

Papworth Integrated Performance Report (PIPR) August 2018

September 2018



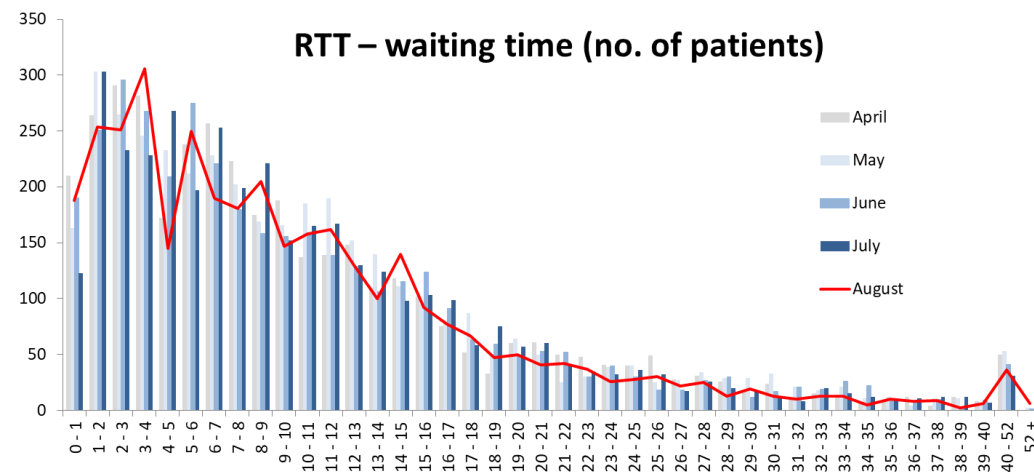
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Context:

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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Trend
Cardiac Surgery	212	203	186	210	229	206	
Cardiology	776	727	781	768	788	766	
ECMO	10	6	2	5	3	5	
PTE operations	16	16	16	17	16	17	
RSSC	546	516	568	571	539	504	
Thoracic Medicine	405	388	388	358	375	383	
Thoracic surgery (exc PTE)	67	55	66	60	84	65	
Transplant/VAD	48	41	54	57	45	53	
Total Inpatients	2,080	1,952	2,061	2,046	2,079	1,999	
Outpatient Attendances	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Trend
Cardiac Surgery	342	288	290	336	312	357	
Cardiology	3,413	3,449	3,359	3,521	3,993	3,247	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	2,090	2,071	1,946	2,115	1,807	1,561	
Thoracic Medicine	1,991	1,790	2,100	1,717	1,778	1,791	
Thoracic surgery (exc PTE)	104	90	133	100	99	97	
Transplant/VAD	364	340	357	325	371	358	
Total Outpatients	8,304	8,028	8,185	8,114	8,360	7,411	



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%

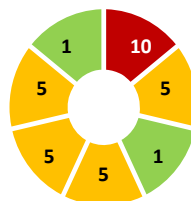
Overall Scoring within a Category

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

Caring – The Caring domain remains green in August. 1) Friends and Family Scores for patients who would recommend our services remain very good. 2) Complaints: The number of formal complaints received in month have remained within tolerance and therefore the moving average remains green. All complaints were responded to within the agreed timeframes.

Responsive – RTT - Despite a disappointing month for activity Cardiology have made good progress in reducing the number of patients over 18 weeks. The impact of implementing the best practice timed pathway for Intervention has however reduced the waiting list further.

People Management & Culture - 1) Total turnover decreased to 21.5% but remains above target. Nursing turnover decreased to 13.9% from 16.3% in June. There were 7.2 wte nurse leavers in August. 2) We were a net gainer in the non-medical workforce by 12.9 WTE. 3) We continued as a net recruiter to the nursing workforce for the thirteenth month in a row; 7.4 WTE (this includes pre-registration nurses). We were a net gainer of the HSCW workforce by 1.5 wte. 4) The Trust vacancy rate decreased to 12.3%. Nurse vacancy rate (including Pre-registered) decreased to 6.5% (43.4 wte). We have a large cohort of PRP staff (60 wte) who are working towards gaining registration. HCSW vacancy rate decreased to 19.8% (38.5 wte) from 22.3%.

Finance - The Trust's year to date position is a deficit of £2.99m, favourable to the refreshed plan by £0.01m.

Adverse performance

Safe – Safer staffing remains below target in August due to increased annual leave figures and difficulties in filling agency slots due to school holidays. There were 5 beds closed on Hugh Fleming ward for a 2 weeks period to ensure safety.

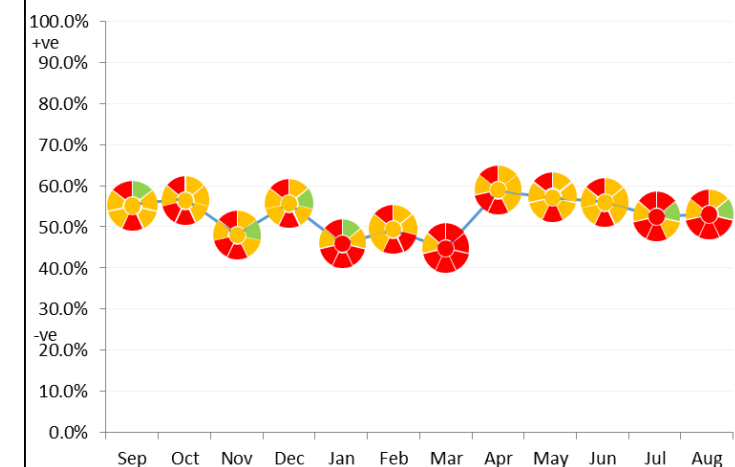
Effective – 1) Bed occupancy - For the 4th month in succession safer staffing for day and night shifts has been below the 90-100% target and is red. As part of the mitigation to ensure patient safety, ward beds have been temporarily paused and this has adversely impacted on the percentage bed occupancy within the Trust. 2) Admitted patient care activity - Patient admitted care decreased in month to 1999 and remains below target. This reflects the impact of annual leave booked to avoid the September move period.

Responsive – 1) Cancer waits - July has seen the first month incorporating the new 38 day IPT rules. Producing a pre reallocation number of 78.6%. Under the old rules, our performance would have been 100% against the 62 day standard. 2) Theatre cancellations - Theatre cancellations increased to 57 in August. 18 cancellations were due to CCA being full with CCA patients- acuity of patients was higher in month as reflected in the increased mean and median length of stay.

Finance – Total clinical income is below plan by £1.72m, this continues the adverse variance with the Trust experiencing lower than planned NHS activity of 939 (8.8%) inpatient /day cases equating to an adverse £1.50m position. This position is offset by the increased complexity in case mix of £0.91m.

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 are progressing. A detailed construction programme has been received and reviewed, with works completing targeted for prior to Christmas. The Trust has utilised this programme plus advice from its technical adviser to establish a revised move date, commencing immediately after Easter 2019. Work is now underway to re-set the Master Commissioning Programme based upon such dates. Design and Construction and by result the overall project have therefore moved to a red amber status.



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	Aug-18	4	97%	97.04%	98.50%			Caring	FFT score- Inpatients	Aug-18	4	95%	97.00%	96.80%		
	Number of serious incidents reported to commissioners in month	Aug-18	3	0	0	5				FFT score - Outpatients	Aug-18	2	95%	98.00%	98.60%		
	Never Events	Aug-18	3	0	0	0				No of complaints (12 month moving average)	Aug-18	4	5	4.75			
	Moderate harm incidents and above as % of total PSIs reported	Aug-18	3	4%	1.00%	1.28%				% of complaints responded to within agreed timescale	Aug-18	4	100%	100.00%	100.00%		
	Safer staffing – registered staff day (night)	Aug-18	3	95%	80.5% (81.7%)	82.9% (87.3%)				Voluntary Turnover %	Aug-18	3	15%	21.54%	23.54%		
	Number of C.Diff cases (sanctioned)	Aug-18	5	5	0	2				Vacancy rate as % of budget	Aug-18	4	6%	12.30%			
Effective	Bed Occupancy (excluding CCA)	Aug-18	4	85%	74.85%	77.25%			% of staff with a current IPR	Aug-18	3	90%	86.96%				
	CCA bed occupancy	Aug-18	3	85%	89.19%	89.51%			% sickness absence	Aug-18	3	3.5%	3.19%	2.97%			
	Admitted Patient Care (elective and non-elective)	Aug-18	4	11121	1999	10137			Year to date EBITDA surplus/(deficit) £k	Aug-18	4	£(1,748)k	£26k				
	Cardiac surgery mortality EuroSCORE	Aug-18	3	3%	2.09%	2.38%			Year to date surplus/(deficit) £k	Aug-18	4	£(3,023)k	£(2,985)k				
	Theatre Utilisation	Aug-18	3	85%	85.1%	86.9%			Cash Position at month end £k	Aug-18	4	£20,709k	£36,983k				
Responsive	% diagnostics waiting 6 weeks and over	Aug-18	tbc	99%	99.50%	99.48%			Use of Resources rating (UOR)	Aug-18	5	3	3	3			
	18 weeks RTT	Aug-18	3	92%	85.65%	85.65%			Capital Expenditure YTD £k	Aug-18	4	£21,570k	£10,844k				
	62 days cancer waits	Aug-18	3	85%	n/a	87.64%			In month Clinical Income £k	Aug-18	4	£12,848	£12,090k	£60,649k			
	31 days cancer waits	Aug-18	3	96%	96.00%	99.20%			CIP – Identified £000s	Aug-18	4	£3,007k	£2,290k	£2,290k			
	Theatre cancellations in month	Aug-18	3	30	57	255			CIP – FY Target £000s	Aug-18	4	£9,522k	£9,061k	£9,061k			
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	Aug-18	3	95%	30.23%	22.01%			Agency spend as % of salary bill	Aug-18	4	3%	4.96%	4.48%			
Transformation	ORAC programme delivery on track	Aug-18	4					→	SIP – project delivery	Aug-18	4						→
	Digital programme delivery on track	Aug-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%	85.65%		83.82%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	96.00%	99.20%	100.0%		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%	66.70%	87.64%	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%	94.24%		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%
NHSE total		£1,885.000	£340.710	£340.710	£340.710	18%	£1,885.00	
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%
CCGs total		£765.434	£110.410	£110.410	£110.410	14%	£765.43	
Grand Total		£2,650.434	£451.120	£451.120	£451.120	17%	£2,650.43	

Board Assurance Framework risks (above risk appetite)

PIPR Category	Title	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Mar-18	Apr-18	Jun-18	Jul-18	Aug-18	Sep-18	Status since last month
Safe	Failure to stay within ceiling trajectories for all HCAI's	JR	6	Yes	20	8	8	8	8	8	↔
Safe	Ageing Estate	RC	6	Yes	16	16	16	20	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	12	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	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	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	12	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	16	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	15	15	15	15	15	↔
People Manag. & Cult.	Low levels of Staff Engagement	OM	9	In progress	-	-	-	-	16	16	↔
Transformation	Pathology IM&T systems	AR	12	Yes	16	16	16	16	16	16	↔
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	20	20	20	↔
Finance	Current Trading Expenditure	RC	10	Yes	25	25	25	20	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	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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	
Dashboard KPIs	Safety Thermometer harm free care	4	>97%	98.16%	100.00%	98.33%	98.34%	98.80%	97.04%
	Number of serious incidents reported to commissioners in month	3	0	1	2	0	0	3	0
	Never Events	3	0.00%	0	0	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	3	<4%	2.50%	1.60%	0.00%	1.50%	2.30%	1.00%
	Safer staffing – registered staff day	3	90-100%	82.6%	85.2%	84.5%	82.8%	81.5%	80.5%
	Safer staffing – registered staff night	3	90-100%	90.9%	91.2%	83.3%	89.3%	91.0%	81.7%
	Number of C.Diff cases (sanctioned) year to date	4	5 in year	1	1	1	0	0	0
Additional KPIs	Number of Papworth acquired Pressure Ulcers (grade 2 and above)	4	<4	1	3	1	4	3	5
	Falls per 1000 bed days	3	<2.2	2.9	1.6	3	2.8	0.7	2.4
	MRSA bacteraemia	3	0.00%	1	0	0	0	0	0
	Registered nurse vacancies (WTE)*	2	5.00%	65.93	63.84	52.19	47.07	54.55	43.25
	Registered nurse vacancies (% total establishment)	2	5.00%	11.91%	9.55%	8.23%	8.20%	8.13%	6.51%
	HCSW vacancies (WTE) **	3	10.00%	21.27	49.21	45.52	53.77	43.47	38.51
	HCSW vacancies (% total establishment) **	3	10.00%	12.18%	24.46%	22.63%	21.65%	22.31%	19.76%
	E coli bacteraemia	3	Monitor only	0	1	0	1	0	1
	Klebsiella bacteraemia	3	Monitor only	0	1	0	0	1	1
	Pseudomonas bacteraemia	3	Monitor only	0	0	2	0	0	0
	High impact interventions	3	Monitor only	96.3%	99.4%	99.6%	97.0%	98.9%	99.3%
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	5	6	0	3	4	2

Summary of Performance and Key Messages:

The Safe domain has moved to amber for August 2018.

There were 4 new harms in August 2018 Safety Thermometer collection.

CCA – 2 x grade 2 PUs

RSSC – 2 x grade 2 Pus

Moderate harm or above rates continue to be low, demonstrating a continued positive reporting culture.

Details of the safer staffing figures can be found in the combined quality report. The August figure represents, increased annual leave figures and difficulties in filling agency slots due to school holidays. There were 5 beds closed on Hugh Fleming ward for a 2 weeks period to ensure safety.

There has been an increased incidence of C. Diff during July and August with 3 new cases. All 3 cases have been reviewed at the C.Diff Scrutiny panel and deemed non sanctioned cases. There were no omissions in care.

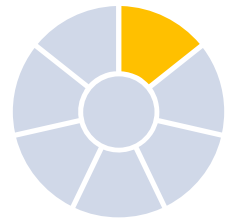
Pressure Ulcer August figures are not signed off as avoidable or unavoidable yet, but overall numbers are: 5 category 2s (2 RSSC & 3 CCA); 1 Deep Tissue Injury Mallard. It is unusual to get so many 2s in CCA, and these will undergo scrutiny at the October Scrutiny Panel meeting. The 3 Pressure Ulcers for July have been considered at scrutiny, 2 were deemed unavoidable and 1 was downgraded. Therefore the revised figure for July is 2 Pressure Ulcers .

Falls have increased for August 2018, but the trajectory still demonstrates a downward, improving trend. Detail of ward areas and trend is described on Key Performance Challenges. This equates to 14 falls in total across 8 wards..

Infection prevention and control practices remain good across the Trust with an improving trajectory over the last 3 months.

** 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

Increased incidence of falls in August 2018. Safer staffing fill rate also decreased during this same period, reflecting the difficulties in filling agency nurse requests and higher levels of annual leave, against current vacancies.

The 3 areas with more than 1 fall, are wards with more than 29 in patient beds and all had safer staffing registered nurse figures of less than 80% for the month of August. The falls trend continues to be an improving picture.

There has been no correlation between agency no shows and the falls described in the incident reports. Nor has there been any omissions in care where enhanced 1:1 supervision is required. The lack of 1:1 care more often results in delays in patient flow rather than safety incidents.

Key risks

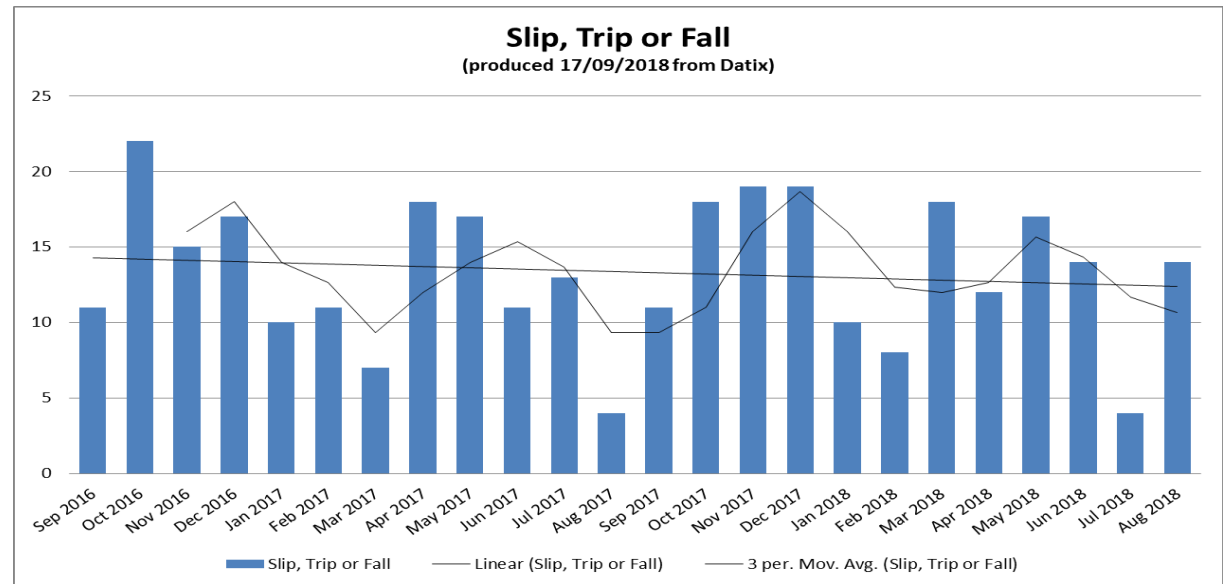
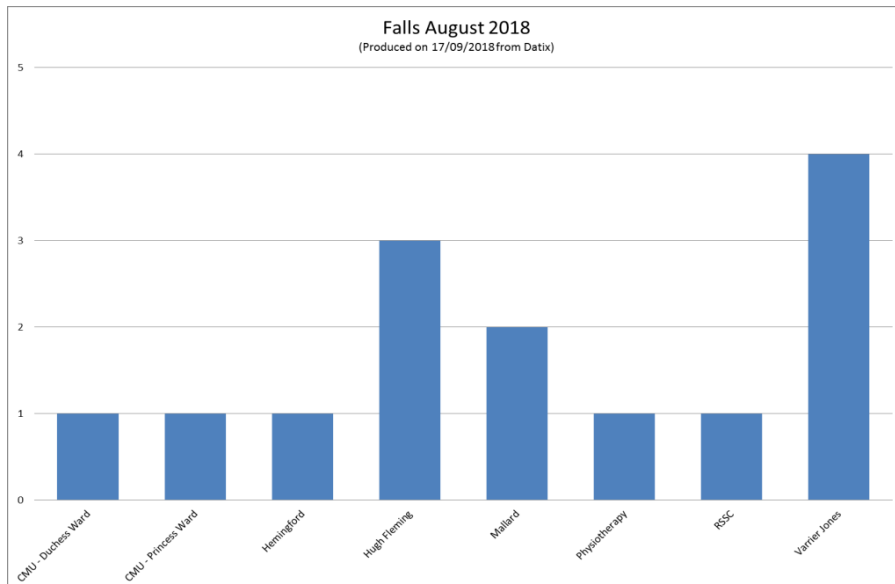
There is a risk that patients requiring enhanced care may not get the supervision required.

Key Actions

The Falls nurse to target areas of higher falls incidents and ensure adequate assessing and planning is achieved for all patients. Falls per 1000 bed day calculation to be applied to the individual ward areas.

Detailed analysis of falls against daily staffing requirements for enhanced care to be completed and presented at the Ward Sisters meeting, to establish any correlation.

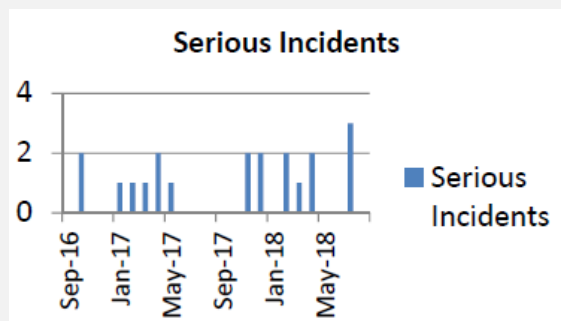
Advance booking of HCSW on temporary staffing, pool and agency to pre-empt the daily need for 1:1 care supervision for patients requiring enhanced care.



Spotlight on: Serious Incident Executive Review Panel



The number of patient safety incidents meeting the criteria for Serious Incident (SI) reporting remains low within a culture of positive reporting evidence by total number of patient safety incidents reported monthly.



To support our current processes for SI management, from October 2018 the Trust will form a new weekly Serious Incident Executive Review Panel (SIERP). The purpose of SIERP is to provide assurance to the executive team and the Board that all SIs (including Never Events) are appropriately declared, investigated and that commissioners are informed in a timely manner.

This process will ensure open transparency in the way we approach SI reporting and investigation and develop a standardised approach with robust monitoring for additional assurance.

This panel will also review potential Moderate Harm and above incidents to ensure the required level of reporting and investigation is in place. In addition, notified claims that have not previously been investigated, complex complaints and deaths subject to Coroner's investigations/ Inquests should be reviewed by this panel.

The Panel will meet weekly and chaired by the Director of Nursing (or deputy)

Core Members of the SIERP:

- Director of Nursing (or deputy) - Chair
- Medical Director
- Associate Medical Director – Clinical Governance Lead
- Assistant Director for Quality and Risk
- Clinical Governance Manager / Risk Manager (or Deputy)
- Head of Nursing

Senior operational representative/s (or equivalent corporate) will be required to attend as appropriate and relevant to the incident, in order to provide information to inform the panel's decision-making and to support colleagues within their service

Senior medical representatives (clinical director or relevant consultant) will be required to attend as appropriate and relevant to the incident, in order to provide information to inform the panel's decision-making and to support colleagues within their service

Matrons are invited to attend all meetings to support effective dissemination of decision making and required actions within the divisional teams

Other operational / clinical leads /experts may be invited to attend relevant to the areas being considered

The panel will also have a monitoring and assurance function overseeing where any investigations and or action plans are overdue. These will be reported to the panel by exception in addition to any ongoing investigations and outstanding actions by exception where escalation is required.

The panel will extend the meeting once a month to review trend data.

The SIERP will report to Quality and Risk Management Group and the Quality and Risk Committee by exception

Performance summary



Accountable Executive: Director of Nursing
6 month performance trends

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

	Data Quality	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	
Dashboard KPIs	FFT score- Inpatients	4	95%	97.0%	97.0%	96.0%	97.0%	97.0%	97.0%
	FFT score - Outpatients	2	95%	98.2%	99.0%	99.0%	99.0%	98.0%	98.0%
	Number of complaints (12 month moving average)	4	5 and below	5.9	5.9	6.0	5.8	5.0	4.8
	% of complaints responded to within agreed timescales	4	100%	96%	100%	100%	100%	100%	100%
Additional KPIs	Number of complaints upheld	4	3 (60% of complaints received)	7	1	3	2	1	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	11	3	4	4	2	5
	Number of recorded compliments	4	10	68	101	147	69	434	885

Summary of Performance and Key Messages:

Friends and Family Scores for patients who would recommend our services remain very good. There has been a focus on response rate improvement, and this is now beginning to translate into results. Inpatient score improved slightly from 37% in July to 39% in August. This was partly due to Hugh Fleming Ward increasing their response rate to 77.8%. Outpatients has increased the response rate from 2% to 6.8%, which is a significant improvement.

Complaints: The number of formal complaints received in month have remained within tolerance and therefore moving average remains green. All complaints were responded to within the agreed timeframes.

Compliments: From July 2018 we have included all positive comments from the Friends and family returns in the compliments numbers, as these were not counted anywhere else. The breakdown for August was 144 from cards and e-mails sent to the wards and departments and 741 were positive comments taken from the Friends and Family Surveys.

Key performance challenges

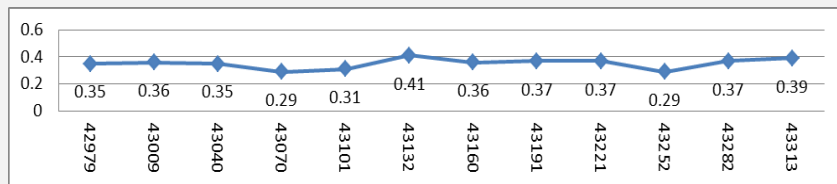


Escalated performance challenges:

Friends and Family response rate has been lower than expected. There has been a focus on improving this target.

This table shows that ward by ward break down of the inpatient response rates, and the graph demonstrates the trend line.

Ward	Surveys returned	Patients discharged	Participation rate	Recommendation rate
CDW	161	358	45%	99%
CFW	26	44	59%	100%
CMU	39	179	22%	100%
Hem	52	95	55%	96%
HF	93	118	79%	97%
Mall	62	122	51%	97%
RSSC	90	443	20%	93%
TDW	68	198	34%	98%
VJ	88	204	43%	98%
TW	691	1761	39%	97%

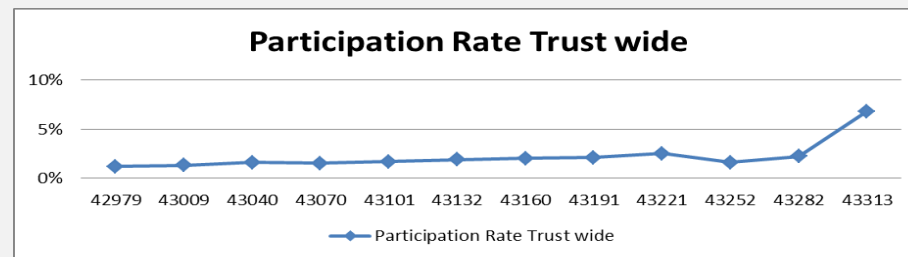


Key risks:

Without an adequate response rate the measure becomes subjective.

This table shows the outpatient area's response rate with the graph showing the trend.

Ward	Surveys returned	Patients discharged	Participation rate	Recommendation rate
Cardiac	270	4051	6.7%	97%
Thoracic	291	3812	7.6%	99%
Transplant	3	394	0.8%	67%
TW	564	8257	6.8%	98%



Key Actions:

Continue the focus on improving the response rate.

Spotlight on: Private Patient Survey



Private Patients are cared for on Varrier Jones ward. Varrier Jones ward provides NHS surgery, cardiology care and mixed Private Patient Care.

Month/Yr: **AUG 2018**
Responses **38**

Patients 'Extremely Likely' and 'Likely' to Recommend 100%

Patients 'Extremely Likely' to Recommend 89%

Privacy & Dignity			
Privacy 'always' promoted	92%	35/38	
Dignity 'always' promoted	97%	37/38	
Information & Support			
Attended pre-admission clinic	39%	14/36	
Given enough information and support	100%	38/38	
Were you as involved as much as you wanted to be in decisions about your care?			
Yes, definitely	Yes, to some extent	No	
100%	36/36	0%	0
		0%	0
Did you find someone on the hospital staff to talk to about your worries and fears?			
Yes, definitely	Yes, to some extent	No	had no worries or fears
78%	28/36	6%	2/36
		0%	0
			17%
			6/36
Sleep and Rest			
Prevented from sleeping	26%	6/23	
Offered a rest period	69%	18/26	
Ward Facilities			
Food and catering satisfactory	83%	29/35	
Ward clean and tidy	100%	34/34	
Papworth Clinic			
Happy with service from staff	100%	33/33	
Clinic environment satisfactory	100%	32/32	
Did a member of staff tell you about medication side effects to watch for when you went home?			
Yes, completely	Yes, to some extent	No	Did not need explanation
86%	30/35	0%	0
		0%	0
			14%
			5/35
Did a member of staff tell you who to contact if you were worried about your condition or treatment?			
Yes	No	Don't know	Cannot remember
100%	34/34	0%	0
		0%	0
			0%
			0

Positive Comments

- You were all very helpful and thank you for all you have done.
- Feel very confident that the future should be good.
- Very pleased with the Varrier Jones Ward team.
- All staff were friendly and welcoming as well as being helpful. The introduction by the Matron (Alison) was particularly so. The evening meal was very tasty.
- Extremely kind regarding my needle phobia.
- Everyone was so wonderful, I felt so much at ease. Was treated well from the Reception to the procedure. Thank you everyone.
- Many thanks for the care given. Pleased and appreciative that XX's bleeding was also picked up and considered with respect to the blood thinner.
- I would like to say how well I have been looked after while at hospital and to say thank you to everyone involved in my care.
- Just to say I was very well looked after. Thanks.
- Can't fault anything, thank you all.
- For my first time staying in hospital for a length of time, I would like to thank you for the fantastic care and support.
- Extremely pleased with all staff, especially Alison, Sue and HCSW Natalie and student nurse Ramona. Thank you for all your help.
- If only the rest of the NHS was as caring and efficient and comfortable as my visit/procedure today!
- My biggest problem was regaining control of my brain. The first few days I was operating in a fog. The cardioversion made a huge difference. I then spent a few days feeling spaced out and light headed which resolved when I came off the water pills. Throughout, all the staff have been wonderful, attentive, reassuring and willing to listen and understand when issues came to the surface. I shall be eternally grateful to all of them for helping me through the last 10 days. Finally, a big thank you to Mr Nashef and his skilled surgical team.
- Found everyone most helpful and supportive, 10/10.

Negative Comments

- Food not good quality. Failed to get evening meal as no menu and attendant did not call as promised. 2 different food menus for private and public does not work - private is not as good. TV did not work well with limited controls and kept losing signal! Discharge process slow.
- I would suggest that the breakfast tray could be brought in at the same time as breakfast instead of 5.45. a.m. or last thing at night.
- 1. The food was o.k., however, the stomach is often delicate when one is ill, so some lighter food and being able to better control strength etc of teas would be good. Also, often the hot drink is cold before the food is served. 2. Bed not comfy, but I understand.

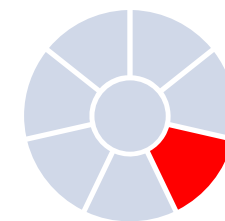
Positive/Negative Comments

- All treatments and attention superb. All staff are wonderful and if under any pressure does not show. The only thing that could be improved is the food and a phone point at the desk area. My thanks to all who cared for me.
- Catering - there is a long gap between being woken i.e. 6/6.30 and breakfast 8/9. At breakfast consider giving toast out with cereal and drink rather than 45-60 minutes later after drink and cereal long finished? Sleeping - can weighing wait until patient up/awake for other things e.g. I was awoken at 6.45 to sit in a chair only 20 minutes after getting to sleep with morphine having been awake nearly all night. These are minor points compared to overall experience which was excellent.
- No bulb in lamp. Blinds did not cover whole window. Very friendly and helpful staff.
- I think it is expectable for there to be noise from patients and bells during the night, but people need to call for help as they are very sick.
- The food is mainly very bad. It mostly arrives cold, there is little variety between days. As private patients, we should be given more choices. The food today was an improvement. The care given to private and NHS patients is so good that one wonders why private. Although communication fails at times, all staff whatever their title (nurse, care staff etc.) are very caring and courteous.

Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Directors of Operations



6 month performance trends

		Data Quality	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Dashboard KPIs	Bed Occupancy (excluding CCA)	4	85%	73.6%	81.8%	76.4%	77.6%	75.6%	74.9%
	CCA bed occupancy	3	85%	85.4%	89.5%	86.8%	90.5%	91.5%	89.2%
	Admitted Patient Care (elective and non-elective)	4	2251 (current month)	2080	1952	2061	2046	2079	1999
	Cardiac surgery mortality EuroSCORE	3	<3%	2.81%	2.70%	2.47%	2.38%	2.25%	2.09%
	Theatre Utilisation	3	80%	79.36%	87.12%	88.04%	87.00%	87.16%	85.12%
Additional KPIs	Same Day Admissions – Cardiac (eligible)	4	40%	24.47%	31.87%	25.36%	26.85%	17.70%	31.53%
	Same Day Admissions – Thoracic (eligible)	4	40%	44.19%	40.00%	51.11%	45.24%	46.43%	32.00%
	Length of stay – Cardiac Elective – CABG (days)	3	8.22	8.38	7.73	8.82	7.50	7.75	7.69
	Length of stay – Cardiac Elective – valves (days)	3	9.65	9.80	8.84	10.52	9.86	9.97	8.98
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	4	90%	87%	89%	90%	90%	88%	85%
	Cath Lab Utilisation 6 (including 15 min Turn Around Times)	4	70%	81%	75%	70%	60%	84%	68%
	CCA length of stay (LOS) (hours) - Mean	3	Monitor only	103	98	105	104	92	108
	CCA LOS (hours) - median	3	Monitor only	45	40	36	43	27	43
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	4.54	4.75	5.18	4.71	4.46	4.92
	% Day cases	3	Monitor only	53.51%	55.95%	55.58%	56.00%	53.63%	57.28%

Bed occupancy

For the 4th 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 percentage bed occupancy within the Trust.

Admitted patient care

Patient admitted care decreased in month and remains below target. This reflects the impact of annual leave booked to avoid the September move period.

Same day admissions

A percentage increase in same day admissions in cardiac surgery in month occurred due to a reduction in demand for IHU surgery. There has, however, been a significant reduction in Thoracic same day admissions due to shortages of medical and nursing staff at ward level.

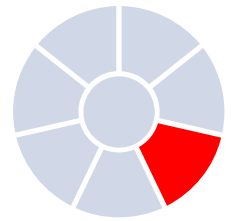
Cath lab utilisation

Cath lab 1-5 utilisation decreased to 85% in part due to an increase in ACS cases (149 compared with 132 in July). Delays in arrival remain a challenge and account for some down time. The equivalent of 2.5 total days were lost due to equipment failures in month and account for 10 patient cancellations. Cath lab 6 utilisation fell to 68% - 6 EP slots were lost in month due to equipment failure, and changes to the booking office processes. The later impacted for a period of two weeks.

CCA length of stay

The mean and median length of stay increased in month in critical care- this was in part due to a higher acuity of patients within the Critical Care Unit. Further there was a significant increase in length of stay for post operative thoracic patients in month.

Key performance challenges



Theatre Cancellations

- In month 5 the top reasons for cancellations in theatres were due to CCA beds being full with CCA patients and planned case over running.

Cancellation code	Aug-18	Total
1a Patient DNA	0	1
1b Patient refused surgery	0	1
1c Patient unfit	2	15
1d Sub optimal work up	1	4
2a All CCA beds full with CCA patients	18	48
2b No ward bed available to accept transfer from CCA	5	35
2c Delay in repatriation of patient from CCA	0	4
2d No ward bed available	0	0
3a Critical Care	0	12
3b Theatres	0	0
3c Consultant Surgeon	2	4
3d Consultant Anaesthetist	0	0
3e Other	0	0
4a Emergency took time	4	29
4b Transplant took time	5	24
4c ECMO/VAD took time	0	0
4d Additional urgent case added and took slot	5	23
4e Equipment/estate unavailable	2	8
5a Planned case overran	13	49
5b Additional urgent case added and took slot	0	0
5c OVERRUNS delayed start	0	0
6a Scheduling issue	0	5
Total	57	262

Additional activity within theatres and CCA

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

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

4 additional elective cases were added to the list.

67 additional emergency minor procedures also went through theatre.

On **18** occasions, the Theatre or CCA team was called out for retrieval or repatriation of patients.

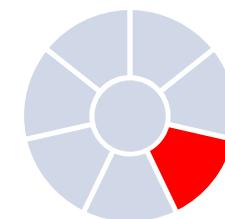
Critical Care support to the wards

Critical care nurses continue to support the wards when possible- this equated to 348 hours in August (2.0 WTE)

Cath Labs Cancellations

- In month 5 the top reasons for cancellations in the cath lab were as follows -42 cases were cancelled due to an emergency took time, 19 due to medical reason and 10 due to equipment failure

Reason	Aug-18	Total
Emergency took time	42	187
Medical reasons	19	71
Patient did not arrive in time	5	47
Equipment Failure	10	33
Previous case over ran	5	28
Clerical error	2	23
Patient DNA	5	22
Bed shortage	0	12
Patient unfit for procedure	3	17
Procedure no longer required	6	14
Cancelled by patient	1	8
Further tests	0	6
More urgent case	0	5
Transport	2	5
Procedure changed	0	2
Patient admitted as emergency	0	2
Consultant unavailable	0	1
Infection control	0	1
Admitted to another hospital	0	1
Appointment moved to fill slots	0	1
Various other reasons	7	25
Grand Total	107	511



Operations Centre: Bed Utilisation and Cancellation audit

Bed Utilisation Summary

- The Trust ran at a Green / Amber status for operational flow throughout August with only one red day in day in the month, which coincided with junior doctor change over at the start of the month.
- Critical care beds were maintained at 33 for most of the month, stepping down to 32 beds on three occasions to support the ward staffing and 31 on a single occasion to allow for deep cleaning of a bay.
- There were 41 bed days lost, as beds were put on hold to mitigate safer staffing. Beds were put on hold predominately on Hugh Fleming and RSSC.
- 2 beds were closed for 48 hours for infection control reasons.

WardName	Average No beds total (Midnight)	Average No beds open (Midnight)	Midnight Occupancy open beds
Cardio HDU	4	4.0	58.9%
CF Ward	10	10.0	88.4%
Duchess	15	15.0	66.7%
Hemingford	15	15.0	82.2%
Hugh Fleming (CDC)	33	28.2	74.4%
Mallard	39	39.0	76.6%
Princess	16	16.0	74.8%
RSSC	29	23.1	62.2%
Varrier Jones	32	32.0	80.5%
Total	193	182.3	74.9%

Same Day Cancellation Audit

Background:

In order to optimise theatre utilisation, the Trust has traditionally booked all available capacity and delayed cancellations to the very latest point possible. This has meant high levels of cancellations when cases over run or planned activity is interrupted by emergency or transplant activity. These cancellations can often occur late in the day, after patients have fasted for many hours. Following discussion at September's Trust Board, the Operations Centre has conducted an audit of on the day cancellations.

Methodology:

The audit commenced on the 30th August and is running throughout September. Each day a prediction is made at the 12 noon bed meeting as to the likelihood of cancellations on that day. This is then compared to the actual cancellations that occurred.

Early Findings

The output from the first 20 days of the audit can be summarised:

- There were a total of 17 predicted cancellations compared to 16 actual cancellations.
- There were 5 occasions where the prediction was incorrect, with 3 occasions where if the predictions had been acted upon, cases that were completed would have been cancelled. On two occasions cancellations occurred that were not foreseen at the bed meeting. These were due to emergency activity.

Next steps

The audit will continue throughout September. A second audit has been started looking at the accuracy of predictions made on the day before to identify any learning that could be used to reduce on the day cancellations.

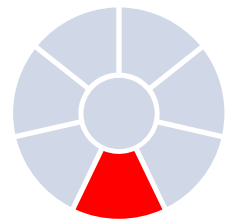
Responsive

Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Associate Director of Operations

6 month performance trends



	Data Quality	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	tbc	>99%	99.04%	99.59%	99.14%	99.55%	99.60%	99.50%
	18 weeks RTT (combined)	3	92%	83.21%	83.38%	83.62%	83.82%	84.52%	85.65%
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul 18)*	3	85%	87.5%	100.0%	100.0%	92.9%	78.6%	66.7%
	31 days cancer waits *	3	96%	100.0%	100.0%	100.0%	100.0%	100.0%	96.0%
	Theatre cancellations in month	3	30	61	53	53	54	38	57
	% of IHU surgery performed <7 days of acceptance for treatment or transfer	3	95%	31.11%	28.94%	15.90%	14.58%	20.40%	30.23%
Additional KPIs	18 weeks RTT (cardiology)	3	92%	81.17%	79.24%	79.45%	78.98%	81.34%	82.97%
	18 weeks RTT (Cardiac surgery)	3	92%	67.29%	67.05%	67.16%	67.18%	67.10%	69.03%
	18 weeks RTT (Respiratory)	3	92%	95.80%	97.10%	96.64%	97.09%	96.10%	97.04%
	62 days cancer waits post re-allocation (old rules)*	3	85%	87.5%	100.0%	100.0%	92.9%	100.0%	n/a
	Number of patients on waiting list	3	3,717	n/a	3778	3859	3734	3731	3523
	Acute Coronary Syndrome 3 day transfer %	3	90%	100.00%	99.25%	100.00%	100.00%	100.00%	100.00%
	Other urgent Cardiology transfer within 5 days %	3	90%	100.00%	100.00%	100.00%	97.62%	100.00%	100.00%
	% patients rebooked within 28 days of last minute cancellation	3	100%	100.00%	100.00%	98.00%	100.00%	94.00%	100.00%
	52 week RTT breaches	3	0	n/a	0	2	1	2	6
	Outpatient DNA rate	4	Monitor only	9.55%	10.18%	9.40%	9.48%	10.31%	9.31%

* Note - latest month of 62 day and 31 cancer wait metric is still being validated and is not RAG rated

Summary of Performance and Key Messages:

RTT

Despite a disappointing month for activity Cardiology have made good progress in reducing the number of patients over 18 weeks. The impact of implementing the best practice timed pathway for Intervention has however reduced the waiting list further. Cardiac Surgery performance remains challenged but has also seen a material reduction in patients over 18 weeks in month. This has resulted in an improvement in performance of almost 2%.

Cancer waits

July has seen the first month incorporating the new 38 day IPT rules, producing a pre reallocation number of 78.6%. Under the old rules, our performance would have been 100% against the 62 day standard.

Theatre cancellations

Theatre cancellations increased to 57 in August. 18 cancellations were due to CCA being full with CCA patients- acuity of patients was higher in month as reflected in the increased mean and median length of stay. The total number of patients on the waiting list continues to decrease. This is due to treating more patients, closing pathways and data validation. This is on line with national strategy.

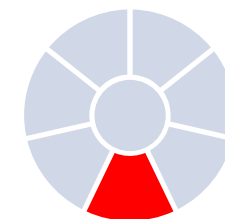
52 week breaches

There were six 52 week breach declared in August within surgery. The surgical breaches relate to an incorrect closure of the patient pathway in December 2017, and incorrect clock stops in September 2017 in Lorenzo.

Additional audits focussing on the identification of further incorrect clock stops are now in place and a revised training programme for key staff has been implemented.

Responsive

Key performance challenges



Escalated performance challenges

RTT continues to be a priority focus for the Trust. There has been improvements to the overall position which is most noticeable in cardiology. Respiratory Medicine remains on trajectory.

Surgery remains the main concern due to the inability to switch on additional capacity. Work therefore is ongoing to focus on list sizes, booking breach patients and reducing cancellations.

Key risks

- Increased risk to patients by delay in treatment.
- Risk to detrimental reputation the Trust in inability to meet demand
- Financial implications due to incurred fines

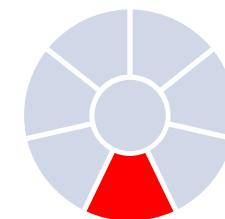
Key Actions

- IHU referrals have decreased which has enabled more IHU slots to be transferred to elective.
- Work is ongoing with individual surgeons to reduce their waiting list and move patients to those with less waiting time.
- The surgeons are reviewing all clinically urgent patients to ensure they meet the previously agreed criteria.
- The feasibility of operating elsewhere is being reviewed to enable the clearance of the backlog.
- Cardiology are launching their new clinic templates on September 17th which will streamline the front end of the pathway.
- The Rapid NSTEMI pathway was launched on September 10th, by having a slot available in the cath labs at the start of this list this should reduce length of stay for any roll over patients.
- Large piece of work ongoing with the booking and the secretarial staff to ensure effective use of resources. A trial of Saturday booking took place on September 8th, due to the impact this is likely to be repeated. Success recruitment to booking staff vacancies.
- Additional cath lab activity at the weekends being requested, one additional day in October booked to date.

	Cardiology	Surgery	Respiratory Medicine	Overall
	Aug18 RAP			
Pathways: Plan per RAP	1410	745	1454	3609
Pathways: Final August	1386	749	1419	3554
Variance	-24	4	-35	-55
Breaches: Plan per RAP	255	224	45	524
Breaches: Final August	236	232	42	510
Variance	-19	8	-3	-14
Achievement: Plan per RAP %	81.91%	69.93%	96.91%	85.48%
Achievement: Final August %	82.97%	69.03%	97.04%	85.65%
Variance	1.06%	-0.91%	0.14%	0.17%

Responsive

Spotlight on: CWT 62 day and the 38 day IPT Rule.



62 day waits										
	1. 62 day patients (Urgent GP Referral)			2. 62 day patients (including re-allocations)			3. 62 day patients Consultant Upgrade (post reallocation)			
	Target = 85%			Target = 85%			Target = 90%			
	Total treated	Breaches	%	Total treated	Breaches	%	Total treated	Breaches	%	Status
Jul-18	7.0	2.0	71.4%	7.0	1.5	78.6%	0.5	0.0	100.0%	Confirmed

62 day under old rules			
62 day, under old rules before 38 day IPT introduced			
Target = 90%			
	Total treated	Breaches	%
Jul-18	7.0	0.0	100.0%

July was the 1st month with the new 38 day IPT rules.

For the 62 day performance we achieved 78.6% under the new rules. Vs 100% on the old rules.

There were 3 breaches we have a ½ share of.

2 should have been fully re allocated to another provider, however because we cannot record Royal Papworth separately as an investigating provider and then a treating provider if Surgery is needed, these were not accepted.

1 Breach stayed shared even though we received at day 69.

Breach 1 would have been fully re allocated under old rules

- Received day **67** from Investigating provider 1.
- RPH had for **30** days to decision to treat, as investigating provider 2.
- RPH as treating provider then treated by surgery in **19** days.

Breach 2 would have been fully re allocated under old rules

- Received day **40** from investigating provider 1.
- RPH had for **17** days as investigating provider 2.
- RPH as treating provider then treated by surgery in **10** days

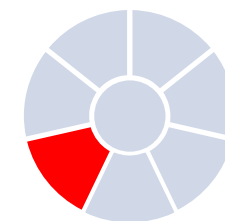
Breach 3 would have been fully re allocated under old rules

- Received day **69** from investigating provider 1.
- RPH as treating provider treated in **28** days.

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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	
Dashboard KPIs	Voluntary Turnover %	3	15.0%	21.54%	25.78%	12.91%	9.95%	24.28%	21.54%
	Vacancy rate as % of budget	4	5.50%	8.87%	11.30%	10.75%	10.91%	13.20%	12.30%
	% of staff with a current IPR	3	90%	88.38%	90.81%	89.71%	88.28%	88.19%	86.96%
	% sickness absence	3	3.50%	2.92%	2.58%	2.75%	2.83%	3.46%	3.19%
Additional KPIs	% Medical Appraisals	3	90%	92.31%	90.29%	87.50%	90.57%	93.20%	90.38%
	FFT – rec as place to work	3	63%	-	40.00%	42.00%	37.00%	41.00%	41.00%
	FFT – rec as place for treatment	3	80%	-	80.00%	91.00%	82.00%	74.00%	81.00%
	Mandatory training %	3	90.00%	90.71%	90.54%	91.15%	89.15%	89.19%	89.79%
	Registered nursing vacancy rate	3	5.0%	9.10%	9.55%	8.23%	8.20%	8.13%	6.51%
	Unregistered nursing vacancy rate	3	8.00%	12.18%	24.46%	22.63%	21.65%	22.31%	19.76%
	Long term sickness absence %	3	0.80%	0.62%	0.70%	0.75%	0.77%	0.92%	1.40%
	Short term sickness absence	3	2.70%	3.32%	1.88%	2.00%	2.06%	2.54%	1.79%
	Agency Usage (wte) Monitor only	3	Monitor only	44.6	43.7	51.1	60.3	55.1	53.9
	Bank Usage (wte) monitor only	3	Monitor only	54.1	50.1	54.5	55.2	73.1	73.8
	Overtime usage (wte) monitor only	3	Monitor only	63.9	52.8	53.0	54.2	52.6	53.7
	WTE Totals: Non Medical Starters	3	Monitor only	26.5	42.0	23.5	20.9	21.8	43.2
	WTE Totals: Non Medical Leavers	3	Monitor only	28.8	35.7	16.5	15.2	35.4	30.3

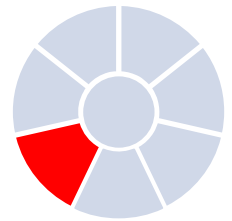
Summary of Performance and Key Messages

Key highlights in August are:

- Total turnover decreased to 21.5%. Nursing turnover decreased to 13.9% from 16.3% in June. There were 7.2 wte nurse leavers in August.
- We were a net gainer in the non-medical workforce by 12.9 WTE.
- We continued as a net recruiter to the nursing workforce for the thirteenth month in a row; 7.4 WTE (this includes pre-registration nurses). We were a net gainer of the HSCW workforce by 1.5 wte.
- The Trust vacancy rate decreased to 12.3%.
- Nurse vacancy rate (including Pre-registered) decreased to 6.5% (43.4 wte). We have a large cohort of PRP staff (60 wte) who are working towards gaining registration. HCSW vacancy rate decreased to 19.8% (38.5 wte) from 22.3% .
- Non-medical IPR compliance decreased to 86.96%. and medical to 90.4%. We are working on recovering the non-medical position by working with managers to identify forward plans for booking IPRs. The summer holiday period was cited by managers as impacting on the booking of IPR meetings.
- The Friends and Family Staff Recommender questions are now being asked as part of the monthly pulse survey. We had a better response rate to the Monthly Pulse Survey (15% compared to 8% in July). Our recommender score as a place to receive treatment returned to the national average score. The recommender score as a place to work remains significantly below the average at 41%. The free comments from staff who reported that they would not recommend the Trust as a place to work reflect the impact of the pending relocation and organisational change on staff and concerns at management skills in supporting staff through this change. Staffing levels, particularly nurse staffing levels was another key theme.
- Temporary staffing usage remained broadly static from July.
- Sickness absence decreased and remains below the KPI. The top reason for absence in relation to the number of episodes was Gastrointestinal problems. Absence related to anxiety/stress/depression/other psychiatric illnesses caused the most days lost.

People, Management & Culture

Key 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

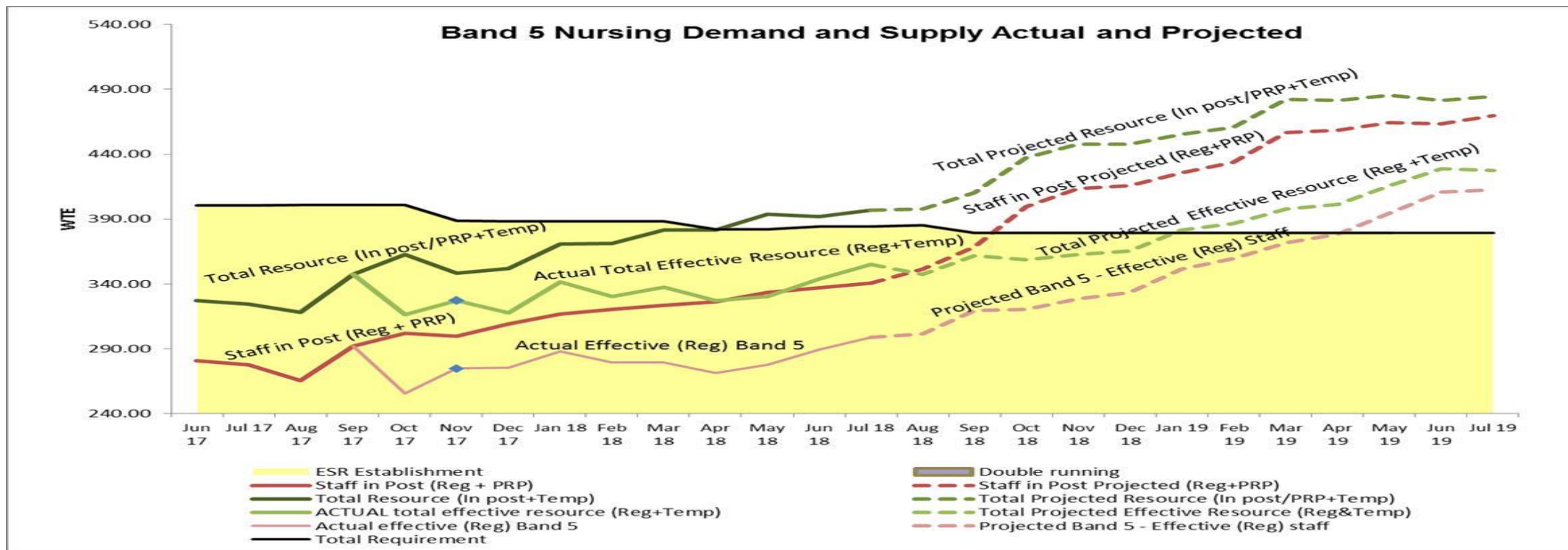
- Turnover increases as we get closer to the move date as staff decide not to move location.
- Length of time required for overseas nursing starters to successfully complete OET/OSCE and become registered staff.
- Staff engagement and morale reduces and this in turn drives high turnover, sickness absence,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

Key Actions

- A working group comprised of admin team leaders from across the Trust is working with Recruitment Services on an administrative and clerical recruitment campaign. A comprehensive advertising campaign will run in September and assessment days will be held at Royal Papworth House on 20 Oct and 17 Nov. Other events planned include participation in "The Job Show" in Peterborough on 20 Sept and monthly Qube multi-disciplinary events (with an extra 2 hours added 4-6.00 to allow anyone finishing work to attend).
- The consultation process on the relocation of staff to the new hospital on the Cambridge Biomedical Campus which commenced on 11 June closed on the 21 August for the majority of departments. The delay in the move has meant that a few departments have had their consultation processes extended to 28 September. This provides these departments with more time to consider how their services can best be delivered. Staff in these departments will shortly receive letters outlining the extension.
- As part of the support for staff during this period of significant change we responded to concerns raised by some staff about the ability to pay the deposit and administration fee for the new Waterbeach accommodation, which is a requirement of our lease with the landowners. We have offered staff the opportunity to have a salary advance to cover the cost of the deposit. The advance is repayable monthly via salary deduction over a maximum period of six months. An administration fee of £50 is also payable by all staff. As with the deposit scheme, the Trust has decided to provide a £50 payment via salary to all staff who are required to relocate to Waterbeach

People, Management & Culture

Spotlight on: Band 5 Nurse Supply and Demand Projections



- The nurse recruitment plan has resulted in a steady reduction in nurse vacancy rates over the last thirteen months. We continue to pursue a mixed approach of proactive recruitment in the UK and overseas recruitment campaigns.
- The modelling of supply and demand for Band 5 nurses detailed in the chart above projects that we will achieve a 5% vacancy rate inclusive of Pre-Registration Practitioners (PRPs) in September 18 and 5% exclusive of PRP staff by February 2019. There are many factors that could affect these projections the most significant being the length of time it takes PRP staff to successfully complete the qualifications they need to gain registration. We have built in assumptions about the length of time it takes for them to gain registration and that there will be turnover of staff who fail to gain the necessary qualifications or who do not settle in the Trust. We continuously review the way that we support these staff in order to improve their chances of success. In August we had 60 PRP staff and we are reviewing our future pipeline to ensure that we align the numbers of PRP staff predicted to gain registration per month with the number that we start in order to ensure that we can effectively support staff when they commence.
- The July OET course (for our June and July EU nurses) has received positive feedback from the nurses. This comprised a combination of classroom, 1:1 and e-learning, with the e-learning module remaining open until the nurses pass their OET to provide on-going support. This approach will be repeated for our August and September EU nurses. Examination success will be monitored to enable a review of this new approach. The review process continues for all EU and overseas nurses who have failed an OET/IELTS/OSCE examination. Follow up letters have been sent clearly setting out the expectations of the Trust within a fixed period of time. The programme for support staff undertaking the OSCE is proving very successful with 7 staff passing in September, this includes 4 staff who joined the Trust in July from India.
- We have approximately 28 newly qualified UK nurses starting in September and October. We have a further cohort of the nurses recruited from India for Critical Care starting in October. We will not be starting any EU nurses in October in order to ensure that we can appropriately support the large cohort of newly qualified nurses starting.
- We continue to participate in recruitment events at Universities across the country and will resume recruitment events on the Biomedical Campus in October. The new website launch in October will be supported by a proactive social media campaign to promote the Trust as an employer of choice.



Performance summary

Accountable Executive: Chief Operating Officer / Director of Finance

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

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

Summary of Performance and Key Messages:

Operational Readiness: Planning continues to roll out the new Meeting Room booking system to the current site ahead of the move to NPH. Medical Records scanning project progressing but delayed slightly due to the volume of transplant notes requiring scanning – expected completion 14th September 2018. Relocations leads workshops are being re-launched this month and will use lessons learned from the move to Royal Papworth House to inform the next stage of planning.

NPH Design, Construction & Enabling Works: Remedial works required by Skanska following rejection by the Trust of a requested derogation for external cladding insulation materials are progressing. A detailed construction programme has been received and reviewed, with works completing targeted for prior to Christmas. The Trust has utilised this programme plus advice from its technical adviser to establish a revised move date, commencing immediately after Easter 2019. Work is now underway to re-set the Master Commissioning Programme based upon such dates. Design and Construction and by result the overall project have therefore moved to a red amber status. A number of building issues are logged for resolution. 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. Equipping progress is now targeted towards delivery and installation during the early months of the new year, in a defined contingency period between construction end and commencement of operational commissioning.

CTP: Pathology strategy and business continuity paper developed and approved by PMG. Also separate contract award paper to Performance Committee this month on award for off site Histopathology processing provider. Discussions recommenced with University of Cambridge for lease for Tissue Bank services now that revised NPH 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 have also recommenced. Cardiology and Respiratory joint pathway work on potential support for this winter and on NPH opening are progressing.

Service Improvement (SIP/CIP):

The service improvement programme is Amber

The outstanding CIP gap carried forward to this month is £460k which has reduced from last months total of £666k. As a result of some very detailed activities and the progress meetings a pipeline of schemes has been identified that equate to £363k which will be presented at the next ED meeting in September. If this is validated and approved potentially we have £100k left to find although certain departments will not have achieved their CIP.

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 £622k, 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.

2019/20 CIP planning will be commencing September with those directorates that have achieved this years cip target plan, digital is planned to be the first area.

Work continues on closing the gap and a number of schemes have been worked up and will be presented at ED's on the 18th September.

Lorenzo Benefits : Next submission due 1st November

New Papworth Hospital benefits : No further activity has take place this month

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 £460k 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. This now forms part of a wider pathology strategy paper and contract award is progressing through approval processes this month. If this is approved this risk can be closed by the end of the month.

NPH Construction/Operational Readiness:

1. Revised construction programme received and reviewed from which a revised move date has been determined and work commenced to re-set and the Master Commissioning Programme
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 complete. Recruitment to new posts has commenced following conclusion of Gateway 2 and agreement of workforce models.
3. NPH familiarisation training plan developed with re-launch of bookings imminent following determination 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 now scheduled for October 2018.

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:

PROGRESS REPORT - Confidence Assessments

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

Summary of Performance and Key Messages:

Overall project confidence delivery is at red /amber this month reflecting the agreement of a revised move date following receipt and review of a detailed construction programme. Work is underway on a re-set of the Master Commissioning Programme, the completion of which will enable the project to move to amber status.

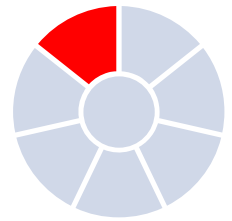
RAG	Criteria Description
Green	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly
Yellow	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery
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	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
Dark 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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Dashboard KPIs	Year to date EBITDA surplus/(deficit)	4	-£1,748k	£(2,470)k	£(271)k	£(25)k	£(87)k	£(55)k	£26k
	Year to date surplus/(deficit) £000s	4	£(3,023)k	£(53,102)k	£(1,183)k	£(509)k	£(1,454)k	£(2,157)k	£(2,985)k
	Cash Position at month end £000s	4	£20,709k	£50,224k	£48,883k	£43,097k	£41,411k	£35,523k	£36,983k
	Use of resources rating	5	3	4	3	3	3	3	3
	Capital Expenditure YTD £000s	4	£35,724k pa	£12,952k	£3,435k	£6,727k	£7,437k	£8,649k	£10,844k
	In month Clinical Income £000s	4	£2847.917k (current month)	£12,248k	£12,067k	£12,160k	£12,173k	£12,159k	£12,090k
	CIP – Identified - YTD £000s	4	£3,007k	£3,021k	£545k	£1,032k	£1,343k	£1,725k	£2,290k
	CIP – FY Target £000s	4	£6,023k pa	£3,446k	£8,309k	£8,851k	£8,851k	£8,855k	£9,061k
	Agency spend as % of salary bill	4	2.89%	4.71%	3.54%	4.88%	4.20%	4.80%	4.96%
Additional KPIs	Debtors > 90 days overdue	4	10%	22.8%	24.1%	32.0%	49.4%	58.2%	46.1%

Summary of Performance and Key Messages:

The Trust's year to date position is a deficit of £2.99m, favourable to the refreshed plan by £0.01m.

Total clinical income is below plan by £1.72m, this continues the adverse variance with the Trust experiencing lower than planned NHS activity of 939 (8.8%) inpatient /day cases equating to an adverse £1.50m position. This position is offset by the increased complexity in case mix of £0.91m. A combination of other items totalling adverse £0.07m gives a net underlying clinical income position which is behind plan by £0.66m. In addition, the Trust has reduced high cost drugs and devices income of £1.06m, however, these are procured on a pass through basis and therefore offsets lower expenditure (full detail is shown in section 5.0). Other operating income is £0.28m favourable due to successful challenges on 17/18 PbR income.

Pay is £0.39m favourable to plan with temporary staffing costs replacing substantive savings from vacancies, however, this reflects only a 1.9% reduction compared to the 8.8% reduction in income.

Non pay is £1.15m favourable to plan, comprising favourable clinical supplies due to the lower activity (£1.73m), underspends due to timing on the NPH transition programme (£0.96m) and lower depreciation charges (£0.23m) following delayed capitalisation of assets. Offset by commissioner fines (£0.59m), unachieved non-pay CIP (£0.34m) and timing of expenditure related to existing site continuation (£0.58m).

Actual year to date CIP achievement of £2.29m is £0.72m adverse to plan of £3.01m, due to £0.26m planning gap and an operational delivery gap of £0.46m from overspends in Pay compared to the Gateway 2 rosters, these are partially offset by non-recurrent underspends not reported as CIP.

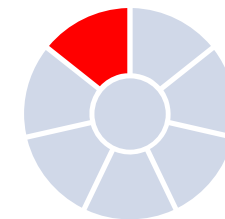
Capital expenditure year to date is £10.84m which is underspent by £10.73m due to delays in timing of the new hospital equipment purchases as the refreshed plan anticipated significant expenditure in August which has been delayed awaiting the finalisation of the master commissioning programme.

The cash balance of £36.98m is favourable to the refreshed plan by £16.27m, predominantly due to the timing of the NPH capital equipping programme and working capital improvements to plan.

In month the Trust has reported a deficit of £0.82m, which is £0.02m behind the planned refreshed plan deficit of £0.80m. Lower clinical income has been offset by reduced operational costs and lower depreciation.

The underlying run rate is deficit of £1.25m in month and £3.91m year to date, when adjusted for costs of transition and the associated funding, fines, bad debt provision movements and R&R project costs.

Key performance challenges



August 2018 risk score changes: There has been no changes to the risk scores in month.

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 2018/19 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:** a 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 further CIP schemes, which reduced the CIP planning gap.
- **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.
- **Master development and control plan:** a decrease in the risk has resulted from the progression of an increased offer from a third party for the existing site, resulting in a new risk score of 10 (previously 20). The Trust is continuing negotiations to ensure best value for money is achieved.
- **Whole Hospital Equipping Plan:** a decrease in the risk has resulted following the completion of the bill of quantities and the alignment to the revised hospital move date, together with the bringing forward of certain equipment to the current site.

Financial Strategic Risks				Risk appetite	FSRA Aug 18	FSRA Sep 19
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	10	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	12	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 reported a deficit of £0.821m in month, which was adverse by £0.02m to the refreshed plan deficit of £0.805m.



Total Income - Clinical income in the month of £12.47m was behind the plan of £12.86m. Underlying clinical income is behind plan by £0.21m, due to: Lower inpatient /day case activity totaling £0.39m, in RSSC, Thoracic medicine, Cardiac surgery and Transplant offset by increased Thoracic surgery, PTE and Private patients activity; Cystic fibrosis year of care and ITU / transplant variances of £0.09m; offset by: Increased complexity in case mix of £0.18m;



In addition, an adverse variance of £0.18m 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 £0.39m.

Non-clinical Income is ahead of plan this month by £0.12m, predominately due to an increase in pass through Hosted costs.

Pay costs - Total pay costs were favourable in the month against the refreshed plan, by £0.16m. There is an underlying favourable substantive pay position due to the number of vacancies (239 WTEs) that exist across the Trust, offset by the continued high levels of temporary staffing expenditure within the Operational Directorates.



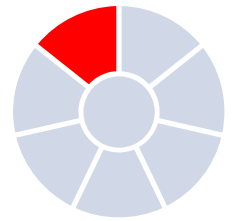
Of this variance £0.06m relates to hosted pay costs which are higher than plan, however these are offset by higher levels of other income.

Non-pay costs – Total non-pay costs in the month were below plan, by £0.1m. The underlying position is £0.24m 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.



Underlying run-rate – This depicts the actual costs by month adjusted for non-recurrent items. This shows an underlying run rate deficit of £1.25m in month and £3.91m year to date, when adjusted for costs of transition and the associated funding, fines, bad debt provision movements and R&R project costs.

Spotlight on Cost Improvement Programme



August 2018 Cost Improvement Programme (CIP) Performance:

The 2018/19 operational plan 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. Since the start of the year an additional £752k CIP has been identified as set out in the table below leaving a remaining unidentified gap of £460k.

2018/19 TOTAL CIP TARGET		£9,521k
Full year effect of 2017/18 schemes:	Pathology Office Reconfiguration	£12k
	Finance Directorate Budget Review	£1,458k
2018/19 CIP schemes:	Redundancy payment review (non-recurrent)	£2,101k
	Gateway 2 identified	£4,738k
Total CIP in 2018/19 operational plan		£8,309k
2018/19 CIP new schemes	Procurement Work Plan – Expenditure Reduction	£500k
	Pension cost reduction scheme	£46k
	Transplant donor transport	£41k
	Transplant drug expenditure	£56k
	Switch branded to generic – Tiotropium	£5k
	Dressing supplier change (cath labs)	£1k
	Reduce damage - pacing boxes	£24k
	Reduce agency	£58k
	Digital budget reduction	£21k
Total CIP 2018/19 new schemes		£752k
Total CIP identified		£9,061k
CIP balance (planning variance)		£460k

Of the £9,061k identified projects the operational CIP variance is adverse to plan by £462k at the end of August 2018. The actual year to date achievement was £2,290k to August 2018 against the identified plan of £2,751k. The total variance against the CIP target including the unidentified CIP to end of August is adverse by £718k against the plan of £3,007k. At the time of writing, an additional £363k has progressed in the pipeline to Gateway 2 which will go part way to offsetting the planning variance of £460k, leaving a remaining gap of £97k.

Key CIP Project Year to Date progress:

The adverse CIP operational variance to M05 of £462k 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 £318k adverse;
- Cardiology £142k adverse;
- Thoracic £52k adverse;
- Surgery £11k adverse.

This is partially mitigated by a favourable variance on the Procurement CIP plan of £71k and non recurrent favourable pay variances in other directorates to August of £725k (however, the Trust is not recording this non recurrent underspend as CIP).

CIP Summary – August 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	4,865	4,865	0	1,053	520	(533)	1,053	520	(533)	0	0
CIP- Non Pay	4,595	4,135	(460)	1,929	1,744	(185)	1,673	1,744	71	0	(460)
CIP- Drugs	61	61	0	25	25	0	25	25	0	0	0
CIP - Total	9,521	9,061	(460)	3,007	2,290	(718)	2,751	2,290	(462)	0	(460)

2018/19 CIP actual vs Target

