

Papworth Integrated Performance Report (PIPR) June 2018

July 2018



Content

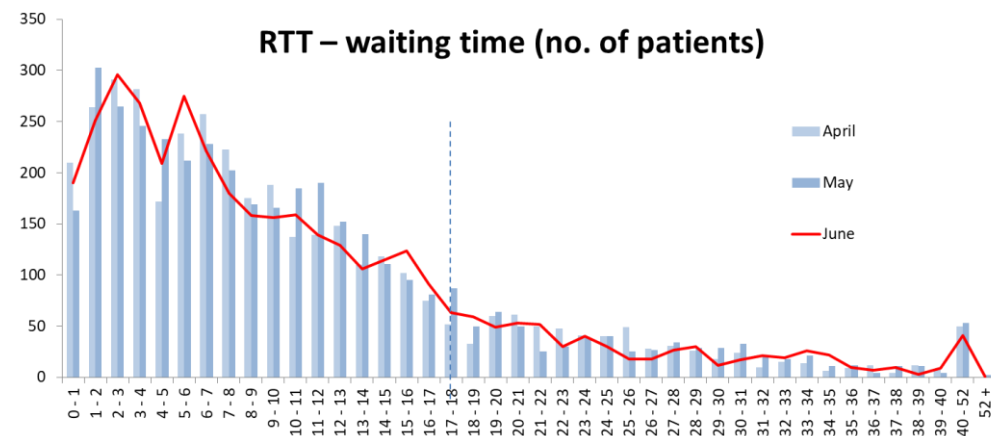
Reading Guide	Page 2
Trust Performance Summary	Page 3
'At a glance'	Page 4
- Balanced scorecard	Page 4
- Externally reported/Regulatory standards	Page 5
- Board Assurance Framework (BAF) risk summary	Page 6
Performance Summaries	Page 7
- Safe	Page 7
- Effective	Page 10
- Caring	Page 13
- Responsive	Page 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	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Trend
Cardiac Surgery	202	173	212	203	186	210	
Cardiology	851	754	776	727	781	768	
ECMO	6	6	10	6	2	5	
PTE operations	17	16	16	16	16	17	
RSSC	541	473	546	516	568	571	
Thoracic Medicine	388	357	405	388	388	358	
Thoracic surgery (exc PTE)	75	53	67	55	66	60	
Transplant/VAD	47	54	48	41	54	57	
Total Inpatients	2,127	1,886	2,080	1,952	2,061	2,046	
Outpatient Attendances	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Trend
Cardiac Surgery	393	278	342	288	290	336	
Cardiology	3,885	3,297	3,413	3,449	3,359	3,521	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	2,150	1,945	2,090	2,071	1,946	2,115	
Thoracic Medicine	2,120	1,903	1,991	1,790	2,100	1,717	
Thoracic surgery (exc PTE)	136	169	104	90	133	100	
Transplant/VAD	347	321	364	340	357	325	
Total Outpatients	9,031	7,913	8,304	8,028	8,185	8,114	

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

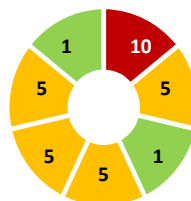
Overall Report Scoring

- **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 or reported data, but limited formal mechanisms to provide assurance of completeness and accuracy of reported information.
3	Moderate level of confidence in the quality of reported data, for example due to challenges within the processes to input or extract data such as considerable need for manual manipulation of information. These could effect the assurance of the reported figures but no significant known issues exist.
2	Lower level of confidence in the quality of reported data due to known or suspected issues, including the results of assurance activity including internal and external audits. These issues are likely to impact the completeness and accuracy of the reported data and therefore performance should be triangulated with other sources before being used to make decisions.
1	Low level of confidence in the reported data due to known issues within the input, processing or reporting of that data. The issues are likely to have resulted in significant misstatement of the reported performance and therefore should not be used to make decisions.

Trust performance summary

Overall Trust rating - **AMBER**

Favourable performance

Safe - Safety thermometer and incident reporting demonstrates that we have provided safe care for June.

Caring – The staff continue to provide the patients with a good experience, however response rates for June remains low at 29% a further 8% decrease for inpatients and 1.6% response rate for outpatients a reduction of 0.9%. See key performance challenges.

People, Management & Culture - Total turnover reduced to 9.95%. Nursing turnover was 7.96 % a reduction from 9.7% in May.

Finance - The Trust's year to date position is a deficit of £1,454k, which is favourable to plan by £48k. Lower clinical income has been offset by reduced operational costs and lower depreciation. However, the Trust is starting to experience increased professional fees and site maintenance costs as a result of the delayed move.

Adverse performance

Safe –1) Safer staffing remains consistently red reflecting the vacancy rate and high maternity figures in Critical Care. The staffing remains vulnerable in cardiology. Daily safety briefings and twice weekly meetings are mitigating the risk to patient safety. 2) All four pressure ulcers are under review with the tissue viability nurse. Prior to scrutiny panel all have been graded as low harm with confirmation of avoidability awaited. 3) The number of actual falls (excluding those that are assisted to the floor) continues to fluctuate. During this month 16 of the 17 falls have resulted in no/low harm. One was recorded as moderate harm due to the patient falling and hitting their head resulting in a small haematoma. A draft RCA report is being finalised and action plan developed.

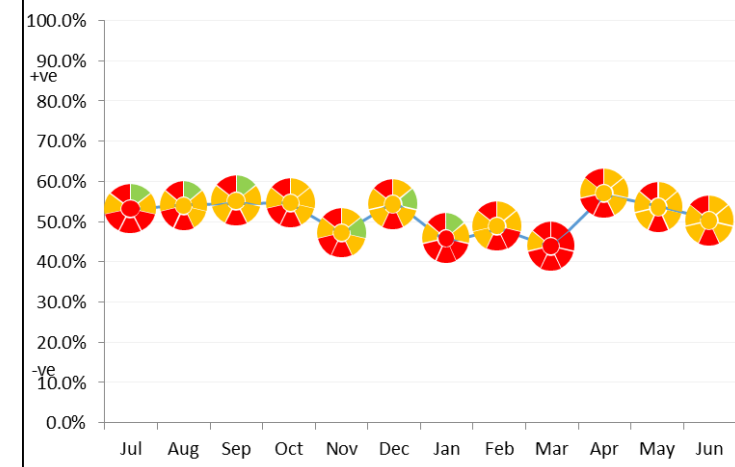
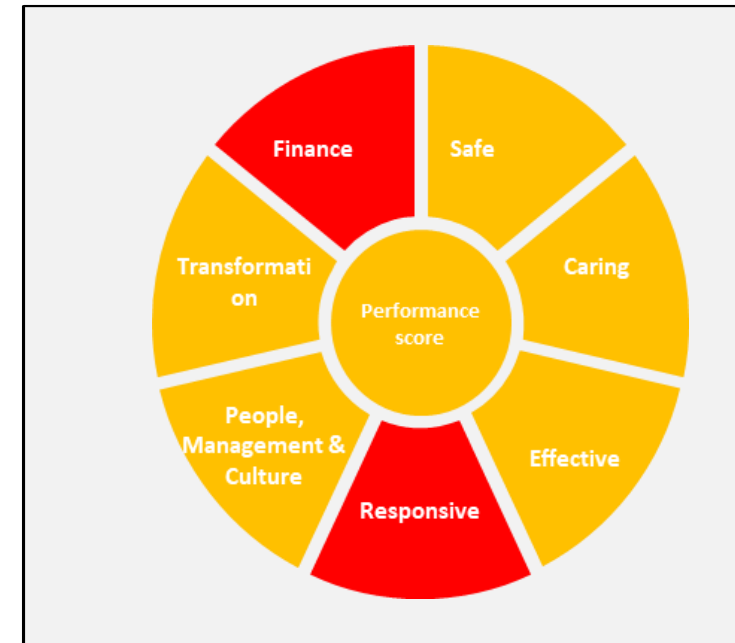
Effective - Bed occupancy in CCA was impacted by the number of ward patients remaining on the unit who were fit to be discharged to the ward. There were 12 occasions when ward patients stayed overnight on CCA in June.

Responsive – The Trust remains below the 92 % standard. Cardiology failed to deliver the revised approved trajectory. There are several contributing elements, ineffective booking utilisation, break down of cath lab 6 and non-adherence to a new booking strategy. To resolve the RTT there are multiple actions in place including clear adherence to the booking processes, resolution to the cath lab 6 problems, three times weekly review of all actions and trajectory.

Finance – 1) Total clinical income is below plan by £737k, this is a concerning adverse variance with the Trust continuing to experience lower than planned activity of 538 (8.4%) inpatient /day cases equating to an adverse £654k position. 2) Actual year to date CIP achievement of £1,343k is £619k adverse to plan of £1,962k, due to £113k planning gap and an operational delivery gap of £506k from overspends in Pay compared to the Gateway 2 rosters, partially offset by non-recurrent underspends.

Looking ahead

NPH Design, Construction & Enabling Works: Rejection by the Trust of a requested derogation as regards external cladding insulation materials creates a requirement for remedial works to be undertaken by Skanska. These will cause an as yet undefined delay to completion of Phase 2 of the construction. A revised construction programme has been requested. This has not yet been analysed but it is clear that the delay will be lengthy and will require a re-set of the Master Commissioning Programme. Design and Construction and by result the overall project are therefore reported as Red, whilst the planning certainty of a revised move date is developed. In the meantime, construction activities continue to progress, with the intention being a notional completion by the end of July, followed by a period of remedial works. Initial planning of those remedial works has been shared with the Trust. Whilst the works are limited to the perimeter of ground and first floor, the nature of waste removal and materials delivery associated with the works will have a significant impact upon physical access to the site.



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	Jun-18	4	97%	98.34%	98.89%	
	Number of serious incidents reported to commissioners in month	Jun-18	3	0	0	2	
	Never Events	Jun-18	3	0	0	0	
	Moderate harm incidents and above as % of total PSIs reported	Jun-18	3	4%	1.50%	1.03%	
	Safer staffing – registered staff day (night)	Jun-18	3	95%	82.8% (89.3%)	84.17% (87.93%)	
	Number of C.Diff cases (sanctioned)	Jun-18	5	5	0	2	
Effective	Bed Occupancy (excluding CCA)	Jun-18	4	85%	77.57%	78.59%	
	CCA bed occupancy	Jun-18	3	85%	90.49%	88.94%	
	Admitted Patient Care (elective and non-elective)	Jun-18	4	6614	2046	6059	
	Cardiac surgery mortality EuroSCORE	Jun-18	3	3%	2.38%	2.52%	
	Theatre Utilisation	Jun-18	3	85%	87.0%	87.4%	
Responsive	% diagnostics waiting 6 weeks and over	Jun-18	tbc	99%	99.55%	99.43%	
	18 weeks RTT	Jun-18	3	92%	83.82%	83.82%	
	62 days cancer waits	Jun-18	3	85%	84.60%	94.87%	
	31 days cancer waits	Jun-18	3	96%	100.00%	100.00%	
	Theatre cancellations in month	Jun-18	3	30	54	160	
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	Jun-18	3	95%	16.32%	20.02%	

	Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Caring	FFT score- Inpatients	Jun-18	4	95%	97.00%	96.67%	
	FFT score - Outpatients	Jun-18	2	95%	99.00%	99.00%	
	No of complaints (12 month moving average)	Jun-18	4	5	5.75		
	% of complaints responded to within agreed timescale	Jun-18	4	100%	100.00%	100.00%	
People Management & Culture	Voluntary Turnover %	Jun-18	3	15%	9.95%	16.21%	
	Vacancy rate as % of budget	Jun-18	4	6%	10.91%		
	% of staff with a current IPR	Jun-18	3	90%	88.28%		
	% sickness absence	Jun-18	3	3.5%	2.83%	2.72%	
Finance	Year to date EBITDA surplus/(deficit) £k	Jun-18	4	£54k	£(87)k		
	Year to date surplus/(deficit) £k	Jun-18	4	£(1,501)k	£(1,454)k		
	Cash Position at month end £k	Jun-18	4	£29,159k	£41,411k		
	Use of Resources rating (UOR)	Jun-18	5	3	3	3	
	Capital Expenditure YTD £k	Jun-18	4	£9,006k	£7,437k		
	In month Clinical Income £k	Jun-18	4	£12,571	£12,173k	£36,400k	
	CIP – Identified £000s	Jun-18	4	£1,962k	£1,343k	£1,343k	
	CIP – FY Target £000s	Jun-18	4	£9,522k	£8,851k	£8,851k	
	Agency spend as % of salary bill	Jun-18	4	3%	4.20%	4.21%	
Transformation	ORAC programme delivery on track	Jun-18	4				↓
	SIP – project delivery	Jun-18	4				→
	Digital programme delivery on track	Jun-18	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	3		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	83.82%		83.88%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	100.00%	100.00%	98.3%		Current month provisional as going through verification process.
	31 Day Wait for 2nd or Subsequent Treatment - surgery	3	94%	100.00%	100.00%	100%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	3	85%	84.60%	94.87%	96%		Current month provisional as going through verification process. Data is after reallocations
VTE	Number of patients assessed for VTE on admission	3	95%	94.33%		94.00%		
Finance	Use of resources rating	5	3	3	3	4	3	

2. 2017/18 CQUIN

Measure		Total available	Achievement Final	Achievement Final	Comments
		£'000s	£'000s	%	
NHSE	GE3: Medicines Optimisation	£88.500	£0.000	0%	
	IM2: CF Patient Adherence	£221.250	£0.000	0%	
	NSTEMI pathway	£177.000	£0.000	0%	
	NSTEAC pilot	£177.000	£0.000	0%	
	Cardiac Clinical Network	£221.250	£0.000	0%	
	New Papworth Hospital	£1,000.000	£0.000	0%	
NHSE total		£1,885.000	£0.000	0%	
C&P CCG & Associates	1a Improvement of health and wellbeing of NHS staff	£54.391	£0.000	0%	
	1b Healthy food for NHS staff, visitors and patients	£54.391	£0.000	0%	
	1c Improving the uptake of flu vaccinations for frontline clinical staff within Providers	£54.391	£0.000	0%	Year end measure
	2a Timely identification of sepsis in acute inpatient settings	£40.834	£0.000	0%	
	2b Timely treatment of sepsis in acute inpatient settings	£40.834	£0.000	0%	
	2c Antibiotic Review	£40.834	£0.000	0%	
	2d Reduction in antibiotic consumption	£40.834	£0.000	0%	
	6 Offering advice and guidance	£163.336	£0.000	0%	
	9a Tobacco screening	£8.167	£0.000	0%	
	9b Tobacco brief advice	£32.667	£0.000	0%	
	9d Alcohol screening	£40.834	£0.000	0%	
	9e Alcohol brief advice or referral	£40.834	£0.000	0%	
	Engagement in STP process	£153.087	£0.000	0%	
CCGs total		£765.434	£0.000	0%	
Grand Total		£2,650.434	£0.000	0%	

Board Assurance Framework risks (above risk appetite)

PIPR Category	Title	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Jan-18	Feb-18	Mar-18	Apr-18	Jun-18	Jul-18	Status since last month
Safe	Failure to stay within ceiling trajectories for all HCAI's	JR	6	Yes	20	20	20	8	8	8	↔
Safe	Ageing Estate	RC	6	Yes	16	16	16	16	16	20	↑
Safe	Safer staffing and Monitor's Agency Price cap	JR	6	Yes	20	20	20	20	20	20	↔
Safe	Risk of insufficient workforce levels to meet the staffing requirements of the new Papworth Hospital (Ref closed risks ID 683 & 1695)	JS	12	Yes	16	16	16	16	16	16	↔
Safe	Optimisation of the EPR systems	JR	6	Yes	16	16	16	16	16	16	↔
Safe	Turnover in excess of our target level and that it will further increase as a result of the move of location	OM	9	Yes	-	-	-	16	16	16	↔
Safe	The Trust is unable to recruit the required number of staff at the required level of skills and experience.	OM	12	Yes	-	-	-	16	16	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	20	20	20	20	20	20	↔
Responsive	R&D strategic recognition	RH	8	Yes	12	12	12	12	12	12	↔
Responsive	Capacity assumptions - length of stay	EM	10	Yes	20	20	20	12	12	12	↔
Responsive	Capacity assumptions - activity	EM	10	Yes	20	20	20	20	20	20	↔
Responsive	Capacity assumptions - higher occupancy	EM	10	Yes	20	20	20	16	16	16	↔
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 inadequately trained staff and revalidation issues affecting service developments and patient care.	JS	8	Yes	9	9	9	9	9	9	↔
People Manag. & Cult.	Inability to retain or recruit staff affecting quality care delivery and capacity to treat	JR	6	Yes	20	20	20	15	15	15	↔
Transformation	Pathology IM&T systems	AR	12	Yes	16	16	16	16	16	16	↔
Transformation	Whole Hospital Equipping Plan purchases vs loan value	RC	12	Yes	25	25	25	25	25	16	↓
Transformation	Operational Transition - Additional Costs off-site accommodation	EM	10	Yes	4	4	4	4	4	12	↑
Transformation	Expenditure Growth - New ways of working	RC	12	Yes	15	15	15	15	15	15	↔
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	15	15	15	15	15	20	↑
Finance	Current Trading Expenditure	RC	10	Yes	25	25	25	25	25	20	↓
Finance	Income Growth - targets	EM	12	Yes	25	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	25	25	25	25	25	↔
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	↔



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	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
Dashboard KPIs	Safety Thermometer harm free care	4	>97%	99.43%	100.00%	98.16%	100.00%	98.33%	98.34%
	Number of serious incidents reported to commissioners in month	3	0	0	2	1	2	0	0
	Never Events	3	0.00%	0	0	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	3	<4%	0.56%	1.70%	2.50%	1.60%	0.00%	1.50%
	Safer staffing – registered staff day	3	90-100%	87.6%	87.6%	82.6%	85.2%	84.5%	82.8%
	Safer staffing – registered staff night			96.8%	92.3%	90.9%	91.2%	83.3%	89.3%
	Number of C.Diff cases (sanctioned) year to date	4	5 in year	0	0	3	1	1	0
Additional KPIs	Number of Papworth acquired Pressure Ulcers (grade 2 and above)	4	<4	1	1	1	3	1	4
	Falls per 1000 bed days	3	<2.2	1.7	1.6	2.9	1.6	3	2.8
	MRSA bacteremia	3	0.00%	0	0	1	0	0	0
	Registered nurse vacancies (WTE)*	2	5.00%	79.12	78.17	65.93	63.84	52.19	47.07
	Registered nurse vacancies (% total establishment)			14.29%	14.12%	11.91%	9.55%	7.81%	7.00%
	HCSW vacancies (WTE) **	3	10.00%	22.7	18.84	21.27	49.21	45.52	53.77
	HCSW vacancies (% total establishment) **			11.96%	9.93%	12.18%	24.46%	22.63%	26.80%
	E coli bacteraemia	3	Monitor only	1	0	0	1	0	1
	Klebsiella bacteraemia	3	Monitor only	0	0	0	1	0	0
	Pseudomonas bacteraemia	3	Monitor only	0	0	0	0	2	0
	High impact interventions	3	Monitor only	98.5%	97.0%	96.3%	99.4%	99.6%	97.0%
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	1	3	5	6	0	3

Summary of Performance and Key Messages:

Safety thermometer and incident reporting demonstrates that we have provided safe care for June.

Safer staffing remains consistently red reflecting the vacancy rate and high maternity figures in Critical Care. The staffing remains vulnerable in cardiology. Daily safety briefings and twice weekly meetings are mitigating the risk to patient safety.

The Registered nurse vacancy rate continues to improve month on month. This improving picture is set to continue with a good pipe line of registered nurses expected, however this is not evenly spread across the organisation. Some areas have persistent high vacancy rates, and we continue to work with these areas.

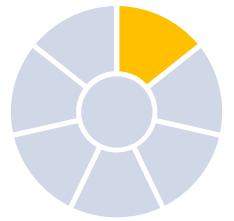
All four pressure ulcers (3 x grade 2 and 1 x grade 3) are under review with the tissue viability nurse. Prior to scrutiny panel all have been graded as low harm with confirmation of avoidability awaited.

The number of actual falls (excluding those that are assisted to the floor) continues to fluctuate. During this month 16 of the 17 falls have resulted in no/low harm. One was recorded as moderate harm due to the patient falling and hitting their head resulting in a small haematoma. A draft RCA report is being finalised and action plan developed.

Health Care Support Worker Vacancies (HCSW) continue to deteriorate. There are 16 new HCSW starting in August and a further 4 in September.

** Note - Nurse & HCSW WTE and vacancy % figures in Safe section compiled from data collected from matrons. Data quality rating has been reduced to 1 in June 2018.

Key performance challenges



Escalated performance challenges

Vulnerable staffing in cardiology

Registered Nurse staffing continues to improve across the Trust, however there are areas that still have higher than acceptable vacancy rates. One such area is Cardiology (Hugh Fleming Ward and Hemingford), where the vacancy rate is 17.6% (14.69WTE). The Trust has had success in filling the rota gaps with temporary staff from the Hospital Bank and Agency. There is a pipeline of new starters, and the 2 wards move staff flexibly between the areas to ensure safe care and in preparation for being 1 team when on the new site.

Health care Support worker vacancies

The Health Care Support Worker (HCSW) vacancies continue to increase. This is partly due to the new requirements on Critical Care in the New hospital and partly due to leavers.

Ageing Estate and Equipment

The ageing estate and equipment present daily patient environment pressures.

Key risks

The skill mix of nursing staff within the cardiology wards. This is in terms of substantive staff and agency staff, as well as registered and unregistered staff.

The main risk is staff fatigue as they continue to work hard to provide safe care and a good patient environment. Meal breaks may be missed (particularly at night) as substantive staff do not leave agency nurses in charge of the ward.

If vacancies continue to increase, there will be reduced support for Registered Nurses to provide adequate care and enhanced Care delivery becomes difficult for the vulnerable patients.

If equipment fails this may affect the quality of care delivery to the patients.

If the estate fails (i.e. floors damage) then this could present as a safety risk for staff, patients and visitors.

Key Actions

Continue sharing of daily safety meeting at morning patient flow meeting
2 – 3 weekly focus task and finish meetings attended by Matron, Sister, Operational manager, Director of Workforce and Director of Nursing to ensure the short term forward view maintains safe staffing levels.

Pipe line plan articulated and focused cardiology advertising and recruitment commenced to improve the pipeline.

Movement of staff to fill gaps in rotas.

Meal relief provided by the Alert team at night.

Careful placing of surgical patients to ensure no increased workload. Plan for placement of plan A surgical patients only.

Exploring further opportunity to reduce surgical patient placement in cardiology.

Focus on HCSW recruitment. Social media to demonstrate varied roles and access to training and development.

Use of temporary staffing and agency to fill the gaps in rotas.

Comprehensive proactive plan drawn up by the Estates team to address issues.

Responsive team to equipment failure, with short term fixes.

The pulling forward of appropriate equipment to minimise risk of equipment failure.

Spotlight on: Safety incidents

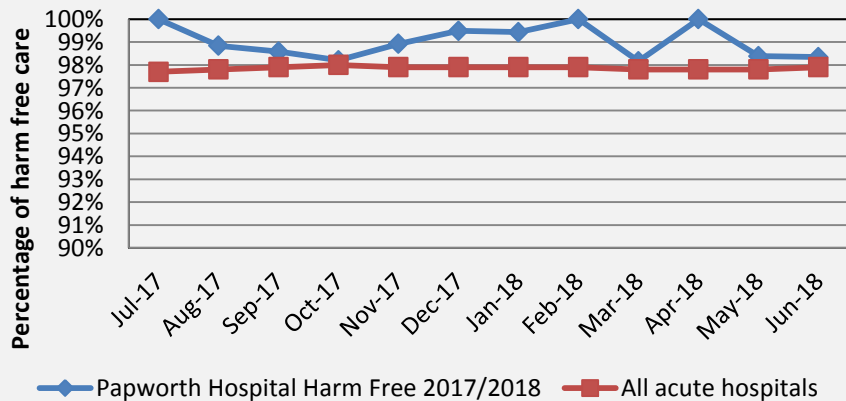


The Classic NHS Safety Thermometer is a measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, UTI (in patients with a catheter) and VTEs. It provides a 'temperature check' on safety on one day each month for all inpatients that can be used alongside other measures of harm to measure local and system progress in providing a care environment free of harm for our patients.

In addition to the nurse sensitive indicators the safety thermometer gives the Trust an indication of the quality of care which is being maintained at the Hospital.

Royal Papworth Hospital consistently records a high percentage of harm free care. The graph below is a comparison of harm free care for Royal Papworth Hospital and all acute hospitals.

Patient Safety Thermometer - Harm Free Care Comparison with national data

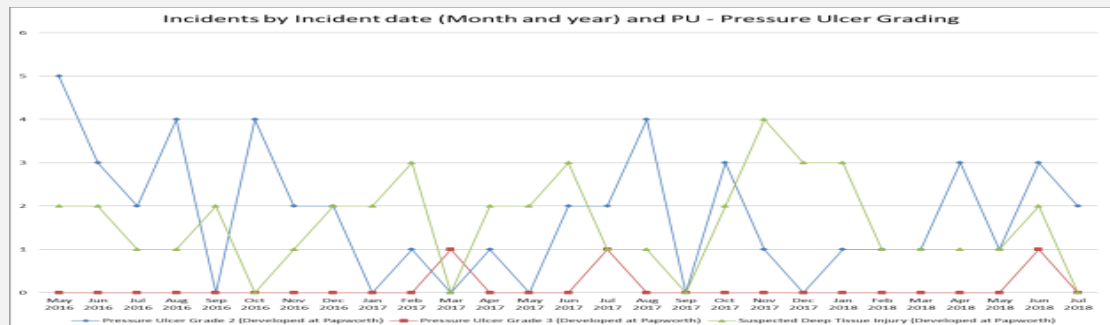
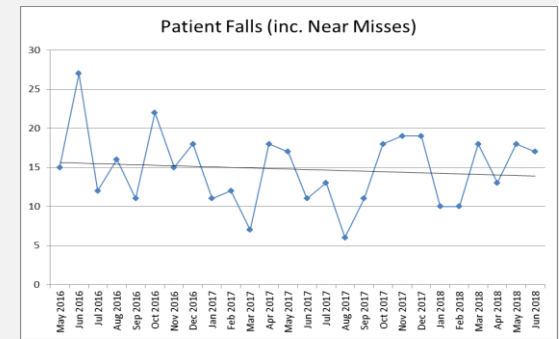
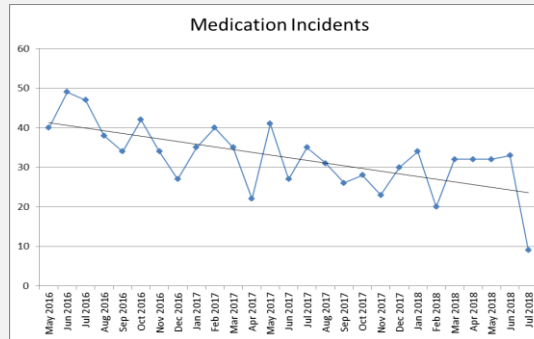


Nurse sensitive indicators

The Quality and Risk Committee receive a nurse sensitive patient incident report at each meeting.

This was to provide assurance that the registered nurse vacancies were not having a negative impact on quality of care delivery. As a result of the hard work by the teams there is actually a downward trend across the nurse sensitive indicators; Patient Falls, Medicine incidents and Pressure Ulcers.

Quality and Risk Committee will continue to receive these reports and challenge and negative impacts.





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	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
Dashboard KPIs	FFT score- Inpatients	4	95%	97.5%	98.0%	97.0%	97.0%	96.0%	97.0%
	FFT score - Outpatients	2	95%	97.5%	98.0%	98.2%	99.0%	99.0%	99.0%
	Number of complaints (12 month moving average)	4	5 and below	5.1	5.5	5.9	5.9	6.0	5.8
	% of complaints responded to within agreed timescales	4	100%	100%	100%	96%	100%	100%	100%
Additional KPIs	Number of complaints upheld	4	3 (60% of complaints received)	7	6	7	1	3	N/A
	Direct Care Time - Activity follows completed in quarter	3	100%	-	-	87.5%	-	-	100.0%
	Direct care time	3	40%	-	-	38.6%	-	-	39.2%
	Direct Care Time - Number of wards > 40%	3	100%	-	-	13%	-	-	50%
	Number of complaints	4	5 and below	7	9	11	3	4	4
	Number of recorded compliments	4	10	140	67	68	101	147	69

Summary of Performance and Key Messages:

The staff continue to provide the patients with a good experience, however response rates for June remains low at 29% a further 8% decrease for inpatients and 1.6% response rate for outpatients a reduction of 0.9%. See key performance challenges.

Caring remains amber due to the 12 month moving average of the number of complaints. There has been an improvement in month. If the number of complaints continue below the target there will be further positive movement for July.

Benchmarking with other organisations on % of complaints responded to within agreed timescales.:

Cardiothoracic tertiary centre Royal Brompton and Harefield 87% (Annual report 2017/2018) compared to Royal Papworth Hospital 99.2%. Cambridge University Hospitals set an improvement target of equal to or greater than 90% for 2017/2018 (Annual report 2016/17). North West Anglia Foundation Trust reported 98% within 30 days and 100% within 40 days in the published Care Quality Dashboard 17/18.

Direct Care time has improved in quarter, with 100% of areas completing the activity follows. 50% of the areas reported above the 40% target for direct care time.

Key performance challenges



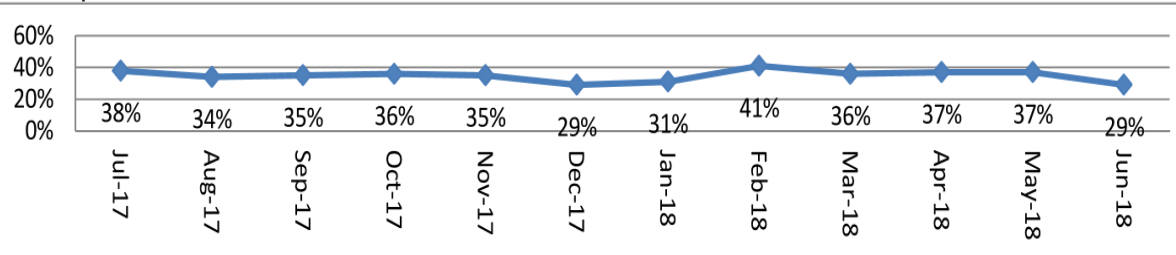
Escalated performance challenges:

Friends and Family Test response rates:

Having a good response rate is essential in providing an objective view of our services.

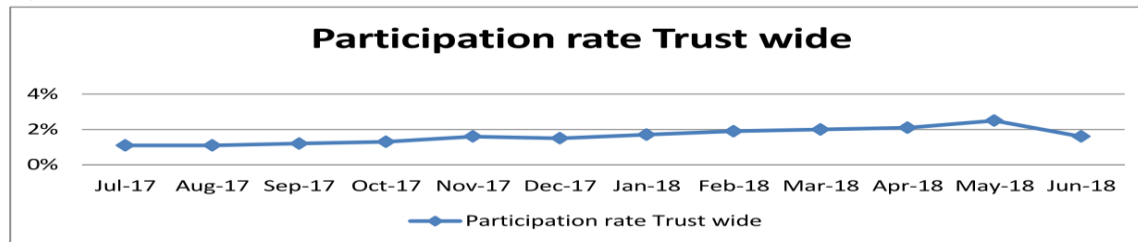
The National Response rate for May 2018 was 25.6% (NHS England published 12/7/18) for inpatient areas. Although the Trusts response rate is 29% which is above the National Response rate it is on a downward trajectory.

Participation rates Trust wide



The outpatient response rate was 1.9% for June. There is not a National response rate for outpatients.

Participation rate Trust wide



Key risks:

If response rate continues to decline, the objectivity reduces.

Key Actions:

Refresh posters encouraging feedback from patients.

Ensure role to ask for feedback is allocated to a staff member who is aware of the discharges, for example the ward clerk or patient flow facilitator.

Enlist the help of hospital volunteers to ask for feedback.



Summary of performance:

Activity Follow Data Quarter 1 2018									
Wards	Motion	Admin	Handover	Med. Manag.	Discussion	P.Hygiene	Pt Flow	Other	Direct Care Time
Hemingford	6.9%	14.0%	5.8%	4.4%	14.4%	3.8%	0.6%	9.6%	41.0%
Mallard	6.1%	4.0%	11.0%	6.0%	4.0%	3.3%	0.0%	20.6%	45.0%
Hugh Fleming	9.2%	15.0%	10.2%	9.0%	9.6%	1.0%	9.8%	7.2%	29.0%
VARRIER JONES	17.1%	12.9%	6.9%	0.6%	5.4%	5.6%	0.4%	12.1%	39.0%
CDW	5.2%	15.2%	2.1%	0.0%	10.8%	2.5%	9.0%	9.2%	46.0%
RSSC	6.3%	19.3%	0.0%	0.0%	7.9%	1.9%	16.0%	10.6%	37.9%
CMU	4.4%	24.0%	1.0%	7.3%	10.2%	2.3%	2.0%	6.0%	42.8%
CF Unit	0.8%	1.7%	7.5%	17.7%	6.9%	0.0%	7.1%	25.0%	33.0%

Background & Summary : The measurement of Direct Care Time with patients was originally part of the Productive Care work stream introduced by NHS Institute and designed to help the NHS meet the QIPP (quality, innovation, productivity and prevention) challenge. It helped enable staff to improve the way they work, to release time to allow them to focus on caring for patients. This in turn, increased the amount of direct care time staff could spend with patients.

Activity follows measure minute by minute what a nurse is doing over the period of a shift and this is recorded under key headings, which then calculate in percentage how much time is spent directly or indirectly with the patient and the overall percentage gives the total direct care time.

Following the introduction of Lorenzo, in June 2017, the aim is, long term, to enable staff to spend less time on administration and improve the amount of direct care time whilst also improving safety and care for patients. As part of a research in action project, direct care time will be monitored by the wards, and reported, on a quarterly basis. The table above shows current direct care time for quarter 1. Please note, staff have recorded Lorenzo work under 'Admin' columns apart from Mallard & CF Unit, who recorded it under 'Other'. Student Supervision is accounted for in 'Other' column.

There has been a slight improvement from the baseline report for Q4 2017/2018 in direct care time (0.6%) an improvement in areas reporting above 40% direct care time achievement (37%) and 100% of the ward areas completed the activity follows exercise. The improvements that are making a difference are; the staff familiarisation with the system, improvements in clinical forms, improvement in the maintenance of workstations (the IT team do a daily round to help fix and problems).

It should be noted that other factors influence the percentage of direct care time including staffing levels, and other new processes.

Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Directors of Operations



6 month performance trends

		Data Quality	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Dashboard KPIs	Bed Occupancy (excluding CCA)	4	85%	73.9%	72.1%	73.6%	81.8%	76.4%	77.6%
	CCA bed occupancy	3	85%	89.2%	86.0%	85.4%	89.5%	86.8%	90.5%
	Admitted Patient Care (elective and non-elective)	4	2253 (current month)	2127	1886	2080	1952	2061	2046
	Cardiac surgery mortality EuroSCORE	3	<3%	2.71%	2.61%	2.81%	2.70%	2.47%	2.38%
	Theatre Utilisation	3	80%	77.65%	84.05%	79.36%	87.12%	88.04%	87.00%
Additional KPIs	Same Day Admissions – Cardiac (eligible)	4	40%	18.52%	27.78%	24.47%	31.87%	25.36%	26.85%
	Same Day Admissions – Thoracic (eligible)	4	40%	32.56%	35.90%	44.19%	40.00%	51.11%	45.24%
	Length of stay – Cardiac Elective – CABG (days)	3	8.22	7.50	7.81	8.38	7.73	8.82	7.54
	Length of stay – Cardiac Elective – valves (days)	3	9.65	9.59	10.09	9.80	8.84	10.52	10.00
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	4	90%	87%	89%	87%	89%	90%	90%
	Cath Lab Utilisation 6 (including 15 min Turn Around Times)	4	70%	73%	75%	81%	75%	69%	61%
	CCA length of stay (LOS) (hours) - Mean	3	Monitor only	115	107	103	98	105	104
	CCA LOS (hours) - median	3	Monitor only	36	45	45	40	36	43
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	4.84	4.78	4.54	4.75	5.18	4.64
	% Day cases	3	Monitor only	55.40%	55.48%	53.51%	55.87%	55.62%	56.24%

Summary of Performance and Key Messages

Operational site status this month was **Amber/red**.

- A small improvement in bed occupancy was seen in month 3. From 25th June Day ward has closed to patients overnight. Staff from the Day ward are supporting the ward areas overnight. This is consistent with the planned model of care for the new site.
- Bed occupancy in CCA was impacted by the number of ward patients remaining on the unit who were fit to be discharged to the ward. There were 12 occasions when ward patients stayed overnight on CCA in June. The acuity of patients and their nursing requirements on the wards meant that it was unsafe to transfer when they were medically fit to do so. These patients often required 1:1 nursing care.
- Admitted patient care is below plan. In month 3 a reduction in elective cardiac pumps was seen in part due to an increase in IHU cases. Thoracic medicine saw a reduction below plan in inpatient and day case activity.
- Cath lab 6 utilisation was below target for the second month in a row following a series of infrastructure challenges. Cath lab 6 was connected to the permanent power supply following the failure of the generator and back up generator. This resulted in the cancellation of 18 patients. The failure of an essential piece of equipment within cath lab 6 resulted in a further 4 cancellations. No patient harm was experienced and the issues are now resolved.

Key performance challenges



Cancellation code	Jun-18	2018/19
1a Patient DNA	0	1
1b Patient refused surgery	0	0
1c Patient unfit	0	9
1d Sub optimal work up	1	1
2a All CCA beds full with CCA patients	8	22
2b No ward bed available to accept transfer from CCA	12	23
2c Delay in repatriation of patient from CCA	3	3
2d No ward bed available	0	0
3a Critical Care	4	10
3b Theatres	0	0
3c Consultant Surgeon	1	1
3d Consultant Anaesthetist	0	0
3e Other	0	0
4a Emergency took time	10	24
4b Transplant took time	1	16
4c ECMO/VAD took time	0	0
4d Additional urgent case added and took slot	2	13
4e Equipment/estate unavailable	1	6
5a Planned case overran	10	27
5b Additional urgent case added and took slot	0	0
5c Overruns delayed start	0	0
6a Scheduling issue	1	4
Total	54	160

Key risks

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

Top reasons in month:

No ward Bed available – 12

Emergency took time - 10

Planned case overran – 10

Estates concerns within theatres in month 3

One cancellation related to problems with estate when theatres experienced an issue with the gas scavenging system.

Additional activity within theatres and CCA

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

34 patients returned or were admitted to CCA as emergencies.

6 additional elective cases were added to the list.

81 additional emergency minor procedures also went through theatre.

On 21 occasions, the Theatre or CCA team was called out for retrieval or repatriation of patients.

Key Actions

Given the reduction of vacancies within CCA , qualified and unqualified nurses are supporting the wards as outlined below

- Support offered to ward areas on ad-hoc basis to supplement staffing with CCA nurses.
- Exploring offering new CCA nurses the opportunity to start on ward areas before moving to ITU
- Identifying 1.5 WTE to move to ward for 3 month period

Effective

Spotlight on Red to Green



Red and Green Bed Days' initiative is supported by NHS Improvement and is a visual management system to assist in the identification of wasted time in a patient's journey.

The purpose of the initiative is to reduce internal and external delays while placing the patient receiving the care at the centre. The patient's experience should be one of involvement and personal control, with an expectation of what will be happening.

Our journey started with establishing service level agreements for supporting services and informative sessions for all staff and an intranet page. Patients were later informed by electronic / paper posters.

A pragmatic approach was taken to the recording of the patients Red to Green status, to ensure staff had been trained and informed about the initiative. Initial data entry (March 2018) was limited with only 2 entries, but has continued to increase each month. For each day the patient has had no activity a reason is recorded, this means that the patient could have a number of red bed day entries during an admission period.

Number reported	Red Days	Green Days
March	2	154
April	119	1193
May	205	1884
June	317	1775

Top five Red Bed Day Reasons:

Over the past three months, the highest reported red bed day reason recorded on the patients record was 'waiting for a procedure' this was consistent throughout the reporting duration. This would align with the number of IHU patients waiting for their procedure and cancellations across the trust, because each patient that waits one extra day for their procedure will account for one Red bed day lost.

April	Number	May	Number	June	Number
Procedure	37	Procedure	114	Procedure	180
Social work	23	Diagnostic Tests	19	Plan	35
Care package	12	Repatriation	17	Cancelled Procedure	17
Decision - Surgical	8	Care Package	14	Decision	17
Plan	5	Cancelled - Procedure	13	Results/Report	14
Cancelled - Procedure	5	Social Care	11	Repatriation	13

Next steps:

Increase the number of staff recording red or green bed days on Lorenzo

Task & finish group: schedule meeting to work through the key objective to reduce the top five reasons.

Plan for each of the reasons

Deep dive into the social work and care package reasons to investigate if the time could have been reduced.

Work with colleagues to understand why patients are waiting for plans and decisions

Review the service level agreements for diagnostic tests

Data quality: enhance the report to produce consistent and enriched information

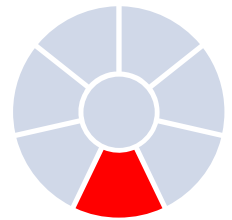
Responsive

Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Associate Director of Operations

6 month performance trends



	Data Quality	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	tbc	>99%	99.33%	99.11%	99.04%	99.59%	99.14%	99.55%
	18 weeks RTT (combined)	3	92%	84.27%	84.17%	83.21%	83.38%	83.62%	83.82%
	62 days cancer waits post re-allocation*	3	85%	100.0%	100.0%	87.5%	100.0%	100.0%	84.6%
	31 days cancer waits *	3	96%	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Theatre cancellations in month	3	30	79	57	61	53	53	54
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	3	95%	44.18%	25.58%	31.11%	28.20%	15.55%	16.32%
Additional KPIs	18 weeks RTT (cardiology)	3	92%	83.78%	82.58%	81.17%	79.24%	79.45%	78.98%
	18 weeks RTT (Cardiac surgery)	3	92%	69.25%	69.15%	67.29%	67.05%	67.16%	67.18%
	18 weeks RTT (Respiratory)	3	92%	93.87%	95.34%	95.80%	97.10%	96.64%	97.09%
	Number of patients on waiting list	3	3,717	n/a	n/a	n/a	3778	3859	3734
	Acute Coronary Syndrome 3 day transfer %	3	90%	100.00%	100.00%	100.00%	99.25%	100.00%	100.00%
	Other urgent Cardiology transfer within 5 days %	3	90%	100.00%	100.00%	100.00%	100.00%	100.00%	97.62%
	% patients rebooked within 28 days of last minute cancellation	3	100%	94.74%	98.28%	100.00%	100.00%	98.00%	100.00%
	Outpatient DNA rate	4	Monitor only	10.50%	9.46%	9.55%	10.18%	9.40%	9.48%

Summary of Performance and Key Messages:

RTT Recovery

- The Trust remains below the 92 % standard.
- Cardiology failed to deliver the revised approved trajectory. There are several contributing elements, ineffective booking utilisation, break down of cath lab 6 and non-adherence to a new booking strategy. To resolve the RTT there are multiple actions in place including clear adherence to the booking processes, resolution to the cath lab 6 problems, three times weekly review of all actions and trajectory. In month 3
- Cardiac surgery recovery remain above trajectory although there are concerns with the trajectory due to the demand of IHU referrals. Ongoing actions to address this include generic referrals, redistributing of patients between consultants, additional Monday late list and weekly review and validation of the PTL.
- 62 day cancer waits post reallocation and 31 day cancer waits were 100%.

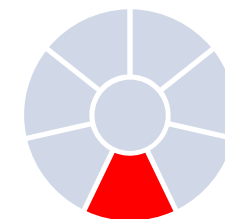
In House urgent

- There was a small increase in the % of IHU surgery performed < 7 days of acceptance. 56 IHU patients were operated on in June . This reflects an increase from January 2018-April 2018 where 42-46 IHU (average 44 patients per month) were operated on and is a result of the increased IHU sessions and the reduction of elective slots on the theatre schedule.

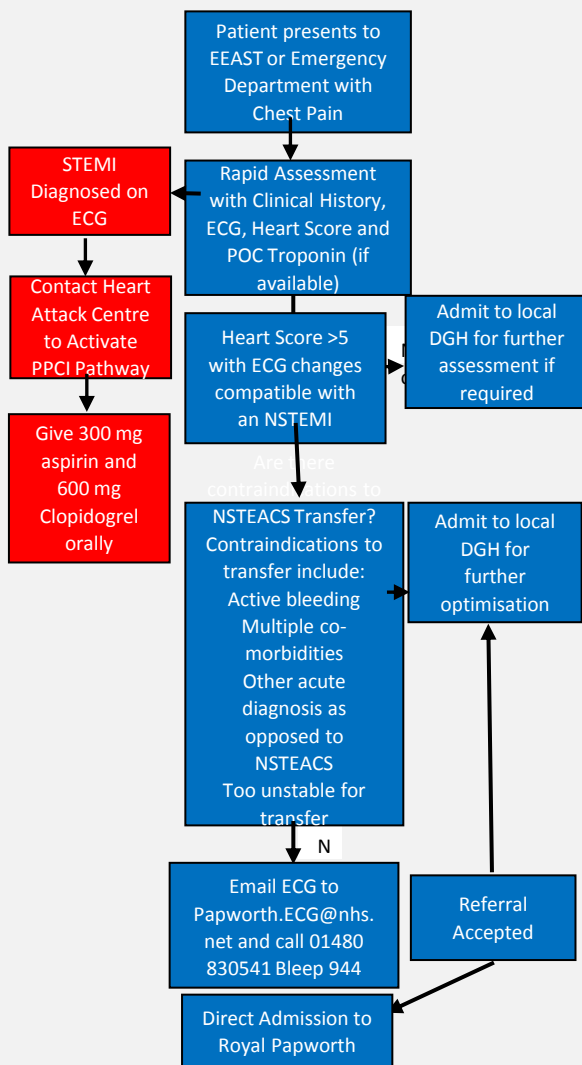
52 Day breach

- There was 1 52 week breach in cardiology. A full RCA has been completed, and there was no patient harm

Responsive NSTEACS



Pathway Summary



Key Risks

- Poor adherence to criteria, will result in the admission of in-house urgent patients, without a date would generate red bed days in Papworth.
- Ability to ring fence beds to protect flow into the lab.
- Ability to ring fence lab scheduled time to ensure throughput without delay.
- Patient admission out of normal working hours and the implication to the out of hours team

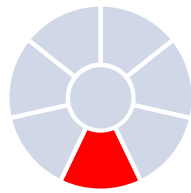
Key Benefits

- 125 patients per year will be admitted on the high risk NSTEACS pathway from within the pilot area of C&P STP.
- This equates to a total number of saved bed days at the CUH & NWAFT of 2013.
- A total of 125 ambulance conveyances from CUH or NWAFT to RPH saved.
- Commissioner savings of 125 emergency admissions and ED attendances within the STP region.
- All patients admitted via the high risk NSTEACS pathway will receive coronary angiography plus revascularisation where necessary or surgical referral within 24 hours of admission at RPH.

Key Actions

1. Commissioner approval to EEAST – June 2018
2. EEAST Leadership Board approval – July 2018
3. RPH CQUIN agreed – July 2018
4. RPH Quality and Risk Committee approval – August 2018
5. Clinical Executive Committee approval (CCG) – August 2018
6. Healthcare Executive Committee (STP) – August 2018
7. EEAST clinical training – July & August 2018
8. Stakeholder engagement (CUH & NWAFT) – August 2018
9. Regional Stakeholder Event (N&N, Harefield, Basildon, Ipswich) – September 2018
10. Pathway launch – September 2018

Responsive – Spotlight on IHU Recovery Plan



Background

- In House Urgent patients are those patients who require surgical intervention, who are admitted to their DGH but are too unwell to be discharged home prior to their surgery. They are referred to Papworth for MDT discussion and then, if accepted, they are transferred for surgery. The standard is to transfer within 7 days.
- In House Urgent (IHUs) transfers performance has deteriorated to 15-16% in May and June due to a large increase in referrals.
- The action plan outlined in 17/18 M12 has been implemented and the effects should be seen in July data.
- Converting elective slots to IHU slots has improved the position but had a detrimental effect on the RTT position.

Current Position

- There were occasions when there were in excess of 30 patients accepted for IHU surgery and waiting for theatre – these patients were waiting over 2 weeks on some occasions.
- At July 6th there are 16 patients accepted for IHU surgery and the next available date is in 7 days.
- It is not thought that the waiting times for IHU patients has caused any harm – any deterioration would result in the patient going to theatre as an emergency.

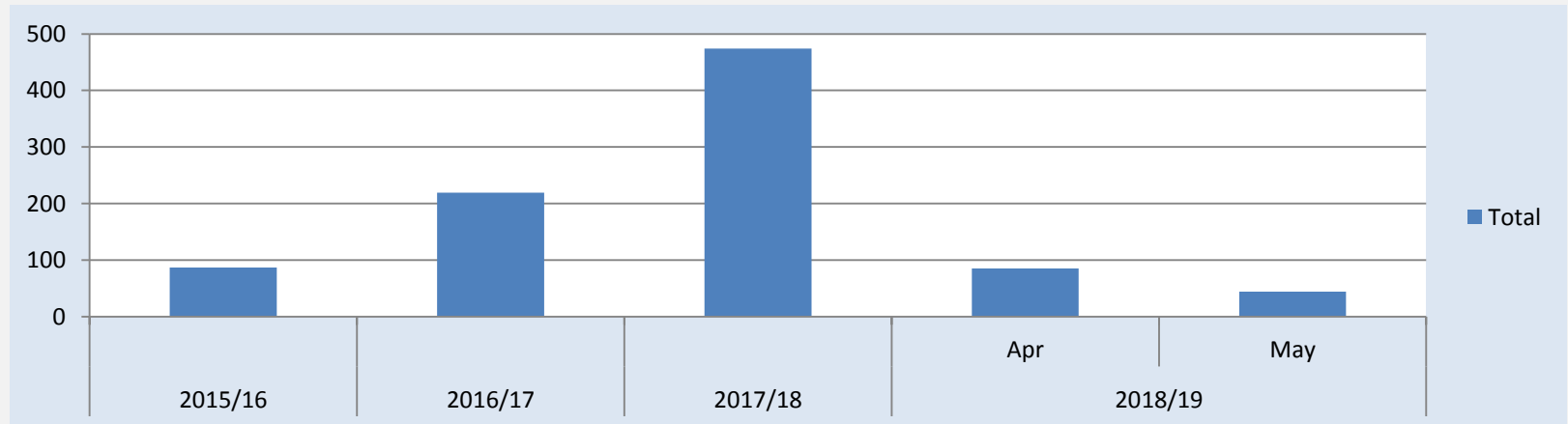
Risks

- The conversion of slots from elective to IHU has been stopped to aid recovery of the RTT position which leaves the IHU service vulnerable should there be an influx of referrals.

Next Steps

- Data is being sought on IHU pre-surgery mortality to ensure that the assumption about no harm is correct.
- Anecdotally this is something that all centres have seen but there is currently no data to support this assumption. Other centres will be contacted to see whether they have also seen the large rise in referrals to assess whether this is a national or local problem.
- To use the last three years of data to determine what the theatre schedule should look like. Historically around a third of cardiac surgery slots have been assigned to IHU but this needs review.

Year	Numbers of IHU referrals
2015/16	87
2016/17	219
2017/18	474
2018/19	129
Apr	85
May	44
Grand Total	909



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	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
Dashboard KPIs	Voluntary Turnover %	3	15.0%	19.17%	13.06%	21.54%	25.78%	12.91%	9.95%
	Vacancy rate as % of budget	4	5.50%	9.92%	9.48%	8.87%	11.30%	10.75%	10.91%
	% of staff with a current IPR	3	90%	90.75%	89.23%	88.38%	90.81%	89.71%	88.28%
	% sickness absence	3	3.50%	3.66%	3.32%	2.92%	2.58%	2.75%	2.83%
Additional KPIs	% Medical Appraisals	3	90%	90.20%	92.16%	92.31%	90.29%	87.50%	90.57%
	FFT – rec as place to work	3	63%	-	-	-	40.00%	42.00%	37.00%
	FFT – rec as place for treatment	3	80%	-	-	-	80.00%	91.00%	82.00%
	Mandatory training %	3	90.00%	90.31%	90.38%	90.71%	90.54%	91.15%	89.15%
	Registered nursing vacancy rate	3	5.0%	10.94%	10.20%	9.10%	9.55%	8.23%	8.20%
	Unregistered nursing vacancy rate	3	8.00%	11.10%	11.50%	12.18%	24.46%	22.63%	21.65%
	Long term sickness absence %	3	0.80%	0.47%	0.00%	0.62%	0.70%	0.75%	0.77%
	Short term sickness absence	3	2.70%	3.19%	3.32%	3.32%	1.88%	2.00%	2.06%
	Agency Usage (wte) Monitor only	3	Monitor only	42.6	43.2	44.6	43.7	51.1	60.3
	Bank Usage (wte) monitor only	3	Monitor only	57.1	47.1	54.1	50.1	54.5	55.2
	Overtime usage (wte) monitor only	3	Monitor only	60.3	55.1	63.9	52.8	53.0	54.2
	WTE Totals: Non Medical Starters	3	Monitor only	28.1	29.0	26.5	42.0	23.5	20.9
	WTE Totals: Non Medical Leavers	3	Monitor only	25.1	22.4	28.8	35.7	16.5	15.2

Summary of Performance and Key Messages

Key highlights in June are:

- Total turnover reduced to 9.95%. Nursing turnover was 7.96 % a reduction from 9.7% in May. There were 4.07 wte registered nurse (including 1 PRP) leavers in June. Healthcare Support Worker turnover was 13.71% which was an increase from May (1.8 wte).
- We were a net gainer in the non-medical workforce by 5.7 WTE. We continued as a net recruiter to the nursing workforce for the eleventh month in a row; 5.57 WTE (this includes pre-registration nurses). We were a net loser of the HSCW workforce by 1.8 wte.
- We have identified that there were 6 (5.67 wte) leavers in May that were processed late. This was due to a combination of late notifications by managers and late processing by Payroll. This has been escalated to Payroll and managers. We were still a total net gainer in May both at a Trust level and for nurses.
- This adjustment has meant that although we were a net recruiter in June the Trust total vacancy rates increased to 10.9% from 10.75% in May.
- Nurse vacancy rate decreased to 8.2% (54.8 wte). We have a large cohort of PRP staff (52.37 wte) who are working towards gaining registration. HCSW vacancy rate decreased to 21.65% (43.55 wte) from 22.64% .
- Non-medical IPR compliance decreased to 87.12% and medical improved to 90.48%. We will be focusing on recovering the non-medical position in July by working with managers to identify forward plans for booking IPRs.
- The Friends and Family Staff Recommender questions are now being asked as part of the monthly pulse survey. Our recommender score as a place to receive treatment was better than the national average at 82% but recommender as a place to work remains below the national average at 37% reflecting the impact of the pending relocation and organisational change on staff. The response rate was 12%.
- Temporary staffing usage increased in June. This is as a result of high maternity leave levels in Critical Care, high acuity and the need to provide supervision to PRP staff.

People, Management & Culture

Key performance challenges



Escalated performance challenges:

- Turnover remains volatile and the delay in the move date could have a negative impact.
- Vacancy rates are improving but are not evenly distributed. Critical Care, Theatres and Cath Labs have significantly improved but there remains high vacancy rates on a number wards and in particular on Cardiology wards.
- We have a high number of Pre-Registration Nursing and newly qualified staff who require support and supervision and makes ensuring the appropriate skill mix on wards difficult.
- Recruitment remains difficult across a number of non-medical staff groups. In particular recruitment to HCSW roles is becoming more difficult as we get closer to the move date and vacancy rates have increased as a result of increased establishment arising from Gateway 2.
- Organisational change processes will require significant management time.
- Staff engagement is negatively impacted by the delay in the move and ongoing organisational change.

Key Risks:

- Turnover increases as we get closer to the move date as staff decide not to move location.
- Length of time required for overseas nursing starters to successfully complete OET/OSCE and become registered staff.
- Trust's ability to recruit numbers of clinical and non-clinical staff to match turnover and increases in establishments in some areas as a result of new operating models post-move.
- Impact of increased demand on current staff to deliver activity may adversely affect staff morale, sickness absence, and turnover.
- 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.
- Trade Union capacity to work in partnership and provide support for employees through organisational change.

Key Actions:

- Following the announcement of the delay we held a series of 'drop in sessions' for staff to tell us about the impact of the delay in the move date on them. We also held an extraordinary JSC meeting to update staff side and to gain their insight into how we can best support staff.
- Our overseas PRP staff were very concerned about the risk that we would have to close our onsite accommodation in mid-Sep. They do not have their own transport and, as they are both studying and working, were concerned about the impact of the disruption in having to move to Waterbeach and travel back and forth to Papworth Everard.
- Other concerns raised by staff who attended the drop in sessions were about transport cost and travel options from Cambridge to Papworth.
- We also contacted all new recruits that have not yet started to inform them of the delay and re-confirm their start dates. We have a small number of recruits who have asked to defer their start date until we move and a number who have indicated that they will require support with travel to Papworth Everard .
- The Estates Team have secured approx 100 rooms of onsite accommodation until the hospital moves. We have prioritised this for PRP staff and given other staff the option of requesting one of these rooms if they feel there are special circumstances affecting them.
- Our new accommodation at Waterbeach has opened as planned. All staff who have to vacate the onsite rooms have been offered a room at Waterbeach. We have confirmed that we will provide a free bus service between Waterbeach and Papworth Everard.
- We are developing support options for staff who have moved or will be moving to Cambridge from Sep 18 onwards. We will confirm these to staff following the development and agreement of the revised financial plan.

People, Management & Culture

Spotlight on Registered Nurse and HCSW Recruitment



Registered Nurse Recruitment

- The Trust has been a net recruiter of Registered Nurses (RN) for 11 months in a row.
- We continue to undertake overseas, local and national recruitment campaigns.
- Our modelling of RN supply and demand indicates that we will have achieved a 5% vacancy rate inclusive of Pre-registration Practitioners (PRPs) by August 18 and exclusive of PRPs by January 19.
- We have reached a position where we are deferring the start date for recruits to Critical Care. Recruits are being placed on a waiting list and we are offering them a ward based post pending a post in Critical Care becoming vacant. This supports filling vacancies on the wards and places us in a very good position when we move to our new hospital and increase bed capacity in Critical Care.
- We implemented a new education programme for our PRP staff in July.
- The table below provides an update on progress of PRP staff June – August with the OET exams.

	June OET passes	July OET passes	OET exam taken 14.7 (results due in Aug)	July/Aug OET prog (week 1 w/c 16 July)	Start OSCE training July
CDW	1				
CCA			1	1	4
CF	1		3	1	
CMU			1	1	
Cathlabs				2	1
Hemingford		1		1	
Hugh Fleming			3		
Mallard		1	1		
RSSC	1	1	1	2	
Theatres			1		
VJ			1	1	
		Awaiting to hear back from 2 more	Will report back with results in due course		

HCSW Recruitment

- The vacancy rate for HCSWs increased significantly from 12.2% in March to 24.5% in April as a result of increased establishments.
- Since April it has decreased to 21.7%. This is as a result in changes in hours as there were no new starters for HCSW into substantive roles in May and June.
- We have changed our adverts and person specifications to widen the potential field of applicants. We have also used events like the Qube and the CUH Nurse Recruitment event to attract applicants.
- We have varied our method of advertising between general Trustwide adverts and specific adverts for departments. Analysis of the results demonstrate that general Trustwide adverts have the best success rate.
- The pipeline for recruits in August and September indicates that we will 13 new starters which is a significant improvement on the previous three month period (5 new starters). HCSWs are contractual required to give one months notice so it is difficult to predict the impact on vacancy rates of this pipeline.
- We are liaising with CUH to ensure that we learn from their knowledge of the Cambridge labour market.
- The 18/19 – 21/22 pay award should have a positive impact on our attraction as an employer.

Area	August	September
Critical Care	2	1
Cardiology	4	2
RSSC	2	
Varrier Jones	2	
Total	10	3

Transformation

Performance summary



Accountable Executive: Chief Operating Officer / Director of Finance

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

		Data Quality	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Dashboard KPIs	SIP – project delivery	3		Red	Red	Red	Amber	Amber	Amber
	Digital programme delivery on track	3		Amber	Amber	Amber	Amber	Amber	Amber
	New Papworth ORAC - overall progress	3		Amber	Amber	Amber	Amber	Amber	Red
Additional KPIs	PFI, Equipping & Estates - Design & Construction	3		Amber	Amber	Amber	Amber	Amber	Red
	PFI, Equipping & Estates - Equipping	3		Amber	Amber	Amber	Amber	Amber	Amber
	PFI, Equipping & Estates - Enablement of New Papworth	3		Green	Green	Green	Green	Green	Amber
	PFI, Equipping & Estates - Retained Estate Enablement	3		Green	Green	Green	Green	Green	Green
	PFI, Equipping & Estates - Site Sale and De-commissioning	3		Amber	Amber	Amber	Amber	Amber	Amber
	Operational readiness - CTP Clinical Services	3		Green	Green	Green	Amber	Amber	Amber
	Operational readiness - CTP Pathology	3		Red	Red	Amber	Amber	Amber	Amber
	Operational readiness - DORACS Clinical Delivery	3		Green	Green	Green	Green	Green	Green
	Operational readiness - DORACS Clinical Support	3		Green	Green	Green	Green	Green	Green
	Operational readiness - DORACS Office Policy	3		Green	Green	Green	Green	Amber	Green
	Operational readiness - Move and Migration	3		Green	Green	Green	Green	Green	Green
	Workforce & Communications - Communications	3		Green	Green	Green	Green	Green	Green
	Workforce & Communications - Training & Education	3		Amber	Amber	Amber	Amber	Amber	Amber
	Workforce & Communications - Workforce Planning	3		Amber	Amber	Amber	Amber	Amber	Amber
	ICT - ICT & Telecoms	3		Amber	Amber	Amber	Amber	Amber	Amber
Hospital Cutover - Move Control	3		Green	Green	Green	Green	Green	Green	

Summary of Performance and Key Messages:

Operational Readiness: Successful move to Royal Papworth House undertaken on weekend of 24/24 June. Lessons learned are being collected so as to share experience ahead of the move to the new hospital. First Building User Group planned. Meeting Room booking system rolled out to Royal Papworth House and review of next phase roll out underway, with possible introduction to existing site in light of delay. Medical Records scanning project progressing and will now be completed by end August 2018. Scope washer, smart fridge and blood gas analysers deliveries on hold with benefits of early implementation on current site being assessed.

NPH Design, Construction & Enabling Works: Rejection by the Trust of a requested derogation as regards external cladding insulation materials creates a requirement for remedial works to be undertaken by Skanska. These will cause an as yet undefined delay to completion of Phase 2 of the construction. A revised construction programme has been requested. This has not yet been analysed but it is clear that the delay will be lengthy and will require a re-set of the Master Commissioning Programme. Design and Construction and by result the overall project are therefore reported as Red, whilst the planning certainty of a revised move date is developed. In the meantime, construction activities continue to progress, with the intention being a notional completion by the end of July, followed by a period of remedial works. Initial planning of those remedial works has been shared with the Trust. Whilst the works are limited to the perimeter of ground and first floor, the nature of waste removal and materials delivery associated with the works will have a significant impact upon physical access to the site.

CTP: The agreements with CUH to support all pathology services have now been agreed. The procurement for the off site histopathology provider is progressing with a decision on preferred provider being made during July but a contract will not be awarded until the revised construction timescales are clear. The lease with University of Cambridge for access for Tissue Bank services has been agreed but again will be not be signed when a revised date is clear. The Patient transfers policy between CUH and RPH has been agreed by ourselves and is with CUH colleagues for formal agreement in July. Commercial agreements for off site meeting rooms are being delayed and will align with the new move date. Shared guidelines for the use of the tunnels have been developed for approval during July.

Service Improvement (SIP/CIP): The outstanding CIP gap carried forward to this month is £666k. As a result of some very detailed activities and the progress meetings a pipeline of schemes has been identified that equate to £838k. If this is validated and delivers this could fulfil all the current CIP gap leaving an excess of £340.k. Work has started on the validation of these schemes and the progression to sign off. There are a number of departments that have still to identify their individual schemes for their department targets. We are meeting with those teams to complete all outstanding departmental CIP for this current year. We have to get all signed off and approved by the end of August.

Whilst benefits can go up or down the rag rating will remain at amber until all schemes are signed off.

2019/20 CIP planning will be commencing October/November 2018 regardless of the hospital move.

Lorenzo benefits: NHS Digital next submission is in progress for 1st August we will update for the next PIPR.

New Papworth Hospital benefits: No further activity, await data mapping and collation of base line data by NPH team. Agreed benefits will have to owned by Operational and Executive leads and will be tracked in a similar style to Lorenzo benefits.

Note – Amber/Green and Red/Amber on the New Papworth ORAC progress report are both mapped to Amber for the performance summary table on this page.

Transformation

Key performance challenges



Escalated challenges

CTP:

1. Determining the initial solution for Histopathology

NPH Construction/Operational Readiness

1. Delay to completion of Phase 2 construction
2. NPH Delivery/Discharge of Planning Condition (Car Parking)
3. Workforce – recruitment
4. Releasing staff to undertake NPH delivery
5. Installation of ICT Equipment in a Construction Environment
6. Effective pathology IT connectivity between RPH and CUH

Service Improvement (SIP/CIP):

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

Key Risks

CTP:

1. The risk that the LMB solution will not be available in time for the hospital has been confirmed and therefore crystallised into an issue.

NPH Construction/Operational Readiness:

1. If the Master Commissioning Programme is not aligned to a valid construction programme then delivery of tasks will not take place in accordance with an appropriate plan for relocation of the hospital
2. If the planning condition regarding parking spaces is not discharged then a certificate of occupation cannot be obtained
3. 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
4. If it is not possible to release staff to undertake NPH delivery preparation and training due to high turnover and vacancy levels then the operational readiness for the move will be affected .
5. If there are environmental issues with the rooms supporting the network infrastructure during construction or ensuing remedial works then the integrity of the new ICT infrastructure could be damaged.
6. If there is no IT connectivity there will be no facility for electronic pathology results reporting

Service Improvement (SIP/CIP):

1. If the trust does not identify sufficient schemes to close the gap , then the trusts planned deficit will increase by £666k for 2018/19.
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

CTP:

1. Operational finalisation of elements of service that can be provided by CUH or by using space within CUH/UofC buildings e.g. Frozen sections, urgent biopsies and tissue cut-up is underway with the Pathology team at CUH. The commercial arrangements to support this have been agreed.
2. The procurement of a third party provider for the processing element of the service is underway . In light of delay, a decision will be made on preferred provider but contract award will be held until the new timescales are clear.

NPH Construction/Operational Readiness:

1. Revised construction programme requested from Project Co/Skanska from which a new move date will be identified and the Master Commissioning Programme re-set
2. An application to discharge the condition has been made to the local planning authority which had a June deadline for determination. This is operating in parallel with applications by CUH to re-open the Forum car park; the joint application has had the effect of extending the determination date but indications from the local planning authority regarding the potential to discharge remain favourable to date.
3. Agreed Recruitment Strategy in operation. Regular recruitment events scheduled and long-run vacancy levels reducing. Recruitment is in accordance with the agreed workforce models from Gateway 2. Staff consultations for move to Royal Papworth Hospital now underway with an agreed extension to allow delay implications to be considered. Recruitment to new posts has commenced following conclusion of Gateway 2 and agreement of workforce models.
4. NPH familiarisation training plan developed but temporarily placed on hold pending agreement of the revised move date.
5. The server and network rooms are on a regular cleaning regime and subject to review for other environmental conditions, pending full operation of the building management system, anticipated from the end of July.
6. Linked to delivery of Requests and Results project.

Service Improvement (SIP/CIP):

1. Additional schemes from the CIP workshops have identified some opportunities and these are currently being quantified. Gateway 2 style meetings are planned with operational directorates from June onwards to identify more schemes. More schemes have been identified that when validated will eliminate this risk
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 June 2018 . Issue escalated to the Nursing and ICT directors.

Transformation

Spotlight on : New Papworth ORAC progress report



Monthly RAG rating

Summary of performance in figures:

Workstream	Workstream Delivery Assessment					
	Lead	MAR	APR	MAY	JUN	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	OM					
Communications	KW					=
Training & Familiarisation	SHB					=
Workforce Planning	JS					=
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 is at red this month reflecting the requirement for a new construction programme to be developed following the rejection of the derogation request regarding insulation materials. The interim solution for Histopathology is near now completion. It is anticipated that the overall rating for the project will remain at red status until a revised construction programme is agreed together with a new move date to the new hospital.

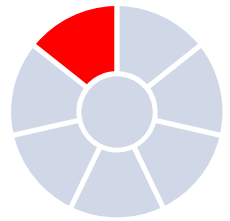
RAG	Criteria Description
Green	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly
Yellow	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery
Orange	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
Red-Orange	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
Red	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	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	
Dashboard KPIs	Year to date EBITDA surplus/(deficit)	4	£54k	£(879)k	£(1,858)k	£(2,470)k	£(271)k	£(25)k	£(87)k
	Year to date surplus/(deficit) £000s	4	£(1,501)k	£(5,658)k	£(48,544)k	£(53,102)k	£(1,183)k	£(509)k	£(1,454)k
	Cash Position at month end £000s	4	£29,159k	£15,127k	£13,927k	£50,224k	£48,883k	£43,097k	£41,411k
	Use of resources rating	5	3	3	3	4	3	3	3
	Capital Expenditure YTD £000s	4	£35,724k pa	£3,773k	£4,244k	£12,952k	£3,435k	£6,727k	£7,437k
	In month Clinical Income £000s	4	£1257k (current month)	£11,655k	£10,759k	£12,248k	£12,067k	£12,160k	£12,173k
	CIP – Identified - YTD £000s	4	£1,962k	£2,338k	£2,515k	£3,021k	£545k	£1,032k	£1,343k
	CIP – FY Target £000s	4	£6,023k pa	£3,446k	£3,446k	£3,446k	£8,309k	£8,851k	£8,851k
	Agency spend as % of salary bill	4	2.89%	3.45%	3.62%	4.71%	3.54%	4.88%	4.20%
Additional KPIs	Debtors > 90 days overdue	4	10%	36.8%	30.3%	22.8%	24.1%	32.0%	49.4%

Summary of Performance and Key Messages:

The Trust's **year to date** position is a deficit of £1,454k, which is favourable to plan by £48k.

Total clinical income is below plan by £737k, this is a concerning adverse variance with the Trust continuing to experience lower than planned activity of 538 (8.4%) inpatient /day cases equating to an adverse £654k position. This position is offset by the increased complexity in case mix of £401k, increased private patient income of £204k together with a combination of other items totaling £56k to give a net underlying clinical income position which is ahead of plan by £7k. In addition, the Trust has reduced high cost drugs and devices income of £744k, however, these are procured on a pass through basis and therefore offsets lower expenditure.

Other operating income is £81k adverse to plan due to lower levels of donated assets.

Pay is £29k favourable to plan with temporary staffing costs replacing substantive savings from vacancies, however, this reflects only a 0.01% reduction compared to the 8.4% reduction in income. Non pay expenditure is £139k adverse to plan, comprising favourable clinical non pay due to the lower activity levels (£118k), underspends due to timing on the NPH transition programme (£336k) and lower PFI service charges (£144k), offset by increased domestic cleaning costs following original move delay (£67k), commissioner fines (£393k), unachieved CIP (£140k) and increased professional fees (£118k). Depreciation charge is £226k lower than plan following delay capitalisation of assets.

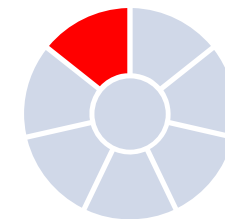
Actual year to date CIP achievement of £1,343k is £619k adverse to plan of £1,962k, due to £113k planning gap and an operational delivery gap of £506k from overspends in Pay compared to the Gateway 2 rosters, partially offset by non-recurrent underspends.

Capital expenditure year to date is £7,437k which is underspent by £1,569k due to delays in timing of IT and Medical equipment purchases.

The cash balance of £41,411k is favourable to plan by £12,254k, predominantly due to the receipt of the full £6.9m of Transitional funding in May (the plan assumed monthly receipts throughout the year) together with the timing of the NPH capital equipping programme and working capital improvements .

In month the Trust has reported a deficit of £945k, which is £40k ahead of the planned deficit of £985k. Lower clinical income has been offset by reduced operational costs and lower depreciation. However, the Trust is starting to experience increased professional fees and site maintenance costs as a result of the delayed move.

Key performance challenges



June 2018 risk score changes:

Risk Increases:

- Operational Transition** – Additional costs: an increase from 12 to 20 due to the announcement of the further delay to the hospital move which has resulted in increased transition costs over the combined 2018/9 and 2019/20 period.

2018/19 year to date risk score changes:

Risk Increases:

- Master development and control plan: an increase in the risk has resulted from a reduced offer from Homes England for the existing site, resulting in a new risk score of 20 (previously 15). The Trust is continuing negotiations to ensure best value for money is achieved.**

Risk decreases:

- Current Trading – Income:** this risk has reduced from 25 to 20 following the underlying year to date achievement of the Income plan (when adjusting for High Cost Drugs and Devices).
- Current Trading – Expenditure:** this risk has also reduced as the net year to date expenditure is below planned levels.
- Delivery of efficiency challenges:** an decrease in the likelihood of the Trust not delivering the levels of efficiency required to meet its plan, resulting in a new risk score of 20 (previously 25). This assessment has been made following the identification and sign off of a further £542k of CIP in month, which reduced the CIP planning gap to £670k.
- Transitional Relief:** the Trust has received full payment of the first years tranche of transitional relief amounting to £6.9m in May, this has therefore reduced this risk from a score of 9 to 6.

Financial Strategic Risks				Risk appetite	FSRA June 18	FSRA July 18
Current Trading Impact	A	7.1.1	Income	10	20	20
	B	7.1.1	Expenditure	10	20	20
Future Growth	C	7.1.2	Income	12	20	20
	D	7.1.2	Expenditure	12	15	15
Capacity Assumption	E	7.2.1	Capacity Assumptions	10	25	25
Efficiency	F	7.3.1	Efficiency Assumptions	12	8	8
	G	7.3.2	Delivery of Efficiency Challenge	12	20	20
Master Development & Control Plan	H	7.4.1	Master Development & Control Plan	10	20	25
PFI	I	7.5.1	CBC Land and Link Tunnel	9	3	3
	J	7.5.2	Unitary Payment	9	9	9
	K	7.5.3	Capital Contribution Funding	10	10	10
	L	7.5.4	Variations on the New Hospital	10	10	10
	M	7.6.1	Whole Hospital Equipping Plan	12	16	16
Operational Transition	N	7.7.1	Transitional Relief	9	6	6
	O	7.7.2	Additional Costs	10	12	20
Electronic Patient Record	P	7.8.1	Electronic Patient Record System	12	10	10

Progress against Annual Plan Submission

YTD

Net deficit - The Trust's performance for the month of June was a deficit of £0.95m, which was favourable by £0.04m to the planned deficit of £0.99m.



Total Income - Clinical income in the month of £12.17m was behind the plan of £12.57m. Underlying clinical income is behind plan by £0.18m, due to: Lower inpatient /day case activity in Thoracic medicine and Cardiac surgery offset by increased ECMO totaling £0.08m; WIP reduction of £0.08m; Cystic fibrosis year of care and ITU / transplant variances of £0.17m; offset by: Increased complexity in case mix of £0.13m; and Increased private patient income £0.04m.



In addition, an adverse variance of £0.25m relating to reduced high cost device & drugs income (offsets lower expenditure, as these items are procured on a pass through basis – see below) , resulting in a total Clinical income position which is below plan by £0.40m.

Non-clinical Income is ahead of plan this month by £0.16m, due to an increase in the LDA funding notified in month and increased pass through Hosted costs.

Pay costs - Total pay costs were favourable in the month against original plan, by £0.02m. There is an underlying favourable substantive pay position due to the number of vacancies (238 WTEs) that exist across the Trust, offset by the continued high levels of temporary staffing expenditure, specifically within the Operational Directorates.

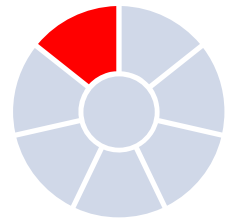


Of this variance £0.06m relates to hosted pay costs which are higher than plan, however these are offset by higher levels of other income.

Non-pay costs – Total non-pay costs in the month were below plan, by £0.21m. The underlying position is £0.46m when excluding the High Cost Drugs and Devices pass through (offset income above). There are a number of overspend and offsetting underspends across Directorates and expenditure categories. There is also a favourable Depreciation variance of £0.09m, which is due to the delay in the NPH medical equipment roll out against the original plan.



Spotlight on Cost Improvement Programme



June 2018 Cost Improvement Programme (CIP) Performance:

The operational plan for 2018/19 contained a total CIP target of £9,521k which consisted of £2,757k unachieved CIP gap carried forward from 2017/18 and a £6,764k CIP target for 2018/19;

Identified projects at the start of the year which had received full sign off as part of the 2018/19 Operational Plan were £8,309k as set out in the table below. Since the start of the year an additional £542k CIP has been identified leaving a gap of £671k at June 2018.

	2018/19
2018/19 TOTAL CIP TARGET	£9,521k
Full year effect of 17/18 schemes:	
Pathology Office Reconfiguration	£12k
Finance Directorate Budget Review	£1,458k
New Schemes in 2018/19:	
Redundancy payment review (non-recurrent)	£2,101k
Gateway 2 identified	£4,738k
TOTAL IDENTIFIED 2018/19 CIP in Operational Plan	£8,309k
Procurement Work Plan – Expenditure Reduction	£500k
Pension cost reduction scheme	£42k
TOTAL IDENTIFIED 2018/19 CIP including new schemes	£8,851k
CIP balance to be allocated (planning variance)	£671k

Of the £8,851k identified projects the operational CIP variance is adverse to plan by £506k at the end of June 2018. The actual year to date achievement was £1,343k to June 2018 against the identified plan of £1,849k. The total variance against the CIP target including the unidentified CIP to end of June is adverse by £619k against the plan of £1,962k. At the time of writing, an additional £528k is in the pipeline at Gateway 1 which will go part way to offsetting the planning variance of £671k, leaving a remaining gap of £143k.

Key CIP Project Year to Date progress:

The adverse CIP operational variance to M03 of £506k and is related to pay overspends in the following Directorates where a Gateway 2 pay CIP has been removed in 2018/19 but the budget is currently overspending.

- Clinical Support Services £274k adverse;
- Cardiology £162k adverse
- Surgery £47k adverse;
- Thoracic £33k adverse.

This is partially mitigated by a favourable variance on the Procurement CIP plan of £19k and non recurrent favourable pay variances in other directorates to June of £382k (however, the Trust is not recording this non recurrent underspend as CIP).

CIP Summary – June 2018

Project Type	Target Full Year	Identified Plan Full Year	Planning Variance (A)	Target YTD	Actual YTD	Variance to Target YTD	Identified Plan YTD	Actual YTD	Operat'al Variance YTD	Forecast Operat'al Variance (B)	Total Forecast Variance (A+B)
	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k
CIP - Pay	4,803	4,803	0	857	332	(525)	857	332	(525)	0	0
CIP- Non Pay	4,719	4,048	(671)	1,104	1,011	(93)	992	1,011	19	0	(671)
CIP - Total	9,521	8,851	(671)	1,962	1,343	(619)	1,849	1,343	(506)	0	(671)

2018/19 CIP actual vs Target

