

# Papworth Integrated Performance Report (PIPR) December 2019

*January 2020*



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# Context:

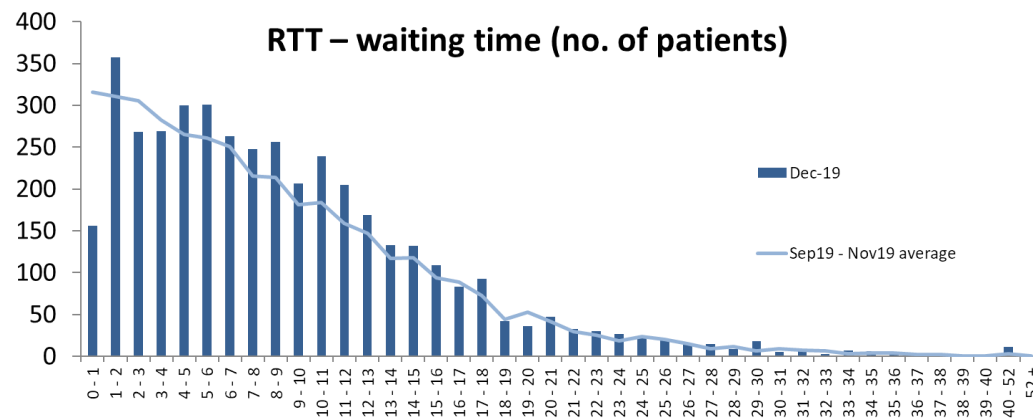
The activity table and RTT waiting time curve below sets out the context for the operational performance of the Trust and should be used to support constructive challenge from the committee:

Inpatient Episodes	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
Cardiac Surgery	208	211	195	211	205	158	
Cardiology	733	673	672	754	731	659	
ECMO	48	60	46	66	64	28	
PTE operations	14	17	20	22	17	19	
RSSC	596	608	617	662	636	518	
Thoracic Medicine	477	403	440	432	395	312	
Thoracic surgery (exc PTE)	79	85	70	79	78	73	
Transplant/VAD	58	54	45	20	23	15	
<b>Total Inpatients</b>	<b>2,213</b>	<b>2,111</b>	<b>2,105</b>	<b>2,246</b>	<b>2,149</b>	<b>1,782</b>	
Outpatient Attendances	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
Cardiac Surgery	516	510	476	652	543	480	
Cardiology	3,804	3,063	3,263	3,754	3,384	2,884	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	1,737	1,658	1,748	1,741	1,839	1,426	
Thoracic Medicine	2,066	1,833	1,792	2,111	2,108	1,921	
Thoracic surgery (exc PTE)	88	73	101	105	94	74	
Transplant/VAD	314	310	344	344	293	282	
<b>Total Outpatients</b>	<b>8,525</b>	<b>7,447</b>	<b>7,724</b>	<b>8,707</b>	<b>8,261</b>	<b>7,067</b>	

**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

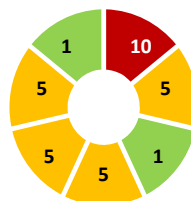
The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

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).

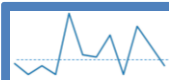
- **Red (10 points)** = 2 or more red KPIs within the category
- **Amber (5 points)** = 1 red KPI rating within the category
- **Green (1)** = No reds and 1 amber or less within the category



### 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) FFT (Friends and Family Test): remains green for Inpatients (97.6%) 2) Direct Care Time: there has been a further increase in overall Direct Care Time this quarter at 48% (previous quarter was 42.7%).

**FINANCE:** The Trust's year to date (YTD) position is a deficit of £2.0m on a Control Total basis excl. land sale, which is favourable to plan by £0.06m. However, as the main site land sale was planned to complete in August and other property sales in November (generating a profit of £11.6m) the net position is £9.7m adverse to plan when these items are included.

**PEOPLE, MANAGEMENT & CULTURE:** Temporary staff reduced significantly in December, with reductions in agency and overtime used. New controls on temporary staffing were introduced at the start of November but it is too soon to say whether the reduction is as a consequence of these controls or natural variation and/or the improving vacancy rate.

## ADVERSE PERFORMANCE

**SAFE:** 1) The safe staffing fill rate for registered nurses has moved to red on days (82.2%) and amber for nights (87.1%); placing safe staffing red overall. This fill rate reflects that there were some closed beds as part of planned reduction in specialist activity over the Christmas period. In addition to that, 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. 2) The Trust reported one SI during December related to delayed treatment of incidental Mesothelioma findings. This remains under investigation. 3) The number of C.Diff cases sanctioned (i.e. counted against our trajectory) so far this reporting year, is one against a threshold of 11. During December 5 patients isolated toxin positive for C.difficile and more information on the actions being taken is included on the Safe section of this report.

**CARING:** FFT (Friends and Family Test) - remains green for Inpatients (97.6%) although has unfortunately dipped back into the red for Outpatients (93.1%) The Spotlight On slide looks at Friends and Family Test in more detail including benchmarking for information.

**EFFECTIVE:** 1) Bed Occupancy - has decreased as Critical Care beds continue to be closed on a daily basis as a consequence of poor rostering and vacancies, and the lack of availability of temporary staff over the Christmas period. Addressing the effectiveness of Critical Care rostering remains the Trust's prime focus at present. 2) Admitted Patient Care activity and Theatre utilisation - Activity recovery has been hampered this month by the constrained capacity in Critical Care. This has driven cancellations to 68 in month, and adversely impacted on theatre utilisation as theatres have been put on hold or stood idle on a number of occasions.

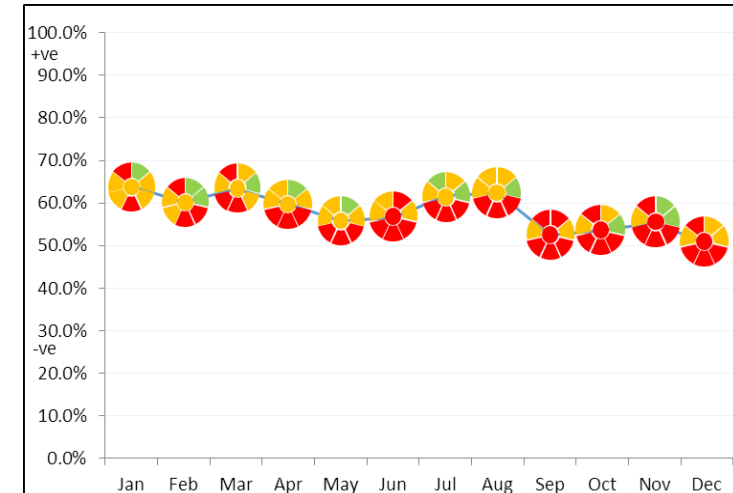
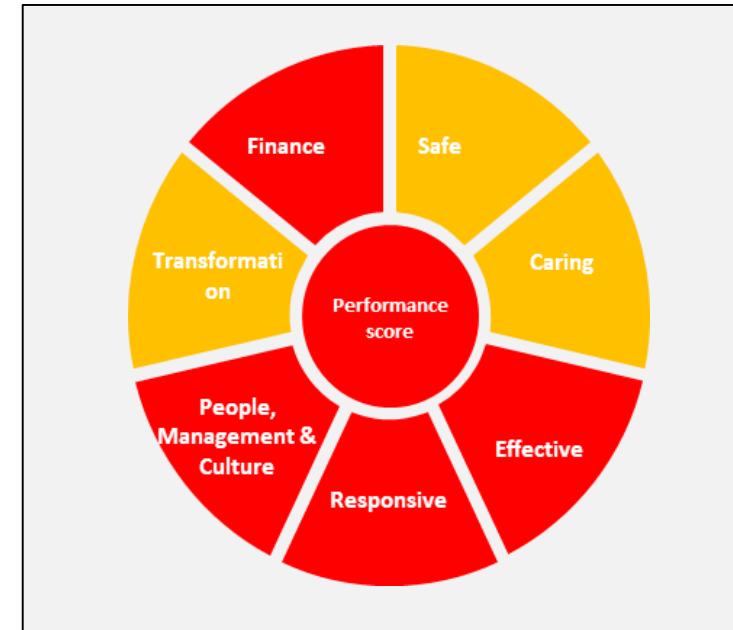
**RESPONSIVE:** 1) The aggregate RTT position in December was 91.09%. Cardiac Surgery RTT performance in month has slightly declined to 75.41% and remains under trajectory. Multiple factors including CCA staffing, closed CCA beds, and delays in start times due to stepdown constraints and a high number of cancellations are having a negative impact on performance. A revised trajectory is being modelled. 2) Inhouse urgent - From a total of 41 IHU surgeries carried out throughout December 19, only 51% had surgery completed within 10 days. (27% within 7days). This was a direct effect of the reduction in critical care beds and reduction in IHU slots due to restrictions on theatre lists and bank holidays in month.

**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 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. CIP planning for 2020/21 is detailed in the Transformation spotlight section.

**FINANCE:** Clinical Income - £2.3m adverse to plan YTD after Guaranteed Income Contract (GIC) protection, due to lower activity of 6.2% in outpatients, 6.0% in inpatient and day case activity and lower levels of Private Patient income (7.1%). Without the GIC protection, the Trust's income position would be £4.0m adverse to plan YTD.

## LOOKING AHEAD

**TRANSFORMATION: CTP** - Joint working with CUH continues to progress the integration of cardiology services and whilst good progress has been made with the earlier opening of beds on 4NW, further integration regarding elective cath lab work is delayed. The additional beds on 4NW are working well and identified patients are being transferred earlier in their tertiary pathway. The respiratory teams continue to develop detailed plans for the integration of bronchiectasis and clinical immunology services (anticipated Q1 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	
Safe*	Safety Thermometer harm free care	Dec-19	4	97%	100.00%	99.39%		
	Never Events	Dec-19	3	0	0	1		
	Moderate harm incidents and above as % of total PSIs reported	Dec-19	3	3%	1.70%	0.89%		
	Safer staffing – registered staff day Safer staffing – registered staff night	Dec-19	3	90-100%	82.2% (87.1%)	84.99% (91.49%)		
	Number of C.Diff cases (sanctioned) year to date	Dec-19	5	11 pa	1	1		
	High impact interventions	Dec-19	3	97%	99.20%	98.58%		
	Falls per 1000 bed days	Dec-19	3	4	1.9	1.69666667		
	Sepsis - % patients screened and treated (New 19/20)	Dec-19	New	90%	Await data	Await data		
	Ward - Care hours per patient day Critical Care - Care hours per patient day	Dec-19	3	7.8 (32.9)	11.4 (33.3)	12.04 (35.32)		
	Effective	Bed Occupancy (excluding CCA and sleep lab)	Dec-19	4	85% (Green 80%-90%)	67.39%	76.41%	
CCA bed occupancy		Dec-19	3	85% (Green 80%-90%)	75.63%	87.67%		
Admitted Patient Care (elective and non-elective)		Dec-19	4	1915 (current month)	1782	18099		
Cardiac surgery mortality EuroSCORE		Dec-19	3	3%	2.49%	2.33%		
Same Day Admissions – Cardiac (eligible patients)		Dec-19	4	50%	46.15%	43.05%		
Same Day Admissions - Thoracic (eligible patients)		Dec-19	4	40%	39.62%	36.34%		
Theatre Utilisation		Dec-19	3	85%	76.8%	84.0%		
Responsive	% diagnostics waiting less than 6 weeks	Dec-19	3	99%	99.44%	99.42%		
	18 weeks RTT (combined)	Dec-19	3	92%	91.17%	91.17%		
	Number of patients on waiting list	Dec-19	3	3343	4155	4155		
	52 week RTT breaches	Dec-19	3	0	1	4		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Dec-19	3	85%	66.70%	65.50%		
	31 days cancer waits*	Dec-19	3	96%	100.00%	86.86%		
	Theatre cancellations in month	Dec-19	3	30	68	473		
	% of IHU surgery performed < 7 days of medically fit for surgery	Dec-19	4	95%	27.00%	38.67%		
Caring	FFT score- Inpatients	Dec-19	4	95%	97.60%	97.29%		
	FFT score - Outpatients	Dec-19	2	95%	93.10%	93.11%		
	Number of written complaints per 1000 WTE (Rolling 3 mth average)	Dec-19	New	12.6	9.1			
	Mixed sex accommodation breaches (New 19/20)	Dec-19	New	0	0	0		
	Number of written complaints per 1000 WTE (Rolling 3 mth average)	Dec-19	New	12.61	9.10	9.10		
	% of complaints responded to within agreed timescales	Dec-19	4	100%	100.00%	96.33%		
	People Management & Culture	Voluntary Turnover %	Dec-19	3	15.0%	16.7%	17.2%	
		Vacancy rate as % of budget	Dec-19	4	5.5%	10.6%		
		% of staff with a current IPR	Dec-19	3	90%	87.67%		
		% Medical Appraisals	Dec-19	3	90%	89.57%		
Mandatory training %		Dec-19	3	90%	77.92%	77.92%		
% sickness absence		Dec-19	3	3.50%	4.31%	3.09%		
Finance	Year to date EBITDA surplus/(deficit) £000s	Dec-19	5	£8,751k	£8,483k			
	Year to date surplus/(deficit) exc land sale £000s	Dec-19	5	£(2,305)k	£(87)k			
	Cash Position at month end £000s	Dec-19	5	£8,803k	£16,906k			
	Use of Resources rating	Dec-19	5	3	3	3		
	Capital Expenditure YTD £000s	Dec-19	5	£3,353k	£2,374k			
	In month Clinical Income £000s	Dec-19	5	£12260k	£11,859k	£109,482k		
	CIP – actual achievement YTD - £000s	Dec-19	4	£1,160	£832k	£832k		
Transformation	CIP – Target Identified YTD £000s	Dec-19	4	£2,941k	£1,160k	£1,160k		
	CIP – project delivery	Dec-19	4				→	
	Digital programme delivery on track	Dec-19	3				→	
	Hospital Optimisation	Dec-19	3				→	
	Cambridge Transition Programme	Dec-19	3				→	
	HLRI – Construction delivery on track	Dec-19	3				→	
	HLRI – Occupational planning on track	Dec-19	3				→	
	Research and Development Strategy – overall progress	Dec-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

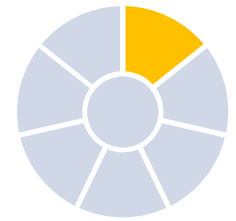
NHSI Targets	Measure	Data Quality	NHSI Target	Month	YTD	Previous quarter	Forecast	Comments
C. Difficile	Number of C.Diff cases (sanctioned) year to date	5	11	1	1	0		
	Monitoring C.Diff (toxin positive)	5	Monitor only	5	10	3		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	91.17%		90.33%		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%	66.70%	64.51%	78.2%		Current month provisional as going through verification process. Data is after reallocations
VTE	Number of patients assessed for VTE on admission	3	95%	94.48%		93.44%		Clinical Governance are reviewing data quality regards this metric with Lorenzo
Finance	Use of resources rating	5	3	3	3	4	3	

## 2. 2019/20 CQUIN

	Scheme	Total Available 19/20		YTD Available	Achievement				Comments	RAG status	
		£000s	%		£000s	Q1	Q2	YTD			
						£000s	£000s	£000s			%
NHSE	GE3 Hospital Medicines Optimisation trigger 5	£73.7k	10%	£36.8k	£18.4k	£18.4k	£36.8k	50%		Green	
	Rethinking conversations/Shared decision making	£250.5k	34%	£50.1k	£0.0k	£50.1k	£50.1k	20%		Green	
	NSTEMI pathway	£206.3k	28%	£103.1k	£51.6k	£51.6k	£103.1k	50%		Green	
	Cardiac Clinical Network	£206.3k	28%	£144.4k	£10.3k	£82.5k	£92.8k	45%		Amber	
	<b>NHSE</b>	<b>£736.7k</b>	<b>100%</b>	<b>£334.4k</b>	<b>£80.3k</b>	<b>£202.6k</b>	<b>£282.9k</b>	<b>11%</b>			
C&P CCG (& Associates)	CCG 2 Staff Flu Vaccinations	£79.1k	20%	£0.0k	£0.0k	£0.0k	£0.0k	0%		Green	
	CCG 3a Alcohol & Tobacco - Screening	£79.1k	20%	£39.6k	£19.8k	£19.8k	£39.6k	50%		Green	
	CCG 3b Tobacco Brief Advice	£79.1k	20%	£39.6k	£19.8k	£14.8k	£34.6k	44%		Amber	
	CCG 3c Alcohol Brief Advice	£79.1k	20%	£39.6k	£19.8k	£19.8k	£39.6k	50%		Green	
	CCG 7 Three High Impact Actions to Prevent Falls	£79.1k	20%	£39.6k	£19.8k	£19.8k	£39.6k	50%		Green	
	<b>C&amp;P CCG (&amp; Associates)</b>	<b>£395.7k</b>	<b>100%</b>	<b>£158.3k</b>	<b>£79.2k</b>	<b>£74.2k</b>	<b>£153.4k</b>	<b>39%</b>			
<b>Trust Total</b>	<b>£1,132.4k</b>		<b>£492.7k</b>	<b>£159.5k</b>	<b>£276.8k</b>	<b>£436.3k</b>	<b>39%</b>				

# Board Assurance Framework risks (above risk appetite)

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Status since last month
Safe	Failure to stay within ceiling trajectories for all HCAI's	675	JR	6	Yes	8	8	8	8	8	8	↔
Safe	Safer staffing and Monitor's Agency Price cap	742	JR	4	Yes	12	12	12	12	12	12	↔
Safe	Potential for cyber breach and data loss	1021	AR	3	Yes	15	15	15	15	20	20	↔
Safe	Optimisation of the EPR systems	1787	JR	6	Yes	12	12	12	12	8	8	↔
Safe	Turnover in excess of target and will increase as a result of the move -OVERDUE UPDATE	1853	OM	To be discussed at Execs	Yes	16	16	16	16	16	16	↔
Safe	Unable to recruit number of staff with the required skills/experience -OVERDUE UPDATE	1854	OM	6	Yes	20	20	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 Impacts - Planned Activity	2145	EM	12	In progress	25	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	684	JR	8	Yes	9	9	9	9	9	9	↔
People Manag. & Cult.	Low levels of Staff Engagement -OVERDUE UPDATE	1929	OM	9	In progress	16	16	16	16	16	16	↔
Transformation	We will not utilise our expertise to influence local strategy for cardiology' - OVERDUE UPDATE	1162	EM	8	Yes	9	9	9	9	9	9	↔
Finance	Failure to meet cardiac and cancer waiting targets	678	EM	12	Yes	16	16	16	16	16	16	↔
Finance	Income Growth - activity transfers	865	EM	12	In progress	20	20	20	20	16	16	↔
Finance	Master Development and control plans - sale value	873	RC	10	Yes	20	20	20	20	25	20	↓
Finance	Master Development and control plans - sales dates	874	RC	10	Yes	15	15	15	15	15	15	↔
Finance	Current Trading Impacts - Consultant Job Plans	2146	RC	12	In progress	-	15	15	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	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	
Dashboard KPIs	Safety Thermometer harm free care	4	>97%	98.78%	99.42%	100.00%	100.00%	100.00%	
	Never Events	3	0	0	0	0	0	0	
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	0.26%	1.00%	0.00%	1.86%	0.30%	1.70%
	Safer staffing – registered staff day	3	90-100%	83.8%	81.5%	80.0%	83.4%	86.0%	82.2%
	Safer staffing – registered staff night			92.0%	90.4%	90.0%	89.6%	92.4%	87.1%
	Number of C.Diff cases (sanctioned)	5	11 in year	0	0	0	0	0	1
	High impact interventions	3	97.0%	99.6%	99.4%	95.4%	99.0%	99.2%	99.2%
	Falls per 1000 bed days	3	<4	1.37	0.1	2.2	2.3	2.1	1.9
	Sepsis - % patients screened and treated (New 19/20)	New	90.0%	-	-	67.00%	-	-	Await data
	Ward - Care hours per patient day	3	>7.8	12.1	12.2	12.2	11.3	10.9	11.4
Critical care - Care hours per patient day	>32.9		35.0	35.1	34.3	33.6	33.2	33.3	
Additional KPIs	Number of Papworth acquired PU (grade 2 and above)	4	<4	1	0	2	2	2	
	MRSA bacteremia	3	0	0	0	0	0	0	
	Number of serious incidents reported to commissioners in month	3	0	0	2	0	3	0	1
	E coli bacteraemia	3	Monitor only	0	0	1	1	2	1
	Klebsiella bacteraemia	3	Monitor only	1	3	0	2	0	1
	Pseudomonas bacteraemia	3	Monitor only	0	0	1	0	0	0
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	1	3	0	6	1	4
	Monitoring C.Diff (toxin positive)	5	Monitor only	1	1	1	1	0	5

## Summary of Performance and Key Messages:

**CQC Model Hospital rating for 'Safe'** is **Outstanding** dated Nov 2019 (accessed 14.01.2020).

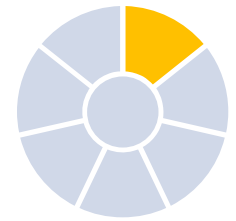
**Safe Staffing:** The safe staffing fill rate for registered nurses has moved to red on days (82.2%) and amber for nights (87.1%); placing safe staffing red overall. This fill rate reflects that there were some closed beds as part of planned reduction in specialist activity over the Christmas period. In addition to that, 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. The overall CHPPD indicator remains in green. 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.

**Serious incidents:** The Trust reported one SI during December. SUI-WEB33927; Delayed treatment of incidental Mesothelioma findings. This remains under investigation.

**C.Diff:** The number of C.Diff cases sanctioned (i.e. counted against our trajectory) so far this reporting year, is one (against a threshold of 11), further to a C.Diff scrutiny panel 16.01.2020. During December, we have noticed an increase in C.Diff cases. This is unusual for us. There have been 5 patients who isolated toxin positive C.difficile in the month of December (2 out of the 5 were discussed at a Scrutiny Panel 16.01.2020). Cases have been sent for ribotyping to give us an indication if each case is the same strain and each will be discussed at a C.Diff Scrutiny Panel, although early indications are that there is no link. There is more information on the next slide.





## Key performance challenges

### Escalated performance challenges:

#### Serious Incident

There has been one SI reported during December 2019. Details are shown in the table below. This incident was initially discussed through the weekly SIERP (Serious Incident Executive Review Panel) and then followed up in partnership with the clinical teams involved and then appointed investigating officers. Progress is monitored by the Clinical Governance Department, through SIERP and QRMG.

Date	Ref	STEIS Ref	Summary	Speciality	Duty of Candour
18/12/19	SUI- WEB33927	2019/ 27427	Delayed treatment of incidental Mesothelioma findings	Thoracic Surgery	Duty of Candour completed at OP discussion

#### C.Diff period of increased incidence

There have been 5 patients who isolated toxin positive C.difficile in the month of December. Four of the five patients stayed on Critical Care. A Period of Increased Incidence meeting was held to discuss all of the cases. It was felt that because one of the five patients did not stay on Critical Care we did not need to include this patient in the Period of Increased Incidence cohort. The CCG Matron has been informed who will attend the C.difficile scrutiny panel meetings to review all five cases (the first panel was held 16.01.2020 where two cases were discussed; one of the four CCA patients and the one patient from Ward 4N/S).

Weekly isolation and hand hygiene audits are ongoing; environmental cleaning is also being looked into; and regular cleaning QCs are carried out. All four cases have been sent for ribotyping to give us an indication if each case is the same strain (early indications are that there is no link). A second Period of Increased Incidence meeting will be held once we have all of the ribotyping results back.

### Key risks:

#### Serious Incident

- Potential / actual patient harm
- Poor patient experience
- Reputational risk
- Potential risk of clinical negligence claim if investigation identifies any acts or omissions

#### C.Diff

- Risk to increase in numbers of patients who are C.Diff toxin positive.
- The maximum number of C.Diff toxin positive patients we can have in any reporting year is 11. There is a risk that this could be reached if we see a rise in C.Diff toxin positive patients, who are then added to our trajectory ('sanctioned').
- Poor experience for patients.
- Increased demand on nursing care hours through increased isolation/barrier nursing.
- Potential financial implications if we exceed our trajectory.

### Key Actions:

#### Serious Incident

- Currently under investigation
- Duty of Candour undertaken with affected patient at next out patient appointment

#### C.Diff

- Management of patients in line with Trust Procedure (DN226).
- Period of Increased Incidence meeting held 31.12.2019 to discuss all of the cases.
- Weekly isolation and hand hygiene audits implemented.
- Reiterate the importance of meticulous hand hygiene and environmental cleaning.
- Staff urged to highlight and challenge if poor practice witnessed, to ensure high standards of Infection Prevention and Control are maintained.
- RCA as per usual practice for C.Diff toxin positive patients, which will also go to scrutiny panel as per standard practice.
- C.Diff cases have been sent for ribotyping.



### 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 (82.2%) for days and amber (87.1%) for nights. This fill rate reflects that there were some closed beds as part of planned reduction in specialist activity over the Christmas period. There are some individual inpatient areas that remain under the desired 90% fill rate.

This is a breakdown of the December 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	72.6%	49.2%	75.8%	72.1%	383	12.4
3 SOUTH	95.3%	78.1%	98.8%	91.3%	1025	9.0
4 N&S	66.3%	73.2%	88.8%	91.4%	780	8.3
5 NORTH	91.6%	84.9%	95.2%	91.5%	1061	10.7
5 SOUTH	80.6%	53.4%	77.2%	78.4%	514	16.4
CCA	86.0%	52.7%	86.8%	55.5%	848	33.3
Day Ward *	82.9%	71.3%				

### Comments

Shaded red in the left table; four out of six inpatient areas (3 North; 4 North/South; 5 South and Critical Care) are under the 90% fill rate for registered nurses on days and nights. However, all the areas have a good *Required staff (registered and unregistered nursing staff) to patient ratio* which are shown in the narrative 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 1:2.1 (actual = 1:1.6) from SafeCare-Live (HealthRoster) data.

**4 Northwest:** This is an 11 bed cardiology ward that opened for the first time on 2<sup>nd</sup> December 2019. Not all of the beds were used consistently during December and the area was closed over the Christmas Holiday period and re-opened early Jan 2020 as part of the operational plan. Required staff (registered and unregistered nursing staff) to patient ratio was 1:2.7 (actual = 1:1.3) from SafeCare-Live (HealthRoster) data. As a new area, this area will be added to the next NHS Digital spreadsheet for Jan 2020 data (Feb 2020 upload); and as such isn't included on the table to the left.

**4 North & South (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. Over the weekends there is some cohorting of patient groups to close a quadrant, reflecting lower patient numbers over the weekend in this specialty. Required staff (registered and unregistered nursing staff) to patient ratio was 1:2.9 (actual = 1:2.4) from SafeCare-Live (HealthRoster) data.

**5 South (days and nights):** As a specialist tertiary hospital, there was some planned reduction in activity during December, therefore some planned closed beds. There continues to be active recruitment in progress for this specialty. Required staff (registered and unregistered nursing staff) to patient ratio was 1:2.5 (actual = 1:2.2) from SafeCare-Live (HealthRoster) data.

**Critical Care (days and nights):** Not all the inpatient beds are occupied all of the time. Surgical activity is planned in accordance with Critical Care staffing. Bed movements are matched to safe staffing and skill mix. There continues to be close monitoring of the HealthRoster templates and staffing levels. 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 1:4.0 (actual = 1:2.8) 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	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	
Dashboard KPIs	FFT score- Inpatients	4	95%	97.7%	98.1%	97.6%	96.1%	96.6%	97.6%
	FFT score - Outpatients	2	95%	95.0%	95.1%	93.0%	95.0%	95.0%	93.1%
	Mixed sex accommodation breaches (New 19/20)	New	0	0	0	0	0	0	0
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	New	12.6	8.0	8.5	11.7	12.6	12.5	9.1
	% 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)	1	3	7	3	4	tbc
	Number of complaints (12 month rolling average)	4	5 and below	5.0	5.2	5.2	5.8	5.6	5.8
	Direct Care Time - Activity follows completed in quarter	3	100%	-	-	100.0%	-	-	100.0%
	Direct care time	3	40%	-	-	42.7%	-	-	48.0%
	Direct Care Time - No of Wards with DCT> 40% (new site)	3	6	-	-	4	-	-	4
	Number of complaints	4	5	3	6	12	5	6	6
	Number of recorded compliments	4	500	648	659	965	721	764	658

### Summary of Performance and Key Messages:

**CQC Model Hospital rating for 'Caring' is Outstanding** dated Nov 2019 (accessed 14.01.2020).

**FFT (Friends and Family Test):** remains green for Inpatients (97.6%) although has unfortunately dipped back into the red for Outpatients (93.1%). In summary for December: **Inpatients:** the Recommendation Rate has increased from 96.6% (Nov) to 97.6% (Dec). The Participation Rate has decreased from 45.5% (Nov) to 37.3% (Dec). **Outpatients:** The Recommendation Rate has decreased from 95% (Nov) to 93.1% (Dec). Participation has remained at 4.5%. The Spotlight On slide looks at Friends and Family Test in more detail including benchmarking for information.

**Complaints:** the number of formal complaints in month was 6. The written complaints per 1000 WTE (which is taken from a three month rolling period) is 9.1 which remains in green and is a further improvement on the previous month. 100% of complaints continue to be responded to within the agreed timescales. **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.

For information, latest Model Hospital (accessed 14.01.2020) 'Written Complaints Rate': Trust Value is 11.41 (green) – with the peer median at 11.79; and national median 23.29 (data period Q2 2019/20).

**Direct Care Time:** there has been a further increase in overall Direct Care Time this quarter at 48% (previous quarter was 42.7%). Again, four out of the six inpatient wards were over 40% Direct Care Time. The overall results were: 5N (41%); 5S (29%); 4N/S (33%); 3N (60%); 3S (49%); and Day Ward (76%). A full breakdown is of data is available if required.

**Compliments:** the number of recorded compliments remains very positive at 658.

## Key performance challenges



### Escalated performance challenges:

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

Formal complaints received have remained the same as previous month at 6. One complaint has been received from a Private Patient.

Of the six formal complaints, three relate to the Cardiology Service; however there are no trends. Of the six, three are relating to inpatients and three are relating to outpatients. The location/ward/department is different for each of the complaints.

Opened	Reference	Service	Area	Type	Summary
05/12/2019	Q31920-82F	Cardiology	Day Ward	Inpatient	Daughter unhappy with the care and treatment her late mother received when pacemaker fitted
06/12/2019	Q31920-83F	Cardiology	3 South	Inpatient	Patient has raised a number of issues relating to information provided on discharge and delays and a potential error with discharge medication
17/12/2019	Q31920-84F	Thoracic Services	Outpatients	Outpatient	Patient unhappy with communication and information received relating to sleep study
17/12/2019	Q31920-85F	Surgical Services	Private Patients Outpatients	Outpatient	Private Patient unhappy with care and treatment, also the communication and clarification of medical information relating
24/12/2019	Q31920-86F	Surgical Services	5 South West	Inpatient	GP has complained in relation to the poor information provided to him following the patient discharge (RIP) from RPH.
30/12/2019	Q31920-87F	Cardiology	Outpatients	Outpatient	Patient has raised some concerns regarding her recent consultation with the consultant and the decision to recommend a referral to the Autonomic service at UCLH.

### 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 Clinical Division meetings and Trust wide through the Q&R reports.
- Staff, Sisters/Charge Nurses 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.



### Friends and Family Test (FFT) benchmarking

These are the latest nationally published FFT % recommended scores.

The latest nationally published benchmarking data is November 2019 (at the time of writing PIPR 17.01.2020), therefore the RPH data from the same month is also included:

#### Inpatients

- Liverpool Heart and Chest Hospital NHS Foundation Trust = 99%
- Royal Papworth = 97%
- NWAFT = 97%
- Royal Brompton and Harefield NHS Foundation Trust = 97%
- CUH = 96%
- England NHS = 96%

#### Outpatients

- Liverpool Heart and Chest Hospital NHS Foundation Trust = 100%
- Royal Brompton and Harefield NHS Foundation Trust = 96%
- NWAFT = 96%
- Royal Papworth = 95%
- CUH = 95%
- England NHS = 93%

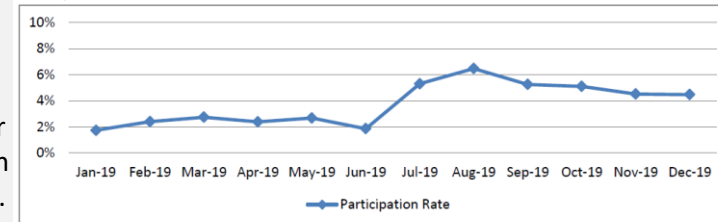
### Overview – Friends and Family Test Outpatients

The overall Recommendation Rate has decreased from 95% (Nov) to 93.1% (Dec). The overall Participation Rate has remained at 4.5%.

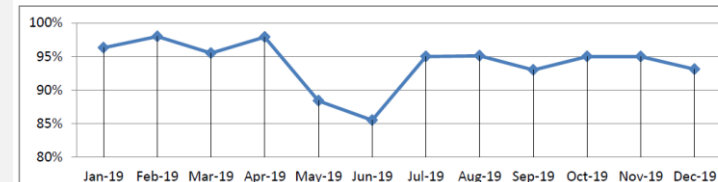
The best individual Participation Rate in November was Transplant at 10.1%; and in December was Cardiac at 6.2%.

The highest individual Recommendation Rate in November was Transplant at 97%; and in December was Cardiac at 95%.

Participation Rate Trust wide



Recommendation rate Trust wide



### November 2019 data (Outpatients)

Ward	Surveys returned	Patients discharged	Participation rate	Recommendation rate
Cardiac	131	2124	6.2%	94%
Thoracic	110	2928	3.8%	96%
Transplant	30	297	10.1%	97%
Radiology	9	855	1.1%	89%
<b>TW</b>	<b>280</b>	<b>6204</b>	<b>4.5%</b>	<b>95.0%</b>

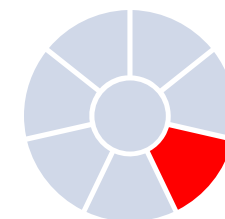
### December 2019 data (Outpatients)

Ward	Surveys returned	Patients discharged	Participation rate	Recommendation rate
Cardiac	104	1689	6.2%	95%
Thoracic	72	2409	3.0%	92%
Transplant	17	284	6.0%	94%
Radiology	40	828	4.8%	90%
<b>TW</b>	<b>233</b>	<b>5210</b>	<b>4.5%</b>	<b>93.1%</b>

# Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Directors of Operations



## 6 month performance trends

	Data Quality	Target	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	79.8%	80.0%	77.7%	84.0%	79.8%	67.4%
	CCA bed occupancy	3	85% (Green 80%90%)	88.9%	82.3%	89.8%	92.0%	94.2%	75.6%
	Admitted Patient Care (elective and non-elective)	4	19 15 (current month)	2213	2111	2105	2242	2189	1782
	Cardiac surgery mortality EuroSCORE	3	<3%	2.22%	2.41%	2.56%	2.74%	2.58%	2.49%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	41.82%	50.00%	52.58%	47.47%	32.10%	46.15%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	37.93%	36.67%	37.84%	45.45%	40.39%	39.62%
	Theatre Utilisation	3	85%	86.81%	85.49%	88.09%	83.70%	78.14%	76.83%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	3	8.20	8.80	8.07	7.37	10.13	9.84	10.47
	Length of stay – Cardiac Elective – valves (days)	3	9.70	9.85	9.00	10.00	9.69	9.82	10.97
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	3	90%	n/a	n/a	n/a	n/a	n/a	n/a
	Cath Lab Utilisation 6 (including 15 min Turn Around Times) *	3	70%	n/a	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%	82%	83%	84%	81%	84%	80%
	CCA length of stay (LOS) (hours) - mean	3	Monitor only	95	89	88	93	107	123
	CCA LOS (hours) - median	3	Monitor only	42	41	42	40	44	45
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	5.06	4.60	5.09	5.04	4.71	4.01
	% Day cases	3	Monitor only	58.63%	59.05%	63.33%	60.73%	61.02%	66.83%

### Summary of Performance and Key Messages:

#### Bed occupancy

Bed occupancy has decreased as Critical Care beds continue to be closed on a daily basis as a consequence of poor rostering and vacancies, and the lack of availability of temporary staff over the Christmas period. Addressing the effectiveness of Critical Care rostering remains the Trust's prime focus at present.

#### Activity and Utilisation

Activity recovery has been hampered this month by the constrained capacity in Critical Care. This has driven cancellations to 68 in month, and adversely impacted on theatre utilisation as theatres have been put on hold or stood idle on a number of occasions.

Cath lab utilisation was showing recovery through November but was negatively impacted by multiple machine failures causing delays and some cath lab down time in December.

#### Euroscore – Cardiac Surgery

Surgery Mortality continues to be within target with a reduction to 2.49% for December.

#### SDA

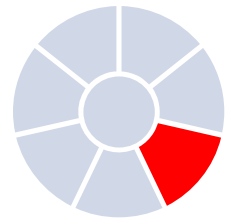
Thoracic continue to meet the 40% target for SDA this month but there has been a decline in the SDA rate due to the high number of cancellations and rebooking of patients who have required repeat pre-surgery bloods the day prior to surgery.

#### LOS – Cardiac Surgery

LOS for both CABG and Valve, has increased again in December with a number of longer LOS patients discharged in month. We have also seen an increase in LOS for repatriation patients due to constrained capacity throughout the system. The continued constraints in Critical Care capacity has impacted on case mix as the sickest patients are prioritised on clinical grounds when cancellations are inevitable, driving up LOS average.

\* 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	Dec-19	Total
1a Patient DNA	1	4
1b Patient refused surgery	0	1
1c Patient unfit	10	46
1d Sub optimal work up	0	8
1e Patient not ready	0	1
2a All CCA beds full with CCA patients	9	51
2b No ward bed available to accept transfer from CCA	2	47
2c Delay in repatriation of patient from CCA	0	1
2d No ward bed available	0	0
3a Critical Care	30	97
3b Theatre Staff	0	0
3c Consultant Surgeon	0	6
3d Consultant Anaesthetist	0	0
3e Other	0	4
4a Emergency took time	3	71
4b Transplant took time	3	41
4c ECMO/VAD took time	0	0
4d Additional urgent case added and took slot	0	20
4e Equipment/estate unavailable	1	12
5a Planned case overrun	8	53
5b Additional urgent case added and took slot	0	1
5c Overruns delayed start	1	9
6a Scheduling issue	0	12
<b>Total</b>	<b>68</b>	<b>485</b>

### Top reasons in month:

- CCA staff
- All CCA beds full with CCA patients
- Emergency took time/Planned case overrun

### Additional activity within theatres and CCA

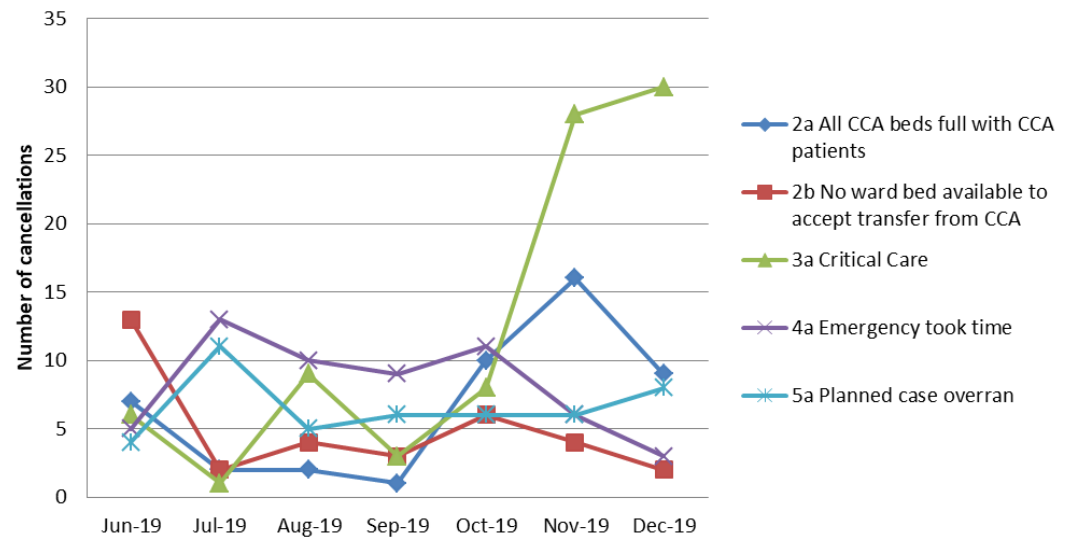
50 emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.

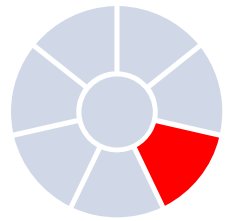
116 additional emergency minor procedures also went through theatre.

30 patients were admitted or readmitted to CCA as emergencies.

The CCA or ECMO team helped repatriate or retrieve 2 patients.

### Top five cancellation reasons Jun 19 - Dec 19





### Background

The Critical Care Unit has been unable to open to the planned 36 beds from 1<sup>st</sup> October 2019 and in fact has struggled to maintain 30-33 beds over the Christmas period. A Divisional led recovery project has been in place since December to address this shortfall in capacity which has resulted in cancellations and delays to patient pathways.

### Diagnosis

A detail diagnosis has been undertaken and a number of factors have been identified as contributing:

- Poor roster management relating to the allocation of annual leave and study leave
- Complex rota processes
- Inflexibility within the roster caused long standing flexible working arrangements
- Daily variation in the planned number of open beds caused by acuity and short term sickness
- High levels of sick leave 7.27% (registered nurses Health Roster month 10)
- Vacancies within the registered nurse workforce 25.6WTE

### Current status

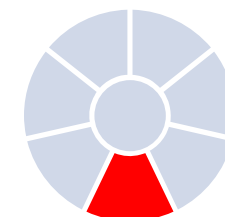
A review of staffing numbers against approved Gateway 2 rosters( Agreed staffing levels for the new hospital) has been completed. The review concluded that the current staffing levels should enable CCA to open 30 beds Monday to Saturday (27 beds on a Sunday) using substantive staffing only. The aim is to then increase the bed base with temporary staffing to 33 beds Monday- Friday ( 30 beds on a Saturday and 27beds on a Sunday)

A suite of recovery actions have been agreed and are being managed through a weekly Recovery Project team meeting , supplemented by checkpoint meetings at intervals through out the week. A weekly Critical Care Intervention meetings, chaired by the Chief Executive, has also commenced to support staff, patient safety, quality and experience.

### Key actions include

- Roster management
  - Alignment of shifts and open beds reducing day to day variation in the number of open beds , work is led by the matron and E Rostering system Manager
  - Review model of care of the nursing workforce
  - Review of annual leave and study leave processes to ensure the allocated shifts are within Trust tolerance
  - Review of flexible working arrangements
- Staff management
  - Review of roles and responsibilities -Clearly defined roles and responsibilities of the matron, duty sister and POD leader ongoing
- Focus on Recruitment and retention

## Performance summary



**Accountable Executive:** Chief Operating Officer

**Report Author:** Deputy Director of Operations

### 6 month performance trends

	Data Quality	Target	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	99.30%	99.05%	99.66%	99.67%	99.84%	99.44%
	18 weeks RTT (combined)*	3	92%	88.94%	89.10%	90.68%	91.20%	91.60%	91.17%
	Number of patients on waiting list	3	3,343	3725	3549	3649	4020	4121	4155
	52 week RTT breaches	3	0	0	0	1	1	1	1
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	3	85%	50.0%	83.3%	80.0%	71.4%	40.0%	66.7%
	31 days cancer waits*	3	96%	100.0%	96.0%	100.0%	100.0%	90.0%	100.0%
	Theatre cancellations in month	3	30	56	52	42	52	69	68
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	25.00%	26.00%	43.00%	68.00%	68.00%	27.00%
Additional KPIs	18 weeks RTT (cardiology)	3	92%	93.26%	93.81%	96.28%	96.96%	96.93%	96.63%
	18 weeks RTT (Cardiac surgery)	3	92%	75.20%	69.68%	78.14%	76.07%	76.49%	76.22%
	18 weeks RTT (Respiratory)	3	92%	91.51%	92.08%	91.49%	92.04%	92.53%	91.95%
	62 days cancer waits post re-allocation (old rules)**	3	85%	66.7%	80.0%	85.7%	60.0%	40.0%	77.8%
	Acute Coronary Syndrome 3 day transfer %	3	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Other urgent Cardiology transfer within 5 days %	3	90%	100.00%	100.00%	100.00%	100.00%	97.30%	100.00%
	% patients rebooked within 28 days of last minute cancellation	3	100%	78.57%	92.11%	95.24%	92.86%	87.10%	74.60%
	Outpatient DNA rate	4	9%	8.75%	9.12%	9.01%	8.52%	8.83%	9.19%
	Urgent operations cancelled for a second time (New 19/20)	New	0	1	1	0	2	5	4
	Total cancellations (New 19/20)	New	tbc	38	46	25	31	60	37
% of IHU surgery performed < 10 days of medically fit for surgery	4	95%	46.00%	52.00%	67.00%	88.00%	82.00%	51.00%	

### Summary of Performance and Key Messages:

#### RTT Performance

The aggregate RTT position in December was 91.09%.

Cardiac Surgery RTT performance in month has slightly declined to 75.41% and remains under trajectory. Multiple factors including CCA staffing, closed CCA beds, and delays in start times due to stepdown constraints and a high number of cancellations are having a negative impact on performance. A revised trajectory is being modelled.

Cardiology RTT performance maintains the recovered position in spite of PPCI and ACS activity remain high in month and year to date compared to activity in 18/19. This is an increase which we have experienced since our move to the Biomedical Campus.

Thoracic RTT continues to be challenged with increased activity ; an increase of 60 pts per month for RSSC, contributing to the growth in the number of open pathways. It is planned to adjust capacity to accommodate. Validation of the pathways is limited with only 50% validation being achieved as a result of sickness in the booking and secretarial teams.

#### 52 week breaches

There was one 52 week breach reported in Thoracic this month. This was caused by an incorrect clock stop in Outpatients following the patients failure to attend an appointment. The current training offering is being reviewed as a consequence.

#### Cancer performance

62 day projected position 66.7% for 62 day wait. Some improvement has been made with access to PET CT with all referrals now on both RIS and EPIC , removing some delay. Histology have moved from 17 day to 10 day turn around.

#### 28 day breaches

Surgery reported four 28 day breaches for month eight, all 4 due to re-cancellation.

#### IHU Surgery Performance

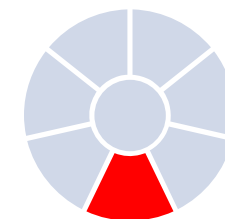
From a total of 41 IHU surgeries carried out throughout December 19, only 51% had surgery completed within 10 days. (27% within 7days). This was a direct effect of the reduction in critical care beds and reduction in IHU slots due to restrictions on theatre lists and bank holidays in month. There have been 20 cancellations of IHU patients within the month (33%) with 76% of these being rebooked within 5 days.

#### ACS and other urgent Cardiology transfers

There have been nearly 2,000 patients treated via the urgent pathways (rapid NSTEMI, ACS and 5 day transfers) year to date, in addition to the emergency PPCI pathway. All have achieved the relevant transfer in 97% cases. There have been no breaches in December for any emergency or urgent pathways.

# Responsive

## Key Challenges: Surgical RTT Recovery



### RTT Performance:

After an initial improvement in RTT performance in September and early October, Surgical RTT performance has seen a decline in performance over the last 3 months of the year. The decline in performance has led to Surgery failing to remain on target against the current recovery trajectory due to a high number of cancellations over the last 12 weeks.

Within M9 there have been 68 cancellations of which 40 of the cancellations made where patients already waiting over 18 weeks. This has been a direct result of restricted capacity within CCU and flow throughout the organisation and an increase in emergency cases.

As a direct result of this high level of cancellation alongside an ongoing constraint around CCU staffing, our RTT recovery plan to achieve 92% by March 2020, is no longer viable.

As a result the trajectory has been adjusted to reflect the potential impact of these cancellations and restrictions in activity, with a proposed recovery expected by October 2020.

### 5 key factors influencing performance.

- High cancellations ( 50/68 due to critical care availability and delays due to lack of flow throughout organisation)
- Bed reduction in Critical Care due to ongoing staffing shortages.
- 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.

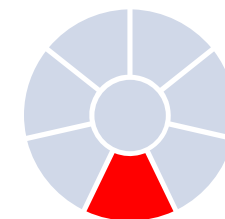
### Key Actions:

- Address Critical Care rostering issues and consistently open funded capacity.
- Work alongside CCA to reduce impact of cancellations.
- 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
<b>Pathways: Plan per Trajectory</b>	1320	600	1350	3270
<b>Pathways: December</b>	1367	614	2174	4155
<b>Variance</b>	<b>47</b>	<b>14</b>	<b>824</b>	<b>885</b>
<b>Breaches: Plan per Trajectory</b>	50	90	40	180
<b>Breaches: December</b>	46	146	175	367
<b>Variance</b>	<b>-4</b>	<b>56</b>	<b>135</b>	<b>187</b>
<b>Achievement: Plan per Trajectory %</b>	96.21%	85.00%	97.01%	94.49%
<b>Achievement: December %</b>	<b>96.63%</b>	<b>76.22%</b>	<b>91.95%</b>	<b>91.17%</b>
<b>Variance</b>	<b>0.42%</b>	<b>-8.78%</b>	<b>-5.06%</b>	<b>-3.32%</b>

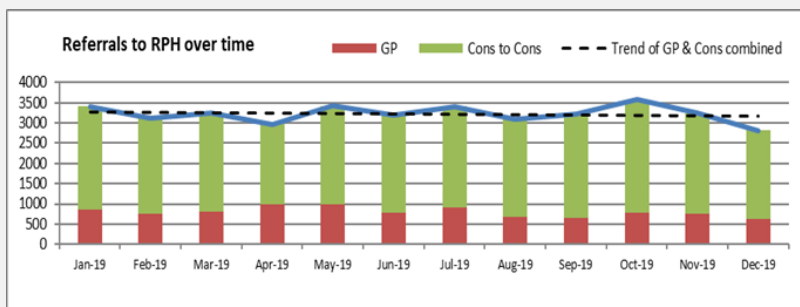
# Responsive

## Spotlight on: Referral Trends



### Headlines:

The number of referrals received by the Trust has decreased very slightly over the last 12 months. The number of referrals registered in December was 2,822 which is 14.2% below the previous six month average of 3,288 but is in keeping with the reduction in referrals registered in December 2018. c66% of referrals received are Consultant to Consultant referrals (C2C); GP referrals account on average for 22% of referrals received.



Overall referrals patterns at specialty level show variability, however there has been a slight increase in Cardiology and Surgery referrals over the last 12 months and a slight decrease in Respiratory Medicine referrals in that time.

### Headlines by region:

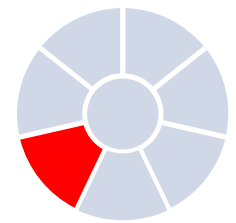
- Cambridgeshire and Peterborough: referrals from CUH have risen by 21% but referrals from NWAFT have fallen 11%. Internal referrals have also fallen by 12%. In 2018/19 NWAFT C2C referrals were c60% of all C2C referrals in region; in 2019/20 this has fallen to c53%.
- Suffolk: West Suffolk Hospital referrals have fallen by 7% and ESNFT referrals (historically predominantly Ipswich Hospital) have fallen by 40%. The majority of this appears to be in Cardiology (-28%) and could be linked to the opening of the new lab at West Suffolk.
- Norfolk: a 24% decrease from West Norfolk CCG GP's of which Cardiology referrals have decreased by c.62%. QEH referrals have fallen by 7% and NNUH referrals have fallen by 23%.

More detailed analysis can be found in the Trust's Data quality and Access report.

### Headlines by region and speciality:

		19/20 vs 18/19		Recent trends, using av. Jan-Jun19 vs. av. Jul-Dec19	
		C2C	GP	C2C trend	GP trend
Cardiology	C&P	-2% (-48)	-32% (-581)	↓	↓
	Norfolk	-18% (-182)	-55% (-217)	↓	↓
	Suffolk	-31% (-313)	-49% (-279)	↓	↓
	Essex	4% (1)	-16% (-32)	↑	↓
	Herts	-41% (-11)	58% (42)	=	↑
	Beds	-2% (-5)	2% (5)	↑	↓
	Other	-27% (-70)	-9% (-18)	↓	↓
<b>Cardiology</b>	<b>Total</b>	<b>-13% (-628)</b>	<b>-31% (-1080)</b>	<b>↓</b>	<b>↓</b>
Surgery	C&P	-11% (-64)	54% (31)	↓	↓
	Norfolk	-21% (-81)	-14% (-4)	↓	↓
	Suffolk	-8% (-29)	29% (9)	=	↓
	Essex	121% (17)	67% (6)	↑	↓
	Herts	-31% (-20)	0% (0)	↓	↓
	Beds	-24% (-36)	-38% (-6)	↑	↓
<b>Surgery</b>	<b>Total</b>	<b>-14% (-324)</b>	<b>25% (51)</b>	<b>=</b>	<b>↓</b>
Resp. medicine/ thoracic	C&P	13% (170)	9% (200)	↑	↓
	Norfolk	14% (32)	18% (66)	=	↓
	Suffolk	4% (18)	22% (126)	↑	↓
	Essex	15% (36)	33% (89)	↑	↓
	Herts	7% (7)	4% (5)	↑	↓
	Beds	-6% (-9)	0% (1)	↑	↓
<b>Resp. medicine/ thoracic</b>	<b>Total</b>	<b>8% (254)</b>	<b>14% (561)</b>	<b>↑</b>	<b>↓</b>

# People, Management & Culture



## Performance summary

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

### 6 month performance trends

	Data Quality	Target	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	
Dashboard KPIs	Voluntary Turnover %	3	15.0%	15.05%	16.18%	13.59%	11.16%	12.87%	16.73%
	Vacancy rate as % of budget	4	5.50%	13.57%	13.42%	11.18%	11.54%	10.43%	10.55%
	% of staff with a current IPR	3	90%	88.33%	87.01%	87.29%	87.74%	87.57%	87.67%
	% Medical Appraisals	3	90%	88.89%	86.24%	89.74%	87.74%	88.03%	89.57%
	Mandatory training %	3	90.00%	75.54%	76.84%	80.19%	82.26%	80.99%	81.60%
	% sickness absence	3	3.5%	2.80%	2.55%	3.61%	4.17%	3.96%	4.31%
Additional KPIs	FFT – recommend as place to work	3	63.0%	n/a	n/a	n/a	n/a	n/a	n/a
	FFT – recommend as place for treatment	3	80%	n/a	n/a	n/a	n/a	n/a	n/a
	Registered nurse vacancies rate (including pre-registered nurses)	3	5.0%	9.31%	9.32%	8.15%	10.47%	8.04%	9.55%
	Registered nursing vacancy WTE (including pre-registered nurses)			63.37	63.43	55.48	73.91	56.75	68.62
	Registered nurse vacancies rate (excluding pre-registered nurses)	2	5.00%	11.39%	11.18%	10.90%	13.14%	9.81%	10.94%
	Registered nursing vacancy WTE (excluding pre-registered nurses)			77.54	76.1	74.15	92.74	69.25	78.62
	Unregistered nurse vacancies WTE (including pre-registered nurses)	3	10.00%	64.98	61.43	44.95	49.18	41.94	38.75
	Unregistered nursing vacancy rate (including pre-registered nurses)			26.44%	25.00%	18.29%	18.62%	15.88%	14.38%
	Unregistered nursing vacancy rate (excluding pre-registered nurses)	3	12.00%	32.21%	30.15%	25.89%	25.75%	20.61%	18.09%
	Long term sickness absence %	3	0.80%	0.62%	0.73%	0.56%	1.05%	1.02%	1.21%
	Short term sickness absence	3	2.70%	2.18%	1.80%	3.06%	3.12%	2.94%	3.10%
	Agency Usage (wte) Monitor only	3	Monitor only	71.4	69.8	62.5	68.0	58.5	48.8
	Bank Usage (wte) monitor only	3	Monitor only	65.0	69.1	57.3	60.9	55.7	57.0
	Overtime usage (wte) monitor only	3	Monitor only	58.7	57.6	59.6	54.6	44.7	31.9
Turnover - Non medical starters	3	Monitor only	32.1	35.6	93.4	24.0	60.0	4.8	
Turnover - Non medical leavers	3	Monitor only	28.4	22.5	19.3	14.6	18.8	21.3	
Agency spend as % of salary bill	4	3.10%	6.44%	6.80%	4.45%	5.22%	4.56%	3.44%	

### Summary of Performance and Key Messages:

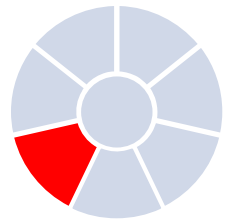
Key highlights in December are:

- Total turnover increased to 16.73%. The year to date is 17.2%. There was an increase in registered nursing turnover from December with 10.2 wte leavers (inclusive of PRPs). The year to date turnover for registered nurses is 19.1%. Unregistered nurse turnover has been on an improving trend since the move. There were 1.6 wte leavers in December and the year to date rate is 8.9% which is a significant improvement from last year when it was 26%.
- There was no induction in December so there were only 4.8 wte non-medical starters. There were 21.3 wte leavers so we were a net loser of staff. However looking across November (in which there were two inductions) and December we were a net gainer of staff by 52.7 wte.
- The Trust vacancy rate increased to 10.55%. This was primarily driven by an increase in budgeted staffing establishments of 28.2 wte linked to the opening of additional beds on 4 North West. This was mainly an increase in registered nursing posts. Registered Nurse vacancy rates increased to 10.9% excluding PRP staff and 9.6% including PRP staff. Unregistered nurse vacancy rate decreased to 18.1% excluding PRP staff.
- Mandatory Training compliance remained broadly static at 81.6%. There has been a focus on this at Trust Briefings. There is still poor compliance with Safeguarding Level 3 at 5.3%. The new methodology for gaining this competency being communicated and the Safeguarding Team are supporting teams and departments with improving compliance. A new guide to e-learning has been developed by the Training and Development Manager which has been well received.
- Sickness absence increased to 4.3%. Anxiety/stress/depression/other psychiatric illnesses remains the most common reason for absence and there was an increase in absence for this reason from November to December. This increase is not in any particular department but is across a number of areas. There was also an increase in absence due to colds and flu. As part of developing the Trust's People Plan and implementing the Compassionate and Collective Leadership Programme we will be developing a plan on how we can support positive mental health for staff
- IPR compliance remained static at 87.7%. This is a focus in Divisional Performance Meetings.
- Temporary staff reduced significantly in December, with reductions in agency and overtime used. New controls on temporary staffing were introduced at the start of November but it is too soon to say whether the reduction is as a consequence of these controls or natural variation and/or the improving vacancy rate.



# People, Management & Culture

## Key performance challenges



### Escalated performance challenges:

- Poor rostering practice, in particular in Critical Care, is leading to ineffective workforce utilisation causing activity through the unit to be constrained, high temporary staffing costs and a poor experience for staff.
- Turnover increases during the winter period as staff struggle with increased commute time.
- 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.
- 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.
- Achieving the KPI of 90% of staff having an annual performance review meeting because of poor systems in place in teams for booking and recording IPR meetings.
- WRES and WDES data indicates that staff from a BAME background and with a disability have a less positive working experience.

### Key risks:

- Turnover does not decrease to below or KPI 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 in the month:

#### **BAME Network**

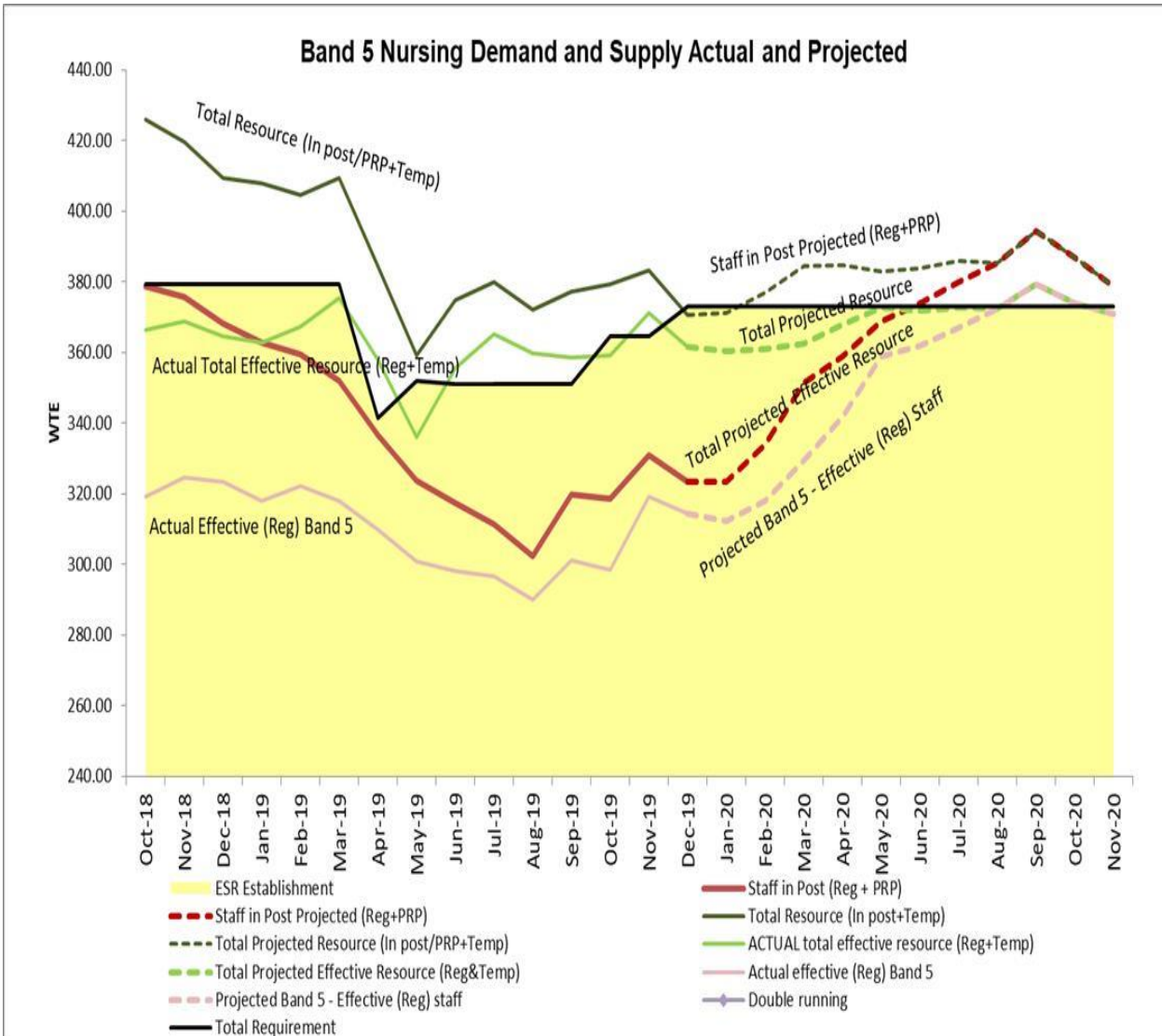
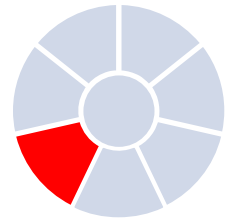
At the well attended BAME Network meeting in December there was discussion on annual leave management and how poor processes can have a detrimental impact on overseas staff. This was particularly an issue in one department. It was agreed that a representative of the Network would work with the relevant line manager and the Director of Workforce and OD to review the Annual Leave processes. This review has taken place and a revised set of principles and process developed. There was also discussion about career progression and how we can encourage and support staff from a BAME background to progress their careers and how we value experience and qualifications gained outside the UK. It was noted that there had been a really positive response to the STP Stepping Up Programme with 13 staff being offered places. There was also discussion on the Career Coaching Programme that was ready to be launched.

#### **Christmas Celebration**

There was a series of events over the Christmas period to thank staff for their efforts throughout the year. We also provided free car parking and meals for staff working on Christmas Day as a gesture of appreciation.

# People, Management & Culture

## Spotlight on: Band 5 Registered Nurse Supply and Demand Modelling



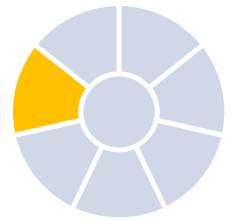
The number of nurse applications received has remained steady and there is confidence that this will continue into 2020. There were 24 offers to Band 5 applicants made in November and 13 in December. There are 66 Band 5 (17 with confirmed staff date and 49 being processed) and 31 HCSW (23 with confirmed staff date and 8 being processed) in the pipeline. The Recruitment Team continue to work to improve the process and reduce time to hire. Weekly shortlisting now takes place and good candidates invited for interview at the earliest opportunity to reduce the risk of losing them to other organisations. There is one full selection day (Saturday) combined with 2-3 mini-selection events throughout the month (offering timely interviews). There is work ongoing with Communications to ensure regular marketing and a social media campaign for Critical Care. The next open event is taking place on 15 February 2020 at which we will be interviewing and offering jobs on the same day. This is a joint event with CUH.

The five overseas nurses who commenced in September 19 on Level 5 have passed their OSCE exams and gained registration with the NMC. One further EU nurse (3NE) was successful in a NMC appeal against their decision not to approve their registration based on the recommendation of the Trust and they are now registered. One has succeeded in passing the OET exam and gained registration and two are re-taking the OET in early 2020 to receive PIN

The number of leavers was higher in Dec 19 and Jan 20, than in the previous 9 mths, which was not unexpected. The projection is based on the average trend for band 5 nurses. It was expected to see a spike in the pattern in the winter as the impact of the longer journeys for many staff is felt by staff. The year to date trend is lower than 18/19.

The Trust continues to pursue the objective of bank usage being the main source of temporary resource. The temporary staffing team is now fully resourced and will support managers fill the short term vacancy gaps. Effective rostering including publishing rotas 6 weeks in advance requires further improvement.

The nursing establishment increased in December 2020 in order to support the opening of 11 Cardiology beds on Level 4. This increased total vacancy rates in December. Based on the supply and demand modelling we will meet our KPI of 5% vacancy rates exclusive of PRPs by May 2020 and March 2020.



## 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	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19		
Dashboard KPIs	CIP – project delivery	4		Red	Red	Red	Red	Red	Red	<p><b>Summary of Performance and Key Messages:</b>  <b>Service Improvement (SIP/CIP): Rag Status Red - CIP target for 2019/20 is £5.113m</b></p> <p><b>Progress</b></p> <ul style="list-style-type: none"> <li>• <b>£0.2m</b> from estates has already been taken out of budgets and is approved;</li> <li>• <b>£1.2m</b> Procurement work plan CIP target has been approved.</li> <li>• <b>£0.1m</b> Is the agreed target for the Pharmacy Corporate project and has achieved <b>£74K</b> which will be phased and removed from the various budgets in the next months.</li> <li>• <b>£0.1m</b> Is the agreed as the target for the demand management Corporate project</li> <li>• <b>£0.1m</b> Is the agreed as the target for the Clinical Variation Corporate project</li> <li>• <b>£0.547m</b> has been approved and signed off in a mix of schemes and will taken out budgets accordingly</li> <li>• <b>£0.071m</b> was identified from 2018/19 and carried over for 2019/20</li> </ul> <p><b>2019/20 CIP planning:</b> To date we have a <b>pipeline of £0.911m</b> 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. There are a number of schemes/projects that do not qualify as a CIP, but are being progressed as they contribute to <b>Income generation, Overspend mitigation, Non recurrent or are SIP/Quality schemes.</b></p> <p>The <b>Length of Stay Projects</b> are now grouped together as a <b>Programme</b> under the Chief Nurse and it will commence when the Chief Nurse launches the programme in the new year. <b>Corporate Projects: Pharmacy, Demand management and Clinical variation</b> are all in progress. <b>Total outstanding still to be identified = £2.32m</b></p> <p><b>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.</b></p> <p><b>CIP planning for 2020/21 is detailed in the Transformation spotlight section.</b></p> <p><b>Hospital Optimisation:</b>  <b>Out-patients</b></p> <ul style="list-style-type: none"> <li>• Working with Meridian to identify what rooms can be released.</li> <li>• Available clinic rooms now visible on intranet</li> <li>• Two additional regular clinics added to timetable.</li> <li>• Potential solution identified for InTouch app.</li> </ul> <p><b>Critical Care Staffing</b></p> <ul style="list-style-type: none"> <li>• Working with HR and Education on recruitment and retention strategies. Currently 18.89 vacancies (reflective of high number of leavers in December).</li> <li>• 5 new starters in January and further 15 in pipeline (awaiting confirmation of start dates).</li> <li>• Agency overtime management – reviewing booking and plans to move away from overtime to temporary staffing.</li> <li>• Occupancy – 83% (based on 36 beds Monday – Friday, 31 Saturday, 27 Sunday).</li> </ul> <p><b>Flow through cath labs and theatres</b></p> <ul style="list-style-type: none"> <li>• Fall in theatre utilisation due to cancellations. Working with clinical audit to identify in detail where time has been lost and areas to improve efficiency.</li> <li>• Theatre cancellations – 68 on day of surgery. Main reason due to CCA bed availability.</li> <li>• Recruitment of additional theatre staff ongoing.</li> <li>• Theatre efficiency group to be established.</li> </ul> <p><b>Commissioning 4NW</b></p> <ul style="list-style-type: none"> <li>• Nurse recruitment activities to support substantive staffing of quadrant continue.</li> <li>• Communications plan agreed and briefing documents shared with relevant stakeholders.</li> <li>• CUH bed occupancy metrics collected and shared.</li> </ul> <p><b>CTP:</b>                      Joint working with CUH continues to progress the integration of cardiology services and whilst good progress has been made with the earlier opening of beds on 4NW, further integration regarding elective cath lab work is delayed. The additional beds on 4NW are working well and identified patients are being transferred earlier in their tertiary pathway. The respiratory teams continue to develop detailed plans for the integration of bronchiectasis and clinical immunology services (anticipated Q1 2020). These are subject to both Trusts approval processes.</p> <p><b>Lorenzo Digital Exemplar Programme:</b></p> <ul style="list-style-type: none"> <li>• The LDE programme is at month seven of a sixteen month programme. The LDE programme is currently at 39% complete against an on target position of 45%. The programme RAG status has reduced from Amber to Amber/Green to reflect progress and capital funding resolution against specific work streams.</li> <li>• This week the LDE programme has successfully gone live with its first major project for Internal Referrals for service requests which can now be requested on Lorenzo rather than ICE.</li> <li>• During the last month the programme has continued to focus on device integration projects within the Surgical 1 – Inpatient pathway (ECG, ECHO, POCT Devices and Vyaire Respiratory Physiology) making good progress with all four.</li> <li>• 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.</li> <li>• Business change workshops continue to plan across the nine pathways and a structured stakeholder engagement plan.</li> <li>• Stakeholder presentations to individual Trust Directorates and Business units are continuing.</li> <li>• Early commencement of the Theatres Management delivery unit has been initiated with business change and stakeholder engagement workshops alongside finalisation of the plan.</li> </ul>	
	Digital programme delivery on track	3		Amber	Amber	Amber	Amber	Amber	Amber		Amber
	New Papworth ORAC - overall progress	4		Green	Complete	Complete	Complete	Complete	Complete		Complete
	Hospital Optimisation *	3		N/A	N/A	Green	Amber	Amber	Amber		Amber
	Cambridge Transition Programme *	3		N/A	N/A	Amber	Amber	Amber	Amber		Amber
	HLRI – Construction delivery on track *	3		N/A	N/A	Green	Green	Green	Green		Green
	HLRI – Occupational planning on track *	3		N/A	N/A	Green	Green	Green	Green		Green
	Research and Development Strategy – overall progress *	3		N/A	N/A	Amber	Amber	Amber	Amber		Amber

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

# Transformation

## Key performance challenges



### Escalated performance challenges:

#### HLRI:

None currently

#### Hospital Optimisation:

Availability of cardiology beds to support the optimised flow through cath labs and opening and maintaining 35 open critical care beds each day to support surgical flow.

#### CTP:

Implementing changes to Cardiology services in relatively short timescales.

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

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

### Key risks:

#### HLRI:

Risk of lack of clarity on management arrangements and staffing model for CRF. Recruitment of appropriate workforce potentially impacting on studies/ trials.

#### Hospital Optimisation:

Risk of insufficient workforce in some staff groups to deliver optimisation projects.

#### CTP:

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

#### 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:

#### HLRI:

Agree the acuity of patient groups who will use the Clinical Research Facility confirm and the resulting fire strategy with University. Agree HTM and HBN derogations.

#### 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.

#### 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 : Cost improvement Programme planning 2020/21

### Background

CIP Planning for the 2020/21 new financial year commenced as scheduled in November 2019.

In order to generate the plan each department has a CIP target based upon 2% of their current budget allocation.

A number of “touch point” meetings commenced during November with the intention that a list of schemes would be available by the end of November to help fulfil the new financial years CIP plan.

At the end of the first planning session in November the trust had an initial plan to the value of £3.3m which had not been financially validated.

Further sessions were booked to finalise the plan by the end of January 2020. The sessions were chaired by the Chief operating officer with the SIP programme manager and these commenced daily from the 6<sup>th</sup> of January and are planned to continue until the end of 31<sup>st</sup> January.

The aim is to validate all the list of current schemes and to generate further schemes to fulfil each departments CIP total by 31<sup>st</sup> January.

The potential schemes were given an initial value that was worked out with their operational teams and relevant management accountants.

The strategy around how to use these schemes is to validate all schemes financially and for those schemes that qualify under the trust rules as a CIP to be placed on a CIP list.

Where teams have unfunded cost pressures they will be expected to have a valid plan to manage these going forward as unfunded cost pressures impact CIP delivery.

### Current Position

As of 23<sup>rd</sup> January 2020 the position is:

- **Potential ideas list** values have increased from **£3.3m to £4.4m**
- There are **238 schemes on the list** not all of these have values on them
- Based upon a 4% total across all budgets there is a **CIP working target of £8m**
- **Financially validated CIP schemes** have a value **£2.65m**
- Based upon **the CIP working target** (£8m) this leaves **£5.42m left to find**
- **Other SIP schemes** have been found to have a value of **£1.62m**

The work continues and a small number of schemes still need to be validated in the Ambulatory and Digital departments and a limited number of other areas. The variance between the estimated initial values and the actual validated values will be analysed and where appropriate there will need to be discussions with the operational and financial teams to understand their rationale behind their decisions.

Those areas who are deemed to have not made sufficient progress will be escalated by the COO and individual investigative meetings will be required with each of these teams separately with relevant members of their teams and the executive team to ensure they meet their requirements for CIP planning.

Where cost pressures in directorates impact CIP delivery and affect the classification on relevant projects a scheme will be added to help mitigate this event that will need to commence immediately in the new financial year.

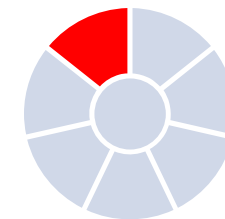


## Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

### 6 month performance trends



	Data Quality	Target	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	
Dashboard KPIs	Year to date EBITDA surplus/(deficit) £000s	5	£8,751k	£1,330k	£2,354k	£3,874k	£5,616k	£7,624k	£8,483k
	Year to date surplus/(deficit) excl land sale £000s	5	£(2,305)k	£(2,442)k	£(2,751)k	£(2,490)k	£(1,891)k	£(1,263)k	£(87)k
	Cash Position at month end £000s	5	£8,803k	£13,513k	£12,891k	£15,501k	£13,787k	£14,801k	£16,906k
	Use of Resources rating	5	3	3	3	4	4	3	3
	Capital Expenditure YTD £000s	5	£3,799k pa (19/20)	£1,972k	£1,981k	£2,043k	£2,043k	£2,350k	£2,374k
	In month Clinical Income £000s	5	£12260k (current month)	£12,598k	£12,200k	£12,174k	£12,379k	£12,436k	£11,859k
	CIP – actual achievement YTD - £000s	4	£1,160k	£155k	£210k	£405k	£436k	£535k	£832k
	CIP – Target identified YTD £000s	4	£5,113k pa	£110k	£172k	£420k	£667k	£914k	£1,160k
Additional KPIs	Debtors > 90 days overdue	4	10%	34.6%	19.8%	46.2%	28.6%	32.7%	26.0%
	Capital Service Rating (New 19/20)	5	4	4	4	4	4	4	4
	Liquidity rating (New 19/20)	5	3	3	1	3	3	2	1
	I&E Margin rating (New 19/20)	5	1	4	4	4	4	3	2
	I&E Margin: Distance from financial plan (New 19/20)	5	1	1	4	4	4	4	4

### Summary of Performance and Key Messages:

The Trust's **year to date** (YTD) position is a deficit of £2.0m on a Control Total basis excl. land sale, which is favourable to plan by £0.06m. However, as the main site land sale was planned to complete in August and other property sales in November (generating a profit of £11.6m) the net position is £9.7m adverse to plan when these items are included.

As a result of the failure of the old site sale, the Trust has revised the **forecast year end** position this month, as previously agreed at Trust Board. This results in a £2.6m surplus compared to the previous £12.0m surplus, however, NHSI/E have confirmed this does not impact the delivery of the Control Total excluding land sale or will it impact the receipt of FRF/PSF. The Trust continue to forecast delivery of the £15.5m control total excluding land sale profits.

**EBITDA** is behind plan by £0.3m. Drivers of this YTD adverse position are as follows:

- Clinical income** £2.3m adverse to plan YTD after Guaranteed Income Contract (GIC) protection, due to lower activity of 6.2% in outpatients, 6.0% in inpatient and day case activity and lower levels of Private Patient income (7.1%). Activity performance has resulted in YTD GIC protection of £1.7m, £0.3m more than planned for this stage of the year. Without the GIC protection, the Trust's income position would be £4.0m adverse to plan YTD.
- Pay expenditure** to date is adverse against plan by £1.9m. The substantive cost favourable variance driven by 90 WTEs vacancies. This is net of temporary staffing costs totalling £7.7m. As in prior months, this continues to be an area of concern as staff costs are not flexing in line with activity delivery. The key mitigation of the implementation of additional controls on agency to reduce run rate spend are not yielding the required reduction to date with only marginal Agency expenditure reductions in month compared to prior months
- Non pay expenditure** is £0.4m adverse to plan in month reducing the favourable YTD position to £3.7m. This YTD position is driven by lower expenditure on clinical supplies due to activity levels, central procurement of defibs, non-utilisation of contingency reserves of £2.1m, PFI contract volume adjustments / performance deductions of £0.5m and old site decommissioning and new site project costs of £0.2m. This has also reduced in month due to the receipt of the actual rates bill for the new site which is £0.8m p.a. higher than estimated by the Trust's professional advisors.
- CIP** is £2.2m 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, £0.8m has been delivered YTD.

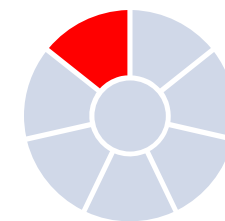
**In-month** the Trust generated a deficit of £0.5m on a Control Total basis, £0.9m adverse to plan (£0.8m favourable on a net basis due to the asset sales in month). PSF/FRF income of £1.5m is included within this position. Staffing levels are above the comparable 2018/19 period, however, overall admitted activity in month (excl. ITU) is 3.2% higher than December 2018 indicating continued improvement on the loss of productivity seen earlier in the year, although 9.8% lower than the average Q4 2018/19 activity, however this is predominantly due to the reduced number of working days during December.

The **underlying position** after non-recurrent and normalising items have been removed is a deficit of £11.9m YTD. Without action, the Trust's deficit is forecast to reach a downside position of £17.4m and due to the adverse in month position, the previously approved, non-recurrent mitigations and Executive Director approved actions and enhanced controls to bridge the gap to control total achievement increase in importance to ensure the Control Total break-even position is achieved.

**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 has crystallised regarding the old site land sale which was planned to generate a profit of £10.5m, but it is not anticipated that this will be sold in this financial year. The sale of both Queen Marys and St Peters nursing homes were completed in December at a higher than planned profit, contributing to the bottom line favourable in-month position.

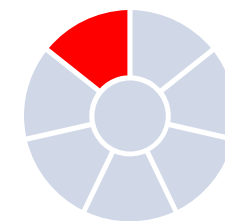
**Cash** is £8.1m favourable due to lower capital expenditure, improved working capital position and the impact of the delayed land sale. **Use of Resources** metric is 3 for the month in line with the planned score of 3.





## 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	Nov Score	Dec 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	10	10	↔
Future growth	2148	If the Trust does not meet growth targets or if there is a change in case mix to more loss making procedures and the cost base is not flexed to reflect this, then this will lead to lower income/cash levels but no reductions in cost levels so a higher deficit than planned.	12	25	25	↔
Capacity assumptions	2149	If the capacity plan does not reflect the actual operating model of the new hospital, there is a risk that activity and capacity assumptions underpinning the 2019/20 plan are not valid, potentially leading to lower levels of income or higher levels of cost than planned. In addition, if the target length of stay assumptions are not met then a lower level of activity will be accommodated in the New Hospital leading to a lower level of income.	10	15	15	↔
Efficiency Assumptions	2163	If the cost inflation rates increase then this will create a further cost pressure. However, conversely there is potential upside if the rates decrease.	12	15	15	↔
Delivery of Efficiency Challenge	843	If the 2018/19 CIP gap is not closed then the Trust is at risk of significantly missing its I&E and cash plans. If the Trust does not meet its on-going CIP requirement in 2019/20 then this will cause I&E and cash pressure and widens the gap to being able to afford to pay for the Unitary Payment.	12	20	20	↔
Maintain a positive cash balance	2164	If the Trust is unable to manage its financial performance in line with the Operational Plan, then there is a risk that it will be unable to maintain a positive cash balance and will require Distress Funding.	12	12	12	↔
Master Development & Control Plan	873	If the sale value of the current site and non-hospital buildings is lower than £15m then this leaves the Trust with a repayment shortfall that will need to be funded from Trust cash balances. Part of this risk has been reflected in the 2019/20 plan but if the value slips further then this would cause a cash pressure to the Trust.	10	25	20	↓
Equipment Replacement	2165	If the equipment replacement programme is not planned properly over time and if all equipment needs to be replaced at the same time, then this will cause a cash pressure in future years.	10	10	10	↔
Additional Costs	2166	If there was a further delay in the build of the HLRI then this would increase the period of paying for R&D offsite accommodation and therefore additional cost pressures.	10	5	5	↔
Electronic Patient Record System	858	If there is an escalation of cost as was seen with eHospital over original estimate then this could have a significant impact on cash and I&E. If the replacement of Microsoft licenses results in addition costs then this could have a significant impact on cash and I&E.	12	6	6	↔



## Spotlight on Directorate financial performance

Directorate scorecard performance summary:										
	In-month variances				YTD variances				Overall RAG	Trend
	Net Cost	Clinical income	Activity – IP & DC	Activity - OP	Net Cost	Clinical income	Activity – IP & DC	Activity - OP		
	£m / %	£m / %	No. / %	No. / %	£m / %	£m / %	No. / %	No. / %		
Cardiology	£0.4 / 24.3%	£(0.3) / -9.3%	(50) / -7.8%	(320) / -10.3%	£1.8 / 10.3%	£(4.0) / -14.5%	(870) / -13.3%	(4,277) / -13.4%	2	●
Surgery, Transplant & Anaesthetics	£(0.5) / -9.3%	£(0.3) / -9.5%	5 / 1.8%	112 / 15.9%	£(1.1) / -2.2%	£0.5 / 1.6%	192 / 6.5%	331 / 4.6%	4	●
Thoracic Medicine & Ambulatory Care	£(0.0) / -2%	£0.3 / 14.4%	(80) / -8.9%	66 / 2%	£(0.6) / -3.7%	£0.7 / 3.7%	(444) / -4.8%	(1,268) / -3.8%	2	●
Nursing - Corporate	£(0.0) / -4.6%	£(0.5) / -4.3%			£0.1 / 1.6%	£(2.4) / -2.1%			3	●
Clinical Administration	£0.0 / 7.8%	£(0.5) / -4.3%			£0.3 / 9.7%	£(2.4) / -2.1%			3	●
R&D	£(0.0) / -133.9%				£(0.2) / -115.9%				1	●
Digital	£(0.0) / -11.9%				£0.1 / 3.1%				4	●
Estates & facilities	£(0.8) / -95.9%				£(0.5) / -6.2%				1	●
Other	£2.3 / 86.4%				£(7.2) / -77.3%				1	●

Directorate performance – adverse performance headlines	
<p><b>Cardiology</b> – total expenditure was lower than plan by £0.43m in the month, and continues to be driven by clinical devices and consumables. As a result, the YTD underspend increases to £1.78m. Vacancies of 27.34 WTE across the Division continue to provide a substantive favourable pay variance YTD, however bank, agency and overtime costs of £1.32m result in a net pay overspend of £0.91m. Clinical activity was down when compared with prior month activity levels, and remains behind plan overall. YTD activity is adverse against plan by £4.01m, driven by Electrophysiology, Pacemaker and Coronary angiography activity.</p>	<p><b>Surgery, Transplant &amp; Anaesthetics</b> – the in month adverse income position of £0.30m is due to ECMO activity being below plan together with a correction to the total VAD device income which had been overstated. Year to date activity across the Division is £0.51m ahead of plan, with all services except Pumps reporting a favourable position. A high level of expenditure remains however, particularly temporary staffing in Critical Care and on the wards, which is a concern given that inpatient activity levels have remained relatively static across the Division. Total expenditure is adverse to plan by £1.07m, of which £0.86m is pay related .</p>
<p><b>Thoracic Medicine &amp; Ambulatory Care</b>– Increased activity levels in Thoracic Medicine and PTE again this month has further increased the favourable YTD income position, to £0.73m. Total outpatient activity was at its lowest level for 6 months, however there were less days worked during December. Against plan, Outpatient activity was 0.7% adverse in the month with the YTD activity levels 6.2% behind plan (£’s – 8.4%, £1.10m). Expenditure across the Division £0.55m adverse to plan, due to clinical consumable expenditure, particularly CPAP and Nasal masks, which in turn has offsetting income received as high cost device expenditure. There is a substantive favourable pay position due to vacancies of 47.76 WTE’s although this is being consumed by continued levels of temporary staffing in order to deliver services.</p>	<p><b>R&amp;D</b> – the adverse variance of £0.23m is driven by reduced income against plan for office rental, NIHR and CRN income. This adverse position has improved through the year, and is anticipated to improve further over the coming months as new funding streams for other planned research projects are received.</p>
<p><b>HR</b> – the Trust wide excess travel claims, as a result of the move to new hospital continues to remain largely unused, with £0.38m underspend YTD. Excluding this, the directorate has an underlying adverse variance of £0.42m, driven by 10.69 WTEs over establishment compared to plan.</p>	<p><b>Estates &amp; Facilities</b> – the adverse in month and YTD variances are due to the receipt of the rates invoice for the new hospital being significantly higher than had been provisioned, or budgeted for. The rateable value is being challenged with District Council.</p>
<p>Areas with adverse budget variances are being managed via an escalation meeting with the senior finance team.</p>	<p><b>Note: This represents the new Trust operational structure, therefore, comparison to prior months is not possible for all directorates.</b></p>