

# Papworth Integrated Performance Report (PIPR) July 2018

*August 2018*



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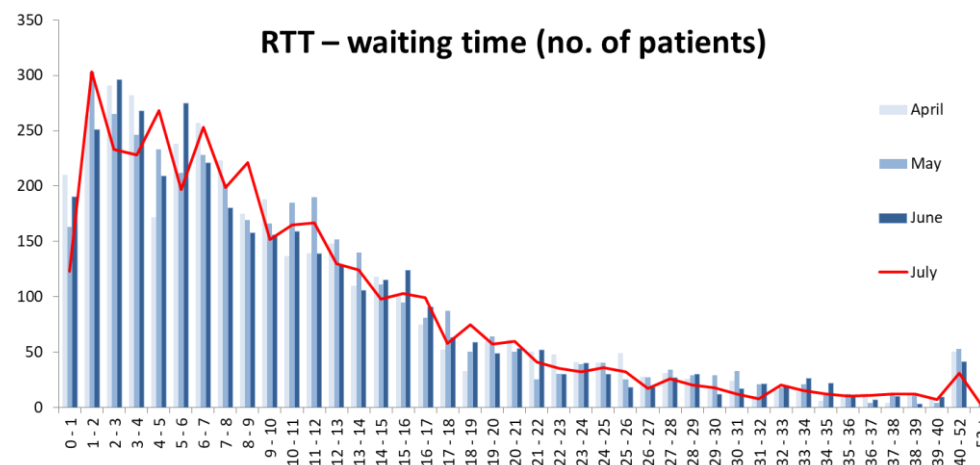
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# Context:

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

Inpatient Episodes	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Trend
Cardiac Surgery	173	212	203	186	210	229	
Cardiology	754	776	727	781	768	788	
ECMO	6	10	6	2	5	3	
PTE operations	16	16	16	16	17	16	
RSSC	473	546	516	568	571	539	
Thoracic Medicine	357	405	388	388	358	375	
Thoracic surgery (exc PTE)	53	67	55	66	60	84	
Transplant/VAD	54	48	41	54	57	45	
<b>Total Inpatients</b>	<b>1,886</b>	<b>2,080</b>	<b>1,952</b>	<b>2,061</b>	<b>2,046</b>	<b>2,079</b>	
Outpatient Attendances	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Trend
Cardiac Surgery	278	342	288	290	336	312	
Cardiology	3,297	3,413	3,449	3,359	3,521	3,993	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	1,945	2,090	2,071	1,946	2,115	1,807	
Thoracic Medicine	1,903	1,991	1,790	2,100	1,717	1,778	
Thoracic surgery (exc PTE)	169	104	90	133	100	99	
Transplant/VAD	321	364	340	357	325	371	
<b>Total Outpatients</b>	<b>7,913</b>	<b>8,304</b>	<b>8,028</b>	<b>8,185</b>	<b>8,114</b>	<b>8,360</b>	

**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

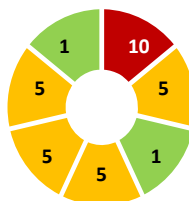
### Overall Report Scoring

- **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 - **RED**

## Favourable performance

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

**Caring** – Complaints have remained low for July, which has now positively impacted on the 12 month moving average. Staff continue to work with patients and carers to resolve issues at the time of occurrence.

**Responsive** – 1) Theatre cancellations: A reduction of theatre cancellations was noted in month to 38, the lowest since November 2017. An additional late theatre slot has commenced on a Monday and Tuesday for cardiac surgery and thoracic surgery respectively. Low transplant activity was completed in month. 2) Acute Coronary Syndrome (ACS): The ACS transfer target was maintained at 100% achieved within 3 days of referral. The 5 day target was recovered to 100%. This sustained good performance underpins the launch of the rapid NSTEMI pathway in September 2018.

**Finance** - The Trust's year to date position is a deficit of £2,157k, which is favourable to the refreshed plan by £33k.

## Adverse performance

**Safe** – During the period 3 serious incidents were reported to the CCG, 1 wrong site surgery, 1 missed lung cancer diagnosis and 1 patient fall, who has since passed away.

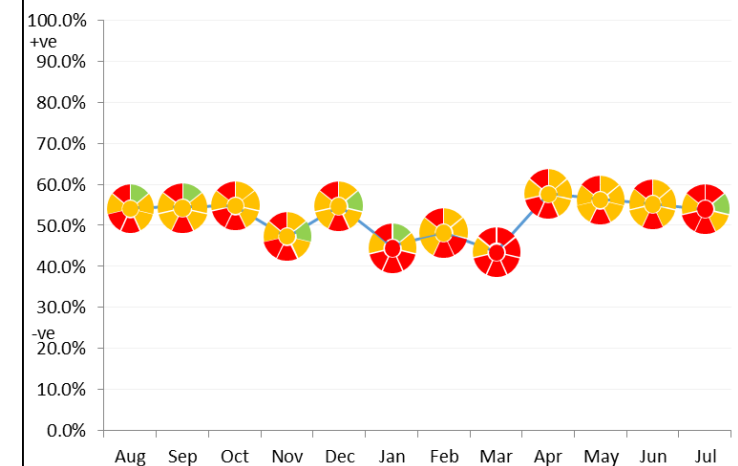
**Effective** – 1) Bed occupancy %: For the 3rd month in succession safer staffing for day and night shifts has been below the 90-100% target and is red. As part of the mitigation to ensure patient safety, ward beds have been temporarily paused and this has adversely impacted on the % bed occupancy within the Trust. 2) Critical Care bed occupancy % further increased to 92% in month. This is largely due to increased cardiac surgical activity and respiratory ECMO activity. 3) Same Day Admissions: There was a further decrease in the % of same day admissions in cardiac surgery in month 4. In order to improve the turn around target for in-house surgery, in-house urgent theatre slots were increased and hence there was a decrease in the opportunity for same day admissions.

**Responsive** – RTT: From the beginning of July RTT has been managed by thrice weekly recovery meetings as the Trust has once again failed to meet its recovery plan. The in month intervention has resulted in a marginal improvement in the aggregate performance and a small % improvement in Cardiology from month 3. However, Cardiac Surgery deteriorated further.

**People Management & Culture** - Total turnover increased to 24.3% in July. Nursing turnover increased to 16.3% from 8% in June. There were 8.4 wte nurse leavers (including 1 PRP) leavers in June. The largest number of leavers was in the Admin and Clerical Staff group with 13.4 wte leavers. Relocation and work/life balance were the most common reasons given by admin and clerical leavers.

## Looking ahead

**NPH Design, Construction & Enabling Works:** Remedial works required by Skanska following rejection by the Trust of a requested derogation for external cladding insulation materials have commenced. Summary construction programmes have been received which would indicate such work concluding by the end of the calendar year. The Trust and its professional advisors have reviewed the revised construction programme and the revised move period of 23 April 2019 to 13 May 2019 was announced to all Trust staff on 20 August 2018.



# At a glance – Balanced scorecard

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend			Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe	Safety Thermometer harm free care	Jul-18	4	97%	98.80%	98.87%			Caring	FFT score- Inpatients	Jul-18	4	95%	97.00%	96.75%		
	Number of serious incidents reported to commissioners in month	Jul-18	3	0	3	5				FFT score - Outpatients	Jul-18	2	95%	98.00%	98.75%		
	Never Events	Jul-18	3	0	0	0				No of complaints (12 month moving average)	Jul-18	4	5	5.00			
	Moderate harm incidents and above as % of total PSIs reported	Jul-18	3	4%	0.56%	0.92%				% of complaints responded to within agreed timescale	Jul-18	4	100%	100.00%	100.00%		
	Safer staffing – registered staff day (night)	Jul-18	3	95%	81.5% (91%)	83.5% (88.7%)				Voluntary Turnover %	Jul-18	3	15%	24.28%	18.28%		
	Number of C.Diff cases (sanctioned)	Jul-18	5	5	0	2				Vacancy rate as % of budget	Jul-18	4	6%	13.20%			
Effective	Bed Occupancy (excluding CCA)	Jul-18	4	85%	75.60%	77.84%			% of staff with a current IPR	Jul-18	3	90%	87.96%				
	CCA bed occupancy	Jul-18	3	85%	92.00%	89.71%			% sickness absence	Jul-18	3	3.5%	3.46%	2.91%			
	Admitted Patient Care (elective and non-elective)	Jul-18	4	8870	2063	8122			Year to date EBITDA surplus/(deficit) £k	Jul-18	4	£(1,617)k	£(55)k				
	Cardiac surgery mortality EuroSCORE	Jul-18	3	3%	2.25%	2.45%			Year to date surplus/(deficit) £k	Jul-18	4	£(2,190)k	£(2,157)k				
	Theatre Utilisation	Jul-18	3	85%	87.2%	87.3%			Cash Position at month end £k	Jul-18	4	£34,588k	£35,523k				
Responsive	% diagnostics waiting 6 weeks and over	Jul-18	tbc	99%	99.60%	99.47%			Use of Resources rating (UOR)	Jul-18	5	3	3	3			
	18 weeks RTT	Jul-18	3	92%	84.52%	84.52%			Capital Expenditure YTD £k	Jul-18	4	£20,539k	£8,649k				
	62 days cancer waits	Jul-18	3	85%	Green	97.63%			In month Clinical Income £k	Jul-18	4	£12,848	£12,307k	£48,707k			
	31 days cancer waits	Jul-18	3	96%	Green	100.00%			CIP – Identified £000s	Jul-18	4	£2,471k	£1,725k	£1,725k			
	Theatre cancellations in month	Jul-18	3	30	38	198			CIP – FY Target £000s	Jul-18	4	£9,522k	£8,855k	£8,855k			
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	Jul-18	3	95%	20.40%	19.96%			Agency spend as % of salary bill	Jul-18	4	3%	4.80%	4.36%			
Transformation	ORAC programme delivery on track	Jul-18	4					→	SIP – project delivery	Jul-18	4						→
	Digital programme delivery on track	Jul-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	2		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	84.52%		83.82%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	Green	100.00%	100.0%		Current month provisional as going through verification process.
	31 Day Wait for 2nd or Subsequent Treatment - surgery	3	94%	Green	100.00%	100%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	3	85%	Green	97.63%	94.87%		Current month provisional as going through verification process. Data is after reallocations
VTE	Number of patients assessed for VTE on admission	3	95%	94.50%		94.33%		
Finance	Use of resources rating	5	3	3	3	3	3	

## 2. 2018/19 CQUIN

Scheme		Total available	Achievement				Comments	
			Q1	YTD	2018/19			Forecast
		£'000s	£'000s	£'000s	£'000s	%	£'000s	
NHSE	GE3: Medicines Optimisation	£88.500	£0.000	£0.000	£0.000	0%	£88.50	No Q1 indicator
	IM2: CF Patient Adherence	£221.250	£55.310	£55.310	£55.310	25%	£221.25	Q1 100%
	NSTEMI pathway	£177.000	£17.700	£17.700	£17.700	10%	£177.00	Q1 100%
	NSTEAC pilot	£177.000	£17.700	£17.700	£17.700	10%	£177.00	Q1 100%
	Cardiac Clinical Network	£221.250	£0.000	£0.000	£0.000	0%	£221.25	No Q1 indicator
	New Papworth Hospital	£1,000.000	£250.000	£250.000	£250.000	25%	£1,000.00	Q1 100%
<b>NHSE total</b>		<b>£1,885.000</b>	<b>£340.710</b>	<b>£340.710</b>	<b>£340.710</b>	<b>18%</b>	<b>£1,885.00</b>	
C&P CCG & Associates	1a Improvement of health and wellbeing of NHS staff	£54.391	£8.280	£8.280	£8.280	15%	£54.39	Q1 100%
	1b Healthy food for NHS staff, visitors and patients	£54.391	£0.000	£0.000	£0.000	0%	£54.39	No Q1 indicator
	1c Improving the uptake of flu vaccinations for frontline clinical staff within Providers	£54.391	£0.000	£0.000	£0.000	0%	£54.39	No Q1 indicator
	2a Timely identification of sepsis in acute inpatient settings	£40.834	£7.770	£7.770	£7.770	19%	£40.83	Q1 100%
	2b Timely treatment of sepsis in acute inpatient settings	£40.834	£7.770	£7.770	£7.770	19%	£40.83	Q1 100%
	2c Antibiotic Review	£40.834	£7.770	£7.770	£7.770	19%	£40.83	Q1 100%
	2d Reduction in antibiotic consumption	£40.834	£7.770	£7.770	£7.770	19%	£40.83	Q1 100%
	6 Offering advice and guidance	£163.336	£18.640	£18.640	£18.640	11%	£163.34	Q1 100%
	9a Tobacco screening	£8.167	£1.550	£1.550	£1.550	19%	£8.17	Q1 100%
	9b Tobacco brief advice	£32.667	£6.210	£6.210	£6.210	19%	£32.67	Q1 100%
	9d Alcohol screening	£40.834	£7.770	£7.770	£7.770	19%	£40.83	Q1 100%
	9e Alcohol brief advice or referral	£40.834	£7.770	£7.770	£7.770	19%	£40.83	Q1 100%
	Engagement in STP process	£153.087	£29.110	£29.110	£29.110	19%	£153.09	Q1 100%
<b>CCGs total</b>		<b>£765.434</b>	<b>£110.410</b>	<b>£110.410</b>	<b>£110.410</b>	<b>14%</b>	<b>£765.43</b>	
<b>Grand Total</b>		<b>£2,650.434</b>	<b>£451.120</b>	<b>£451.120</b>	<b>£451.120</b>	<b>17%</b>	<b>£2,650.43</b>	

# Board Assurance Framework risks (above risk appetite)

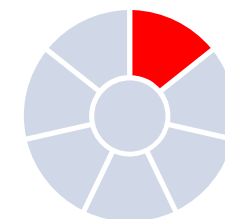
PIPR Category	Title	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Feb-18	Mar-18	Apr-18	Jun-18	Jul-18	Aug-18	Status since last month
Safe	Failure to stay within ceiling trajectories for all HCAI's	JR	6	Yes	20	20	8	8	8	8	↔
Safe	Ageing Estate	RC	6	Yes	16	16	16	16	20	20	↔
Safe	Safer staffing and 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	12	↓
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	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	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	In progress	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	In progress	20	20	12	12	12	12	↔
Responsive	Capacity assumptions - activity	EM	10	In progress	20	20	20	20	20	20	↔
Responsive	Capacity assumptions - higher occupancy	EM	10	In progress	20	20	16	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	15	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	16	16	↔
Transformation	Operational Transition - Additional Costs off-site accommodation	EM	10	Yes	4	4	4	4	12	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	20	20	↔
Finance	Current Trading Expenditure	RC	10	Yes	25	25	25	25	20	20	↔
Finance	Income Growth - targets	EM	12	Yes	25	25	25	25	25	25	↔
Finance	Income Growth - case mix	EM	12	In progress	20	20	20	20	20	20	↔
Finance	Income Growth - activity transfers	EM	12	In progress	20	20	20	20	20	20	↔
Finance	Master Development and control plans - sale value	RC	10	Yes	25	25	25	25	25	10	↓
Finance	Master Development and control plans - sales dates	RC	10	Yes	15	15	15	15	15	10	↓
Finance	Whole hospital equipping plan - deficit position	RC	12	Yes	25	25	25	25	25	12	↓

## 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	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	
Dashboard KPIs	Safety Thermometer harm free care	4	>97%	100.00%	98.16%	100.00%	98.33%	98.34%	98.80%
	Number of serious incidents reported to commissioners in month	3	0	2	1	2	0	0	3
	Never Events	3	0.00%	0	0	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	3	<4%	1.70%	2.50%	1.60%	0.00%	1.50%	2.30%
	Safer staffing – registered staff day	3	90-100%	87.6%	82.6%	85.2%	84.5%	82.8%	81.5%
	Safer staffing – registered staff night	3	90-100%	92.3%	90.9%	91.2%	83.3%	89.3%	91.0%
	Number of C.Diff cases (sanctioned) year to date	4	5 in year	0	1	1	1	0	0
Additional KPIs	Number of Papworth acquired Pressure Ulcers (grade 2 and above)	4	<4	1	1	3	1	4	3
	Falls per 1000 bed days	3	<2.2	1.6	2.9	1.6	3	2.8	0.7
	MRSA bacteremia	3	0.00%	0	1	0	0	0	0
	Registered nurse vacancies (WTE)*	2	5.00%	78.17	65.93	63.84	52.19	47.07	54.55
	Registered nurse vacancies (% total establishment)	2	5.00%	14.12%	11.91%	9.55%	8.23%	8.20%	8.13%
	HCSW vacancies (WTE) **	3	10.00%	18.84	21.27	49.21	45.52	53.77	43.47
	HCSW vacancies (% total establishment) **	3	10.00%	9.93%	12.18%	24.46%	22.63%	21.65%	22.31%
	E coli bacteraemia	3	Monitor only	0	0	1	0	1	0
	Klebsiella bacteraemia	3	Monitor only	0	0	1	0	0	1
	Pseudomonas bacteraemia	3	Monitor only	0	0	0	2	0	0
	High impact interventions	3	Monitor only	97.0%	96.3%	99.4%	99.6%	97.0%	98.9%
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	3	5	6	0	3	4

### Summary of Performance and Key Messages:

The point of prevalence tool, safety thermometer demonstrates 98.8% harm free care, the recorded harms were; 2 pressure ulcers on Critical Care (grade 2 and suspected deep tissue injury).

During the period 3 serious incidents were reported to the CCG, 1 incomplete surgery, 1 missed lung cancer diagnosis and 1 patient fall, who has since passed away.

One serious incident reported in April 2018 has been reclassified from an SI to a “Death unrelated to a patient safety incident” and removed from our SI reporting.

The target set for SIs reflects the harm from a patient’s perspective and if caused by omissions in care delivery there may be learning opportunities for the staff and Trust. It is difficult to benchmark targets with neighbouring organisations as they do not display a target level for SIs. For June 2018 North West Anglia Foundation Trust reported 27 SIs and Cambridge University Hospitals reported 8 SIs for May 2018. Royal Papworth reported 0 for both periods.

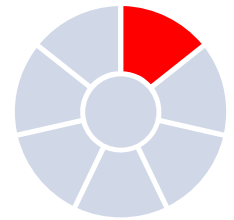
The moderate harm and above rate remains low, demonstrating a positive safety incident reporting culture.

Safer staffing for registered nurses remains challenging, full ward by ward break down of safer staffing can be viewed in the combined quality report. Task and finish meetings chaired by Executive Directors continue, staffing is addressed daily at the 3 patient flow meetings and a weekly forward view is considered and addressed prior to and at the weekly Matron meeting. The Key performance challenge further explains this metric.

NHSI has announced changes in the way we describe and categories Pressure ulcers and pressure damage. This months PIPR does not include these changes, which are described in the spot light on.



## Key performance challenges



### Escalated performance challenges

#### 3 Serious incidents Reported in Month

- Thoracic surgery Incident – Still under investigation
- Missed Lung cancer Diagnosis – Still under investigation
- Patient fall resulting in fractured femur – Still under investigation

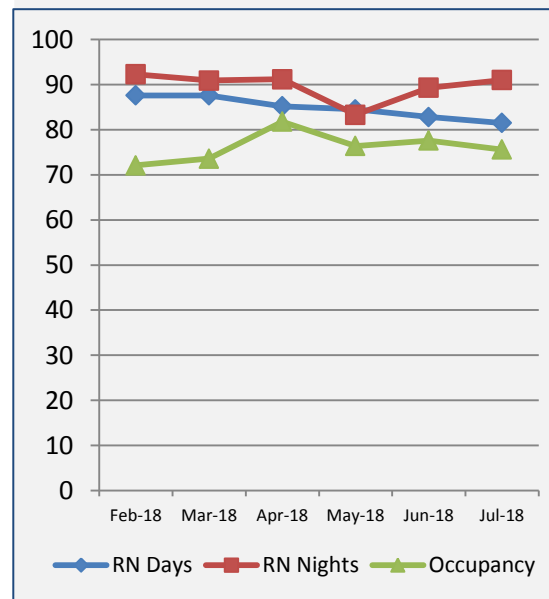
#### Safer Staffing

Safer staffing is the actual staffing on the wards versus the planned demand. The planned demand is as if we are working continuously above 90% occupancy rate. The average occupancy over the last 6 months has been 76%. The graph demonstrates that the fill rate has remained above the occupancy rate. This figure is a national measure taken for beds occupied at midnight. During the beds with admissions and discharges the occupancy can flex. Compared to our local neighbouring trusts, we have a lower percentage fill rate, but also a lower occupancy rate. North West Anglia FT reported 92% fill rate for RN days and 96% fill rate for RN nights. There occupancy has remained above 90% for the reporting period. Cambridge University Hospitals have reported above 90% RN fill rate for the last 6 month period and have reported over 90% occupancy

### Key risks

#### Possible failings in care

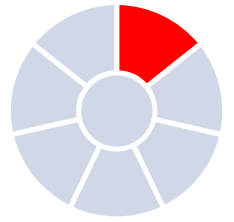
#### Possible failing in patient safety



### Key Actions

- Incidents are unrelated in terms of category and service delivery
- Full RCA underway
- Full Duty of candour undertaken
- Continued review of SIs at QRMG, and Q+R. Lessons learnt shared across the Trust.

- Monitor safety standards at ward, business unit, directorate, QRMG and Q+R.
- Executive Led Task and Finish group meeting weekly.
- Weekly forward view



## Spotlight on: NHSI Pressure Ulcer recommendations

### NHSI Pressure ulcers: revised definitions and measurement

#### Summary and recommendations June 2018:

- Changes in PU categories and terminology
- 3 extra categories added to categorising tool, which require reporting; including moisture lesions (now called moisture – associated skin damage (MASD)), previously these were only captured for reporting in the Trust PU prevalence audit
- Organisations are asked to not sign off PU incidences as avoidable or unavoidable; all PUs will be classed as a harm to the patient
- Only PUs that meet the criteria for an SI should be reported to the commissioners

#### Safety thermometer

Grade 2 - 3 Pressure ulcers which develop at Papworth Hospital are externally reported via the safety thermometer. There has been no change to the data definitions to record moisture lesions, the Trust will contact NHSI for clarification. If moisture lesions are to be recorded this may decrease the Trusts harm free care percentage.

### What do these changes mean to the organisation:

- Simple terminology changes; DATIX update, Lorenzo/CIS changes, teaching for staff on the changes
- 3 extra PU categories to report, including MASDs, may increase the numbers of PUs/skin damage we are reporting initially. 2 of the 3 of these extra categories this Trust has been capturing within the old categorisation system so the impact on numbers may be minimal
- All PUs recorded as “harm”; to ensure we as an organisation are able to differentiate still between avoidable or unavoidable , continue PU scrutiny panel and sign off as either “acts or omissions of care” or “all care in place”
- MASDs to be reported alongside PUs in the Quality and Risk Report; will start in quarter 3 of this financial year



## 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	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	
Dashboard KPIs	FFT score- Inpatients	4	95%	98.0%	97.0%	97.0%	96.0%	97.0%	97.0%
	FFT score - Outpatients	2	95%	98.0%	98.2%	99.0%	99.0%	99.0%	98.0%
	Number of complaints (12 month moving average)	4	5 and below	5.5	5.9	5.9	6.0	5.8	5.0
	% of complaints responded to within agreed timescales	4	100%	100%	96%	100%	100%	100%	100%
Additional KPIs	Number of complaints upheld	4	3 (60% of complaints received)	6	7	1	3	2	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	9	11	3	4	4	2
	Number of recorded compliments	4	10	67	68	101	147	69	434

### Summary of Performance and Key Messages:

There has been an improvement in response rate for both the inpatient and out patient Friends and Family test. From 29% to 37% for in patients and from 1.9% to 2.2% for out patients. The Trust continues to advertise the need for feedback to improve our services and the Matrons continue to review the results and comments on a weekly basis. For 1 week in July, 9th to 15th there were no detractors.

Complaints have remained low for July, which has now positively impacted on the 12 month moving average. Staff continue to work with patients and carers to resolve issues at the time of occurrence.

All complaints were responded to within agreed time frames.

There were an amazing number of compliments received this month, reflecting the hard work teams are putting in to maintain patient experience.

# Caring

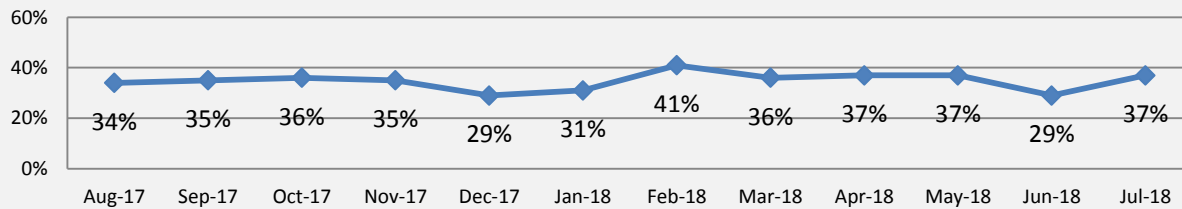
## Key performance challenges



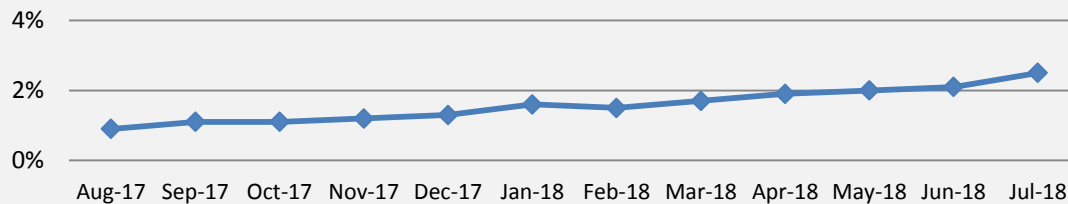
### Escalated performance challenges:

Improvements in Friends and Family response rates

Inpatients response rate has improved to 37%. When benchmarked with Cambridge University Hospital, their latest published figures are 24% for May 2018.



Outpatient response rate remains very low, although improving trend. When benchmarking with Cambridge University Hospital their to is low at 2.6% for May 2018.



### Key risks:

Less objective feedback from patients.

### Key Actions:

To focus on areas that have a lower response rate and learn from good practice where they are achieving high performance

Ward	Surveys returned	Patients discharged	Participation rate	Recommendation rate
CDW	181	366	49%	98%
CFW	26	43	60%	100%
CMU	38	170	22%	97%
Hem	50	79	63%	100%
HF	99	138	72%	97%
Mall	64	117	55%	100%
RSSC	80	439	18%	98%
TDW	68	175	39%	100%
VJ	57	227	25%	100%
<b>TW</b>	<b>655</b>	<b>1754</b>	<b>37%</b>	<b>99%</b>

Ward	Surveys returned	Patients discharged	Participation rate	Recommendation rate
Cardiac	160	3598	4.4%	99%
Thoracic	3	3895	0.1%	67%
Transplant	11	396	2.8%	100%
<b>TW</b>	<b>174</b>	<b>7889</b>	<b>2.2%</b>	<b>98%</b>



### Introduction:

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective. PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys. There are currently four national PROMS which are not relevant to Royal Papworth Hospital services.

A local PROM was developed at Royal Papworth Hospital for patients who underwent Pulmonary endarterectomy (PEA) surgery and undertaken in 2016/17. The pre operative and post operative results were compared with baseline data collected in 2012.

### Methodology

Patients were asked to complete a pre-operative and 6 month post operative survey.

Participation rate	
Pre Op survey	73.7% (84/114)
Post Op survey*	72.1% (44/61)

*\*The 6 month post-op surveys were only sent to those patients who had undergone the procedure (deceased patients excluded)*

### Summary of results compared to baseline data:

#### Positive

- Improvement in breathing ability = 92%
- Reduction of most common post operative problems
- Reduction in patients who suffered from urinary problems, allergies/reactions to medications or anticoagulation (bleeding)
- 6-month post operative participation rate higher (72.1%) than national average (64.8%)

#### Negative

- Increase in patients readmitted in relation to surgery from 2% to 16%
- No reduction in patients length of stay

### Actions:

Share overall positive results

Establish whether the readmission rate reported by the patients who participated in the PROM is reflective of overall readmission rate for PEA surgical patients

The next PROM to be undertaken will be discussed and agreed by the Patient Experience Group

## Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Directors of Operations



### 6 month performance trends

		Data Quality	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Dashboard KPIs	Bed Occupancy (excluding CCA)	4	85%	72.1%	73.6%	81.8%	76.4%	77.6%	75.6%
	CCA bed occupancy	3	85%	86.0%	85.4%	89.5%	86.8%	90.5%	92.0%
	Admitted Patient Care (elective and non-elective)	4	2256 (current month)	1886	2080	1952	2061	2046	2063
	Cardiac surgery mortality EuroSCORE	3	<3%	2.61%	2.81%	2.70%	2.47%	2.38%	2.25%
	Theatre Utilisation	3	80%	84.05%	79.36%	87.12%	88.04%	87.00%	87.16%
Additional KPIs	Same Day Admissions –Cardiac (eligible)	4	40%	27.78%	24.47%	31.87%	25.36%	26.85%	17.70%
	Same Day Admissions –Thoracic (eligible)	4	40%	35.90%	44.19%	40.00%	51.11%	45.24%	46.43%
	Length of stay –Cardiac Elective – CABG (days)	3	8.22	7.81	8.38	7.73	8.82	7.54	7.74
	Length of stay –Cardiac Elective –valves (days)	3	9.65	10.09	9.80	8.84	10.52	10.00	9.86
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	4	90%	89%	87%	89%	90%	90%	88%
	Cath Lab Utilisation 6 (including 15 min Turn Around Times)	4	70%	75%	81%	75%	69%	61%	84%
	CCA length of stay (LOS) (hours) - Mean	3	Monitor only	107	103	98	105	104	92
	CCA LOS (hours) - median	3	Monitor only	45	45	40	36	43	27
	Length of Stay –combined (excl. Day cases) days	3	Monitor only	4.78	4.54	4.75	5.18	4.64	4.42
	% Day cases	3	Monitor only	55.48%	53.51%	55.87%	55.62%	56.24%	53.80%

### Summary of Performance and Key Messages

#### Bed Occupancy

For the 3<sup>rd</sup> month in succession safer staffing for day and night shifts has been below the 90-100% target and is red. As part of the mitigation to ensure patient safety, ward beds have been temporarily paused and this has adversely impacted on the % bed occupancy within the Trust.

CCA % occupancy further increased to 92% in month. This is largely due to increased cardiac surgical activity (an additional 10 cardiac surgical cases compared with month 3) and respiratory ECMO activity.

#### Admitted Patient Care

Patient admitted care slightly increased from month 3, however, numbers remain below the target of 2256 per month.

#### Same Day Admissions

There was a further decrease in the % of same day admissions in cardiac surgery in month 4.

In order to improve the turn around target for in-house surgery, in-house urgent theatre slots were increased and hence there was a decrease in the opportunity for same day admissions.

#### Cath Lab 6 Utilisation

Cath Lab 6 utilisation increased to 84% now that the power issue is resolved. However a slight decrease in Cath Lab 1-5 utilisation occurred in month. A review of scheduling is on-going.



## Key performance challenges: Cancellations

### Theatre Cancellations : 38 of which 34 were hospital initiated

Cancellation code	Jul-18
1a Patient DNA	0
1b Patient refused surgery	1
1c Patient unfit	3
1d Sub optimal work up	2
2a All CCA beds full with CCA patients	7
2b No ward bed available to accept transfer from CCA	6
2c Delay in repatriation of patient from CCA	1
2d No ward bed available	0
3a Critical Care	2
3b Theatre Staff	0
3c Consultant Surgeon	1
3d Consultant Anaesthetist	0
3e Other	0
4a Emergency took time	1
4b Transplant took time	2
4c ECMO/VAD took time	0
4d Additional urgent case added and took slot	3
4e Equipment/estate unavailable	0
5a Planned case overran	9
5b Additional urgent case added and took slot	0
5c Overruns delayed start	0
6a Scheduling issue	0
<b>Total</b>	<b>38</b>

### Cath Lab Cancellations : 85 of which 69 were hospital initiated

**Key reasons: PPCI, case over-run, scheduling errors, ward availability, patient unfit or refused procedure.**

### Key risks

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

### Top reasons for Theatre cancellations in month:

**Planned case overran – 9**

**All CCA beds full with CCA patient – 7**

**No ward beds available - 6**

### Of Note :

#### Additional activity within theatres and CCA

22 emergency/urgent procedures were completed in July in theatres – a combination of transplants, returns to theatre and emergency explorations.

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

22 additional elective cases were added to the list.

64 additional emergency minor procedures also went through theatre.

On 12 occasions, the Theatre or CCA team was called out for retrieval or repatriation of patients.

### Key Actions

- 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
- 1.5 WTE to move to cardiology ward for 3 month period to support

# Effective

## Spotlight on Activity and Recovery



### Key Headlines

- At the end of Q1 (data pulled up to and including 5<sup>th</sup> July), **discharges are 6% behind plan and 5% behind 2016/17. This is driving an adverse Q1 clinical income variance of 1% to plan.**
- The Trust's average run rate is 461 discharges per week compared to an average weekly run rate of 484 in 2016/17 and a planned average weekly run rate of 493.

### Speciality level breakdown

- **Cardiac surgery** – inpatient activity is down 42 cases / 7%, driven by pumps activity which is 94 cases / 18% behind plan and £1.0m down from an income perspective / 16%. Day case activity is up 7 cases / 69%.
- **Cardiology** – inpatient activity is down 158 cases / 12% driven by EP and pacing activity which is 38% and 21% behind plan respectively. Day case activity is up 96 cases / 11% driven by EP which is 119 cases / 178% above plan. EP income is down overall due to £413k of pass through devices being included in the income plan however these devices are now centrally procured through NHSE therefore no income will be earned. This is a pass through charge so the bottom line effect is nil. Excluding these devices, EP income is £65k above plan.
- **RSSC** – inpatient activity is down 97 cases / 10%. Day case activity is down 112 cases / 13%.
- **Thoracic medicine** – inpatient activity is down 47 cases / 11% driven by lung defence activity which is 30 cases / 33% behind plan. Day case activity is down 153 cases / 17% driven by lung defence activity which is 73 cases . 35% behind plan.
- **Thoracic surgery** – inpatient activity is 11 cases above plan / 8%. Day case is 5 cases below plan / 23%. Within this, PTE inpatient activity is up 7 cases / 18%.
- **Transplant/VAD** – inpatient activity is 29 cases below plan / 15% driven by other transplant elective activity. Day case is 32 cases / 87% below plan, again driven by other admitted transplant activity.

### Recovery Plan

Recovery plans have been designed at directorate level and are detailed in the accompanying paper. Key actions are:

#### Surgery:

- Maintaining access to 33 beds on Critical care, with ring-fencing of 9 beds on CRU for cases with a length of stay < 48 hours.
- Reduce lost time due to theatre being placed on hold.
- Review of theatre scheduling and optimisation of capacity.

#### Cardiology:

- Virtual clinics to effectively triage patients.
- Waiting list initiative to increase interventional clinic capacity.
- Optimise scheduling of Cath lab capacity.
- Changes to booking processes and concerted effort to book 5-6 weeks ahead of procedure.
- Cath lab capacity switch from Interventional to CRM.
- Locum cover for Out-patient clinics to release CRM operators for cath lab activity.
- Explore utilisation of external facilities for pacing to release further Cath lab capacity.

#### RSSC:

- Expansion of CPAP service.
- Increase ANP sessions.
- Bring forward equipment delivery to increase ward-based Polysomnography
- Adopt the Brompton model of day case admission for new patients.



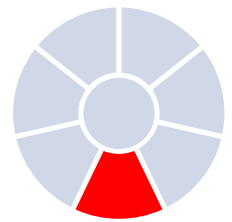
# Responsive

## Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Associate Director of Operations

6 month performance trends



		Data Quality	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Dashboard KPIs	% diagnostics waiting less than 6 weeks	tbc	>99%	99.11%	99.04%	99.59%	99.14%	99.55%	99.60%
	18 weeks RTT (combined)	3	92%	84.17%	83.21%	83.38%	83.62%	83.82%	84.52%
	62 days cancer waits post re-allocation*	3	85%	100.0%	87.5%	100.0%	100.0%	92.9%	Green
	31 days cancer waits *	3	96%	100.0%	100.0%	100.0%	100.0%	100.0%	Green
	Theatre cancellations in month	3	30	57	61	53	53	54	38
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	3	95%	25.58%	31.11%	28.94%	15.90%	14.58%	20.40%
Additional KPIs	18 weeks RTT (cardiology)	3	92%	82.58%	81.17%	79.24%	79.45%	78.98%	81.34%
	18 weeks RTT (Cardiac surgery)	3	92%	69.15%	67.29%	67.05%	67.16%	67.18%	67.10%
	18 weeks RTT (Respiratory)	3	92%	95.34%	95.80%	97.10%	96.64%	97.09%	96.10%
	Number of patients on waiting list	3	3,717	n/a	n/a	3778	3859	3734	3731
	Acute Coronary Syndrome 3 day transfer %	3	90%	100.00%	100.00%	99.25%	100.00%	100.00%	100.00%
	Other urgent Cardiology transfer within 5 days %	3	90%	100.00%	100.00%	100.00%	100.00%	97.62%	100.00%
	% patients rebooked within 28 days of last minute cancellation	3	100%	98.28%	100.00%	100.00%	98.00%	100.00%	94.00%
	Outpatient DNA rate	4	Monitor only	9.46%	9.55%	10.18%	9.40%	9.48%	10.31%

### Summary of Performance and Key Messages:

#### RTT

From the beginning of July RTT has been managed by thrice weekly recovery meetings as the Trust has once again failed to meet its recovery plan.

The in month intervention has resulted in a marginal improvement in the aggregate performance and a small % improvement in Cardiology from month 3. However, Cardiac Surgery deteriorated further.

Key contributors to poor performance in Cardiology relates to a further reduction in the waiting list size and more significantly inefficiencies within the booking process leading to poor utilisation of available capacity. Key contributors within Cardiac Surgery relate to the inconsistency of the waiting list size of individual consultations and a higher number of patients tipping over 18weeks in month.

June 62 & 31 day performance confirmed at 92.9% and 100% post re allocation. Final Q1 performance was 88% pre re allocation and 96% post reallocation for the 62 day performance.

#### Theatre cancellations

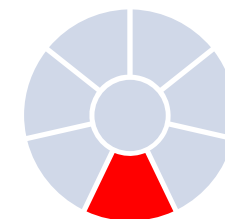
A reduction of theatre cancellations was noted in month to 38, the lowest since November 2017. An additional late theatre slot has commenced on a Monday and Tuesday for cardiac surgery and thoracic surgery respectively. Transplant activity was lower in month.

#### Acute Coronary Syndrome (ACS)

ACS transfer target was maintained at 100% achieved within 3 days of referral. The 5 day target was recovered to 100%. This sustained good performance underpins the launch of the rapid NSTEMI pathway in September 2018.

# Responsive

## Key performance challenges



### Escalated performance challenges

#### RTT

Intensive management of RTT recovery has seen a marginal gain in performance for Cardiology and the aggregate RTT position.

An improvement in Cardiac Surgery performance has not been seen this month due to a larger number of patients moving into the over 18 weeks category in month.

	Cardiology		Surgery	Respiratory Medicine	Overall	
	New RAP	Old RAP	Old RAP		New RAP	Old RAP
Pathways: Plan per RAP	1500	2155	772	1500	3772	4427
Pathways: Final July	1420	1420	763	1539	3722	3722
Variance	-80	-735	-9	39	-50	-705
Breaches: Plan per RAP	150	150	253	40	443	443
Breaches: Final July	265	265	251	60	576	576
Variance	115	115	-2	20	133	133
Achievement: Plan per RAP %	90.00%	93.04%	67.23%	97.31%	88.25%	89.99%
Achievement: Final July %	81.34%	81.34%	67.10%	96.10%	84.52%	84.52%
Variance	-8.66%	-11.70%	-0.12%	-1.21%	-3.72%	-5.46%

#### IHU

Although performance has improved in month, this has been at the expense of switching capacity away from elective Cardiac surgery.

### Key Actions

#### RTT

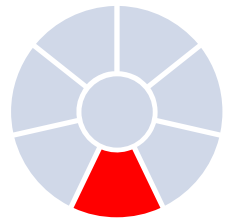
- Reduce backlog of interventional Out-patient appointments through additional clinics – Completed July 2018
- Switch Private Patient capacity to NHS for CRM-EP patients – On-going
- Switch Interventional capacity to CRM-EP - September (dependant on securing a locum)
- Changes to booking process and patient call centre arrangements with a focus on booking up to 6 weeks in advance. – Commenced August
- Introduce Saturday CRM-EP list – September
- List pooling of suitable surgical patients – Commenced August
- Transfer of long waiting surgical patients to consultants with shortest waiting list. – Commenced August
- Use of external facilities to deliver benign thoracic activity being investigated.

#### IHU

- Ring fence beds for patients with LOS <48 hours – Embedded
- Switch capacity from Elective activity – In place for June –July
- Quality improvement project to be launched 1<sup>st</sup> September which building on frailty work, will focus on the selection of the most appropriate treatment for patients. This should result in patients shifting from surgery to cardiology for treatment. - September

# Responsive

## Spotlight on CWT & the new 38 day Inter Provider Transfer Rules.



- July 62 day and 31 day Cancer Treatments will be the first uploaded using the new 38 day IPT Rules. This new rule change puts our previously declared excellent performance at risk.
- The lack of ability to negotiate breaches, the inflexibility of Papworth being recognised separately as an investigating provider and treating provider are key fundamental risks. This is also compounded by the lack of visibility in advance if referrals received have multiple Investigating providers, before they arrive to us, and that we only treat patients with Surgery and therefore onwardly refer a great proportion of patients putting the demand on the diagnostic phase.

### OLD RULES

Previously we had the ability to negotiate and re allocate breaches if we did not receive by Day 16 as agreed in the East Anglian Lung cancer Pathway.

Anything we received already breached over day 62 or close to breach, no matter how many days we took to diagnose and treat was also re allocated

We had to work hard at Papworth to get the Post re allocation numbers recognised with NHSe because of our small denominator and numerator which often means a half share of a breach is often all it takes to fail the month.



### NEW RULES

The 38 day has been set as the single maximum transfer day for receipt of the clinically agreed minimum data set by the treating trust.

This means that for breach reallocation purposes treating trusts would have 24 days to meet the 62 day target.  
 $62 - 38 = 24$   
 However this becomes more complex with multiple investigator providers on a pathway.

Allocations will be split either to 1 investigating provider and 1 treating provider, or all to the treating provider, or all to the investigating provider. It will never be shared by investigating providers

Scenario	Referral timeframe to treating Hospital	Total timeframe	Allocation
1	More than 38 days	Less than or equal to 62 days	100% of success allocated to the treating provider
2	Less than or equal to 38 days	Less than or equal to 62 days	50% of success allocated to the referring provider 50% allocated to the treating provider
3	Less than or equal to 38 days	More Than 62 days	100% of breach allocated to the treating provider
4	More than 38 days	More than 62 days, but treating trust treats within 24 days	100% of breach allocated to the referring provider
5	More than 38 days	More than 62 days and treating trust treats in More than 24 days	50% of breach allocated to the referring provider and 50% allocated to the treating provider

62 day waits						
	1. 62 day patients (Urgent GP Referral)			2. 62 day patients (including re-allocations)		
	Target = 85%			Target = 85%		
	Total treated	Breaches	%	Total treated	Breaches	%
Q1	12.5	1.5	88.0%	12.5	0.5	96.0%
Q1				12.5	7.5	40.0%
Q1				12.5	14.0	-12.0%
Q1				21.5	7.5	65.1%
Q1				21.5	14.0	34.9%

Below there are various different performance analysis of our confirmed Q1 performance using a combination of the rules.

Current Q1 performance with previous Breach reallocation rules.

Q1 comparison new 38 IPT rules if onward referred patient treated **outside 24** days by treating trust

Q1 comparison new 38 IPT rules if onward referred patient treated **inside 24** days by treating trust

Q1 comparison new 38 IPT rules if onward referred patient treated **outside 24** days by treating trust & if Papworth can record its RGM 21 code twice per pathway as an Investigating provider and if the treating provider

Q1 comparison new 38 IPT rules if onward referred patient treated **inside 24** days by treating trust & if Papworth can record its RGM 21 code twice per pathway as an Investigating provider and if the treating provider

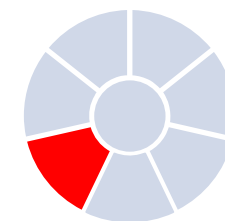
Now onward referred patients have to have our investigating phase uploaded and if we are the longest of the multiple investigating providers we are liable for a ½ share, if this is treated inside 24 days if over the 38 day IPT rule we will have full liability for the breach.

The spread of our performance would be between -12.5% to 65.1% under the new rules

# 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	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	
Dashboard KPIs	Voluntary Turnover %	3	15.0%	13.06%	21.54%	25.78%	12.91%	9.95%	24.28%
	Vacancy rate as % of budget	4	5.50%	9.48%	8.87%	11.30%	10.75%	10.91%	13.20%
	% of staff with a current IPR	3	90%	89.23%	88.38%	90.81%	89.71%	88.28%	88.19%
	% sickness absence	3	3.50%	3.32%	2.92%	2.58%	2.75%	2.83%	3.46%
Additional KPIs	% Medical Appraisals	3	90%	92.16%	92.31%	90.29%	87.50%	90.57%	93.20%
	FFT – rec as place to work	3	63%	-	-	40.00%	42.00%	37.00%	41.00%
	FFT – rec as place for treatment	3	80%	-	-	80.00%	91.00%	82.00%	74.00%
	Mandatory training %	3	90.00%	90.38%	90.71%	90.54%	91.15%	89.15%	89.19%
	Registered nursing vacancy rate	3	5.0%	10.20%	9.10%	9.55%	8.23%	8.20%	8.13%
	Unregistered nursing vacancy rate	3	8.00%	11.50%	12.18%	24.46%	22.63%	21.65%	22.31%
	Long term sickness absence %	3	0.80%	0.00%	0.62%	0.70%	0.75%	0.77%	0.92%
	Short term sickness absence	3	2.70%	3.32%	3.32%	1.88%	2.00%	2.06%	2.54%
	Agency Usage (wte) Monitor only	3	Monitor only	43.2	44.6	43.7	51.1	60.3	55.1
	Bank Usage (wte) monitor only	3	Monitor only	47.1	54.1	50.1	54.5	55.2	73.1
	Overtime usage (wte) monitor only	3	Monitor only	55.1	63.9	52.8	53.0	54.2	52.6
	WTE Totals: Non Medical Starters	3	Monitor only	29.0	26.5	42.0	23.5	20.9	21.8
	WTE Totals: Non Medical Leavers	3	Monitor only	22.4	28.8	35.7	16.5	15.2	35.4

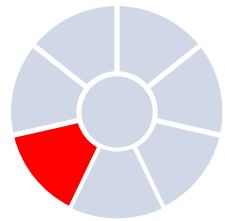
### Summary of Performance and Key Messages

Key highlights in July are:

- Total turnover increased to 24.3%. Nursing turnover increased to 16.3% from 8% in June. There were 8.4 wte nurse leavers (including 1 PRP) leavers in June. The largest number of leavers was in the Admin and Clerical Staff group with 13.4 wte leavers. Relocation and work/life balance were the most common reasons given by admin and clerical leavers.
- We were a net loser in the non-medical workforce by 13.6 WTE.
- We continued as a net recruiter to the nursing workforce for the twelfth month in a row; 2.44 WTE (this includes pre-registration nurses). We were a net loser of the HSCW workforce by 2.6 wte.
- The Trust vacancy rate increased to 13.2%. This substantial increase is primarily as a result of an increase in budgeted establishment of 36WTE in July.
- Nurse vacancy rate (including Pre-registered) decreased to 8.1% (54.6 wte). We have a large cohort of PRP staff (58 wte) who are working towards gaining registration. HCSW vacancy rate increased to 22.3% (43.5 wte) from 21.7%.
- Non-medical IPR compliance remained almost unchanged at 88.19%. and medical improved to 93.2%. We are working on recovering the non-medical position 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 under the national average at 74% for the first time. Staffing levels and waiting time were the main issues raised by staff who responded negatively although the number of comments is small. The recommender as a place to work remains below the national average at 41% reflecting the impact of the pending relocation and organisational change on staff and staffing levels. The response rate reduced to only 7%. We continue to promote participation via the Our Move Briefing and proactive communications.
- Temporary staffing usage increased in July. This increase was driven by an increase in bank usage across all areas.
- Sickness absence increased but remains below the KPI. The administrative and clerical staff group have the highest level of sickness absence. The top reason for absence in this staff group is anxiety/stress/depression/other psychiatric.

# People, Management & Culture

## Key performance challenges



### Escalated performance challenges:

#### Escalated performance challenges:

- Turnover remains volatile and the delay in the move date could have a negative impact.
- Nurse 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.
- Administrative and Clerical vacancy rates and turnover have increased which impacts on the effectiveness and efficiency of the clinical administration processes.
- 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 require significant management time.
- Staff engagement is negatively impacted by the delay in the move and ongoing organisational change.

### Key Risks:

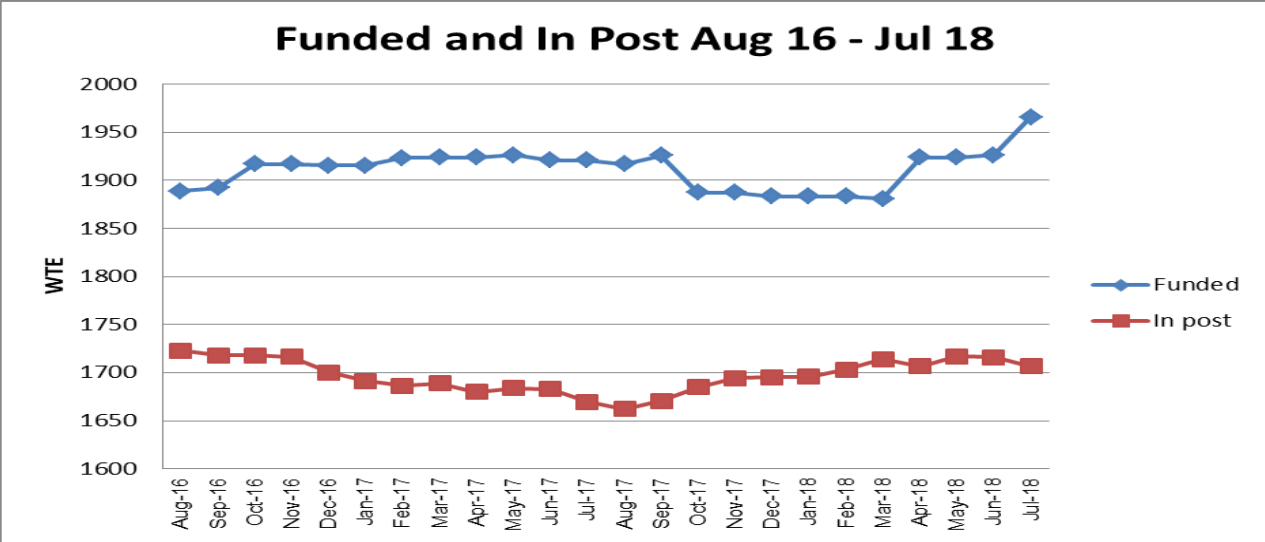
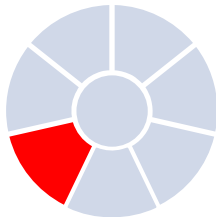
- Turnover increases as we get closer to the move date as staff decide not to move location.
- Length of time required for overseas nursing starters to successfully complete OET/OSCE and become registered staff.
- Staff engagement and morale reduces and this in turn drives high turnover, sickness absence, poor working relationships and damages the patient experience.
- 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.
- Leaders having the skills and capacity to effectively lead staff through the organisational change processes.

### Key Actions:

- Staff and potential new starters who have made significant changes in preparation for the move such as; moving house or changing nurseries are being offered support. To date more than 140 members of staff have made contact with the Consultation Team to discuss potential support arrangements. Decisions on types and levels of support are being made by a panel including a Trade Union representative. Examples of support offered include;
  - Excess Daily Travel Allowance for those with increased journey lengths
  - A free bus from the Waterbeach accommodation to the Trust
  - Support with arranging shift times to facilitate car sharing and shared taxis
  - The Estates team have been able to secure over 100 units of accommodation in Papworth village. Priority given to newly qualified nurses without their own transport and on-call staff
  - Salary advances for deposits for staff transferring to Waterbeach accommodation
- The Trust has appointed Toni Bottiglieri as its new Freedom to Speak Up Guardian. He will commence presenting at induction from September.
- The Trust continues to be successful in recruiting newly qualified and overseas nurses. In recent months we have seen an increase in registered nurses being recruited with 20 registered nurses expected to commence between August and October.
- The Leadership and OD team are commencing work with Administrative and Clinical services to improve their effectiveness. Focus will be on improving communication, decision making and engagement in creating and modifying processes. Trust wide admin recruitment events, similar to those run for nursing are being planned.

# People, Management & Culture

## Spotlight on Non-Nursing Vacancies



There has been significant focus on registered and unregistered nurse vacancies over the last 12 months. The spotlight looks at the overall Trust performance and specific areas with high vacancy levels.

**Overall Position**

The Trust’s vacancy rate has fell to under 9% in March 2018. Although the Trust was not a net recruiter in July it is anticipated to return to net recruitment in August. The Trust has increased budgeted establishment April and July in line with staffing levels approved through the gateway 2 process. This has added a further 85.18WTE of funded posts, taking vacancies to 259WTE in July. Pre-registered nurses are recorded as Additional Clinical Services staff in this report, reducing that vacancy percentage.

**High vacancy areas and staff groups**

- **Administrative and Clerical:** There was substantial turn over in July within this staff group with 14.4WTE staff leaving in month. Admin and clerical currently have a vacancy rate of 15.9%. OD and Learning team support and monthly recruitment events are being used to address turnover and recruitment.
- **Estates and Ancillary:** Vacancies have increased as a result of additional resources identified as part of the Estates and Facilities continuity plan.
- **Cardiac Physiology:** Both invasive and non-invasive areas face significant challenges recruiting and retaining staff against a backdrop of significant national shortages and significant locum demand. Vacancies are currently standing at 26% and 34% respectively.
- **Radiology:** Vacancies within Radiology are at 34%. 8WTE have been added to the Radiology budget in July through the gateway 2 process. There are currently 4.85WTE of radiographers due to commence between August and October.

**Vacancies by Staff Group as at 31.7.18**

Staff Group	Funded Posts	WTE in post as at 31.7.18	Variance	% at Month End
Add Prof Scientific and Technic	71.60	63.07	-8.53	-11.91%
Additional Clinical Services	312.62	312.51	-0.11	-0.04%
Administrative and Clerical	421.44	354.37	-67.07	-15.91%
Allied Health Professionals	85.09	70.44	-14.65	-17.22%
Estates and Ancillary	81.93	58.07	-23.86	-29.13%
Healthcare Scientists	96.72	73.09	-23.63	-24.43%
Medical and Dental	224.32	207.88	-16.44	-7.33%
Nursing and Midwifery Registered	672.27	560.25	-112.02	-16.66%
Students	0.00	1.80	1.80	
<b>Grand Total</b>	<b>1965.99</b>	<b>1701.48</b>	<b>-264.51</b>	<b>-13.45%</b>

# Transformation

## Performance summary



Accountable Executive: Chief Operating Officer / Director of Finance

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

		Data Quality	Target	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Dashboard KPIs	SIP – project delivery	3		Red	Red	Amber	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	Red	Red
Additional KPIs	PFI, Equipping & Estates - Design & Construction	3		Amber	Amber	Amber	Amber	Red	Red
	PFI, Equipping & Estates - Equipping	3		Amber	Amber	Amber	Amber	Amber	Amber
	PFI, Equipping & Estates - Enablement of New Papworth	3		Green	Green	Green	Green	Amber	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	Amber	Amber	Amber	Amber
	Operational readiness - CTP Pathology	3		Red	Amber	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	Amber	Green	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	Amber	

### Summary of Performance and Key Messages:

**Operational Readiness:** Planning underway to roll out the new Meeting Room booking system to the current site ahead of the move to NPN. Medical Records scanning project progressing and on track for completion by end August 2018. Decision taken to implement the smart fridge and blood gas analysers to the existing site ahead of the move to NPH to embed new working practices and also to support areas with current equipment failures. Further Gateway 2 reviews underway considering any changes that teams are seeking to implement early ahead of the revised move date. A solution for library services has also been agreed this month.

**NPH Design, Construction & Enabling Works:** Remedial works required by Skanska following rejection by the Trust of a requested derogation for external cladding insulation materials have commenced. Summary construction programmes have been received which would indicate such work concluding by the end of the calendar year. However, the programmes received have contained a number of caveats which are being tested so as to establish overall delivery confidence in the declared completion date. Once that confidence level is established, it will be possible for the Trust to determine its preferred move date and to subsequently re-set 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, general construction activities are largely concluded, with a focus now on the clearance of outstanding snags. General checks are also being made of building completion and compliance. A number of issues are becoming apparent from this process. These are of the nature and level as would be anticipated for this stage of a major construction project but their resolution may be affected by the focus on undertaking the remedial works. In addition, the local planning authority has now discharged the planning condition relating to car parking, allowing the former extreme risk relating to authority to occupy the building to be closed.

**CTP:** The agreements with CUH to support all pathology services have now been agreed. The procurement for the off site histopathology provider has progressed to preferred bidder stage but notification and contract award will not take place until September. The pathology overall strategy and financial implications is being considered by ED's at the end of August and if approved will allow this contract to proceed. The lease with University of Cambridge for access for Tissue Bank services has been agreed but again will not be signed when a revised date is clear. The Patient transfers policy between CUH and RPH has been agreed by ourselves and now required formal committee sign off at CUH which will be the end September but this does not prevent operational planning from continuing. Commercial agreements for off site meeting rooms are being delayed and will align with the new move date. Cardiology and Respiratory joint pathway work on potential support for this winter and on NPH opening are progressing.

**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 £731k. If this is validated and delivers this could fulfil all the current CIP gap leaving an excess of £65.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.

£165k has been validated by HR and Finance and will need to be signed off at the next relevant ED's meeting, plus a finance CIP which is not shown in these totals for the moment..

A number of schemes have been validated and currently will not be allocated to CIP these are in addition to the pipeline and equate to £1.1m. A separate work list will be progressed with relevant directorates as they are a mixture of Income, Non recurrent &, additional income and as a trust are relevant.

The programme rag rating is Amber until sufficient schemes are approved for the CIP target.

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

*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. Workforce – recruitment
3. Releasing staff to undertake NPH delivery
4. Access to site for installation of equipment, particularly ICT equipment
5. 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 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
3. 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 .
4. If there are excessive restrictions placed on contractors and Trust staff working on site then delays could occur to preparatory works to establish the key hospital infrastructure prior to commencing operational commissioning
5. 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 at preferred bidder stage. Final decision at beginning of September and links to overall pathology strategy paper.

#### NPH Construction/Operational Readiness:

1. Revised construction programme requested from Project Co/Skanska from which, following confidence tests, a new move date will be confirmed and the Master Commissioning Programme re-set
2. 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.
3. NPH familiarisation training plan developed but temporarily placed on hold pending agreement of the revised move date.
4. Whilst a clear exclusion zone has been established around the remedial works, there is no current indication of excessive control measures regarding the remainder of the site which would prevent similar levels of Trust and contractor access to the site to undertake essential infrastructure works or to oversee maintenance of that which has been installed
5. Linked to delivery of Requests and Results project and implementation of bio-directional messaging later this month.

#### 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 September 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	APR	MAY	JUN	JUL	Trend
<b>PFI, Equipping &amp; Estates</b>	RC					
Design and Construction	NH					=
Equipping	JMc					=
Enablement of New Papworth	AS					=
Retained Estate Enablement	AS					=
Site Sale & Decommissioning	AS					=
<b>Operational Readiness</b>	EM					
CTP - Clinical Services	LC					=
CTP - Pathology	JP					=
DORACs - Clinical Delivery	AG					=
DORACs - Clinical Support	MM					=
DORACs - Office Policy	AG					=
Move and Migration	LB					=
<b>Workforce &amp; Communications</b>	OM					
Communications	KW					=
Training & Familiarisation	SHB					=
Workforce Planning	JS					=
<b>ICT</b>	AR					
ICT and Telecoms	MJ					=
<b>Hospital Cutover</b>	RH/JR					
Move Control	JR					↓
<b>Overall Project Delivery Rating</b>	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 and agreed 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 move to a red amber status as greater certainty regarding the revised date for construction completion is established.

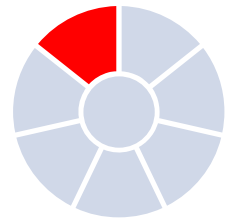
RAG	Criteria Description
Green	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly
Yellow	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery
Yellow/Amber	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/Amber	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	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Dashboard KPIs	Year to date EBITDA surplus/(deficit)	4	-£1,617k	£(1,858)k	£(2,470)k	£(271)k	£(25)k	£(87)k	£(55)k
	Year to date surplus/(deficit) £000s	4	£(2,190)k	£(48,544)k	£(53,102)k	£(1,183)k	£(509)k	£(1,454)k	£(2,157)k
	Cash Position at month end £000s	4	£34,588k	£13,927k	£50,224k	£48,883k	£43,097k	£41,411k	£35,523k
	Use of resources rating	5	3	3	4	3	3	3	3
	Capital Expenditure YTD £000s	4	£35,724k pa	£4,244k	£12,952k	£3,435k	£6,727k	£7,437k	£8,649k
	In month Clinical Income £000s	4	£12848k (current month)	£10,759k	£12,248k	£12,067k	£12,160k	£12,173k	£12,307k
	CIP – Identified - YTD £000s	4	£2,471k	£2,515k	£3,021k	£545k	£1,032k	£1,343k	£1,725k
	CIP – FY Target £000s	4	£6,023k pa	£3,446k	£3,446k	£8,309k	£8,851k	£8,851k	£8,855k
	Agency spend as % of salary bill	4	2.89%	3.62%	4.71%	3.54%	4.88%	4.20%	4.80%
Additional KPIs									
	Debtors > 90 days overdue	4	10%	30.3%	22.8%	24.1%	32.0%	49.4%	58.2%

### Summary of Performance and Key Messages:

**The Trust's year to date position is a deficit of £2,157k, which is favourable to the refreshed plan by £33k.**

Total clinical income is below plan by £1,330k, this is a concerning adverse variance with the Trust continuing to experience lower than planned NHS activity of 697 (8.2%) inpatient /day cases equating to an adverse £1,006k position. This position is offset by the increased complexity in case mix of £760k. A combination of other items totalling adverse £93k gives a net underlying clinical income position which is behind plan by £449k. In addition, the Trust has reduced high cost drugs and devices income of £881k, however, these are procured on a pass through basis and therefore offsets lower expenditure.

Trust only other operating income is £47k adverse to plan due to lower levels of donated assets.

Trust only pay is £175k favourable to plan with temporary staffing costs replacing substantive savings from vacancies, however, this reflects only a 0.58% reduction compared to the 8.2% reduction in income.

Non pay expenditure is £259k favourable to plan, comprising favourable clinical non pay due to the lower activity levels (£569k), underspends due to timing on the NPH transition programme (£400k) and lower depreciation charges of £186k following delay capitalisation of assets. Offset by commissioner fines (£477k), unachieved non-pay CIP (£270k), increased works on existing site (£149k).

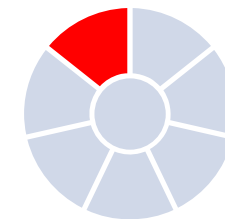
Actual year to date CIP achievement of £1,725k is £747k adverse to plan of £2,471k, due to £214k planning gap and an operational delivery gap of £533k from overspends in Pay compared to the Gateway 2 rosters, these partially offset by non-recurrent underspends but do not reduce the CIP gap.

Capital expenditure year to date is £8,649k which is underspent by £11,890k due to delays in timing of the new hospital equipment purchases as a result of the delayed move.

The cash balance of £35,523k is favourable to plan by £7,168k, predominantly due to the timing of the NPH capital equipping programme and working capital improvements.

In month the Trust has reported a deficit of £739k, which is £22k behind the planned refreshed plan deficit of £717k. Lower clinical income has been offset by reduced operational costs and lower depreciation.

## Key performance challenges



### July 2018 risk score changes:

**Risk decreases: Master development and control plan:** the risk has reduced from the previous high of 25 to 10, due to the progression an increased offer from a third party source. The Trust is continuing negotiations to ensure best value for money is achieved;

**Whole Hospital Equipping:** following the completion of the Bill of Quantities and the revised move date the risk of over spend on the equipping programme has reduced from a score of 16 to 12.

### 2018/19 year to date 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.

**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 CIP which reduced the CIP planning;

**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 July 18	FSRA Aug 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	25	10
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
Whole Hospital Equipping	M	7.6.1 Whole Hospital Equipping Plan	12	16	12
Operational Transition	N	7.7.1 Transitional Relief	9	6	6
	O	7.7.2 Additional Costs	10	20	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 July was a deficit of £0.71m, which was adverse by £0.02m to the refreshed plan deficit of £0.69m.



**Total Income** - Clinical income in the month of £12.26m was behind the plan of £12.85m. Underlying clinical income is behind plan by £0.45m, due to: Lower inpatient /day case activity totaling £0.52m, in Thoracic medicine, Cardiac surgery, Transplant and Private patients offset by increased Thoracic surgery and PTE activity; Cystic fibrosis year of care and ITU / transplant variances of £0.06m; offset by: Increased complexity in case mix of £0.08m; WIP increase of £0.06m; In addition, an adverse variance of £0.14m 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 £0.59m.



**Non-clinical Income** is ahead of plan this month by £0.11m, due to an increase in pass through Hosted costs.

**Pay costs** - Total pay costs were favourable in the month against the refreshed plan, by £0.09m. There is an underlying favourable substantive pay position due to the number of vacancies (245 WTEs) that exist across the Trust, offset by the continued high levels of temporary staffing expenditure, specifically within the Operational Directorates.

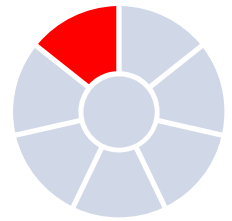


Of this variance £0.06m relates to hosted pay costs which are higher than plan, however these are offset by higher levels of other income.

**Non-pay costs** – Total non-pay costs in the month were below plan, by £0.30m. The underlying position is £0.44m 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, however, the predominate driver is lower clinical activity resulting in lower consumable costs. There is also a favourable Depreciation variance of £0.05m, which is due to the delay in the capitalisation of NPH medical equipment.



## Spotlight on Cost Improvement Programme



### July 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 £546k CIP has been identified leaving a remaining unidentified gap of £666k.

	2018/19
<b>2018/19 TOTAL CIP TARGET</b>	<b>£9,521k</b>
<b>Full year effect of 17/18 schemes:</b>	
Pathology Office Reconfiguration	£12k
Finance Directorate Budget Review	£1,458k
<b>New Schemes in 2018/19:</b>	
Redundancy payment review (non-recurrent)	£2,101k
Gateway 2 identified	£4,738k
<b>TOTAL IDENTIFIED 2018/19 CIP in Operational Plan</b>	<b>£8,309k</b>
Procurement Work Plan – Expenditure Reduction	£500k
Pension cost reduction scheme	£46k
<b>TOTAL IDENTIFIED 2018/19 CIP including new schemes</b>	<b>£8,855k</b>
<b>CIP balance to be allocated (planning variance)</b>	<b>£666k</b>

Of the £8,855k identified projects the operational CIP variance is adverse to plan by £533k at the end of July 2018. The actual year to date achievement was £1,725k to July 2018 against the identified plan of £2,258k. The total variance against the CIP target including the unidentified CIP to end of July is adverse by £747k against the plan of £2,471k. At the time of writing, an additional £165k has progressed in the pipeline to Gateway 2 which will go part way to offsetting the planning variance of £666k, leaving a remaining gap of £501k. In addition, there is £608k of CIP ideas within Gateway 1 which would remove the CIP gap if deliverable once fully reviewed through Gateway 2.

### Key CIP Project Year to Date progress:

The adverse CIP operational variance to M04 of £533k is detailed in Appendix 1 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 £267k adverse;
- Cardiology £166k adverse
- Surgery £66k adverse;
- Thoracic £37k adverse.

This is partially mitigated by a favourable variance on the Procurement CIP plan of £12k and non recurrent favourable pay variances in other directorates to July of £565k (however, the Trust is not recording this non recurrent underspend as CIP).

### CIP Summary – July 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	4,807	4,807	0	948	403	(545)	948	403	(545)	0	0
CIP- Non Pay	4,714	4,048	(666)	1,523	1,321	(202)	1,310	1,321	12	0	(666)
<b>CIP - Total</b>	<b>9,521</b>	<b>8,855</b>	<b>(666)</b>	<b>2,471</b>	<b>1,725</b>	<b>(747)</b>	<b>2,258</b>	<b>1,725</b>	<b>(533)</b>	<b>0</b>	<b>(666)</b>

### 2018/19 CIP actual vs Target

