63.0%	n/a	61.00%	n/a	n/a	n/a	n/a
	FFT – recommend as place for treatment	3	80%	n/a	91.00%	n/a	n/a	n/a	n/a
	Registered nurse vacancies rate (including pre-registered nurses)	3	5.0%	9.81%	10.52%	9.31%	9.32%	8.15%	10.47%
	Registered nursing vacancy WTE (including pre-registered nurses)			58.39	62.77	63.37	63.43	55.48	73.91
	Registered nurse vacancies rate (excluding pre-registered nurses)	2	5.00%	11.90%	12.09%	11.39%	11.18%	10.90%	13.14%
	Registered nursing vacancy WTE (excluding pre-registered nurses)			80.39	82.1	77.54	76.1	74.15	92.74
	Unregistered nurse vacancies WTE (including pre-registered nurses)	3	10.00%	60.87	62.54	64.98	61.43	44.95	49.18
	Unregistered nursing vacancy rate (including pre-registered nurses)			24.85%	25.45%	26.44%	25.00%	18.29%	18.62%
	Unregistered nursing vacancy rate (excluding pre-registered nurses)	3	12.00%	33.83%	33.32%	32.21%	30.15%	25.89%	25.75%
	Long term sickness absence %	3	0.80%	0.34%	0.46%	0.62%	0.73%	0.56%	1.05%
	Short term sickness absence	3	2.70%	2.12%	2.48%	2.18%	1.80%	3.06%	3.12%
	Agency Usage (wte) Monitor only	3	Monitor only	53.5	55.2	71.4	69.8	62.5	68.0
	Bank Usage (wte) monitor only	3	Monitor only	47.7	54.7	65.0	69.1	57.3	60.9
	Overtime usage (wte) monitor only	3	Monitor only	51.2	90.7	58.7	57.6	59.6	54.6
	Turnover - Non medical starters	3	Monitor only	28.8	23.6	32.1	35.6	93.4	24.0
	Turnover - Non medical leavers	3	Monitor only	33.6	18.6	28.4	22.5	19.3	14.6
Agency spend as % of salary bill	4	3.10%	5.72%	5.83%	6.44%	6.80%	4.45%	5.22%	

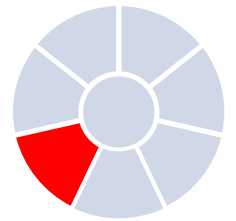
Summary of Performance and Key Messages:

Key highlights in October are:

- Total turnover decreased to 11.2%. Total Trust turnover is 15.5% YTD which is a significant improvement on 19.4% in 18/19. There was a decrease in registered nursing turnover from September with 5.7 wte leavers (inclusive of PRPs). Registered nurse turnover is 10.8 % YTD and unregistered is 21%. This is an improving trend.
- As reported in Mth 6 we held two corporate inductions in September due to room availability and one in October solely for a cohort of nurse apprentices. Across September and October we were a net gainer of non-medical staff by 66.2wte which represents 3.5% of our total staffing establishment.
- We were a net gainer of HCSW staff by 9.6 wte. We were a net loser of registered nurses as there were only 2 wte nurse starters (see above) in October.
- The Trust vacancy rate increased to 11.5%. This was due to an increase in budgeted establishments as a result of the opening of Theatre 6 and the increase in Critical Care beds to 36. More details are set out in Key Performance Challenges. Total nurse vacancy rate excluding Pre-Registered Nurses reduced slightly as a result of pre-registered nurse gaining registration.
- 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 continue to focus on this issue.
- Sickness absence increased to 4.2% which is a significant increase. The increase was driven by an increase in reasons relating to colds/coughs/flu.
- Mandatory training compliance continued its improvement trajectory and improved to 82.2%.
- Temporary staff use remained 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 establishments to support the opening of Theatre 6 and the additional critical care beds. Agency use and enhanced overtime rates will be removed as vacancy rates improve.

People, Management & Culture

Key performance challenges



Escalated performance challenges:

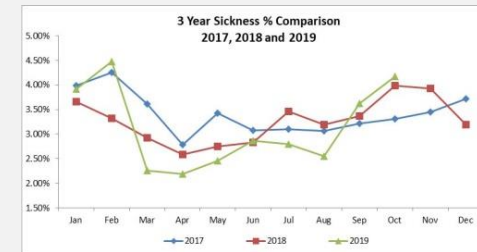
- Turnover remains volatile in the period following the move.
- Despite a strong pipeline of nurse recruits and a good response to adverts there remains high nurse vacancy rates in certain areas due to increases in budgeted establishment and particularly in Respiratory areas. There are also high vacancy rates for Cardiac Physiologists and Radiographers, both national shortage staff groups.
- Poor rostering practice, in particular in Critical Care, is leading to ineffective workforce utilisation causing high temporary staffing costs and a poor experience for staff.
- 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 line manager and 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:

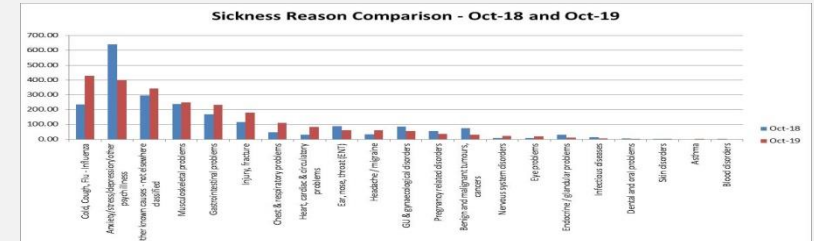
- Turnover increases following the move as staff find they cannot manage the increased travel time/costs.
- Staff engagement and morale reduces and this in turn drives high turnover, sickness absence, poor working relationships and damages the patient experience.
- The Trust is not able to recruit the 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:

Sickness Absence:



The increase in sickness absence in October follows the normal seasonal trend although the absence rate is higher than the previous 2 years. The year to date rate is lower than previous years.



The increase between September and October was as a result of an increase in absence due to colds and flu, with a reduction from last month in absence due to stress, anxiety and depression. Looking at a comparison between absence reasons Oct 18 and Oct 19 there is less absence due to stress, anxiety and depression.

The Workforce Team supports line managers to ensure effective management of absence. A recent audit found that the Trust processes were sound and reporting of absence was accurate. The area of improvement identified was in the consistent and timely use of return to work interviews.

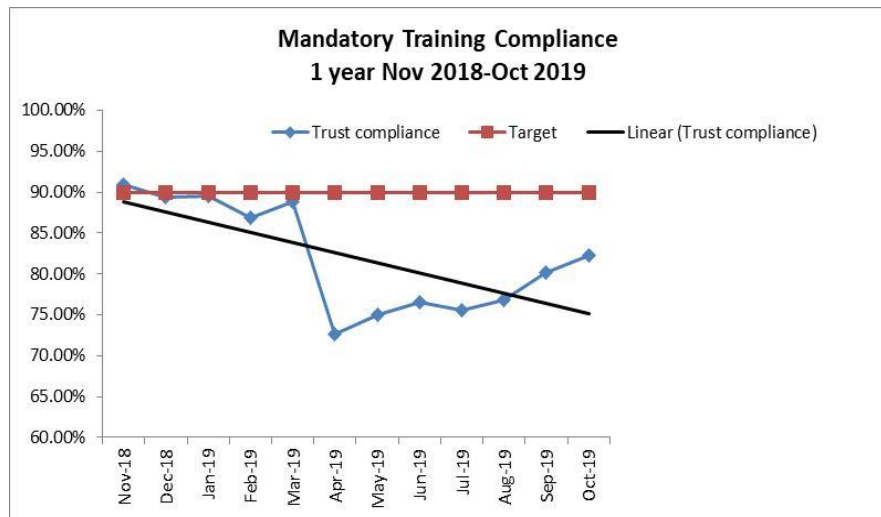
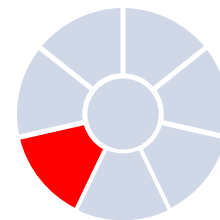
Increase in Staffing Establishment

The table below details the increase in establishment linked to the opening of Theatre 6 and the increase in critical care beds.

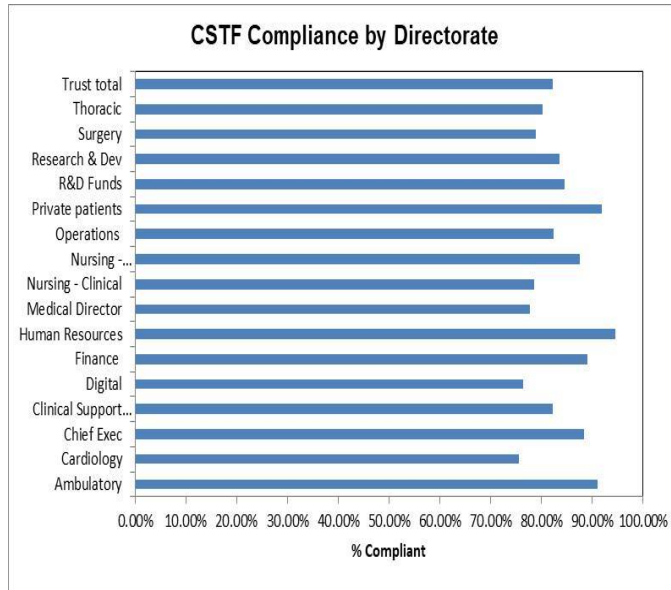
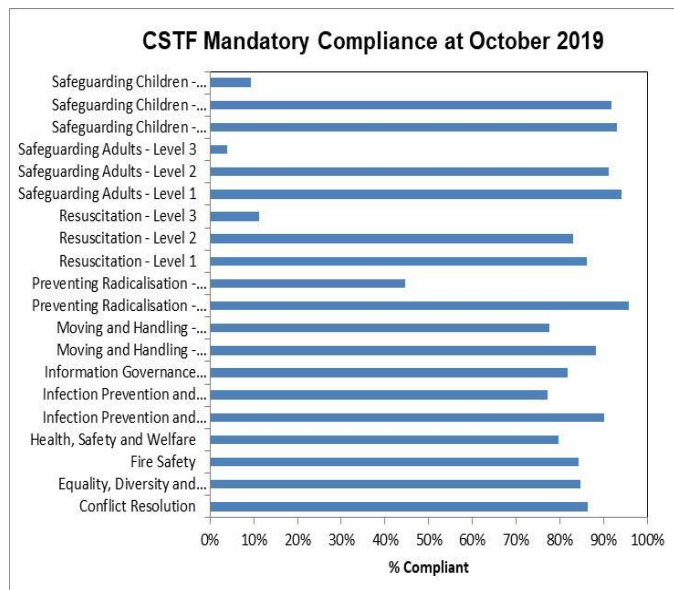
Staff group	MONTH 6	MONTH 7	CHANGE
Add Prof Sci & Tech	32.3	41.12	8.82
Additional clinical services	80.28	99.08	18.8
Estates & Ancillary	13.99	13.99	0
Medical	30.3	37.08	6.78
Nursing	245.97	272.48	26.51
Grand Total	402.84	463.75	60.91

People, Management & Culture

Spotlight on: Mandatory Training



- Mandatory training has seen an improvement of 9.71% year to date with the headline compliance figure now at 82.26%. Compliance dropped significantly during the time of the move due to the focus on familiarisation training and changes to Safeguarding training requirements.
- The change to delivering the bulk of mandatory training via eLearning on MyESR coincided with the hospital move and is taking time to bed in. Staff are now more accustomed to the eLearning system. Steps are being put in place to support staff with compliance renewal requirements.
- A number of mandatory training areas remain under 80% compliance, with the lowest figures being competencies delivered via classroom or other face to face delivery.
- Resuscitation Level 3 remains classroom based. Requirements were signed off in October and the number of Resuscitation Level 3 classroom sessions increases significantly from January.
- Safeguarding Level 3 for Adults and Children training coverage is being evidenced via a training Passport, launched in November, where staff can readily evidence the competency. A combination of Trust wide and direct communications are planned to ensure staff know how to gain this competency.
- Moving & Handling Level 2 is delivered as face to face training and currently stands at 77.50% compliance. In this area low compliance levels are attributed to a backlog of training remaining from the hospital move when face to face training was not being delivered. Moving & Handling Level 2 classes are offered and are generally full. Sufficient classes are scheduled to train all those that need the training.



- Prevent Awareness training compliance is low at 44.57%. It is delivered via eLearning for staff in post. However it should be noted that this training, a higher level than the Prevent Basic Awareness training, was launched in March 2019 and had no base of existing compliance.
- eLearning is delivered via MyESR and a number of improvements have recently been made to make the system more accessible and intuitive for staff. From November 1st all staff can now view their current compliance and compliance requirements directly on their MyESR record. Planned next steps for managing learning on MyESR will be the facility for staff to book classroom and face to face sessions via the platform, and automatic enrolment for eLearning requirements dependant on profile.
- The Trust is also now able to accept Inter-authority Transfers (IATs). IATs allow the Trust to accept current Core Skills Training Framework (CSTF) aligned training competencies from a previous NHS employer. This has the potential to significantly reduce the initial training burden on new starters. The goal is to have processes in place to maximise the use of IATs by the end of Q4.
- The Trust is now aligned with the national standard for mandatory training in the NHS, the Core Skills Training Framework. This has streamlined the mandatory training requirements for staff.

Transformation

Performance summary



Accountable Executive: Chief Operating Officer / Chief Finance Officer

Report Author: Director of Strategic Projects/SIP Programme Manager/AD Estates & Facilities

		Data Quality	Target	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-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	Complete	Complete	Complete
	Hospital Optimisation *	3		N/A	N/A	N/A	N/A	Green	Amber
	Cambridge Transition Programme *	3		N/A	N/A	N/A	N/A	Amber	Amber
	HLRI – Construction delivery on track *	3		N/A	N/A	N/A	N/A	Green	Green
	HLRI – Occupational planning on track *	3		N/A	N/A	N/A	N/A	Green	Green
	Research and Development Strategy – overall progress *	3		N/A	N/A	N/A	N/A	Amber	Amber

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
- **£0.547m** has been approved and signed off in a mix of schemes and will taken out budgets accordingly
- **£0.071m** was identified from 2018/19 and carried over for 2019/20

2019/20 CIP planning: This has commenced across all directorates and is being progressed fortnightly. To date we have a **pipeline of £0.911m** that is in the process of validation and sign off.

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

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

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

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

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

Total outstanding still to be identified = £2.32m

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.

CIP planning for 2021 /22 has commenced in November with full CIP plans to be available for all departments by the close of November.

Lorenzo Digital Exemplar:

NHS Digital audit on Friday 18th October 2019 which reviewed progress against plan and the Trusts original Investment Case

The LDE programme is currently at 27% complete against an on target position of 31% RAG rating ↑ Amber

Hospital Optimisation:

Hospital Optimisation

Key activities include:

Out-patients

- Meridian working with Trust to scrutinise clinic utilisation with aim of releasing room capacity
- Completion of Intouch app testing
- Commence Meridian training programme

Critical care staffing

- CCA recruitment ongoing
- Improvements in effectiveness of CCA roster

Flow through cath labs and theatres

- Theatre 6 opened
- Recruitment of theatre staff ongoing
- Time and motion study in cath labs undertaken – early indications show opportunities for increasing productivity and reducing turnaround times

Commissioning 4NW

- Nurse recruitment activities undertaken for Phase One opening of 4NW

CTP:

Joint working with CUH continues to progress the integration of cardiology services for March 2020. Plans to open additional beds for cardiology patients on 2nd December are progressing. These beds will provide extra capacity to CUH during the coming 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.

HLRI:

Project confidence rating is green with the project commencing as expected. Enabling works has commenced. Full start on site February 2020. FM/ Digital/ Scientific Steering and Clinical Research Facility sub groups continuing to meet to review and refine Trust requirements. Meetings ongoing with UoC Project Team to agree logistics of working next to an operational hospital.

Transformation

Key performance challenges



Escalated challenges

Hospital Optimisation:

Opening and maintaining 35 open critical care beds each day. To support surgical flow.

CTP:

Implementing changes to Cardiology services in relatively short timescales.

HLRI:

None currently

Service Improvement (SIP/CIP):

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

Key Risks

Hospital Optimisation:

Risk of insufficient workforce in some staff groups to deliver optimisation projects, in particular critical care and cardiac physiology staff.

CTP:

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

HLRI:

If the room temperatures cannot be controlled locally, then this could impact upon metabolic related studies which requires a standardised environment that may need to be changed to suit the study.

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 over the agreed plan then the planned cashable benefits will not be available to the trust. This may impact the agreement between the trust and NHS digital;
3. If the baseline for the Private Patient benefits is not valid then the trust will not accrue cashable benefits. This may impact the agreement between the trust and NHS digital.

Key Actions

Hospital Optimisation:

Recruitment initiatives and roster effectiveness work underway to address the ability to consistently open funded beds.

CTP:

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

HLRI:

Meet with HLRI Users to complete detailed design on Trust areas

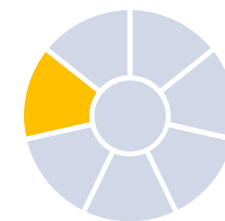
Review HTM & HBN derogation schedule

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 : Lorenzo Digital Exemplar (LDE)



Background

DXC and Royal Papworth Hospital were successful in a joint application for funding to work with other Trusts to develop “Digital Exemplar” organisations for Lorenzo.

The Lorenzo Digital Exemplar (LDE) Programme is an NHS Digital initiative evolving from successes of the Global Digital Exemplar (GDE) programme with the objective to develop digital maturity reaching HIMMS level 7.

Royal Papworth are one of four Digital Exemplars with investment of over two million for DXC consultancy and development. Alongside this opportunity the Trust has an obligation to produce blueprints as part of a “fast follower” programme which enables other Lorenzo Trusts to follow Royal Papworth Hospital’s digital footprint.

The LDE programme is one of our high priority programmes alongside Windows10, SQL Licensing and Office 365 as part of a 2 year plan. Key success factors of the LDE programme will be to help reduce fractured pathways and to provide clinicians and operational staff with:

Capture: Getting better data in
Collate: Bringing data together better
Consume: Using data we have in a better way

The programme targets nine clinical pathways and two further associated initiatives, Closed Loop Medications and the Innovation Fund projects (ClinicianAide, NurseAide, PatientAide)

Comments

The LDE programme is in month five of a sixteen month programme. We have had our first formal NHS Digital audit on Friday 18th October 2019 which reviewed progress against plan and the Trusts original Investment Case, verbal feedback was provided in the October SPC Board report and the formal audit report reflecting a NHSD RAG status of **Green**.

The LDE programme is currently at 27% complete against an on target position of 31% which an incremental increase of 5% in the month. The programme RAG status has increased from **Amber/Green** to **Amber** which reflects a number of programme challenges.

The programme team in tandem with West Suffolk (WSH) is finalising our Oncology Pathway requirements and agreeing the timescales for delivery. Alongside this the LDE Programme team and CUH are meeting regularly to define the proof of concept for integration with CUH and are making excellent progress to date and as a consequence this is ahead on plan.

During the last month the programme has continued to focus on early start device integration projects within the Surgical 1 – Inpatient pathway (ECG, ECHO, POCT Devices and Vyaire Respiratory Physiology) making good progress with all four. Minor funding requirements for ECG, ECHO and a contractual discrepancy for integration costs of POCT (which sits outside the LDE programme) are being addressed. This has put the Pathway behind on plan and once mitigated the programme RAG will reduce back to Amber/Green as there is sufficient contingency within the programme plan to accommodate a delay.

The Innovation Fund projects have been making good incremental progress against plan. The timeline for delivery for two of the three aide apps in these work streams are dependent on timely go-live at the “first of type” Lorenzo Trusts identified by the Lorenzo Oversight Board. Once live there is a validation period of no less than 40 days before another Trust can go-live:

NurseAide has a revised delivery date agreed with NHSD of February 2020 revised from Dec 2019.

PatientAide is awaiting sign off from its “first of type” Trust (North Staffs) at which point a revised schedule date for RPH will be agreed with NHSD.

Both of the above delays can be accommodated within the tolerance in the plan so the risk level is currently manageable within the programme.

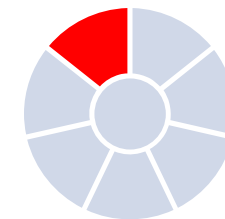
Early design and planning workshops have been completed for Self Service Analytics to enable clinicians to access and run reports for clinical trials. The results of which will lead to the production of the requirements specification, project brief and plan for this pathway. This exciting pathway will be of real benefit to our clinical trials initiatives as we move toward the building of the Heart and Lung Research Institute.

Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

6 month performance trends



	Data Quality	Target	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	
Dashboard KPIs	Year to date EBITDA surplus/(deficit) £000s	5	£5,135k	£164k	£670k	£1,330k	£2,354k	£3,874k	£5,616k
	Year to date surplus/(deficit) exc land sale £000s	5	£(2,994)k	£(1,478)k	£(1,706)k	£(2,442)k	£(2,751)k	£(2,490)k	£(1,891)k
	Cash Position at month end £000s	5	£6,474k	£18,779k	£17,055k	£13,513k	£12,891k	£15,501k	£13,787k
	Use of Resources rating	5	3	3	3	3	3	4	4
	Capital Expenditure YTD £000s	5	£3,799k pa (19/20)	£1,518k	£1,778k	£1,972k	£1,981k	£2,043k	£2,043k
	In month Clinical Income £000s	5	£12617k (current month)	£11,677k	£11,821k	£12,598k	£12,200k	£12,174k	£12,379k
	CIP – actual achievement YTD - £000s	4	£667k	£33k	£50k	£155k	£210k	£405k	£632k
	CIP – Target identified YTD £000s	4	£5,113k pa	£0k	£0k	£110k	£172k	£420k	£680k
Additional KPIs	Debtors > 90 days overdue	4	10%	40.7%	31.5%	34.6%	19.8%	46.2%	28.6%
	Capital Service Rating (New 19/20)	5	4	4	4	4	4	4	4
	Liquidity rating (New 19/20)	5	3	3	3	3	1	3	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	4	4	4

Summary of Performance and Key Messages:

The Trust's year to date (YTD) position is a deficit of £2.1m on a Control Total basis excl. land sale, which is favourable to plan by £0.7m. However, as the land sale planned to complete in August, generating a profit of £10.5m, the net position is £9.6m adverse to plan when this is included. The analysis below excludes the land sale impact.

EBITDA is ahead of plan by £0.4m. Drivers of the YTD favourable position are as follows:

- Clinical income** £1.8m adverse to plan YTD after Guaranteed Income Contract (GIC) protection, due to lower activity of 7.3% in outpatients, 6.4% in inpatient and day case activity and lower levels of Private Patient income. Activity performance has resulted in YTD GIC protection of £1.1m, £0.4m more than planned for this stage of the year. Of this protection £0.03m has unwound from prior months benefit in month. Without the GIC protection, the Trust's income position would be £2.9m adverse to plan YTD.
- Pay expenditure** to date is adverse against plan by £1.4m. The substantive cost favourable variance driven by 114 WTEs vacancies. This is net of temporary staffing costs totalling £6.4m. 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, although the impact of these items has not been seen to date with Agency expenditure increasing in month.
- Non pay expenditure** is £0.2m favourable to plan in month and £4.3m 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 £1.4m, PFI contract volume adjustments / performance deductions of £0.5m and old site decommissioning and new site project costs of £0.4m.
- CIP** is £1.1m 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 generated a surplus of £0.4m on a Control Total basis (£0.6m on a net basis), £0.04m adverse to plan. £1.5m of PSF/FRF income is included within this position, an increase from £1.0m per month in the previous quarter. Staffing levels are above the comparable 2018/19 period, however, overall admitted activity in month (excl. ITU) is 10.2% lower than October 2018, however, a 7.1% higher than the average 2018/19 activity, indicating a further improvement compared to the loss of productivity seen earlier in the year.

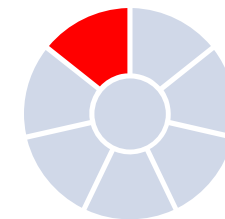
The **forecast year end** position on an adjusted run rate basis demonstrates mitigating actions remain required to hit the planned control total break-even position. Without action, the Trust's deficit is forecast to reach a downside position of £19.8m. The report identifies the £3.3m of previously approved, non-recurrent mitigations and sets out a further £1.0m of Executive Director approved actions and enhanced controls to bridge the gap to control total achievement. Key actions include the mitigation of cost pressures from consultant job planning reviews and the implementation of additional controls on agency to reduce run rate spend. The **underlying position** after non-recurrent and normalising items have been removed is a deficit of £9.7m YTD.

Capital expenditure is £1.0m 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 £7.3m favourable due to lower capital expenditure, improved working capital position and the impact of the delayed land sale.

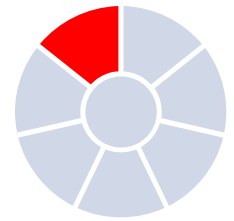
Use of Resources metric is 4 for the month below the planned score of 3 driven by the delayed land sale.

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	Oct 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	25	↔
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:					Directorate performance – key headlines					
	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 / .3%	£(0.1) / -4.1%		(235) / -2.3%	£0.2 / 4.3%	£(1.0) / -9.8%		(4,790) / -7.3%	2	↑
Clinical support services	£(0.0) / -2%	£(0.2) / -1.9%	6 / .%	(235) / -2.3%	£(0.3) / -1.2%	£(1.8) / -2.1%	(6,400) / -7.1%	(4,790) / -7.3%	2	●
Cardiology	£0.2 / 1.3%	£(0.4) / -12.3%	(83) / -10.4%	(328) / -8.4%	£1.2 / 9.8%	£(3.5) / -15.8%	(779) / -15.2%	(3,563) / -14.2%	2	●
Surgery and transplant	£0.2 / 1.4%	£(0.1) / -3.7%	7 / 2.1%	146 / 16.6%	£(0.3) / -2.9%	£0.9 / 3.8%	173 / 7.5%	133 / 2.3%	4	↓
Thoracic / respiratory	£(0.1) / -1.3%	£0.2 / 8.1%	(33) / -2.9%	(101) / -2.5%	£(0.3) / -3.3%	£0.3 / 1.9%	(334) / -4.6%	(1,404) / -5.4%	2	●
Nursing - Corporate	£0.1 / 2.2%	£(0.2) / -1.9%			£0.1 / 2.3%	£(1.8) / -2.1%			3	●
R&D	£0.0 / 3.1%				£(0.2) / -137.1%				2	●
Digital	£0.0 / 2.2%				£0.1 / 3.4%				4	●
Estates & facilities	£0.0 / .2%				£0.1 / 1.5%				4	●
Other	£(0.0) / -.7%				£(8.1) / -523.3%				3	●

Directorate performance – key headlines

Adverse performance

Ambulatory – total outpatient activity reported an improvement against prior month (13.3% £'s, 12.5% activity), but remains adverse to planned levels, by £0.06m, representing activity which is 4.1% lower than plan. Net cost for the directorate are underspent YTD, with £0.01m favourable position, due to lower pay costs, with 14.24 WTE vacancies in month.

Clinical Support Services – total expenditure was overspent in the month against plan by £0.05m in the month, due to continued high levels of temporary staffing expenditure, increasing the YTD adverse position to £0.34m. It is the continued use of bank, agency and overtime against the high levels of vacancies, currently 99.93 WTE which drives the adverse monthly position.

Cardiology – total expenditure was lower than plan by £0.15m, and continues to be driven by clinical devices and consumables. Vacancies of 8.19 WTE continue to provide a substantive favourable pay variance YTD, however bank, agency and overtime costs of £0.95m result in a net pay overspend of £0.76m. Clinical activity remains behind plan overall, although a further improvement in activity levels has been achieved again this month. YTD activity is adverse against plan by £3.46m, driven by Electrophysiology, Pacemaker and Coronary angiography activity.

Surgery / Transplant – the in month adverse income position of £0.14m is due to reduction in VAD device implants and Transplant activity, with all other services except Pumps reporting a favourable position YTD, totalling £0.93m. A high level of expenditure remains, particularly temporary staffing on the wards, which is a concern given that inpatient activity levels have remained relatively static across the Directorate, with reductions over last quarter reported for Transplant activity. Total expenditure is adverse to plan by £0.32m.

Thoracic – Increased activity levels in Thoracic Medicine and PTE this month has further increased the favourable YTD income position, to £0.30m. YTD expenditure is adverse to plan, by £0.34m, due to clinical consumable expenditure, particularly CPAP and Nasal masks. There is a substantive favourable pay position due to vacancies of 50.20 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 £0.29m underspend YTD. Excluding this, the directorate has an underlying adverse variance of £0.28m, driven by 13.38 WTEs over establishment compared to plan.

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

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