

Papworth Integrated Performance Report (PIPR)

January 2018

Content

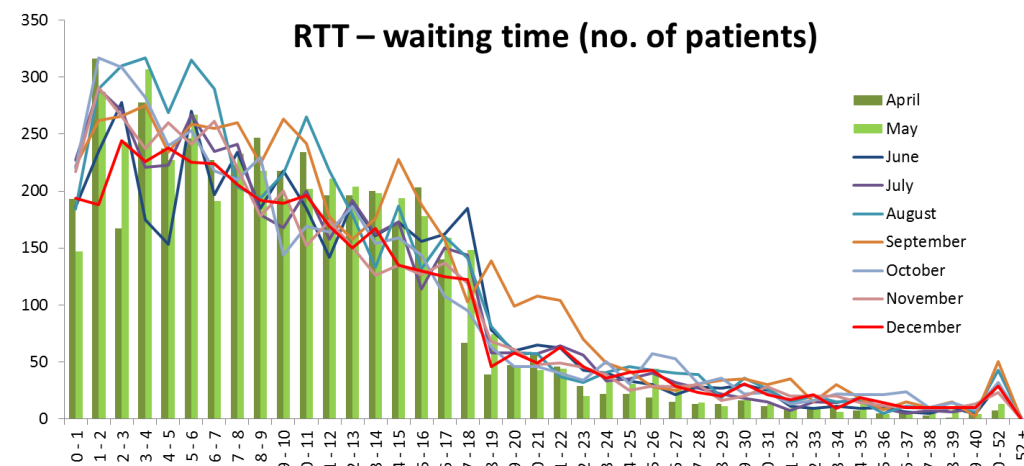
Reading Guide	Page 2
Trust Performance Summary	Page 3
'At a glance'	Page 4
- Balanced scorecard	Page 4
- Externally reported/Regulatory standards	Page 5
- Board Assurance Framework (BAF) risk summary	Page 6
Performance Summaries	Page 7
- Safe	Page 7
- Effective	Page 10
- Caring	Page 13
- Responsive	Page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

Context:

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

Inpatient Episodes	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Trend
Cardiac Surgery	198	224	209	196	202	209	
Cardiology	720	688	695	714	812	751	
ECMO	4	2	2	3	8	6	
PTE operations	14	17	14	16	15	16	
RSSC	509	510	572	571	594	463	
Thoracic Medicine	369	398	393	425	433	356	
Thoracic surgery (exc PTE)	47	58	56	73	73	65	
Transplant/VAD	55	55	54	49	38	43	
Total Inpatients	1,916	1,952	1,995	2,047	2,175	1,909	
Outpatient Attendances	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Trend
Cardiac Surgery	302	409	453	422	493	404	
Cardiology	2,519	3,575	3,092	3,461	3,543	2,680	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	1,806	1,846	2,143	2,185	2,286	1,749	
Thoracic Medicine	1,598	1,866	1,680	1,859	2,004	1,518	
Thoracic surgery (exc PTE)	109	114	116	131	134	83	
Transplant/VAD	292	378	302	360	370	283	
Total Outpatients	6,626	8,188	7,786	8,418	8,830	6,717	

Note - activity figures include Private patients and exclude unbundled radiology scan activity.



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 within 1% of the set target (above or below target) or 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%

Overall Scoring within a Category

Each category within the Balanced scorecard is given an overall RAG rating based on the rating of the KPIs within the category that appear on the balance scorecard (page 4).

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

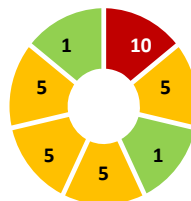
Overall Report Scoring

- **Red** = 4 or more red KPI categories
- **Amber** = Up to 3 red categories
- **Green** = No reds and 3 or less amber

Trend graphs



Within the balanced scorecard, each KPI has a trend graph which summarises performance against target from April 2016 (where data is available)



Data Quality Indicator

The data quality ratings for each of the KPIs included within the 'at a glance' section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI's is based on the views and judgement of the business owner for that KPI, and has not been subject to formal risk assessment, testing or validation. The Trust will consider development of a data quality assurance framework to provide greater clarity around quality of underlying data.

Rating	Description
5	High level of confidence in the quality of reported data. Data captured electronically in a reliable and auditable system and reported with limited manual manipulation with a full audit trail retained. Sufficient monitoring mechanisms in place to provide management insight over accuracy of reported data, supported by recent internal or external audits.
4	High level of confidence in the quality of reported data, but limited formal mechanisms to provide assurance of completeness and accuracy of reported information.
3	Moderate level of confidence in the quality of reported data, for example due to challenges within the processes to input or extract data such as considerable need for manual manipulation of information. These could effect the assurance of the reported figures but no significant known issues exist.
2	Lower level of confidence in the quality of reported data due to known or suspected issues, including the results of assurance activity including internal and external audits. These issues are likely to impact the completeness and accuracy of the reported data and therefore performance should be triangulated with other sources before being used to make decisions.
1	Low level of confidence in the reported data due to known issues within the input, processing or reporting of that data. The issues are likely to have resulted in significant misstatement of the reported performance and therefore should not be used to make decisions.



Trust performance summary

Overall Trust rating - **AMBER**

Favourable performance

Safe – Registered nurse vacancies continue to improve with the Trust being a net recruiter for the fifth month in a row.

Caring – The number of recorded compliments received from the ward areas by the PAL's team has increased this month indicating positive patient experience.

People, Management & Culture – There was further improvement in a number of areas in December. Total turnover reduced to 16.44%. This is the fourth month in a row the Trust has been a net recruiter of the total non-medical workforce and the fifth month in a row that we have been a net recruiter of the nursing workforce. There was a net increase in the registered nurse workforce of 9.64 WTE (this includes pre-registration nurses) and of 12.43 WTE in the Additional Clinical Services workforce. Trust total vacancy rates have reduced to 9.98%.

Adverse performance

Safe – The Trust reported 2 serious incidents in December. A patient fall is currently being investigated (discussed further in key performance challenges.) and the second SI relates to a patient who developed MRSA bacteraemia and is also being investigated. Safer staffing levels on average fell below 90% on average during the day shifts. This was due to an increase in staff sickness during December and inability to fill staffing gaps with agency or temporary workers during the holiday period. Safety was maintained by ensuring 1:1 cover was provided to the more vulnerable patients and staff available were moved to higher acuity areas.

Effective – Bed occupancy – during December bed capacity was affected by norovirus and the increased acuity of patients in Critical Care. CCA beds – patient acuity increased in month and following the cold weather, the declared ECMO surge on 22nd December required the need to flex activity to ensure sufficient capacity to take 5 ECMO patients. These resulted in an increase in the number of elective cancellations and will have impacted RTT as well as the flow out of critical care to the ward beds.

Responsive – The RTT position has worsened slightly since November as expected due to increased cancellations and the bank holiday period and Cath lab downtime due to breakdowns. Theatre cancellations increased significantly in December mainly due to reduced access to Critical Care as a result of increased acuity of patients, emergency admissions and ECMO surge.

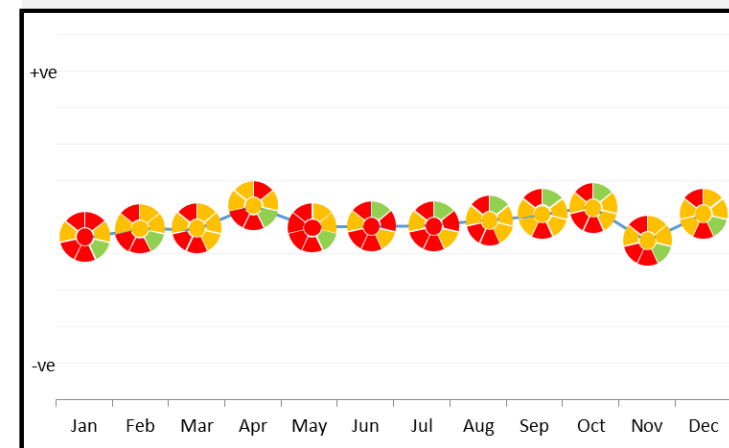
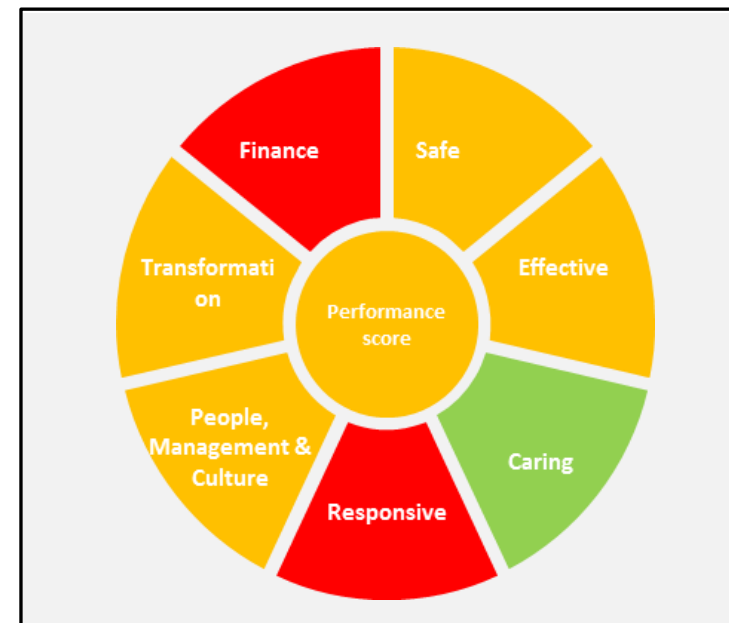
People, Management & Culture – Sickness absence increased to 3.72%, with the top reason for absence being colds and flu. The Trust is committed to achieving 80% of front line staff being vaccinated against flu.

Finance – The Trust's year to date financial position as at December is adverse to plan by £8,240k, with a reported deficit of £5,542k against a planned surplus of £2,700k.

Looking ahead

Transformation – NPH Design, Construction & Enabling Works: The Deed of Amendment which consolidates agreement reached within the Heads of Terms for the structural change variation has been created and approval for the Trust to enter into it was provided at an extra ordinary Board meeting in November 2017. The document and its technical schedules are complete and placed into escrow awaiting the funder approvals necessary to allow execution to take place. Execution of the deed will remove outstanding risks related to potential delay claims. As part of this process, an updated Final Commissioning Programme has been agreed between the parties, which has been used to develop consequential updates to the Master Commissioning Programme. This revised version of the programme will pass through the agreed document control procedure during January 2018.

Finance – Due to the revised forecast position, the use of resources score at year end is anticipated to be 4, which is the lowest score achievable.



At a glance – Balanced scorecard

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast	Trend
Safe	Safety Thermometer harm free care	Dec-17	4	95%	99.49%	99.20%		
	Number of serious incidents reported to commissioners in month	Dec-17	3	0	2	7		
	Never Events	Dec-17	3	0	0	1		
	Moderate harm and above incidents reported in month (including SIs)	Dec-17	3	Monitor only	3	31		
	Moderate harm incidents and above as % of total PSIs reported	Dec-17	3	4%	0.60%	1.54%		
	Safer staffing – registered staff day (night)	Dec-17	3	95%	87.9% (93.6%)	89.13% (94.31%)		
	Number of C.Diff cases (sanctioned)	Dec-17	4	5	0	2		
Effective	Bed Occupancy (excluding CCA)	Dec-17	4	85%	75.70%	77.01%		
	CCA bed occupancy	Dec-17	3	85%	90.00%	86.28%		
	Admitted Patient Care (elective and non-elective)	Dec-17	4	19571	1909	17771		
	CCA length of stay – mean (hours)	Dec-17	3	Monitor only	100	100		
	CCA length of stay – median (hours)	Dec-17	3	Monitor only	45	45		
	Cardiac surgery mortality EuroSCORE	Dec-17	3	3%	2.65%	2.46%		
	Length of stay – combined (excl. Day cases) (days)	Dec-17	3	Monitor only	5.05	4.68		
	% Day cases	Dec-17	3	Tbc	53.2%	53.4%		
Responsive	Theatre Utilisation	Dec-17	3	80%	82.8%	85.6%		
	% diagnostics waiting 6 weeks and over	Dec-17	tbc	99%	99.53%	99.48%		
	18 weeks RTT	Dec-17	3	92%	83.51%	83.51%		
	62 days cancer waits	Dec-17	3	85%	100.00%	96.71%		
	31 days cancer waits	Dec-17	3	96%	100.00%	100.00%		
	Theatre cancellations in month	Dec-17	3	30	56	405		
	Outpatient DNA rate	Dec-17	4	Monitor only	9.75%	9.93%		
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	Dec-17	3	95%	39.58%	37.84%		

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast	Trend
Caring	FFT score- Inpatients	Dec-17	4	95%	98.00%	97.44%		
	FFT score - Outpatients	Dec-17	2	95%	96.30%	97.43%		
	Number of complaints	Dec-17	4	45	2	44		
	% of complaints responded to within agreed timescale	Dec-17	4	100%	100.00%	99.33%		
	Number of complaints upheld / part upheld	Nov-17	4	27	1	24		
	Number of recorded compliments	Dec-17	4	Monitor only	379	1218	n/a	
People Management & Culture	Voluntary Turnover %	Dec-17	3	15%	16.44%	19.75%		
	Vacancy rate as % of budget	Dec-17	4	5.50%	9.98%			
	Agency spend as % of salary bill	Dec-17	4	2.89%	2.88%	3.37%		
	% of staff with a current IPR	Dec-17	3	90%	91.09%			
	% sickness absence	Dec-17	3	3.0%	3.72%	3.24%		
Finance	Year to date EBITDA surplus/(deficit) £k	Dec-17	4	£7,627	£(1,097)			
	Year to date surplus/(deficit) £k	Dec-17	4	£2,698	£(5,542)			
	Cash Position at month end £k	Dec-17	4	£20,017	£16,718			
	Use of Resources rating (UOR)	Dec-17	5	3	3	3		
	Capital Expenditure YTD £k	Dec-17	4	£18,423	£3,052			
	In month Clinical Income £k	Dec-17	4	£106,286	£11,362	£99,434		
	CIP – Identified £000s	Dec-17	4	£2,394	£1,930	£1,930		
	CIP – FY Target £000s	Dec-17	4	£6,023	£3,290	£3,290		
Transformation	ORAC programme delivery on track	Dec-17	3					→
	Delivery of enabling works	Dec-17	4					→
	NPH PFI Construction phase – performance against completion timeline	Dec-17	4					→
	CTP – project delivery	Dec-17	4					→
	SIP – project delivery	Dec-17	4					→
	ICT programme delivery on track	Dec-17	3					→



At a glance – Externally reported / regulatory standards

1. NHS Improvement Compliance Framework

NHSI Targets	Measure	Data Quality	NHSI Target	Month	YTD	Previous quarter	Forecast	Comments
C. Difficile	Meeting the C.Diff Objective	5	5	0	2	0	2	
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	83.51%		86.22%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	100%		100%		Current month provisional as going through verification process.
	31 Day Wait for 2nd or Subsequent Treatment - surgery	3	94%	100%		100%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	3	85%	96.71%		97.63%		Current month provisional as going through verification process. Data is after reallocations
VTE	Number of patients assessed for VTE on admission	3	95%	95.68%		94.77%		
Finance	Use of resources rating	5	3	3	3	3	4	Due to the revised forecast position, the use of resources score at year end is anticipated to be 4, which is the lowest score achievable.

2. 2017/18 CQUIN

Measure		Total available	YTD Achievement	Forecast outturn achievement	Comments
		£'000s	£'000s	£'000s	
NHSE	GE3: Medicines Optimisation	£251.80	£75.54	£251.80	
	IM2: CF Patient Adherence	£220.56	£110.03	£220.56	
	IM4: Complex Device Optimisation	£147.04	£73.33	£147.04	
	Adult Critical Care Discharge	£110.28	£0.00	£110.28	Year end assessment
	Angio to CABG reduction in waiting times	£110.28	£33.01	£88.27	
	New Papworth Hospital	£1,000.00	£500.00	£1,000.00	
NHSE total		£1,839.96	£791.91	£1,817.95	
C&P CCG & Associates	1a Improvement of health and wellbeing of NHS staff	£29.17	£14.58	£29.17	
	1b Healthy food for NHS staff, visitors and patients	£29.17	£0.00	£29.17	Year end measure
	1c Improving the uptake of flu vaccinations for frontline clinical staff within Providers	£29.17	£0.00	£29.17	Year end measure
	2a Timely identification of sepsis in acute inpatient settings	£21.88	£7.66	£15.31	
	2b Timely treatment of sepsis in acute inpatient settings	£21.88	£10.94	£21.88	
	2c Antibiotic Review	£21.88	£10.94	£21.88	
	2d Reduction in antibiotic consumption	£21.88	£10.94	£21.88	
	6 Offering advice and guidance	£87.51	£43.75	£87.51	
	7 NHS E Referrals	£87.51	£43.75	£87.51	
	9a Tobacco screening	£21.88	£10.94	£21.88	
	9b Tobacco brief advice	£21.88	£10.94	£21.88	
	9d Alcohol screening	£21.88	£10.94	£21.88	
	9e Alcohol brief advice or referral	£21.88	£10.94	£21.88	
	Engagement in STP process	£145.85	£72.92	£145.85	
	Risk reserve linked to achievement of the Trust's prior year control total	£145.85	£72.92	£145.85	
CCGs total		£729.27	£332.16	£722.70	
Grand Total		£2,569.23	£1,124.07	£2,540.65	



Board Assurance Framework risks (above risk appetite)

PIPR Category	Title	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Jul 17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Status since last month
Safe	Ageing Estate	RC	6	Yes	12	12	12	12	12	16	↑
Safe	Safer staffing and Monitor's Agency Price cap	JR	6	Yes	16	16	20	20	20	20	↔
Safe	Nursing staff shortages affecting surgical activity	AG	6	Yes	0	0	12	20	20	20	↔
Safe	Risk of insufficient workforce levels to meet the staffing requirements of the new Papworth Hospital (Ref closed risks ID 683	JS	12	Yes	0	0	0	0	20	20	↔
Safe	(New) Optimisation of the EPR systems	JR	6	Yes	0	0	0	0	0	16	↑
Effective	Delivery of Efficiency Challenges - SIP Board approved	EM	12	Yes	20	20	20	20	20	20	↔
Effective	Delivery of Efficiency Challenges - SIP targets	EM	12	Yes	25	25	25	25	25	25	↔
Effective	Cath lab scheduling	AG	6	Yes	16	16	16	16	16	12	↓
Responsive	R&D strategic recognition	RH	8	Yes	12	12	12	12	12	12	↔
Responsive	Pharmacy clinical trials service	RH	8	Yes	12	12	12	12	12	12	↔
Responsive	Capacity assumptions - length of stay	EM	10	Yes	16	20	20	20	20	20	↔
Responsive	Capacity assumptions - activity	EM	10	Yes	16	20	20	20	20	20	↔
Responsive	Capacity assumptions - under occupancy	EM	10	Yes	12	12	12	12	12	12	↔
Responsive	Capacity assumptions - higher occupancy	EM	10	Yes	16	20	20	20	20	20	↔
Responsive	Utilisation of capacity to add financial gains to the overall SIP	EM	6	Yes	12	12	12	12	12	12	↔
People Manag. & Cult.	Failure to release staff to undertake educational activity due to workload constraints and capacity pressure leading to	JS	8	Yes	9	9	9	9	9	9	↔
People Manag. & Cult.	Capacity releasing projects	EM	12	Yes	15	12	15	15	15	15	↔
People Manag. & Cult.	Inability to retain or recruit staff affecting quality care delivery and capacity to treat	JR	6	Yes	20	20	20	20	20	20	↔
Transformation	Pathology IM&T systems	AR	12	Yes	16	16	16	16	16	16	↔
Transformation	Variations on the New Hospital	RC	10	Yes	25	20	20	20	20	20	↔
Transformation	Whole Hospital Equipping Plan purchases vs loan value	RC	12	Yes	25	25	25	25	25	25	↔
Transformation	Expenditure Growth - New ways of working	RC	12	Yes	15	15	15	15	15	15	↔
Transformation	Master Development and control plans - local planning regulations	RC	10	Yes	20	20	20	20	20	20	↔
Transformation	The STP work includes Cardiology	EM	8	Yes	9	9	9	9	9	9	↔
Finance	Failure to meet cardiac and cancer waiting targets	EM	12	Yes	16	16	16	16	16	16	↔
Finance	Current Trading Income performance	RC	10	Yes	12	12	15	15	15	15	↔
Finance	Current Trading Expenditure	RC	10	Yes	25	25	25	25	25	25	↔
Finance	Income Growth - targets	EM	12	Yes	20	25	25	25	25	25	↔
Finance	Income Growth - case mix	EM	12	Yes	20	20	20	20	20	20	↔
Finance	Income Growth - activity transfers	EM	12	Yes	20	20	20	20	20	20	↔
Finance	Master Development and control plans - sale value	RC	10	Yes	20	20	20	20	20	20	↔
Finance	Master Development and control plans - sales dates	RC	10	Yes	15	15	15	15	15	15	↔
Finance	Whole hospital equipping plan - deficit position	RC	12	Yes	25	25	25	25	25	25	↔
Finance	Failure to deliver the operational financial plan 2016/17	RC	12	Yes	16	16	16	16	16	16	↔



Performance summary

Accountable Executive: Director of Nursing

Report Author: Deputy Director of Nursing / Assistant Director of Quality and Risk

6 month performance trends



		Data Quality	Target	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Dashboard KPIs	Safety Thermometer harm free care	4	>95%	100.00%	98.84%	98.58%	98.20%	98.92%	99.49%
	Number of serious incidents reported to commissioners in month	3	0	0	0	0	0	2	2
	Never Events	3	0	0	0	0	0	0	0
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	6	3	3	5	5	3
	Moderate harm incidents and above as % of total PSIs reported	3	<4%	2.70%	2.40%	1.41%	2.26%	1.00%	0.60%
	Safer staffing – registered staff day (night)	3	90-100%	89.8% 93.6%	88.3% 93.6%	89.50% 94.50%	92.50% 97.90%	92.30% 95.20%	87.90% 93.60%
	Number of C.Diff cases (sanctioned) year to date	4	5 in year	0	0	0	2	0	0
Additional KPIs	Registered nurse vacancies (WTE)	3	5%	110.82	106.52	94.77	88.41	89.49	84.41
	Registered nurse vacancies (% total establishment)	3		19.92%	19.15%	17.04%	15.89%	16.17%	15.25%
	Number of Papworth acquired Pressure Ulcers (grade 2 and above)	4	<4	4	5	0	3	2	1
	Falls per 1000 bed days	3	<2.2	1.8	0.6	1.8	3.0	3.1	3.3
	MRSA bacteremia	3	0	0	0	1	1	0	1
	HCSW vacancies (WTE)	3	10%	27.21	25.14	16.18	21.83	20.01	20.29
	HCSW vacancies (% total establishment)	3		13.73%	12.69%	8.17%	11.02%	11.40%	11.62%

Summary of Performance and Key Messages:

The Trust reported 2 serious incidents in December.

A patient fall is currently being investigated. See key performance challenges.

Falls continue to present a risk of harm to patients and this is described in the next slide.

The second SI relates to a patient who developed MRSA bacteraemia and is also being investigated.

Safer staffing levels on average fell below 90% on average during the day shifts. This was due to an increase in staff sickness during December and inability to fill staffing gaps with agency or temporary workers during the holiday period. Safety was maintained by ensuring 1:1 cover was provided to the more vulnerable patients and staff available were moved to higher acuity areas.

There were changes made to the nursing establishments in cardiac day ward to facilitate cath lab 6 activity and CMU due to reconfiguration and changes to ways of working. This impacts on the denominator used to calculate vacancies. However the Trust continues to be a net recruiter of registered nurses.



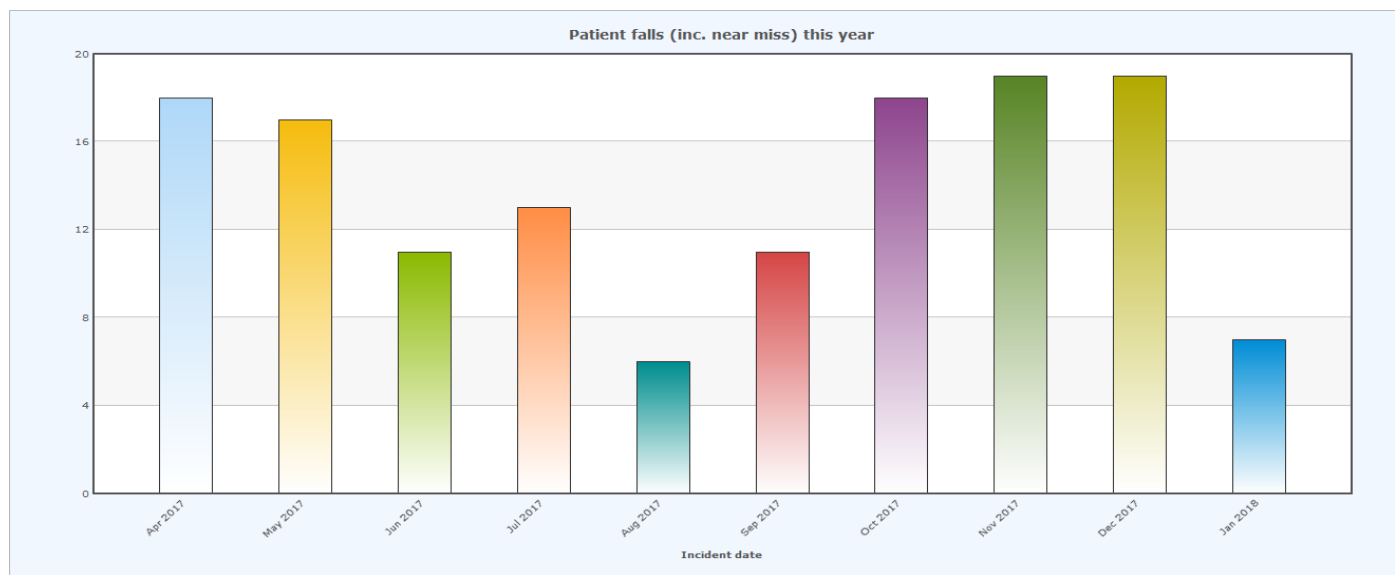
Key performance challenges



- Compliance with completion of **VTE risk** assessments was 92% in December which is a 0.5% better than November but below target for exemplar site (98%);
- Data collection for reporting is time consuming due to difficulties with running report on Lorenzo;
- Data collection has identified a number of incomplete and unauthorised risk assessments.

Month 2017	Sept	Oct	Nov	Dec
% COMPLIANCE	97.7	98.1	91.50	92

Patient Falls - The number of patient falls and near misses has increased per 1000 bed day during the last 3 months of 2017. All except 2 resulted in no or low harm. There was 1 fall that resulted in moderate harm and 1 that resulted in a patient death. This presents a risk to patient safety and patient experience.



Key Risks

- Risk to patient safety if assessment isn't completed patient could miss out on prophylaxis to prevent VTE.
- Risk to organisations ability to maintain exemplar status.
- Risk to patient experience.

Key Actions

- All clinical staff have training on importance of completion of VTE risk assessment on induction to the trust.
- Reminders through ward and departmental meetings reminding staff to ensure completion and authorisation of the VTE risk assessment.
- Lorenzo team working to ensure accessing report is less time consuming.

- Falls prevention coordinator now in post.
- Patient information leaflet on how to prevent falls in hospital being devised.
- Falls monitors now in place across all ward areas.
- There is a MDT quarterly review of fall trends and actions. The key areas of focus for this quarter are heightened awareness of time of day when most falls occur.





Blood stream infections

Month ► Organisms ▼	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Year total
MRSA bact.	1(NT)	0	0	0	0	1* (OT)	1* (OT)	0	1	4
MSSA bact.	1	2	1	0	1	6	3	2		18
E. coli bact.	0	1	0	2	0	1	2	2	2	10
VRE bact.	0	1	0	1	0	0	2	3	2	9
Klebsiella spp bact.	1	2	0	1	0	2	0	0	1	7
P.aeruginosa bact	0	0	0	1	0	0	1	0	1	3

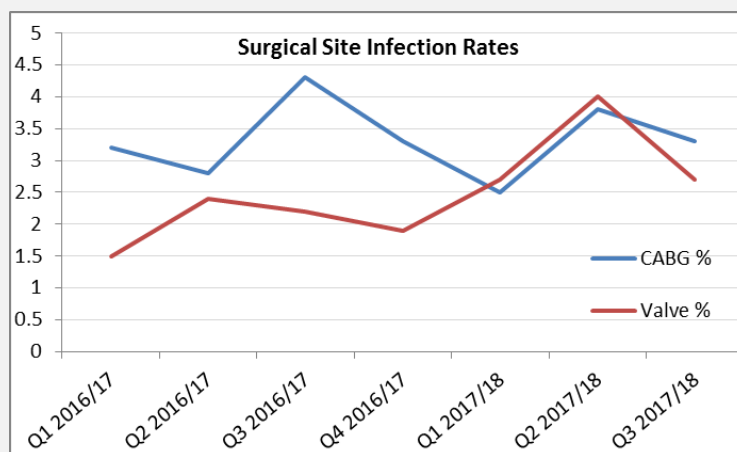
OT - on trajectory

Surgical site infections

The incidence of surgical site infections is showing an improvement from the previous quarter.

Cleaning Standards

Concerns have been raised by patients and staff about the cleaning standards provided by the contractor ISS.



Key Actions:

- All bacteraemias have a root cause analysis performed and are presented at the IPPC meeting and actions are agreed and monitored.
- Increased monitoring of cleaning standards by the Estates and Facilities monitoring officer
- Development/training needs identified with cleaning manager, being provided by Regional Contract Manager for ISS
- More attendance on site by Regional Contract Manager ISS
- Patient feedback surveys by Estates and Facilities monitoring officer
- Regular reviews of Friend and Family feedback by Estates and Facilities monitoring officer
- The Estate and Facilities team will participate in the regular Patient Environment Audits, jointly with nursing and IPCT colleagues
- Introduction of patient environment assistants to assist with cleaning of equipment in wards and departments.
- Ensure all staff adhere to uniform policy and bare below the elbows.
- Closer working with surgical pre admission clinic to ensure pre operative care is maximised.
- Ensuring patients receive the correct pre operative antibiotic prophylaxis at the correct time.



Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Directors of Operations



6 month performance trends

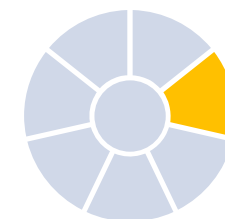
		Data Quality	Target	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Dashboard KPIs	Bed Occupancy (excluding CCA)	4	85%	73.9%	76.0%	77.0%	78.2%	77.2%	75.7%
	CCA bed occupancy	3	85%	87.3%	83.9%	84.1%	85.0%	94.0%	90.0%
	Admitted Patient Care (elective and non-elective)	4	1911 (current month)	1916	1952	1995	2047	2175	1909
	CCA length of stay (LOS) (hours) - Mean	3	Monitor only	103	94	103	98	95	100
	CCA LOS (hours) - median	3	Monitor only	42	42	43	29	33	45
	Cardiac surgery mortality EuroSCORE	3	<3%	2.45%	2.50%	2.54%	2.63%	2.56%	2.65%
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	4.51	4.89	4.68	4.46	4.4	5.05
	% Day cases	3	Monitor only	52.77%	52.69%	51.67%	51.55%	54.38%	53.22%
	Theatre Utilisation	3	80%	81.84%	93.03%	79.96%	85.84%	89.42%	82.82%
Additional KPIs	Same Day Admissions – Cardiac (eligible)	4	40%	31.60%	22.64%	31.25%	17.39%	35.14%	18.81%
	Same Day Admissions – Thoracic (eligible)	4	40%	35.30%	53.49%	58.33%	46.77%	53.49%	52.94%
	Length of stay – Cardiac Elective – CABG (days)	3	8.22	7.54	8.58	7.93	6.64	7.74	9.66
	Length of stay – Cardiac Elective – valves (days)	3	9.65	9.15	9.08	10.72	8.86	9.64	10.90
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	4	90%	88%	87%	90%	89%	91%	87%
	Cath Lab Utilisation 6 (including 15 min Turn Around Times)	4	70%	n/a	n/a	n/a	n/a	79%	76%

Summary of Performance and Key Messages

- Bed occupancy – during December bed capacity was affected by norovirus and the increased acuity of patients in Critical Care.
- CCA beds – patient acuity increased in month and following the cold weather, the declared ECMO surge on 22nd December required the need to flex activity to ensure sufficient capacity to take 5 ECMO patients. These resulted in an increase in the number of elective cancellations and will have impacted RTT as well as the flow out of critical care to the ward beds.
- Cardiac surgery mortality EuroSCORE – Whilst still below target, the increase is being reviewed by the Quality & Risk Group.
- Admitted patient care – the reduced activity levels were a result of 2 bank holidays, the Trust's response to the ECMO surge, the NHSE directive to reduce occupancy to support in-house urgent and ACS transfers resulting from the pressure in the system and the planned activity reductions as a result of the annual mandatory radiation checks in the Cath Labs.
- The in-month reduction in Theatre utilisation was primarily due to reduced flow and the acuity of patients in Critical Care (see Effective – key performance challenge)
- Same day Admissions Cardiac surgery – the fall in performance is largely due to the increased number of cancelled cases which mainly affects patients second on the theatre list who are also booked as same day admission.
- Cath Lab utilisation in month was affected by a number of breakdown events. There were 6 working days when breakdowns occurred in Labs 1, 2 and 5 resulting in patient cancellations. Patients were clinically prioritised and rebooked within a maximum of 6 days.



Key performance challenges



Escalated performance challenges

Total number of cancellations dropped to

Cancellation code	Dec-17
1a Patient DNA	1
1b Patient refused surgery	1
1c Patient unfit	4
1d Sub optimal work up	0
2a All CCA beds full with CCA patients	10
2b No ward bed available to accept transfer from CCA	15
2c Delay in repatriation of patient from CCA	1
2d No ward bed available	1
3a Critical Care	5
3b Theatre Staff	0
3c Consultant Surgeon	0
3d Consultant Anaesthetist	0
3e Other	1
4a Emergency took time	8
4b Transplant took time	3
4c ECMO/VAD took time	0
4d Additional urgent case added and took slot	1
4e Equipment/estate unavailable	0
5a Planned case overran	1
5b Additional urgent case added and took slot	1
5c Overruns delayed start	0
6a Scheduling issue	3
Total	56

Key risks

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

Contributing factors :

No Ward Beds available – Cancellations related to No Ward beds has increased significantly from 6 to 15 in December, although overall there has been a decrease in month of number of ward patients remaining on the Unit.

All CCA beds full of CCA patients – Overall occupancy remained at 90% in month.

CCA staff – for the second month, cancellations related to CCA staff remained lower than earlier in the year – reflecting a combination of new staff, overtime and agency usage.

Additional activity within theatres and CCA

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

44 patients returned or were admitted to CCA as emergencies.

22 additional elective cases were added to the list.

83 additional emergency minor procedures also went through theatre.

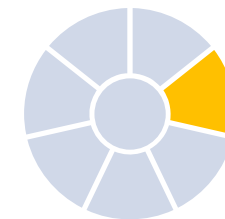
2 occasions where a theatre team was called to different department.

Key Actions

- **Recruitment** – 4 new registered starters in December with more incoming in January and continuation of successful recruitment days. Vacancy figure for CCA in December was the lowest figure for 12 months.
- **Open Beds** – On Mon-Fri throughout December, Critical Care had in excess of 30 beds open on average – excluding Bank Holidays. Overall occupancy for open beds remained at a sustained level of 97%. The trajectory within the Cardiac surgery recovery plan was for 29 CCA beds to be open until March 2018, followed by a stepped increase until July 2018.



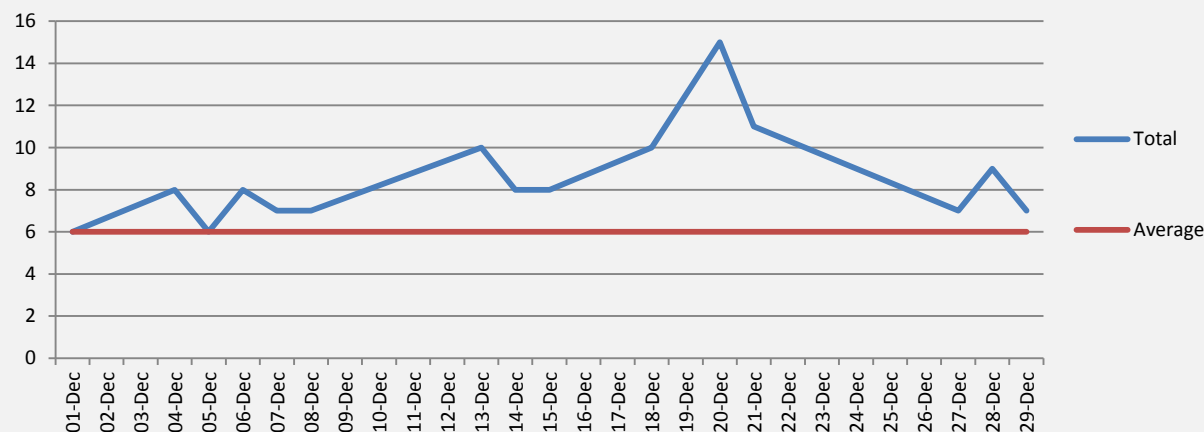
Spotlight on: Repatriations



Summary of performance:

- Patients who have been admitted to neighbouring hospitals and require a specialist Cardiology, Surgical or Respiratory procedure are transferred by ambulance to Royal Papworth in order for that procedure to take place. Following this, the patient is then normally transferred back to the originating hospital for their ongoing care.
- During times of peak pressure at neighbouring hospitals patients requiring repatriation from Royal Papworth can be delayed due to beds not being available. During December, this became an increasing problem over the course of the month.
- On average, there are circa 6 patients awaiting repatriation at any one time, however in December this average increased to 8 with numbers peaking to 15, more than double the average.
- The problem was compounded by transport delays and transport not being available. Two of the four private ambulance providers used by the Trust ceased trading in December.
- The impacts of increased repatriations are multi-factorial:
 - Patients are not the right place to receive the necessary general medical care that can be provided at a DGH;
 - Occupied beds are not available for patients who require admission for specialist care and could lead to cancellations;
 - Occupied beds are being staffed by specialist staff and possibly expensive agency staff.

Daily number of patients awaiting repatriation from Royal Papworth



Key Actions:

- To ensure that patients requiring repatriation are identified and discussed at each daily operational meeting to ensure that transfers happen in a timely manner.
- Operational escalation after 48 hours
- To ensure the internal escalation of delayed repatriations in line with the Trust's operational policies, including On-call Director to On-call Director conversations to remove delays wherever possible.



Performance summary



Accountable Executive: Director of Nursing

Report Author: Deputy Director of Nursing / Assistant Director of Quality and Risk

6 month performance trends

		Data Quality	Target	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Dashboard KPIs	FFT score- Inpatients	4	95%	97.0%	97.0%	97.0%	98.0%	98.0%	98.0%
	FFT score - Outpatients	2	95%	99.0%	95.0%	96.0%	98.0%	96.6%	96.3%
	Number of complaints	4	5 and below	11	8	2	7	1	2
	% of complaints responded to within agreed timescales	4	100%	100%	100%	94%	100%	100%	100%
	Number of recorded compliments	4	Monitor only	108	109	66	111	125	379
Additional KPIs	Number of complaints upheld	4	60%	6	5	1	5	1	N/A

Summary of Performance and Key Messages:

- Whilst Friends and Family scores remain good the participation rate has decreased in the last month. See escalated key performance challenges.
- The number of recorded compliments received from the ward areas by the PAL's team has increased this month indicating positive patient experience.
- There were 2 formal complaints in December which are currently under investigation.
- The 2017 National In patient Survey field work has concluded and the Trust achieved a 59% response rate, the highest in the group surveyed by Quality Health. The average response rate was 43% with a range from 25% to 59%. We expect the management report mid February and the comments by mid March.



Key performance challenges



Friends and Family response rate

- Friends and family participation rate has decreased to 29% for inpatients this month with 98% of those that took part recommending Royal Papworth as a place to be treated.
- Friends and family participation rate for outpatients is low at 1.5% with 95% of patients recommending Royal Papworth as a place to be treated.

Key Risks

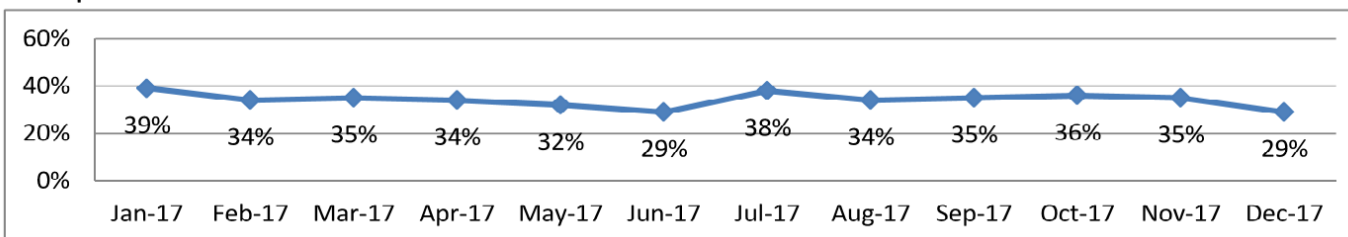
- Poor participation rate may not be accurately reflecting the over all patient experience .
- Risk of poor patient experience
- Risk to reputational damage .

Key Actions taken

- All wards and department capture Friends and family response rate as a KPI reported in the ward and department scorecard. All areas to produce action plan to increase response rate.
- Encourage use of volunteers to help increase response rate.
- Areas with better response rates to share ideas with lower response areas.
- Monitor through patient experience group and ward sisters forum.

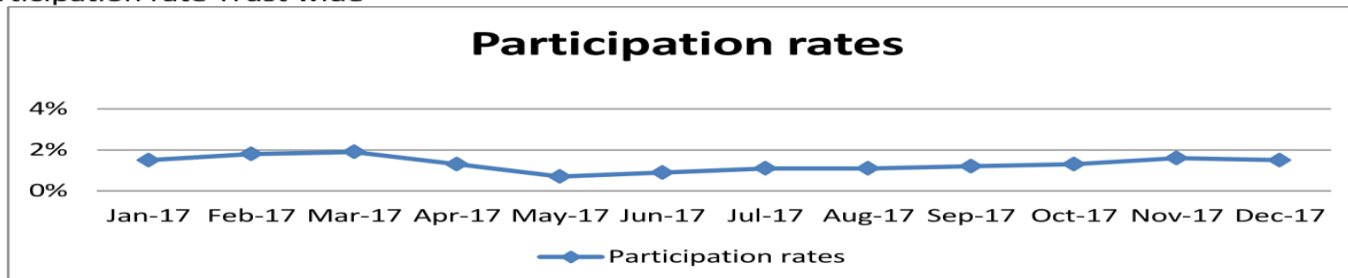
Inpatients

Participation rates Trust wide



Outpatients

Participation rate Trust wide



Caring

Spotlight on:



The Care Maker Certificates : 1 year on.

Last December the Executive Team introduced an award for staff that recognised those that demonstrated the Trust Values and that go beyond their role profile, demonstrating excellence in caring for the patients or colleagues at Royal Papworth Hospital. The Trust awarded the first Care Maker Certificate to Gill Wright (Ward Sister, Mallard Ward) in December 2016 for demonstrating Courage, Competence and Compassion. Since then the Trust has awarded **35** certificates.

This scheme is based on the 6Cs; **Care**, **Compassion**, **Competence**, **Communication**, **Courage**, **Commitment** and a certificate to recognise the individuals or teams commitment is awarded by one of the Executive Directors.

The 6Cs are the value base for Leading Change, Adding Value; a framework for nursing, Midwifery and care staff. These values were one of the great legacies created through 'Compassion in Practice', a three-year strategy that concluded in March 2016. The Trust has Care Makers (ambassadors of the 6cs) in the Trust who award Care Maker Certificates at departmental level.

The 6Cs are embedded into everything nursing, midwifery and care staff do.

6Cs - Values essential to compassionate care



✓ Care

Care is our core business and that of our organisations; and the care we deliver helps the individual person and improves the health of the whole community.

Caring defines us and our work. People receiving care expect it to be right for them consistently throughout every stage of their life.

✓ Compassion

Compassion is how care is given through relationships based on empathy, respect and dignity.

It can also be described as intelligent kindness and is central to how people perceive their care.

✓ Competence

Competence means all those in caring roles must have the ability to understand an individual's health and social needs.

It is also about having the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.

✓ Communication

Communication is central to successful caring relationships and to effective team working. Listening is as important as what we say. It is essential for 'No decision without me'.

Communication is the key to a good workplace with benefits for those in our care and staff alike.

✓ Courage

Courage enables us to do the right thing for the people we care for, to speak up when we have concerns.

It means we have the personal strength and vision to innovate and to embrace new ways of working.

✓ Commitment

A commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients.

We need to take action to make this vision and strategy a reality for all and meet the health and social care challenges ahead.

www.england.nhs.uk

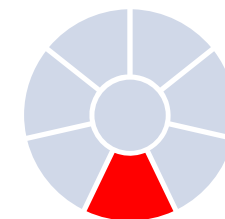


Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Associate Director of Operations

6 month performance trends



		Data Quality	Target	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Dashboard KPIs	% diagnostics waiting less than 6 weeks	tbc	>99%	99.55%	99.28%	99.42%	99.66%	99.83%	99.53%
	18 weeks RTT (combined)	3	92%	85.45%	85.47%	82.10%	83.80%	84.83%	83.51%
	62 days cancer waits	3	85%	100.0%	100.0%	90.0%	100.0%	87.5%	100.0%
	31 days cancer waits	3	96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Theatre cancellations in month	3	30	66	56	63	26	34	56
	Outpatient DNA rate	4	Monitor only	11.13%	8.31%	10.6%	10.2%	8.4%	9.8%
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	3	95%	28.00%	25.37%	34.37%	31.57%	50.00%	39.58%
Additional KPIs	18 weeks RTT (cardiology)	3	92%	79.22%	78.76%	75.98%	78.33%	81.75%	81.38%
	18 weeks RTT (Cardiac surgery)	3	92%	80.29%	79.58%	68.11%	70.77%	71.07%	67.33%
	18 weeks RTT (Respiratory)	3	92%	96.39%	95.60%	95.67%	97.25%	95.35%	94.04%
	Acute Coronary Syndrome 3 day transfer %	3	90%	98.17%	98.40%	100.00%	100.00%	99.12%	100.00%
	Other urgent Cardiology transfer within 5 days %	3	90%	100.00%	93.18%	100.00%	100.00%	100.00%	100.00%

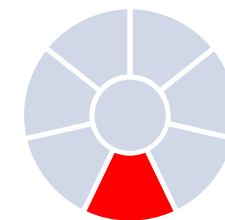
Summary of Performance and Key Messages

- The RTT position has worsened slightly since November as expected due to increased cancellations and the bank holiday period and Cath lab downtime due to breakdowns. However, the Trust delivered the aggregate performance for Cardiology and Cardiac Surgery.
- Theatre cancellations increased significantly in December mainly due to reduced access to Critical Care as a result of increased acuity of patients, emergency admissions and ECMO surge.
- IHU surgery performance has fallen from the November figure of 50%, although it remains better than the 4 months prior to that. The number of IHU referrals have increased as have cancellations (see Effective). This is compounded by the need to rebook patients within 28 days which has resulted in restricted IHU capacity. As a consequence IHUs are currently being booked for 14 days hence. The transfer agreement has been therefore invoked and we are looking at whether any referrals can be diverted for earlier treatment elsewhere.
- RTT Cardiology – the performance of 81.38% was 0.02% above the agreed trajectory for December as a result of the additional activity from Cath Lab 6.
- RTT Cardiac Surgery – although the performance has deteriorated from the November position, this was expected and is due to the elective cancellations in December. Achievement was 7.1% above the agreed trajectory.
- RTT Respiratory - performance in December was hampered by staff sickness in particular along with the bank holiday period.



Responsive

Key performance challenges



Escalated performance challenges

- The Trust continues to submit RTT achievement on a weekly and monthly basis as part of the revised Remedial Action Plan signed off by Commissioners which requires the Trust to meet the contractual target of 92% for all services by March 2018; the Trust delivered the December performance required within the plan.
- Cardiology continues to be the biggest challenge but achieved the planned position for the remedial action plan. Cath lab 6 activity continues to be delivered at or above the planned level however in December we experienced downtime in Cath labs 1, 2 and 5 due to breakages which reduced the number of cases which could be treated. Additionally annual mandatory radiation checks were undertaken on Cath labs 1 to 5 in December which took each lab out of service for half of a day.
- Despite a number of challenges in December, Cardiac Surgery achieved the planned position within the remedial action plan. The additional challenges included EMCO surge being declared on 22nd December and a reduction in available critical beds due to staff sickness, reported as flu.
- There is an emerging challenge with Respiratory, which although continues to exceed the 92% standard, has seen a drop in performance. This is primarily due to vacancies within RSSC.

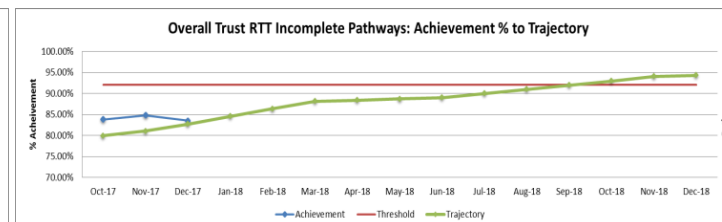
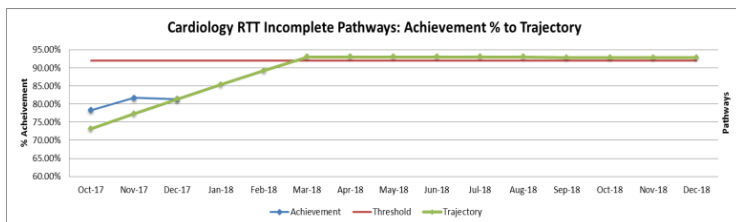
Key Risks

- Patients deteriorate as a result of prolonged wait for treatment.
- Under performance against the KPI.
- Lack of opportunity to get more efficient patient flow through the hospital.
- Lack of capacity therefore RTT continued decline, and failure to meet the agreed recovery trajectory.

Key Actions

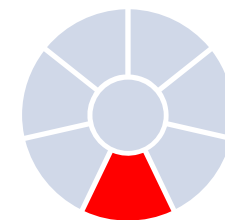
- Maintaining consistent access to critical beds for cardiac surgery.
- Additional cardiac surgery lists on Sunday and on Audit mornings continues.
- Cath Lab 6 continues to deliver the planned activity and has helped to mitigate the effect of downtime in labs 1-5. Patients have been prioritised based upon waiting time and clinical urgency.
- The expansion of the day ward to prepare the additional flow and the holding bay to facilitate flow.
- Optimisation of cath lab timetable to optimise "same day home procedures" derived from smarter bed flow model.
- Respiratory improvement plan is in development.

Performance against Recovery Trajectory (as of 18th January):



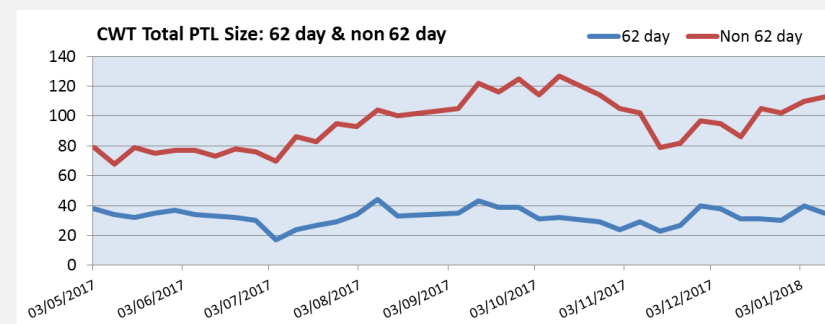
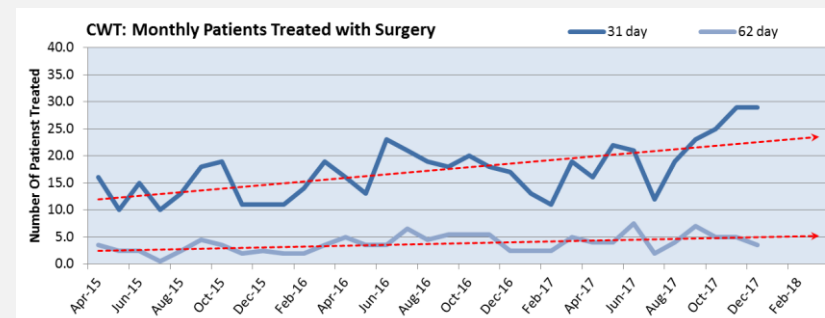
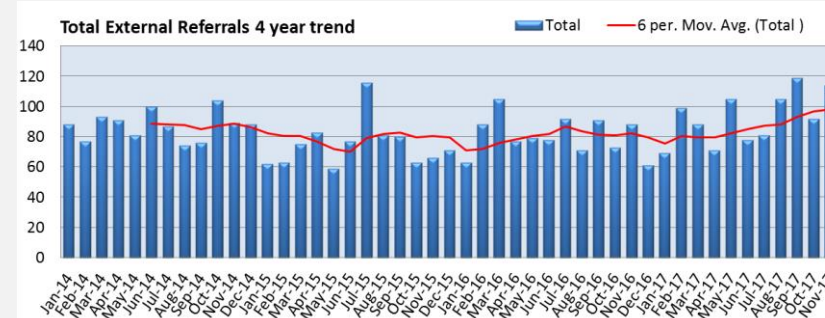
Responsive

Spotlight on: Cancer Services



Summary of Cancer Services

- Since January 2016 we have seen increasing demand for Oncology and Cancer services, demonstrated by our increased referral numbers. Over the last year we have seen the number increase from 69 in Jan to 114 in Nov this is a 65% increase.
- This trend is also extending to the number of referring hospitals which now include Colchester (out of region) , as one of our main referring hospitals. This increased demand is being seen in the increase in activity as well as the numbers of patients on the PTL. Performance, however is measured by the number of patients treated on 31 & 62 day pathways.
- The monthly average number of patients treated with surgery on a 62 day pathway in 2017/18 is 7, this equates to 7.45% of the average PTL size. The monthly average for patients on a 31 day pathway is 22 % of the PTL. As a result, the largest growth is in the total number of patients on the PTL being managed by the service, but that do not convert to surgery, and are discharged to the referring hospital or go on for other treatments.
- We, have also seen a large increase in the number of patients that are having surgery on a 31 day pathway that have not been on a 62 day pathway. In Q1 this year this total was 52%, in Q3 we have seen this figure increase to 75%.
- The introduction of the 38 day Inter provider transfer rule in April 2018, will replace the current breach negotiations that take place between providers. The new 38 day rule states that even if we receive late referrals past the agreed time frame , if we do not treat in 24 days then we are liable for breach share, even if the referral is over 62 days when received (the 24 day window was designed for treating only, however for the patients referred to the Trust, we both diagnose and treat patients)
- The increasing number of cancer cases being treated by Thoracic Surgery is also having an adverse impact on lengthening waiting times for routine elective patients. Cancer cases with a 31 day or 62 day breach target are given high priority and the thoracic surgeons are very flexible to ensure that patients are treated in clinically priority order as well as ensuring that targets are achieved. As a result regular review of theatre lists are used to identify additional opportunities to increase thoracic surgery cases.



People, Management & Culture

Performance summary

Accountable Executive: Director of Workforce and Operational Development

Report Author: HR Manager Workforce

6 month performance trends



		Data Quality	Target	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Dashboard KPIs	Voluntary Turnover %	3	15%	30.43%	24.06%	16.04%	18.14%	20.00%	16.44%
	WTE Totals: Non Medical Starters			28.24	29.13	45.40	41.97	32.26	24.80
	WTE Totals: Non Medical Leavers			42.33	31.86	22.12	23.47	25.24	23.09
	Vacancy rate as % of budget	4	5.50%	12.60%	13.31%	13.21%	10.73%	10.23%	9.98%
	Agency spend as % of salary bill	4	2.89%	3.26%	3.58%	3.20%	2.45%	4.83%	2.88%
	% of staff with a current IPR	3	90.0%	82.46%	84.58%	87.03%	90.01%	89.73%	91.09%
Additional KPIs	% sickness absence	3	3.00%	3.16%	3.06%	3.22%	3.31%	3.45%	3.72%
	% Medical Appraisals	3	90%	81.55%	79.61%	85.44%	88.35%	86.41%	91.18%
	Advert to recruitment	3	70%	91%	68%	76%	85%	90%	82%

Summary of Performance and Key Messages

There was further improvement in a number of areas in December. Key highlights are:

- Total turnover reduced to 16.44%. The YTD annual turnover is 22%. Nursing turnover was 14.18%.
- There was a small net increase of 1.71 WTE in the non-medical workforce. This is the fourth month in a row the Trust has been a net recruiter of the total non-medical workforce and the fifth month in a row that we have been a net recruiter of the nursing workforce.
- There was a net increase in the registered nurse workforce of 8.64 WTE (this includes pre-registration nurses) and the Additional Clinical Services workforce was static. There was a decrease in the Administrative and Clerical Workforce of 6.45 WTE.
- Trust total vacancy rates reduced to 9.98%. The average registered nurse vacancy rate for December was 11.8% (this includes PRP nurses). The average rate for HCSW (Bd 2-4) is 11.6%.
- The Trust achieved compliance with the 90% KPI target for both medical and non-medical IPRs.
- Sickness absence increased to 3.72%. The biggest increase was in the Estates and Facilities which increased to 10.2%. The profile of the reasons for absence changed from November with the top reason for absence being colds and flu. At the time of writing this report 74.2% of front line staff had been vaccinated against flu. This exceeds the CIQUIN target of 70%. We have committed to achieving 80% of front line staff being vaccinated.
- The average time to recruit improved to 49 days against a target of 51 days.



People, Management & Culture

Key performance challenges



Escalated performance challenges:

- Insufficient staff to deliver activity continues to be the most significant people challenge to the organisation.
- Turnover remains above target.
- Recruitment remains difficult across all non-medical staff groups. As the date of the move gets closer we are starting to see recruits opting to wait until after the move to start and HCSW recruitment is becoming more difficult.

Key Risks:

- Service-led workforce plan and recruitment plans are not sufficiently defined/ shared. This is particularly affecting the admin and clerical workforce as operational plans have not been comprehensively communicated to staff in all areas.
- Turnover increases as we get closer to the move date as staff decide not to move location.
- Trust ability to recruit substantial numbers of clinical and non-clinical staff to match turnover.
- Impact of increased demand on current staff to deliver activity may adversely affect staff morale, sickness absence, and turnover.
- The capacity to provide hospital accommodation for overseas recruitment pre the hospital re-location is challenging and needs to be carefully managed to ensure that this does not inhibit recruitment.
- Significant organisational change as a consequence of the move and new operating models. This requires effective partnership working with staff side organisations and good change processes to be implemented in order to not detrimentally impact on staff engagement .
- Leaders having the skills and capacity to effectively lead staff through the organisational change processes.

Key Actions:

Key Actions:

- The Gateway 2 process for workforce planning against the operational plans identified in Gateway 1 commenced in mid-December. Departments must submit their plans by the 24 January 2018. These plans will be reviewed and refined and will inform 18/19 financial planning.
- The Investment Committee has approved the funding for the 18/19 enhanced nurse recruitment plan. As discussed at last months Board the plan is a combination of UK and overseas recruitment. The Committee also approved revised support/reward packages for recruits that are comparable to those offered by CUH. We have agreed a collaborative approach to attraction and recruitment with CUH and are co-developing an attraction strategy.
- The Papworth Reward App has been launched. This app gives staff access to enhanced discounts on a wide range of leisure activities and in shops. The app also provides a platform to communicate with staff on health and wellbeing activities/support offered by the Trust.
- At the time of writing this report approximately 800 one to one Your Move interviews had been completed. This offers every staff member the chance to have a one-to-one interview to share how they are feeling about the move and provide information on their questions and/or concerns. The results of the interviews will be used to help the NPH Project team, the Workforce Directorate, the Communication Department, managers and individual project teams such as the Travel and Transport Group, to provide the right information and support to staff over the coming months. A separate paper provides a summary of key themes. The Board and Steering Group will receive regular reports. Departments will receive key themes and information to help them with planning for the move and to improve communication with staff. We will also be sharing information with staff side representatives, staff governors and staff engagement leads.



People, Management & Culture

Spotlight on: Organisational Change



Summary of Challenge:

- The move to Justinian House in June 201 and New Papworth Hospital in September 2018 is the largest organisational change in the Trust's history.
- The successful implementation of the New Papworth Master Plan will require:
 - Relocation of staff to either Justinian House or CBC with a number of staff required to be able to travel between the two sites.
 - TUPE transfer of a number of teams to other providers such as CUH, OSC or Skanska.
 - Changes to ways of working, roles, departmental structures and working times.
- The Trust introduced a new EPR system, LORENZO in June 2017. Many of the changes to working practices resulting from the introduction are also giving rise to the need for changes to ways of working and roles.
- The table below highlights the current significant organisational change projects currently being worked on.
- Further organisational changes are likely to become known through the Gateway 2 process.

SUMMARY OF ORGANISATION CHANGES PROGRAMME		
	Service	Detail
1	Trust wide	Formal Consultation Process (Justinian House Move)
2	Trust wide	Formal Consultation Process (NPH move)
3	Pathology	Histopathology
4	Pathology	Mortuary
5	Pathology	Blood Sciences
6	Estates and Facilities	Estates Staff
7	Estates and Facilities	Porters
8	Estates and Facilities (ISS)	ISS catering staff transferring to OCS
9	Estates and Facilities (ISS)	ISS Domestic staff transferring to OCS
10	Operations	Chaplaincy
11	Various	Administrative service review
12	Cardiac Physiology	Potential for 1 service with CUH or at least significantly closer co-operation
13	Respiratory Physiology	Closer collaboration between services at Papworth & CUH
14	Transplant and Surgery	Patient Flow Co-ordinators across the two areas are changing roles and ways of working following retirement of a significant proportion of team
15	Pharmacy	Changing from On-Call to shifts at weekends
16	Day Ward	Changes in hours of operation once clinic times are confirmed
17	IT	Introduction of a wider on-call service
18	Housekeepers	Creation of a Trust wide team and changes to ways of working. Transfer of organisational responsibility to Estates and Facilities. Revision of previous plan

- There are currently 8 potential TUPE transfers (1 incoming, 2 3rd party and 5 outgoing) , 3 consultations predominantly relate to changes to working hours and practices. The others have the potential for multiple changes including working practices, team structures, hours and locations.
- There is a significant resource challenge for all areas of the Trust and particularly within the Workforce Directorate to provide support to managers as they navigate multiple changes processes simultaneously. Additional capacity has been engaged to support overall programme planning and consultation processes.
- An overarching , detailed change programme is currently being developed including a resourcing profile.
- The Trust has established a fortnightly JSC sub group dedicated to organisational change issues to ensure we fulfil our statutory obligations and support staff. The trade unions have highlighted their own capacity issues and we are supporting the recruitment of additional representatives.
- An OD and Leadership Development Plan for the hospital is being developed to provide teams and individual managers with the appropriate support to. Additional capacity to support the development and implementation of this plan has been engaged.



Performance summary

Accountable Executive: Chief Operating Officer / Director of Finance

Report Author: Project Director/Deputy Project Director



		Data Quality	Target	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Dashboard KPIs	Operational Readiness	3		Amber	Amber	Green	Green	Green	Green
	Delivery of enabling works	4		Amber	Amber	Amber	Amber	Amber	Amber
	NPH PFI Construction phase – performance against completion timeline	4		Amber	Amber	Amber	Amber	Amber	Amber
	CTP – project delivery	Tbc		Amber	Amber	Amber	Amber	Amber	Amber
	SIP – project delivery	Tbc		Amber	Amber	Amber	Red	Red	Red
	ICT programme delivery on track	3		Amber	Amber	Amber	Amber	Amber	Amber

Summary of Performance and Key Messages:

Operational Readiness: The Gateway 1 Process (organisation design) was completed by teams at the end November 2017 and is under review by the Executive team. The updated demand and capacity modelling has been completed and further work is underway to determine activity and cost impact ahead of presentation to NED's later this month. The new outpatients timetable has been agreed which sees the department opening until 8pm on Wednesdays and running clinics on Saturday mornings.

The allocation of desks within the office accommodation has been finalised and works have commenced at Justinian House.

Relocation lead roles have been recruited to for each department/service and a launch of the handbook and training is being planned for 2nd February 2018.

NPH Design, Construction & Enabling Works: The Deed of Amendment which consolidates agreement reached within the Heads of Terms for the structural change variation has been created and approval for the Trust to enter into it was provided at an extra ordinary Board meeting in November 2017. The document and its technical schedules are complete and placed into escrow awaiting the funder approvals necessary to allow execution to take place. Execution of the deed will remove outstanding risks related to potential delay claims. As part of this process, an updated Final Commissioning Programme has been agreed between the parties, which has been used to develop consequential updates to the Master Commissioning Programme. This revised version of the programme will pass through the agreed document control procedure during January 2018.

Construction continues to progress against the revised programme with major focus now upon the "phase 1" handover in mid February 2018. The long-stop date by which the Trust needs to be informed of any construction delay to this first phase is mid January; meetings are arranged for early January to understand progress. The key risks in this area will be both the impact of lost working time inherent to the Christmas period and the absence to date of an agreed date by which live fire testing of the external cladding system can take place.

A focus on the structural change issues with major medical equipment and a risk based approach to focusing procurement effort on medical equipment has resulted in a requirement to re-sequence and re-focus upon non medical equipment procurement; resources have been mobilised to assist with this and a number of user review meetings are established for January and early February to assist in progressing to a final procurement Bill of Quantities.

CTP: Work continues with CUH to secure the long term solution for Histopathology and detailed discussions are underway to determine the impact of the delay in lease signature between CUH and University of Cambridge on the overall programme and the mitigation of this to meet the NPH move dates. Commercial discussions are also underway for blood sciences, blood transfusion staffing and histopathology services. Work also continues in agreeing car parking access and eligibility with CUH in readiness for the move together with discharging the planning condition. We continue to work with University of Cambridge; now seeking to agree commercials to secure space and access for Tissue Bank services.

Service Improvement (SIP): The following project from 16/17 will continue for 17/18: 1) Cardiac LOS and 2) Thoracic enhanced recovery and Theatre Cancellations are now BAU.

Red for risk due to: Service Improvement/CIP 17/18 & 18/19 due to the shortfall of identified schemes to achieve the trust 2 year plan of £12.7m.

It is imperative that further schemes are identified to fill the gap by all directorates. Any shortfall for 17/18 will be carried over, current outstanding total in the region of £10m. CIP workshops to commence early February to identify new schemes to help close the gap. 3 Further schemes to be signed off in January. No new schemes have been registered with SIP PMO from the operational directorates since October. Cardiac Directory working on 3 new schemes for January. Currently CIP projects and schemes are being prioritised by Finance/Operations in order to get them validated and approved.

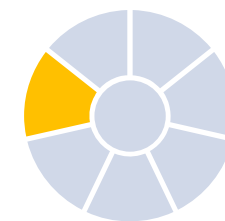
Lorenzo benefits- Q3 Submission completed, benefits owners to commence monthly reporting from 1st week in February 2018. Next submission to NHS digital Q4 10th April 2018. New Papworth Hospital benefits – started to work with NPH project team to put in place a process for tracking and benefit realisation. (Similar to Lorenzo process)

ICT: ICT work is progressing on track. With power switched on, and the main Equipment Room being clear it is now possible to start installation of the passive infrastructure. A high level design for the Multi-Media System has been completed; this system will drive the free Patient Entertainment System, Information Boards and AV external steaming via dedicated channels for Theatres and medical seminars. Once implemented the solution being proposed is hoped to be one of the best in the country.



Transformation

Key performance challenges



Escalated challenges

CTP:

1. **Determining the initial solution for Histopathology**

NPH Construction/Operational Readiness

1. **Extended operation of the existing site**
2. **NPH Delivery/Discharge of Planning Condition (Car Parking)**
3. **Decommissioning - Back to Back Transactions**
4. **Workforce – recruitment**
5. **Releasing staff to undertake NPH delivery**

Service Improvement (SIP):

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

Key Risks

CTP:

1. No guaranteed space within LMB will be available by April 2018. Ability to develop and cost Plan B (Papworth own histopathology service for April 2018)

NPH Construction/Operational Readiness:

1. If sufficient staffing cannot be secured for the extended period of continued operation of the existing site, then the ability to maintain service levels could be compromised
2. If the planning condition regarding parking spaces is not discharged then a certificate of occupation cannot be obtained
3. If a back-to-back sales transaction cannot be achieved then there will be a high cost for maintaining site security
4. If the move to New Papworth Hospital leads to a worsening of retention rates and staff leaving the Trust then the ability to deliver service could be compromised
5. If it is not possible to release staff to undertake NPH delivery due to high turnover and vacancy levels then the operational readiness for the move will be affected.

Service Improvement (SIP):

1. If the trust does not identify sufficient schemes to fulfil the 2 year combined target of £12.7m then the planned deficit for the next 2 years will increase.
2. If the phasing of benefits commences from April 2017 then it is unlikely that benefits will be achieved until Q4 (2017/18)
3. If there are no quantifiable plans then it will be unlikely that any benefits will be realised and quantified.

Key Actions

CTP:

1. Discussions continue with CUH at Executive level to determine the impact of delays to the LMB timescales. Plan B has been developed by the project team.

NPH Construction/Operational Readiness:

1. Discussion with the current and future FM providers has developed a pragmatic approach to the transfer of staff which will benefit the Trust in maintaining service continuity to the current site. This is dependent upon executing the Deed of Amendment and reaching an agreed commercial position with the current catering / cleaning provider. Arrangements are nearly complete for provision of Hard FM cover.
2. A pre-application meeting took place with the Local Planning Authority in late December. Initial indications are that the items submitted for that meeting will be sufficient to form the formal application to release the condition; this includes a support letter from the CUH Chief Executive
3. Engagement in DH Provider Engagement Programme to achieve an appropriate land sale
4. Recruitment Strategy developed and agreed. Further information on key questions that staff need to make an informed decision e.g. car parking was provided via December milestone event. Sequence of 1:1 "Your Move" interviews is continuing with all staff. Managers to work with individuals to understand impact of the move and how to support them in the transition.
5. Clear identification of roles and resources required to deliver NPH familiarisation training, supported by backfill monies available within the transitional budget.

Service Improvement (SIP):

1. a) Trust staff will be required to review the pipeline to make up the shortfall. Management accountants and SIP will work with all teams to cost up and agree schemes. New meeting to progress all CIP schemes to be relaunched and greater emphasis on delivery. b) CIP Workshop from early February 2018
2. Agree re-phasing of benefits from April 2018 with NHS digital (work in progress)
3. A process for development of plans and data capture is now in place to commence February 2018.



Transformation

Spotlight on New Papworth ORAC progress report



Monthly RAG rating

Summary of performance in figures:

PROGRESS REPORT - Confidence Assessments

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

Summary of Performance and Key Messages:

Overall project confidence delivery has moved to red amber based upon need to identify, agree and mobilise a revised solution for Histopathology. Work has commenced in this regard and once an updated programme for this element of work is agreed, it is anticipated that the overall rating for the project would return to amber status.

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

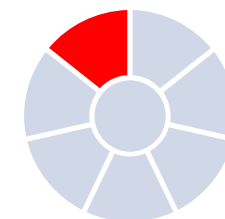


Performance summary

Accountable Executive: Director of Finance

Report Author: Deputy Director of Finance

6 month performance trends



		Data Quality	Target	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Dashboard KPIs	Year to date EBITDA surplus/(deficit)	4	£7,627k	£(742)k	£(894)k	£(991)k	£(930)k	£(961)k	£(1,097)k
	Year to date surplus/(deficit) £000s	4	£2,698k	£(2,794)k	£(3,463)k	£(4,074)k	£(4,471)k	£(4,958)k	£(5,542)k
	Cash Position at month end £000s	4	£20,017k	£30,577k	£28,560k	£24,199k	£21,192k	£16,468k	£16,718k
	Use of resources rating	5	3	3	3	3	3	3	3
	In month Capital Expenditure £000s	4	£35,724k pa	£457k	£530k	£1,315k	£2,023k	£2,801k	£3,052k
	In month Clinical Income £000s	4	£141,445k pa	£10,856k	£10,919k	£11,036k	£11,876k	£11,841k	£11,362k
	CIP – Identified - YTD £000s	4	£2,394k	£795k	£984k	£1,208k	£1,371k	£1,688k	£1,930k
	CIP – FY Target £000s	4	£6,023k pa	£2,691k	£2,762k	£2,762k	£2,908k	£3,290k	£3,290k
Additional KPIs	Debtors > 90 days overdue	4	5%	38.1%	41.8%	32.6%	37.0%	46.0%	32.5%

Summary of Performance and Key Messages:

The Trust's year to date financial position as at December is adverse to plan by £8,242k, with a reported deficit of £5,542k against a planned surplus of £2,700k.

The Trust submitted a revised forecast out-turn to NHSI in October, the performance year to date against this revised forecast is favourable by £1,254k.

Activity performance for December has exceeded the original plan which has reduced the year to date adverse variance, however Clinical income remains adverse to plan by £6,853k, due to reduced activity levels in Pumps, Pacemakers/ICD's, Transplant, ECMO and Outpatient Services earlier in the year. Further activity improvements are required to attain the level of throughput that is required in order to achieve a financial balance and a run rate in line with the Operational Plan. The adverse income variance is partially offset by favourable expenditure variances to plan in pay of £871k, together with underspends on clinical supplies (£626k) and Drugs (£305k). This results in the unit cost of actual activity continuing to increase.

Actual CIP achieved of £1,930k year to date (1.9% of operational cost) is £464k adverse to the identified CIP plan of £2,394k. The year to date plan including unidentified CIP was £4,187k, resulting in a total adverse delivery of £2,257k. There remains a shortfall of schemes of £2,733k and a forecast delivery variance of £471k against the identified schemes resulting in a forecast year end variance of £3,203k compared to the total year CIP target of £6,023k.

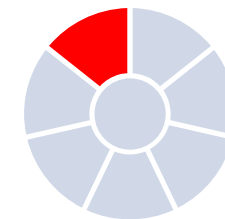
The year to date capital programme is underspent by £15,371k due to the re-set of the New Papworth Hospital master commissioning programme. The full year forecast capital expenditure is anticipated to be £21,549k lower than planned, however; this is forecast to be spent in 2018/19.

The cash balance of £16,718k is adverse to plan by £3,299k due to higher net capital injection payments following the variation, offset by lower than planned capital expenditure and a more favourable working capital position. The year end cash balance of £9,717k is below original plan due to the reduction in the forecast outturn position. This also impacts the use of resources score.

Debtors greater than 90 days has decreased in month. Weekly review is underway to attempt to recover this cash, however, all have been provided for in the financial position.



Key performance challenges



December 2017 risk changes:

- Capacity Assumptions risk (7.2.1), this risk continues to increase as the full site capacity plan remains outstanding. This has increased the score to 25.
- Variations on the New Hospital risk (7.5.4) has reduced following the agreement of the Deed of Amendment (DoA) to 10. It is anticipated that this risk will reduce further below the risk appetite levels next month following the formal sign off of the DoA by Skanska and any risk crystallises with the completion of the new hospital.
- Electronic Patient Record System risk (7.8.1) continues to reduce, as the new system embeds and the implementation phase ends, and this rating has been reduced to 10 from 15 which is below the risk appetite, as work regarding the recording accuracy becomes business as usual.

There have been no other changes to risk scores in month, however, the Current Trading Income risk (7.1.1) has reduced marginally in month due to the December performance being ahead of plan. The year to date position is still behind plan and therefore this has not resulted in an amended risk score.

Financial Strategic Risks				FSRA Dec 17	FSRA Jan 18
Current Trading Impact	A	7.1.1	Income	25	25
	B	7.1.1	Expenditure	25	25
Future Growth	C	7.1.2	Income	20	20
	D	7.1.2	Expenditure	15	15
Capacity Assumption	E	7.2.1	Capacity Assumptions	20	25
Efficiency	F	7.3.1	Efficiency Assumptions	20	20
	G	7.3.2	Delivery of Efficiency Challenge	25	25
Master Development &	H	7.4.1	Master Development & Control Plan	15	15
PFI	I	7.5.1	CBC Land and Link Tunnel	3	3
	J	7.5.2	Unitary Payment	9	9
	K	7.5.3	Capital Contribution Funding	10	10
	L	7.5.4	Variations on the New Hospital	15	10
Whole Hospital Equipping	M	7.6.1	Whole Hospital Equipping Plan	25	25
Operational Transition	N	7.7.1	Transitional Relief	9	9
	O	7.7.2	Additional Costs	12	12
Electronic Patient Record	P	7.8.1	Electronic Patient Record System	15	10

Key Action: Current Trading Impact - Income

Background:

Within the development of the Trust's 2017-19 Operational plan, the level of planned income was based upon the agreed contracts with Commissioners, which were signed off in December 2016.

The contracted levels of income were based upon historic performance in 2016/17, forming the baseline for the contract. These baseline activity levels were then inflated for demographic growth by 0.85% and specific service growth, as follows:

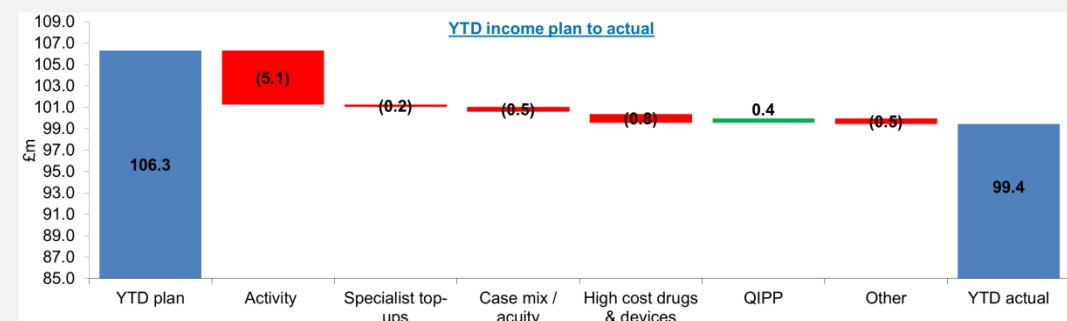
TAVI 30%;

Cystic Fibrosis 4.5%; and

ECMO 19%.

Specific additional cost funding (referred to as "Activity Funding") was allocated in the budget setting process to provide variable resource to enable this increase in activity, therefore, if the Trust does not achieve these increased levels the additional cost funding is not allocated to the operational area.

The baseline activity is funded via recurrent budgets and as such if the baseline activity levels are not achieved there is a risk that these costs will not be covered by the associated income.

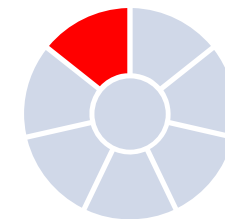


Actions:

In October the Trust submitted a revised year end forecast to NHSI, based upon the first six months actual performance plus six months forecast activity. This forecast included the recovery items of a 6th Cath lab and a general increase in activity, resulting in total year end Clinical income of £130.6m compared to the original plan of £141.2m.



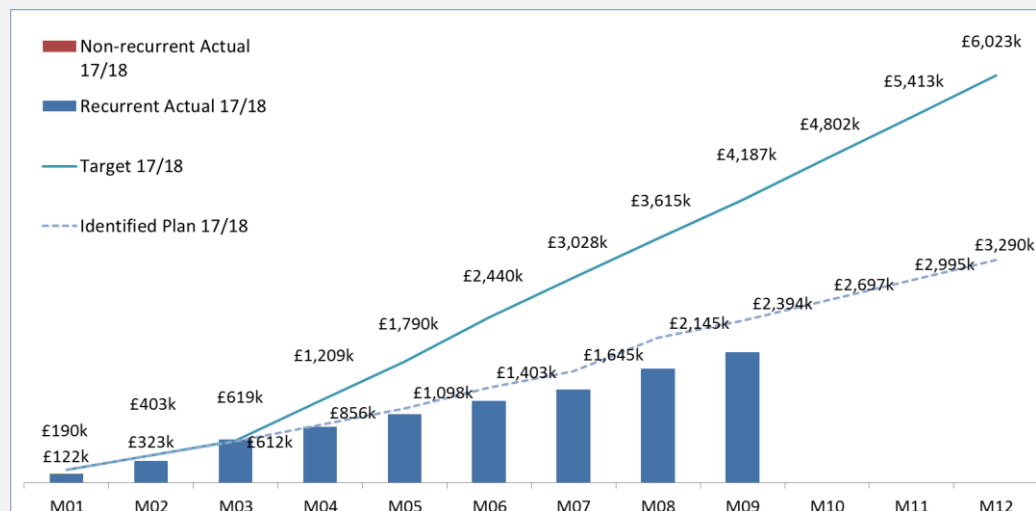
Spotlight on Cost Improvement Programme



CIP Summary – M09 2017/18

Project Type	Target Full Year	Identified Plan Full Year	Planning Variance (A)	Identified Plan YTD	Actual YTD	Operational Variance YTD	Forecast Operational Variance (B)	Target YTD	Variance to Target YTD	Total Forecast Variance (A+B)
	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k
CIP - Pay	3,365	1,033	(2,332)	727	540	(187)	(268)	2,283	(1,743)	(2,600)
CIP- Non Pay	2,169	1,735	(434)	1,271	1,099	(172)	(193)	1,508	(409)	(627)
CIP- Drugs	189	223	34	166	157	(9)	(10)	166	(9)	24
CIP - Total	5,723	2,990	(2,733)	2,164	1,796	(368)	(471)	3,957	(2,161)	(3,203)
CIP - Patient Income	300	300	0	230	134	(97)	0	230	(97)	0
CIP Total	6,023	3,290	(2,733)	2,394	1,930	(464)	(471)	4,187	(2,257)	(3,203)

2017/18 CIP actual vs Target



December Cost Improvement Programme (CIP) Performance:

- The operational plan for 2017/18 contained a CIP target of £6,023k;
- Identified Gateway 3 projects, which have received full sign off and approval and are represented in the financial ledger total £3,290k which is 55% of the £6,023k target for 2017/18. An additional £330k of 2017/18 CIP projects are expected to receive final sign off before year end;
- Of the £3,290k identified Gateway 3 projects the operational CIP variance is adverse to plan by £464k at the end of December. The actual year to date achievement was £1,930k to December 2017 against an identified plan of £2,394k;
- The total variance against the CIP target including the unidentified CIP to M09 is adverse by £2,257k against the plan of £4,187k, with a forecast total variance at year end of £3,203k adverse.

Key CIP Project Year to Date progress:

- The adverse CIP operational variance to M09 of £464k related mainly to:
 - Unrealised EPR benefits;
 - TCCA service redesign project OP-171 and TCCA non pay consumables project OP-265 which is not achieving to target due to higher than anticipated costs for Cambridge Perfusion service, in particular non elective transplant costs;
 - Procurement work plan (OP-238) where the expected savings have been re-phased to later in the financial year;
 - Additional Private patient income (OP-070).

