

Papworth Integrated Performance Report (PIPR) September 2018

October 2018



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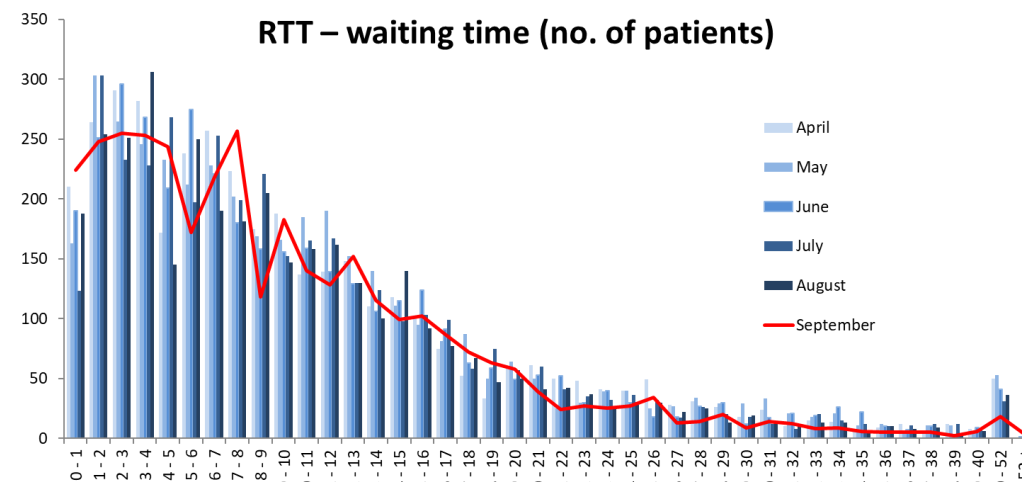
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Context:

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	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Trend
Cardiac Surgery	203	186	210	229	206	163	
Cardiology	727	781	768	788	766	714	
ECMO	6	2	5	3	5	3	
PTE operations	16	16	17	16	17	15	
RSSC	516	568	571	539	504	507	
Thoracic Medicine	388	388	358	375	383	333	
Thoracic surgery (exc PTE)	55	66	60	84	65	52	
Transplant/VAD	41	54	57	45	53	43	
Total Inpatients	1,952	2,061	2,046	2,079	1,999	1,830	
Outpatient Attendances	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Trend
Cardiac Surgery	288	290	336	312	357	322	
Cardiology	3,449	3,359	3,521	3,993	3,247	3,626	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	2,071	1,946	2,115	1,807	1,561	1,881	
Thoracic Medicine	1,790	2,100	1,717	1,778	1,791	1,697	
Thoracic surgery (exc PTE)	90	133	100	99	97	116	
Transplant/VAD	340	357	325	371	358	310	
Total Outpatients	8,028	8,185	8,114	8,360	7,411	7,952	

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

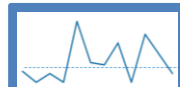
Each category within the Balanced scorecard is given an overall RAG rating based on the rating of the KPIs within the category that appear on the balance scorecard (page 4).

- **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

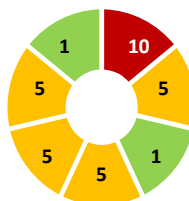
Overall Report Scoring

- **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

Caring – The Caring domain remains green in September. The Friends and Family Test score for both inpatients and outpatients remains very positive at 98%.

Responsive – 1) RTT - The Trust’s RTT position regarding breach reductions continues to improve with the actions and booking focus that are in place. The waiting list size has reduced in line with the national guidance. 2) Theatre cancellations - There were 37 theatre cancellations in month 6, the lowest number in 2018/19. Theatre utilisation was high at 92.04%.

People Management & Culture - 1) Non Medical WTE - We were a net gainer in the non-medical workforce by 24.6 WTE. 2) (including Pre-registered) decreased to 4.6% (29.9 wte). We have a large cohort of PRP staff (64 wte) who are working towards gaining registration.

Finance - The Trust’s year to date position is favourable to the refreshed plan by £0.01m with a deficit of £3.94m.

Adverse performance

Safe – 1) Safer Staffing - both day and night rate are showing an improved position in September when compared to August but remain above target. 2) Serious Incidents - There have been two reported during the month of Sep 2018. Patient one was a grade 4 pressure ulcer on a very sick patient in Critical Care (this remains under investigation; early indications are that there were no lapses in care); Patient two was a PPCI patient who wasn’t initially accepted onto the pathway, and sadly later died, this is currently being investigated as part of the SI process.

Caring – Complaints - During September, there has been an increase in formal complaints, showing this indicator above threshold. Overall (over the 12 month period) the number of complaints received remains green and below the threshold.

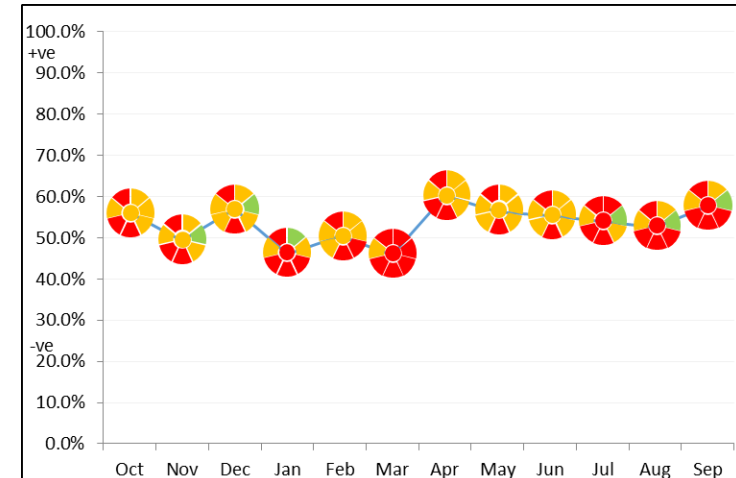
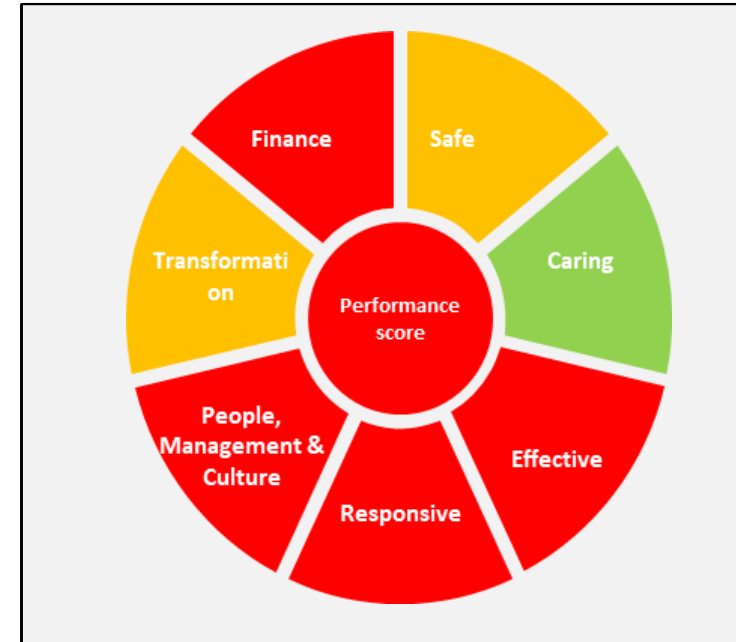
Effective – 1) Bed occupancy - For the 5th month in succession safer staffing for day and night has fallen below the 90-100% target and is red. Wards beds, as part of the mitigation to ensure patient safety have been temporarily paused. 2) Admitted patient care is below target but this is partially due to undertaking longer more complex cases, e.g. ablation.

Responsive – Cancer waits - The August 62 Day performance was finalised at 71.4 % with the new 38 day rules. This would have been 100% under the old rules, and was due to the allocation of 1 patient to the Trust. September has seen smaller numbers of patients, the current prediction is 100% for 62 day and 31 day.

People Management & Culture – 1) Turnover increased to 23.0%. Nursing turnover increased to 27.9% from 13.9% in Aug. There were 14.6 wte nurse leavers in Sep. 2) The Trust vacancy rate increased to 13.3%. This is as a result of a further increase in budgeted establishment in September. 3) Total IPR compliance decreased to 85.3%. and medical to 88.7%. We are working on recovering the non-medical position by working with managers to identify forward plans for booking IPRs and by focusing on teams with the lowest compliance rates.

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 broadly to programme. A design detail to the internal insulation required further development which caused some on-site delay but longer-hour and weekend working is on a trajectory to recovery. External cladding remedial works are broadly complete save for replacement of panels broken during the works, which are on order for replacement. At present, therefore, completion prior to Christmas 2018 remains the target. The Master Commissioning Programme has been updated on that basis and Design and Construction and by result the overall project have progressed to 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	Sep-18	4	97%	97.83%	98.39%			Caring	FFT score- Inpatients	Sep-18	4	95%	98.00%	97.00%		
	Never Events	Sep-18	3	0	0	0				FFT score - Outpatients	Sep-18	2	95%	98.00%	98.50%		
	Moderate harm incidents and above as % of total PSIs reported	Sep-18	3	4%	1.40%	1.30%				No of complaints (12 month moving average)	Sep-18	4	5	4.10			
	Safer staffing – registered staff day (night)	Sep-18	3	90-100%	83.8% (87.8%)	83.05% (87.38%)				% of complaints responded to within agreed timescale	Sep-18	4	100%	100.00%	100.00%		
	Number of C.Diff cases (sanctioned)	Sep-18	5		0	2				Voluntary Turnover %	Sep-18	3	15%	23.02%	21.61%		
Effective	Bed Occupancy (excluding CCA)	Sep-18	4	85%	73.39%	76.61%			Vacancy rate as % of budget	Sep-18	4	6%	13.34%				
	CCA bed occupancy	Sep-18	3	85%	92.39%	89.99%			% of staff with a current IPR	Sep-18	3	90%	85.25%				
	Admitted Patient Care (elective and non-elective)	Sep-18	4	13290	1830	11967			% sickness absence	Sep-18	3	3.5%	3.37%	3.03%			
	Cardiac surgery mortality EuroSCORE	Sep-18	3	3%	1.91%	2.30%			Year to date EBITDA surplus/(deficit) £k	Sep-18	4	£(999)k	£(22)k				
	Theatre Utilisation	Sep-18	3	85%	92.0%	87.7%			Year to date surplus/(deficit) £k	Sep-18	4	£(4,784)k	£(3,939)k				
Responsive	% diagnostics waiting 6 weeks and over	Sep-18	tbc	99%	99.23%	99.44%			Cash Position at month end £k	Sep-18	4	£16,176k	£31,931k				
	18 weeks RTT	Sep-18	3	92%	87.31%	87.31%			Use of Resources rating (UOR)	Sep-18	5	4	3	3			
	62 days cancer waits	Sep-18	3	85%	100.00%	90.48%			Capital Expenditure YTD £k	Sep-18	4	£23,019k	£12,289k				
	31 days cancer waits	Sep-18	3	96%	100.00%	100.00%			In month Clinical Income £k	Sep-18	4	£12,208	£12,615k	£73,264k			
	Theatre cancellations in month	Sep-18	3	30	37	292			CIP – Identified £000s	Sep-18	4	£3,952k	£3,019k	£3,019k			
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	Sep-18	3	95%	41.66%	25.63%			CIP – FY Target £000s	Sep-18	4	£9,522k	£9,143k	£9,143k			
									Transformation	Agency spend as % of salary bill	Sep-18	4	3%	4.71%	4.52%		
										ORAC programme delivery on track	Sep-18	4					→
										SIP – project delivery	Sep-18	4					→
									Digital programme delivery on track	Sep-18	3					→	

* Note - The Safe metric "Number of serious incidents reported to commissioners in month" has been changed from a Dashboard KPI to an Additional KPI from September 18. Further metric domain changes may result from additional Q&R work in Q3 18/19.

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%	87.31%		83.82%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	100.00%	100.00%	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%	100.00%	90.48%	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%	93.87%		94.33%		Clinical Governance are review ing data quality regards this metric w ith Lorenzo
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)

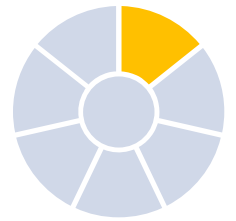
PIPR Category	Title	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Apr-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Status since last month
Safe	Failure to stay within ceiling trajectories for all HCAI's	JR	6	Yes	8	8	8	8	8	8	↔
Safe	Ageing Estate	RC	6	Yes	16	16	20	20	20	20	↔
Safe	Safer staffing and Monitor's 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	12	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	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	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	12	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	16	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	15	15	15	15	15	15	↔
People Manag. & Cult.	Low levels of Staff Engagement	OM	9	In progress	-	-	-	16	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	20	20	20	20	↔
Finance	Current Trading Expenditure	RC	10	Yes	25	25	20	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	↔

Performance summary

Accountable Executive: Chief Nurse

Report Author: Deputy Chief Nurse / Assistant Director of Quality and Risk

6 month performance trends



	Data Quality	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	
Dashboard KPIs	Safety Thermometer harm free care	4	>97%	100.00%	98.33%	98.34%	98.80%	97.04%	97.83%
	Never Events	3	0	0	0	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	3	<4%	1.60%	0.00%	1.50%	2.30%	1.00%	1.40%
	Safer staffing – registered staff day	3	90-100%	85.2%	84.5%	82.8%	81.5%	80.5%	83.8%
	Safer staffing – registered staff night	3	90-100%	91.2%	83.3%	89.3%	91.0%	81.7%	87.8%
	Number of C.Diff cases (sanctioned) year to date	4	5 in year	1	1	0	0	0	0
Additional KPIs	Number of Papworth acquired Pressure Ulcers (grade 2 and above)	4	<4	3	1	4	3	5	2
	Falls per 1000 bed days	3	<2.2	1.6	3	2.8	0.7	2.4	1.6
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	3	0	2	0	0	3	0	2
	Registered nurse vacancies (WTE)*	2	5.00%	63.84	52.19	47.07	54.55	43.25	29.92
	Registered nurse vacancies (% total establishment)	2	5.00%	9.55%	8.23%	8.20%	8.13%	6.51%	4.56%
	HCSW vacancies (WTE) *	3	10.00%	49.21	45.52	53.77	43.47	38.51	54.14
	HCSW vacancies (% total establishment) *	3	10.00%	24.46%	22.63%	21.65%	22.31%	19.76%	25.66%
	E coli bacteraemia	3	Monitor only	1	0	1	0	1	2
	Klebsiella bacteraemia	3	Monitor only	1	0	0	1	1	1
	Pseudomonas bacteraemia	3	Monitor only	0	2	0	0	0	1
	High impact interventions	3	Monitor only	99.4%	99.6%	97.0%	98.9%	99.3%	98.0%
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	6	0	3	4	2	3

Summary of Performance and Key Messages:

SI's: There have been two reported during the month of Sep 2018. Patient one was a grade 4 pressure ulcer on a very sick patient in Critical Care (this remains under investigation; early indications are that there were no lapses in care); Patient two was a PPCI patient who wasn't initially accepted onto the pathway, and sadly later died, this is currently being investigated as part of the SI process.

Safe Staffing: both day and night rate are showing an improved position in September when compared to August. These results reflect fill rate on the ward template and therefore with a lower bed occupancy in some areas, this has enabled good Care Hours Per Patient Day (CHPPD) levels; and where required has also enabled safe movement of staff to ensure a good registered nurse to patient ratio.

The first meeting of the new Safe Staffing Meeting occurred on the 4th October 2018. This meeting brings together clinical, education and workforce in the same meeting to focus on safe staffing in line with National Quality Board and CQC best practice recommendations. The meeting is Chaired by the Deputy Chief Nurse. The first meeting was very well attended and Terms of Reference have been circulated for comments and input.

C.Diff: there were two cases in September. One case was pre three days, so therefore no additional action was required and one case was non-trajectory as there were no lapses of care identified at scrutiny panel. Number of C.Diff cases year to date therefore remains at two.

Vacancies: registered nurse vacancies have seen a further monthly improvement. The HCSW vacancies position shows increased vacancies for Sep 2018, however operationally the overseas nurses who are not yet registered are working within the clinical teams thus mitigating the HCSW vacancies. The RN and HCSW vacancy data differs slightly from other vacancy data linked to the way the overseas/EU pre-reg. (awaiting PIN) nurses are recorded in workforce data and further detail is available if required.

Note - The Safe metric "Number of serious incidents reported to commissioners in month" has been changed from a Dashboard KPI to an Additional KPI from Sep 18. The Safe domain overall RAG rating has not been retrospectively adjusted for this change. Further metric domain changes may result from additional Q&R work in Q3 18/19.

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



Key performance challenges

Escalated performance challenges

2 serious incidents reported in Month:

- Patient one was a grade 4 pressure ulcer on a very sick patient in Critical Care (this remains under investigation; early indications are that there were no lapses in care).
- Patient two was a PPCI patient who wasn't initially accepted onto the pathway, and sadly later died, this is currently being investigated as part of the SI process.

Safe staffing:

Registered Nurse fill rate (day & night) continues to be under the desired 90% threshold.

There continues to be a number of Registered Nurse and HCSW vacancies in the organisation.

Key risks

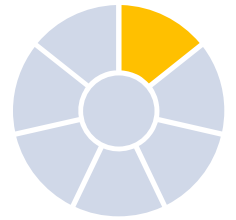
- Possible failings in care.
- Possible reputational damage to the Trust.
- Possible negative impact on staff morale and confidence.

- Possible impact in patient and public experience or patient safety.
- Possible negative impact in recruitment and retention of nursing staff.
- Possible reputational damage to the Trust.

Key Actions

- Full RCA in progress.
- Full Duty of Candour undertaken.
- Continued review of SIs at QRMG, and Q+R. In addition to this, the new SIERP (Serious Incident Executive Review Panel) commenced on 02.10.2018 and meets weekly.
- Ensure shared learning across the Trust.

- Minimum daily monitoring of RN to patient ratio commenced Sep 2018. This information is captured at the morning bed meeting (and repeated later if necessary).
- Continued monitoring of nurse sensitive indicators.
- Continued benchmarking against other safe staffing measures such as CHPPD and RN to patient ratio.
- Weekly recruitment and retention meetings continue.
- Recruitment and retention activity continues (NHS jobs; recruitment events; working with Universities; Return to Practice; recruitment of student nurses – as examples)
- New Safe Staffing meeting started 4th October 2018. This meeting brings together clinical, education and workforce in the same meeting and will meet monthly.
- Detailed monitoring and support of overseas/EU nurses that have been recruited into the Trust and their progress to obtaining their NMC PIN for registration.
- Weekly forward view continues.



The Serious Incident Executive Review Panel had its first meeting on 02/10/2018. To ensure better use of SI and moderate harm intelligence, an easy to understand visual dashboard is currently being developed to display SI types and trends from Datix. This will be presented monthly to ensure the organisation has an overview of potential themes and trends from serious incidents.

An example of what this dashboard will consist of is presented on the right.

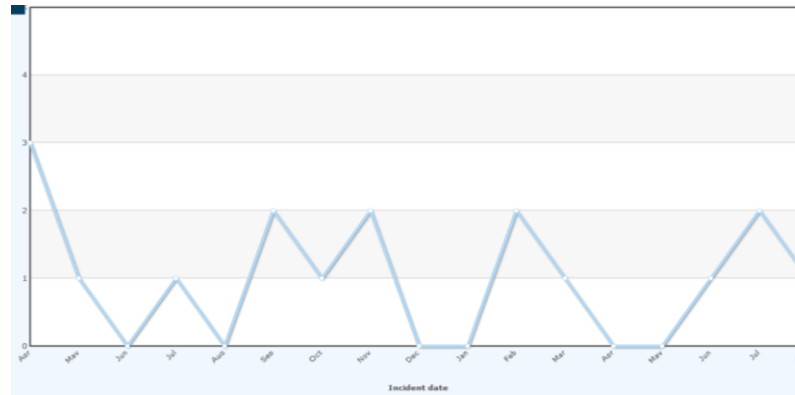
Future developments:

- Display and theme SI contributory factors
- Repeat the same dashboard for moderate harm incidents
- Datix IQ model – the dashboard relies on a manual input, a business case for the Trust to purchase a newer version of Datix which can enhance the display and business analysis of the data for each Directorate and the Trust

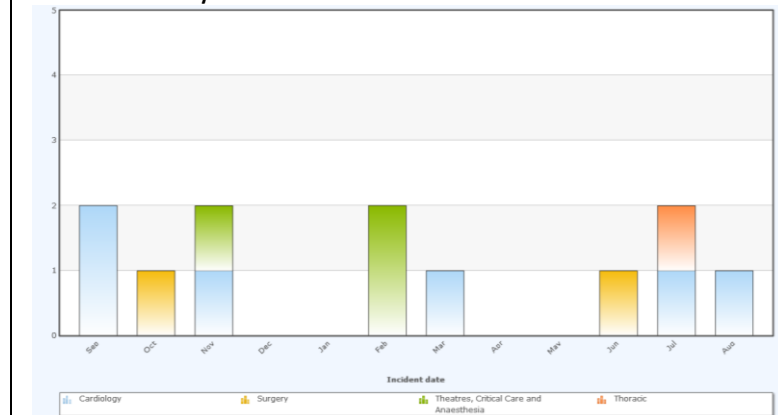
Patient Safety Report for SIERP
2nd October 2018 (Data source: Datix 27/09/2018)

Serious Incidents

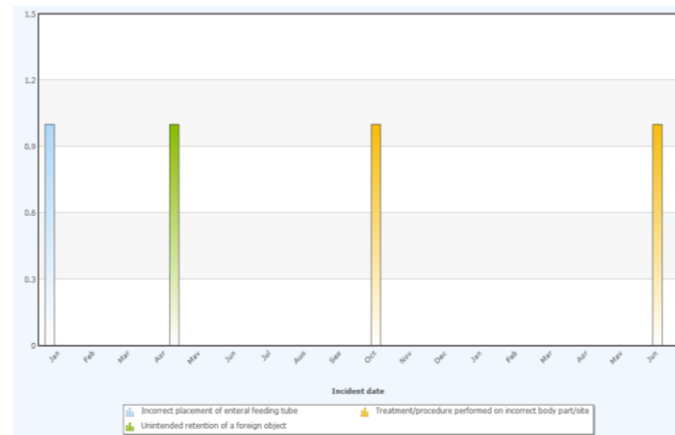
All serious Incidents 1.4.2017 to 14.9.2018



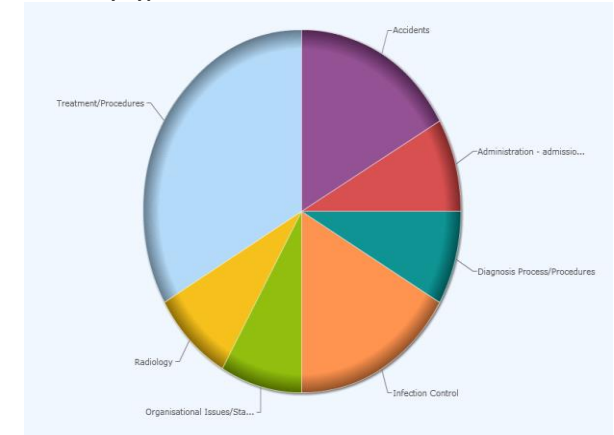
Serious Incidents by Directorate 1.9.2017 to 14.9.2018



All Never Events 1.4.2015 to 14.9.2018



Serious Incidents by Type 1.9.2017 to 14.9.18



Performance summary



Accountable Executive: Chief Nurse
6 month performance trends

Report Author: Deputy Chief Nurse / Assistant Director of Quality and Risk

	Data Quality	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	
Dashboard KPIs	FFT score- Inpatients	4	95%	97.0%	96.0%	97.0%	97.0%	97.0%	98.0%
	FFT score - Outpatients	2	95%	99.0%	99.0%	99.0%	98.0%	98.0%	98.0%
	Number of complaints (12 month moving average)	4	5 and below	5.9	6.0	5.8	5.0	4.8	4.1
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	100%	100%	100%
Additional KPIs	Number of complaints upheld	4	3 (60% of complaints received)	1	3	2	1	3	3
	Direct Care Time - Activity follows completed in quarter	3	100%	-	-	100.0%	-	-	100.0%
	Direct care time	3	40%	-	-	39.2%	-	-	36.7%
	Direct Care Time - Number of wards > 40%	3	100%	-	-	50%	-	-	25%
	Number of complaints	4	5 and below	3	4	4	2	5	6
	Number of recorded compliments	4	10	101	147	69	434	885	767

Summary of Performance and Key Messages:

Friends and Family Test: the FFT score for both inpatients and outpatients remains very positive. For inpatients, there has been a further improvement in participation rates (45% for Sep, compared to 39% in Aug). For outpatients, participation has fallen slightly from 7% in Aug to 5% in Sep. There continues to be a focus on improving the participation rates.

For inpatients the highest participation rate was Hugh Fleming Ward with 75% (121 surveys returned from 162 patients discharged – with a recommendation rate of 98%). For outpatients, the highest participation rate was cardiac outpatients with 5.5% (224 surveys returned from 4070 patients discharged – with a recommendation rate of 97%). Of note, Cardiac Day Ward had a large number of returns at 212 (from 313 patients discharged) which is a participation rate of 68% and a 100% recommendation rate.

Complaints: During September, there has been an increase in formal complaints, showing this indicator above threshold. Overall (over the 12 month period) the number of complaints received remains green and below the threshold. Of the six complaints in September, progress of their investigations is as follows: x1 partially upheld (no further action); x1 upheld (with 3 actions); x1 upheld (with 4 actions); x1 not upheld; x2 are still under review.

Direct Care Time has reduced this quarter. 100% of areas have completed the activity follows, however fewer areas have direct care time over 40%. Three out of eight of the areas have increased their direct care time and one remains the same. A breakdown is shown on the next slide, with arrows to indicate changes from the last quarter. There is joint work in progress with nursing and operations to help release more time for direct care.

Key performance challenges



Escalated performance challenges:

Increase of Formal complaints above threshold – 6.
Of note, each complaint was in a different Service Area.

Service Area	Details of Complaint
Ambulatory care	Communication / Information about pathway
Thoracic Oncology	Clarification about patient pathway
Cardiology	Communication re care and discharge
Thoracic Surgery	Delay in operation date
Transplant	Dissatisfied with care and treatment
CF ward	Dissatisfied with Food Provision

Direct Care Time This table shows the activity follow data for this reporting quarter. While there are less areas reporting over 40% direct care time, three out of eight of the areas have increased their direct care time and one remains the same. The arrows indicate an increase (^) or decrease (v) since the last report. Please note, staff have recorded Lorenzo work under 'Admin' columns. Student Supervision is accounted for in 'Other' column.

Key risks:

Poor Patient Experience.
Risk to damage of Organisations reputation.

Reduced Direct Care Time, may result in poorer outcomes and experience for patients and increased demand on the current nursing workforce.

Key Actions:

Individual investigation and response being prepared.

Complaints shared at Business Unit and Directorate meetings and Trust wide through the Q&R reports.

Continued monitoring of further complaints and patient and public feedback.

Continue to monitor nurse sensitive indicators including patient safety data and workforce data.

Continue to monitor patient and public experience, including complaints and accolades.

Continue joint working with nursing and operations with the aim to help release more time for direct care.

Activity Follow Data Quarter 2 2018

Wards	Motion	Admin	Handover	Med. Manag.	Discussion	P.Hygiene	Pt Flow	Other	Direct Care Time
Hemingford	3.5% v	18.7% ^	6.7% ^	7.3% ^	16% ^	2.1% v	8.5% ^	11.5% ^	25.7% v
Mallard	20.2% ^	13.3% ^	9.4% v	3.8% v	9% ^	3.3% =	0 v	10% v	31% v
Hugh Fleming	2.9% v	16% ^	6.9% v	2.5% v	15% ^	1.9% ^	12.1% ^	9.4% ^	33% ^
VARRIER JONES	7.7% v	16.7% ^	6.9% =	1.7% ^	15.2% ^	3.3% v	3% ^	11.3% v	34% v
CDW	7.3% ^	5.6% v	0 v	2.1% ^	12.1% ^	4.4% ^	8.1% ^	9.4% ^	51% ^
RSSC	3.2% v	18.2% v	2.6% ^	10.4% ^	1.1% v	3.4% ^	8.2% v	1.3% v	51.6% ^
CMU	7.3% ^	13.5% v	3.1% ^	11.3% ^	0.4% v	1.0% v	1.7% v	11.0% ^	34% v
CF Unit	8.5% ^	10.8% ^	6% v	14% v	11% ^	3.3% ^	4.6% v	8.8% v	33% =

Spotlight on: National Cancer Patient Experience Survey 2017 Results (published Sep 2018)



The National Cancer Patient Experience Survey 2017 is the seventh iteration of the survey first undertaken in 2010. It has been designed to monitor national progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

The survey was overseen by a national Cancer Patient Experience Advisory Group. This Advisory Group set the principles and objectives of the survey programme and guided questionnaire development. The survey was commissioned and managed by NHS England. The survey provider, Quality Health, is responsible for designing, running and analysing the survey.

Royal Papworth Hospital headline summary results

- **The average rating given by respondents when asked to rate their care on a scale of zero (very poor) to 10 (very good) = 9.1 (national average 8.8)**

The following questions are included in phase 1 of the Cancer Dashboard developed by Public Health England and NHS England (the questions were selected in discussion with the national Cancer Patient Experience Advisory Group):

- **81%** of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment (*national average 79%*)
- **92%** of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment (*national average 91%*)
- **93%** of respondents said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist (*national average 86%*)
- **94%** of respondents said that, overall, they were always treated with dignity and respect while they were in hospital (*national average 89%*)
- **97%** of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital (*national average 94%*)

Detailed results for these and other questions are set out in the full report available upon request. The RPH Nurse Consultant (Oncology) is working through the feedback and report in detail.

Some positive examples of patient feedback from the survey (a full report is available upon request):

"From the day I was diagnosed I felt all staff at Papworth Hospital were giving me a wonderful sense of care all the time. I particularly liked the way doctors, nurses and other staff always acknowledged me as they passed me in corridors or treatment."

"Papworth Hospital is a great hospital. My son-in-law, who was involved in health care all his working life, when he knew I was to be treated at Papworth Hospital, said [it's] one of the best hospitals in the world, you could not get better. I agreed."

"From diagnosis, to operation and treatment; ongoing outpatient attention and appointments. I can only praise every member of the Papworth Hospital for their professional care and attention, understanding and encouragement."

"All care received from Papworth couldn't be faulted, you felt like a person not just another problem."

The feedback is overwhelmingly positive. There is some negative feedback (some examples):

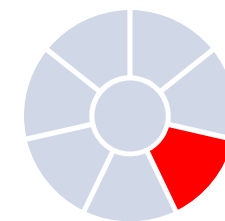
"Some appointments have been very late running. I had to wait a long morning and early afternoon before having surgery. I wasn't really informed where I was on the surgeons list."

"One concern which comes up during conversation with other patients in waiting areas is the delay to see the doctor, which can sometimes be between 1-2 hours."

Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Directors of Operations



6 month performance trends

	Data Quality	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	
Dashboard KPIs	Bed Occupancy (excluding CCA)	4	85%	81.8%	76.4%	77.6%	75.6%	74.9%	73.4%
	CCA bed occupancy	3	85%	89.5%	86.8%	90.5%	91.5%	89.2%	92.4%
	Admitted Patient Care (elective and non-elective)	4	2169 (current month)	1952	2061	2046	2079	1999	1830
	Cardiac surgery mortality EuroSCORE	3	<3%	2.70%	2.47%	2.38%	2.25%	2.09%	1.91%
	Theatre Utilisation	3	80%	87.12%	88.04%	87.00%	87.16%	85.12%	92.04%
Additional KPIs	Same Day Admissions – Cardiac (eligible)	4	40%	31.87%	25.36%	26.85%	17.70%	31.53%	27.48%
	Same Day Admissions – Thoracic (eligible)	4	40%	40.00%	51.11%	45.24%	46.43%	32.00%	36.59%
	Length of stay – Cardiac Elective – CABG (days)	3	8.22	7.73	8.82	7.50	7.75	7.69	8.82
	Length of stay – Cardiac Elective – valves (days)	3	9.65	8.84	10.52	9.86	9.97	8.98	9.06
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	4	90%	89%	90%	90%	88%	86%	88%
	Cath Lab Utilisation 6 (including 15 min Turn Around Times)	4	70%	75%	70%	60%	84%	68%	81%
	CCA length of stay (LOS) (hours) - Mean	3	Monitor only	98	105	104	92	108	97
	CCA LOS (hours) - median	3	Monitor only	40	36	43	27	43	38
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	4.75	5.21	4.67	4.46	4.94	4.69
	% Day cases	3	Monitor only	55.95%	55.58%	56.00%	53.57%	56.71%	54.59%

Bed occupancy

For the 5th month in succession safer staffing for day and night has fallen below the 90-100% target and is red. Wards beds, as part of the mitigation to ensure patient safety have been temporarily paused and this has adversely impacted on the percentage bed occupancy on the wards.

Bed occupancy is measured nationally at midnight and in keeping with our drive to increase day case activity in Cardiology we see many more patients being discharged in the evening. Bed occupancy measured at 6pm is 1.4% higher in M06 and an average of 1.6% greater for the year to date.

Admitted patient care

Admitted patient care is below target but this is partially due to undertaking longer more complex cases, eg, ablation. The consequence of holding ward beds put meant that Critical care had four occasions when there was a delay in discharging patients to the wards, a problem compounded by relays in repatriations to other Trusts due to system pressures.

CCA occupancy and Theatre utilisation

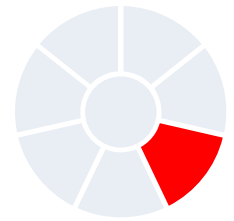
CCA occupancy was the highest % occupancy in 18/19. Admission numbers to CCA in September increased to 271, the highest for over 3 years. Linked to this theatre utilisation was also the highest YTD at 92.04% - there was a significant reduction in theatre cancellations.

Cath lab utilisation

An increase in cath lab 1-5 utilisation to 88% and 81% in Cath lab 6 was noted in month 6. However, 2.5 days of activity were lost due to equipment failures in cath lab 3 and 4 in month.

Length of stay

No significant change with length of stay or percentage of day cases was noted in month 6. Cardiology have seen an increase in their day case activity following their changes to the cath lab timetable.



Theatre Cancellations

- There were 37 theatre cancellations in month 6.

Cancellation code	Sep-18	Total
1a Patient DNA	0	1
1b Patient refused surgery	0	1
1c Patient unfit	10	25
1d Sub optimal work up	0	4
2a All CCA beds full with CCA patients	2	50
2b No ward bed available to accept transfer from CCA	5	40
2c Delay in repatriation of patient from CCA	2	6
2d No ward bed available	0	0
3a Critical Care	0	12
3b Theatre Staff	0	0
3c Consultant Surgeon	0	4
3d Consultant Anaesthetist	0	0
3e Other	1	1
4a Emergency took time	4	33
4b Transplant took time	4	27
4c ECMO/VAD took time	0	0
4d Additional urgent case added and took slot	3	26
4e Equipment/estate unavailable	1	9
5a Planned case overran	4	58
5b Additional urgent case added and took slot	0	0
5c Overruns delayed start	0	0
6a Scheduling issue	1	6
Total	37	303

Additional activity within theatres and CCA month 6

34 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.

7 additional elective cases were added to the list.

84 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.

The combination of these factors have resulted in higher utilisation of theatre and critical care occupancy.

Critical Care support to the wards

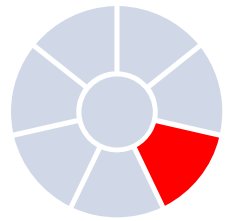
Critical care nurses continue to support the wards when possible- this equated to 516 hours in September, 3.17 WTE.

Cath Labs Cancellations

- 103 patients were cancelled in the cath lab in month 6

Cath Lab Cancellations: Lab 1-5 + Lab 6

Reason	Sep-18	Grand Total
Emergency took time	46	233
Medical reasons	19	90
Patient did not arrive in time	6	48
Previous case over ran	9	37
Equipment Failure	1	34
Patient DNA	5	27
Clerical error	2	25
Patient unfit for procedure	2	19
Procedure no longer required	0	14
Bed shortage	0	12
Cancelled by patient	1	9
Further tests	0	6
More urgent case	1	6
Infection control	4	5
Transport	1	5
Patient admitted as emergency	1	3
Procedure changed	0	2
Consultant unavailable	0	1
Appointment moved to fill slots	1	1
Procedure carried out at another hosp.	1	1
Various other reasons	3	28
Grand Total	103	606



The National Frailty Network

The Specialist Commissioning Team at NHS England have commissioned NHS Elect to support the development of six specialist frailty networks including one focusing on the TAVI pathway. Royal Papworth was one of five Trusts in the country invited to participate in the TAVI network. The objective of the TAVI Frailty network is to strengthen the clinical assessment of clinically frail patients with Aortic Valve Stenosis, reduce the number of inappropriate physician referrals for specialised commissioned interventions – including transcatheter aortic valve implantation (TAVI) procedures - and enhancing a shared decision making process with patients / family to ensure the most appropriate care package for those patients.

Site Visit

The Trust was the first to be visited by the Specialised Clinical Frailty Network in September 2018 and had very positive feedback from the network team on processes and tools already in place, such as the “All about me” booklet. Through a mapping process undertaken during the visit, the local team were supported in the development of a pathway map which has been used to identify points which could be strengthened to identify and enhance our care of frail patients. A quality Improvement project team has been convened to lead the improvement work locally supported by NHS Elect.

National Event

Members of the project team attended the Specialised Clinical Frailty Network Wave One First National Event on the 26th September. The aim of the event was to provide time for colleagues to network with other specialist providers and explore how we integrate frailty identification and management into specialised services, supporting shared decision making processes and leading to frail older patients accessing the most appropriate care. There was an opportunity to share experiences and quality improvement plans with other members of the TAVI group, Barts Health, Leeds, Southampton and Oxford as well as exploring measurement techniques which will be used to support the quality improvement projects.

Next steps

The local Project team is being lead by Dr Stephen Hoole, supported operationally by Carrie Skelton-Hough.

Key areas of focus are:

- Revision and extension of the use of the “All about me” booklet to include urgent referrals in addition to elective cardiac surgery patients.
- Frailty assessment to be undertaken by referring clinician and included for consideration in the MDT discussion.
- Review of communication materials and mechanisms to ensure that patients and their relatives feel central to decisions about their treatment and care.
- Recruitment of a consultant for hospital medicine. Their main aim will be to develop a robust service providing the general medical care of hospitalised patients with complex medical needs and frailty, and deliver optimal peri-procedure care to patients who are admitted for cardiothoracic surgical intervention, with the ultimate aim to improve clinical outcomes and patient care pathways, as well as reducing hospital length of stay

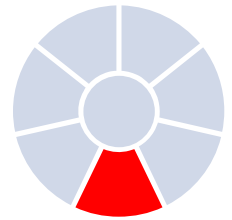
Responsive

Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Director of Operations

6 month performance trends



	Data Quality	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	tbc	>99%	99.59%	99.14%	99.55%	99.60%	99.50%	99.23%
	18 weeks RTT (combined)	3	92%	83.38%	83.62%	83.82%	84.52%	85.65%	87.31%
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul 18)*	3	85%	100.0%	100.0%	92.9%	78.6%	71.4%	100.0%
	31 days cancer waits *	3	96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Theatre cancellations in month	3	30	53	53	54	38	57	37
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	3	95%	28.94%	15.90%	16.66%	20.40%	30.23%	41.66%
Additional KPIs	18 weeks RTT (cardiology)	3	92%	79.24%	79.45%	78.98%	81.34%	82.97%	85.46%
	18 weeks RTT (Cardiac surgery)	3	92%	67.05%	67.16%	67.18%	67.10%	69.03%	69.14%
	18 weeks RTT (Respiratory)	3	92%	97.10%	96.64%	97.09%	96.10%	97.04%	97.35%
	62 days cancer waits post re-allocation (old rules)*	3	85%	100.0%	100.0%	92.9%	100.0%	85.7%	100.0%
	Number of patients on waiting list	3	3,717	3778	3859	3734	3731	3523	3514
	Acute Coronary Syndrome 3 day transfer %	3	90%	99.25%	100.00%	100.00%	100.00%	100.00%	100.00%
	Other urgent Cardiology transfer within 5 days %	3	90%	100.00%	100.00%	97.62%	100.00%	100.00%	100.00%
	% patients rebooked within 28 days of last minute cancellation	3	100%	100.00%	98.00%	100.00%	94.00%	100.00%	100.00%
	52 week RTT breaches	3	0	0	2	1	2	6	4
	Outpatient DNA rate	4	Monitor only	10.18%	9.40%	9.48%	10.31%	9.31%	9.50%

*Note - latest month of 62 day and 31 cancer wait metric is still being validated

Summary of Performance and Key Messages:

RTT

- The Trust's RTT position regarding breach reductions continues to improve with the actions and booking focus that are in place. The waiting list size has reduced in line with the national guidance.
- Respiratory continue to deliver above the 97% in month 6
- Both surgery and cardiology have shown improvements in breach reduction in line with the revised Trust trajectory.
- There were no known new 52 week breaches in September.

IHU

- A quality Improvement workshop was held to focus on the IHU pathway. Actions from this work should result in an improvement in waiting times for surgical patients.

Cardiology transfers

- Cardiology transfers remain within the target. There has been no impact on capacity following the successful launch of the Rapid NSTEMI pathway in September.

Cancer waits

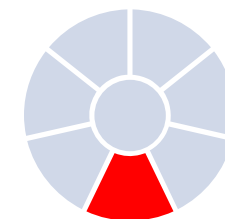
- The August 62 Day performance was finalised at 71.4 % with the new 38 day rules. This would have been 100% under the old rules, and was due to the allocation of 1 patient to the Trust.
- The 31 Day performance was finalised at 100%.
- September has seen smaller numbers of patients, the current prediction is 100% for 62 day and 31 day.
- The Q2 performance is predicted to be 79.2% post allocation (95.8% under old Rules.).

Theatre cancellations

- There were 37 theatre cancellations in month 6, the lowest number in 2018/19. Theatre utilisation was high at 92.04%.

Responsive

Key performance challenges



Escalated performance challenges:

RTT Performance and 52 week waits

RTT performance has improved for the third month in a row with sustained breach and waiting list reduction across Cardiology and Surgery. The Trust is currently delivering ahead of it's recovery trajectory but recovery continues to be managed through trice weekly meetings.

The Trust has had 52 week breaches 'pop on' to the waiting list. These pop-ons are patients who have had their pathway inappropriately closed due to a user error. Patients are therefore not appearing on the Trust PTL (Patient tracking list) which means their treatment is not planned.

On completion of the RCA however it is clear that opportunities have been missed to identify these patients as there is evidence that there has been contact made by the patient regarding their waiting times. This contact has been documented but it is evident that there hasn't been an appropriate check done which would have resulted in the error being identified.

Key risks

- Potential risk of clinical harm to the patient.
- Reputational risk to the Trust
- Financial risk to the Trust
- Inability to plan without full understanding of the required capacity

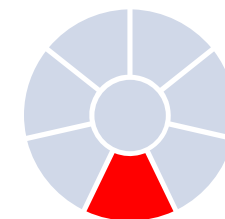
Key Actions

- Raising awareness in the organisation of the risk
- Review of all pathways that have resulted in a clock stop outside of an admitted pathway.
- 52 week breach risk added to the risk register to ensure there is Trust focus on this area.
- RCA completed for any 52 week breaches which re shared through the access meeting and with commissioners. These RCA include a harm review by the responsible consultant.
- Continuation of training for any staff making errors on Lorenzo.
- Reminder to staff to check patients pathways when contact is made by patients on their waiting list status.

	Cardiology	Surgery	Respiratory Medicine	Overall
	Aug18 RAP			
Pathways: Plan per RAP	1380	735	1350	3465
Pathways: Final September	1369	674	1471	3514
Variance	-11	-61	121	49
Breaches: Plan per RAP	230	210	40	480
Breaches: Final September	199	208	39	446
Variance	-31	-2	-1	-34
Achievement: Plan per RAP %	83.33%	71.45%	97.01%	86.14%
Achievement: Final September %	85.46%	69.14%	97.35%	87.31%
Variance	2.13%	-2.31%	0.34%	1.17%

Responsive

Spotlight on: Rapid NSTEMI Pathway



Summary

Pathway launched on the 10th September 2018 at 8am with CUH and EEAST.

NWAFT have accessed the pathway from its commencement, and officially launch on 12th October 2018 to allow for internal education and training to take place.

Selection and triage are key to success and is improving over the initial weeks.

All stakeholders are working well together and are positive about the operational running of the pathway and its impact.

Excellent ongoing communication between stakeholders to ensure continuous improvement.

Key Risks

- Poor adherence to criteria, will result in the admission of in-house urgent patients, without a date would generate red bed days in Papworth. Status: <10% of referrals converted to IH (n=2)
- Ability to ring fence beds to protect flow into the lab. Status: No pathway closures, no issues with bed availability
- Ability to ring fence lab scheduled time to ensure throughput without delay. Status: First on list successfully ring fenced on a daily basis
- Patient admission out of normal working hours and the implication to the out of hours team. Status: No issues to report.

Key Metrics as at 10th October 2018 (1 month from launch)

- No pathway closures
- 23 patients accepted on pathway
- 34 patients not accepted
- 44% received PCI
- 9% for IHU
- 9% evolved to PPCI

- All patients admitted via the high risk NSTEMI pathway have received coronary angiography plus revascularisation where necessary or surgical referral within 24 hours of admission at RPH.

Operational Challenges

1. Difficult to capture all declined referrals.
2. Educational reach of all EEAST staff as fewer than expected referrals received from Ambulance Trust

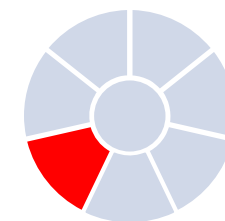
Next Steps

1. Ongoing EEAST clinical support
2. Develop ACS nurse capabilities and role
3. Stakeholder engagement meetings (CUH & NWAFT) – November/ December 2018
4. Regional Stakeholder Event – 15th October 2018

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	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	
Dashboard KPIs	Voluntary Turnover %	3	15.0%	25.78%	12.91%	9.95%	24.28%	21.54%	23.02%
	Vacancy rate as % of budget	4	5.50%	11.30%	10.75%	10.91%	13.20%	12.30%	13.34%
	% of staff with a current IPR	3	90%	90.81%	89.71%	88.28%	88.19%	86.96%	85.25%
	% sickness absence	3	3.50%	2.58%	2.75%	2.83%	3.46%	3.19%	3.37%
Additional KPIs	% Medical Appraisals	3	90%	90.29%	87.50%	90.57%	93.20%	90.38%	88.68%
	FFT – rec as place to work	3	63%	40.00%	42.00%	37.00%	41.00%	41.00%	47.00%
	FFT – rec as place for treatment	3	80%	80.00%	91.00%	82.00%	74.00%	81.00%	83.00%
	Mandatory training %	3	90.00%	90.54%	91.15%	89.15%	89.19%	89.79%	89.21%
	Registered nursing vacancy rate	3	5.0%	9.55%	8.23%	8.20%	8.13%	6.51%	4.56%
	Unregistered nursing vacancy rate	3	8.00%	24.46%	22.63%	21.65%	22.31%	19.76%	25.66%
	Long term sickness absence %	3	0.80%	0.70%	0.75%	0.77%	0.92%	1.40%	0.81%
	Short term sickness absence	3	2.70%	1.88%	2.00%	2.06%	2.54%	1.79%	2.56%
	Agency Usage (wte) Monitor only	3	Monitor only	43.7	51.1	60.3	55.1	53.9	47.6
	Bank Usage (wte) monitor only	3	Monitor only	50.1	54.5	55.2	73.1	73.8	57.4
	Overtime usage (wte) monitor only	3	Monitor only	52.8	53.0	54.2	52.6	53.7	46.4
	WTE Totals: Non Medical Starters	3	Monitor only	42.0	23.5	20.9	21.8	43.2	58.2
	WTE Totals: Non Medical Leavers	3	Monitor only	35.7	16.5	15.2	35.4	30.3	33.6

Summary of Performance and Key Messages

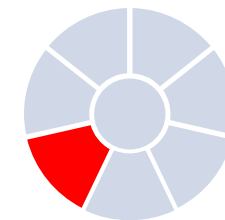
Summary of Performance and Key Messages

Key highlights in September are:

- Total turnover increased to 23.0%. Nursing turnover increased to 27.9% from 13.9% in August. There were 14.6 wte nurse leavers in September.
- We were a net gainer in the non-medical workforce by 24.6 WTE.
- We continued as a net recruiter to the nursing workforce for the fourteenth month in a row; 4.1 WTE (this includes pre-registration nurses). We were a net gainer of the HSCW workforce by 3.4 wte.
- The Trust vacancy rate increased to 13.3%. This is as a result of a further increase in budgeted establishment in September. There has been an increase of over 100 wte over the last 7 months. Further details are provided in key performance challenges .
- Nurse vacancy rate (including Pre-registered) decreased to 4.6% (29.9 wte). We have a large cohort of PRP staff (64 wte) who are working towards gaining registration. HCSW vacancy rate increased to 25.7% despite there being a net gain in staff in post in August and September. This is as a result of the increase in budgeted posts for this staff group .
- Total IPR compliance decreased to 85.3%. and medical to 88.7%. We are working on recovering the non-medical position by working with managers to identify forward plans for booking IPRs and by focusing on teams with the lowest compliance rates.
- 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 remained above the national average score. The recommender score as a place to work remains significantly below the national average but did improve to 47%. 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 reduced in September to 151.4 wte from 181.4 wte in August. There was a reduction in all forms of temporary staffing.
- Sickness absence increased but remains below the KPI. The increase is primarily driven by an increase in absences due to colds/flu.

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.
- 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.
- ARU have closed the degree programme for cardiac and respiratory physiologists. This is the only degree programme in the East of England and East Midlands. RPH is the biggest recruiter of these graduates.

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.
- The supply of cardiac and respiratory physiologists is detrimental impacted by the closure of the ARU programme. This is nationally and regionally shortage occupation.

Key Actions

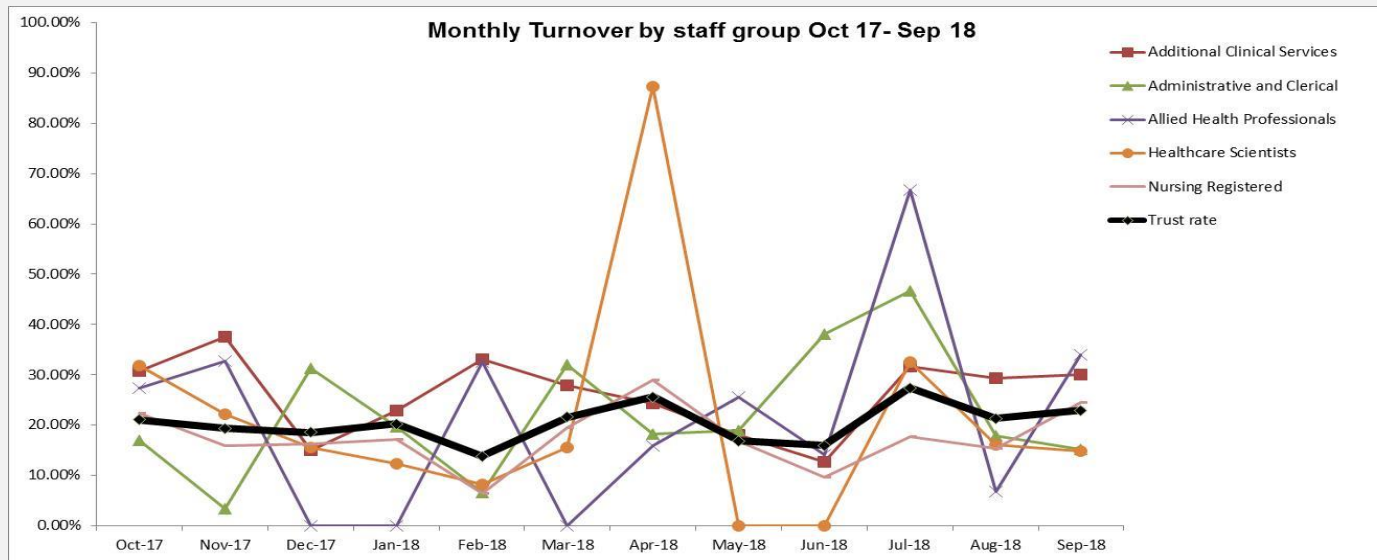
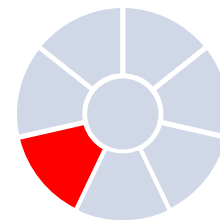
- The closure of the cardiac and respiratory physiologist degree programme has been escalated to the EoE HRD Network with the aim of working together with HEE and ARU to develop an apprenticeship programme..
- The table below provides details of the changes in funded establishment over the last 7 months. These changes reflect the operational plans developed through the gateway process.

Month	Funded posts
Sep-18	1988.92
Aug-18	1955.49
Jul-18	1965.99
Jun-18	1926.25
May-18	1924.01
Apr-18	1924.01
Mar-18	1880.81

- The Trust Black, Asian and Minority Ethnic (BAME) Network was launched in September. The Network will support the Trust with delivering the WRES and engaging with BAME staff in order to improve their experience of working for the Trust.

People, Management & Culture

Spotlight on: Turnover



Total Trust turnover has increased only marginally over the last 12 months despite the very significant organisational change taking place affecting all staff groups. The graph details the 12 month trend for the largest staff groups. The trend for registered nurse turnover has been static. Admin and clerical turnover has increased over the last 12 months, particularly increasing in the period before and immediately after the move to New Papworth House.

This table is an analysis of the primary reason for leaving given by leavers between Oct 17 – Sep 18. The most prevalent reason given for leaving relates to career development and access to training and development. The Trust Recruitment and Retention Strategy describes a range of actions we are implementing to improve the support for career development and training and development. The implementation of educational programmes such as the Masters in Critical Care has had a positive impact on recruitment and retention in Critical Care. There is work underway to develop similar programmes in Cardiology and Respiratory Medicine. We are also developing a scheme to providing staff with access to career coaching.

PRIMARY REASON FOR LEAVING	Dependents	Health	Retirements	Career development/better rewards/further training & experience	Disatisfaction with colleagues/lack of job satisfaction	other/relocating	New Papworth Hospital	Grand Total
STAFF GROUP								
Add Prof Scientific and Technic	0.57	0.60	4.04	5.52		4.00	1.00	15.73
Additional Clinical Services	4.76	4.72	4.03	22.44	13.64	19.19	20.23	89.01
Administrative and Clerical	3.87	5.00	8.57	21.19	9.69	17.80	14.34	80.45
Allied Health Professionals	1.6			4.87	2.00	3.70	3.40	15.57
Estates and Ancillary	1.6	1.00	7.73	0.53	6.59	4.60	5.76	27.81
Healthcare Scientists			2.93	6.60	0.53	3.43	2.60	16.09
Medical and Dental			1.77	10.00	2.00	4.00		17.77
Nursing Registered	2.56	2.00	13.27	24.36	18.67	22.28	14.79	97.92
Grand Total	14.96	13.32	42.35	95.51	53.11	79.00	62.12	360.36

Performance summary



Accountable Executive: Chief Operating Officer / Director of Finance

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

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

Summary of Performance and Key Messages:

Operational Readiness: Implementation of new resource booking system on the current and new site continues to plan. Implementation of agreed library services option underway. Office Group focus on administrative functions working across two sites and establishing as a NPH office Group only. Move schedule and brought forward equipment reviewed by Pickfords; to confirm that move can be completed within the timescale identified within the revised Master Commissioning Programme.

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 broadly to programme. A design detail to the internal insulation required further development which caused some on-site delay but longer-hour and weekend working is on a trajectory to recovery. External cladding remedial works are broadly complete save for replacement of panels broken during the works, which are on order for replacement. At present, therefore, completion prior to Christmas 2018 remains the target. The Master Commissioning Programme has been updated on that basis and Design and Construction and by result the overall project have progressed to 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, utilising the contingency period between construction end and commencement of operational commissioning.

CTP: Implementation of interim Histopathology solution underway - Unilabs meetings have commenced and CUH operational planning continues. Discussions continue 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 CUH and formal timed walked through is planned for January 2019 (post NPH handover). Commercial agreements for off site meeting rooms have also recommenced. Cardiology and Respiratory joint plan of work has been agreed by the Joint Transition Group.

Service Improvement (SIP/CIP):

The service improvement programme is Amber

The outstanding CIP gap carried forward to this month is £378k which has reduced from last months total of £460k. As a result of some very detailed activities and the progress meetings a pipeline of schemes has been identified that equate to £292k which will be presented at the next ED meetings in October. Within the validated pipeline we have a Cardiology scheme that equates to £279K which is currently waiting a contract variation change from NHS England.

If the validated pipeline is approved potentially we have £86k left to find, although certain departments will not have achieved their CIP. As part of this a number of schemes will run over to next year and so far we have £134k contribution to the 2019/20 CIP programme.

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 £722k and has increased since last month from £662k, 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, as all will contribute to the relevant departments budgetary management.

2019/20 CIP planning will be commencing November with those directorates that have achieved this years CIP target plan.

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

Lorenzo Benefits : Next submission due 1st November

New Papworth Hospital benefits : No further activity has taken 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

NPH Construction/Operational Readiness

1. Delay to completion of Phase 2 construction
2. Workforce – recruitment
3. Releasing staff to undertake NPH delivery
4. 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

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 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 £378 k 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

NPH Construction/Operational Readiness:

1. Revised construction programme utilised to determine a revised move date, inclusive of contingency and the Master Commissioning Programme re-set accordingly
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. Short-term measures put in place to alleviate individual impacts of the delay period.
3. NPH familiarisation training plan developed with bookings now being taken.
4. Linked to delivery of Requests and Results project and implementation of bio-directional messaging now scheduled for October 2018. Further phases are also planned for other disciplines. This issue will be resolved when all disciplines have R&R in place.

Service Improvement (SIP/CIP):

1. Additional schemes have identified some opportunities and these are currently being quantified. More schemes have been identified that when validated may help 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 October 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	JUN	JUL	AUG	SEP	Trend
PFI, Equipping & Estates	RC					
Design and Construction	NH					↑
Equipping	JMc					=
Enablement of New Papworth	AS					↑
Retained Estate Enablement	AS					=
Site Sale & Decommissioning	AS					=
Operational Readiness	EM					
CTP - Clinical Services	LC					=
CTP - Pathology	JP					↑
DORACs - Clinical Delivery	AG					=
DORACs - Clinical Support	MM					=
DORACs - Office Policy	AG					=
Move and Migration	LB					=
Workforce & Communications	OM					
Communications	KW					=
Training & Familiarisation	SHB					=
Workforce Planning	JS					=
ICT	AR					
ICT and Telecoms	MJ					=
Hospital Cutover	RH/JR					
Move Control	JR					=
Overall Project Delivery Rating	PMT					↑

Summary of Performance and Key Messages:

Overall project confidence delivery is at amber this month reflecting the agreement of a revised move date and associated re-set of the Master Commissioning Programme, plus agreement of a preferred approach to Histopathology Services which now moves in to the implementation phase.

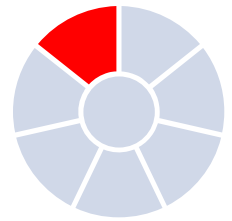
RAG	Criteria Description
Green	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly
Yellow	Successful delivery appears probable however constant attention will 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	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	
Dashboard KPIs	Year to date EBITDA surplus/(deficit)	4	-£999k	£(271)k	£(25)k	£(87)k	£(55)k	£26k	£(22)k
	Year to date surplus/(deficit) £000s	4	£(4,784)k	£(1,183)k	£(509)k	£(1,454)k	£(2,157)k	£(2,985)k	£(3,939)k
	Cash Position at month end £000s	4	£16,176k	£48,883k	£43,097k	£41,411k	£35,523k	£36,983k	£31,931k
	Use of resources rating	5	4	3	3	3	3	3	3
	Capital Expenditure YTD £000s	4	£35,724k pa	£3,435k	£6,727k	£7,437k	£8,649k	£10,844k	£12,289k
	In month Clinical Income £000s	4	£12208.145k (current month)	£12,067k	£12,160k	£12,173k	£12,159k	£12,090k	£12,615k
	CIP – Identified - YTD £000s	4	£3,952k	£545k	£1,032k	£1,343k	£1,725k	£2,290k	£3,019k
	CIP – FY Target £000s	4	£9,522k pa	£8,309k	£8,851k	£8,851k	£8,855k	£9,061k	£9,143k
	Agency spend as % of salary bill	4	2.89%	3.54%	4.88%	4.20%	4.80%	4.96%	4.71%
Additional KPIs	Debtors > 90 days overdue	4	10%	24.1%	32.0%	49.4%	58.2%	46.1%	36.2%

Summary of Performance and Key Messages:

The Trust's **year to date** position is a deficit of £3.94m, favourable to the refreshed plan by £0.01m.

Total clinical income is below plan by £1.23m. Adverse high cost drugs and devices income is £1.24m, however, are procured on a pass through basis and therefore offsets lower expenditure. Additionally there is an adverse variance with the Trust experiencing lower than planned NHS activity of 1,270 (9.9%) inpatient/day cases equating to £1.37m whilst a favourable complexity in case mix of £1.23m offsets this. A combination of other favourable items totalling £0.04m gives a net underlying clinical income position which is ahead of plan by £0.01m. Pay is £0.35m adverse to plan with temporary staffing costs replacing substantive savings from vacancies, however, this reflects only a 0.7% reduction compared to the 9.9% reduction in activity.

Non pay is £0.66m favourable to plan, comprising favourable clinical supplies due to the lower activity (£1.15m), underspends due to timing on the NPH transition programme (£0.82m) and lower depreciation charges (£0.33m) following delayed capitalisation of assets. Offset by commissioner fines (£0.71m) and unachieved non-pay CIP (£0.24m).

EBITDA is behind plan by £0.3m as a result of the changed phasing of the costs of remaining on the existing site, this is offset at the net deficit level by the reduced depreciation charges to date.

Actual year to date CIP achievement of £3.02m is £0.83m adverse to plan of £3.95m, due to £0.26m planning gap and an operational delivery gap of £0.67m from overspends in Pay compared to the Gateway 2 rosters, these are partially offset by non-recurrent underspends not reported as CIP.

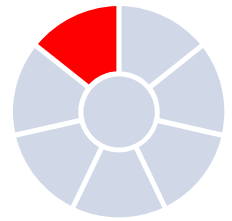
Capital expenditure year to date is £12.29m which is underspent by £10.73m due to delays in timing of the new hospital equipment purchases as the refreshed plan anticipated significant expenditure in August which has been delayed awaiting the finalisation of the master commissioning programme.

The cash balance of £31.93m is favourable to the refreshed plan by £15.27m, 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 £0.95m, which is £0.01m ahead of the planned refreshed plan deficit of £0.96m. High Cost/Low Volume activity has driven increases in both income and expenditure.

The underlying run rate is deficit of £1.48m in month and £5.38m 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



September 2018 risk score changes: There has been no changes to the risk scores in month. There was one sub-risk score reduction in month relating to length of stay assumptions for new Papworth. This is a sub-risk of the overarching capacity assumptions risk (7.2.1) which remains unchanged in score.

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.

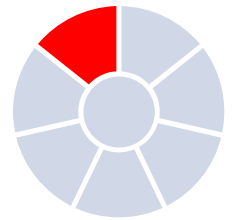
Risk decreases:

- 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 Sep 18	FSRA Oct 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	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 £0.954m in month, which was favourable by £0.004m to the refreshed plan deficit of £0.958m.	●
Total Income - Clinical income in the month of £12.71m was ahead of plan (£12.21m). Underlying clinical income is ahead of plan by £0.66m, due to: Higher inpatient /day case activity totaling £0.12m, increased complexity of £0.29m and increased Private patients activity of £0.13m. 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), is more than offset by higher than planned Transplant & VAD procedures resulting in a total Clinical income position which is above plan by £0.48m. Non-clinical Income is below plan this month by £0.1m, predominately due to lower R&D income.	●
Pay costs - Total pay costs were adverse in the month against the refreshed plan, by £0.14m. There is a favourable substantive pay position due to the number of vacancies (245 WTEs) that exist across the Trust, but this was more than offset by the continued high levels of temporary staffing expenditure within the Operational Directorates. Of this variance £0.05m 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 above plan, by £0.24m. The underlying position is £0.06m when excluding the High Cost Drugs and Devices pass through (offset income above). Whilst the predominate driver is lower clinical activity resulting in lower consumable costs, there were a number of High Cost/Low Volume procedures this month. There is also a favourable Depreciation variance of £0.1m, 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 £1.48m in month and £5.38m 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



September 2018 Cost Improvement Programme (CIP) Performance:

Closing the 2018/19 CIP Gap

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 £834k CIP has been identified as set out in the table to the right leaving a remaining unidentified gap of £378k.

At the time of writing, an additional £293k 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 £85k.

Actual CIP achievement to September 2018

The actual year to date achievement was £3,090k to September 2018 against the identified plan of £3,684k. Of the £9,143k identified projects the operational CIP variance is adverse to plan by £665k at the end of September 2018. The total variance against the CIP target including the unidentified CIP to end of September is adverse by £933k against the plan of £3,952k.

Key CIP Project year to date progress:

The adverse CIP operational variance to M06 of £665k 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 £366k adverse;
- Cardiology £191k adverse;
- Surgery £69k adverse;
- Thoracic £52k adverse.

This is partially mitigated by a favourable variance on the Procurement CIP plan of £28k and non recurrent favourable pay variances in other directorates to September of £763k (however, the Trust is not recording this non recurrent underspend as CIP).

CIP Target 2018/19

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
	Dressing supplier change (cath labs)	£1k
	Reduce damage - pacing boxes	£24k
	Reduce agency	£58k
	Digital budget reduction	£21k
	Review of high cost/Low volume in CCA (ECMO)	£23k
	Pharmacy projects including generic drugs savings	£15k
	Bariatric bed savings	£14k
	Thoracic Budget Reallocation	£17k
	Courier services rev with new format feb 2018	£19k
Total CIP 2018/19 new schemes		£834k
Total CIP identified		£9,143k
CIP balance (planning variance)		£378k

CIP Summary achievement to September 2018

Project Type	Target Full Year	Identified Plan Full Year	Planning Variance (A)	Target YTD	Actual YTD 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
CIP - Pay	4,865	4,865	0	1,545	853 (693)	1,545	853	(693)	0	0
CIP- Non Pay	4,585	4,207	(378)	2,371	2,131 (241)	2,103	2,131	28	0	(378)
CIP- Drugs	71	71	0	35	35 0	35	35	0	0	0
CIP - Total	9,521	9,143	(378)	3,952	3,019 (933)	3,684	3,019	(665)	0	(378)

2018/19 CIP actual vs Target

