

Papworth Integrated Performance Report (PIPR) October 2018

November 2018



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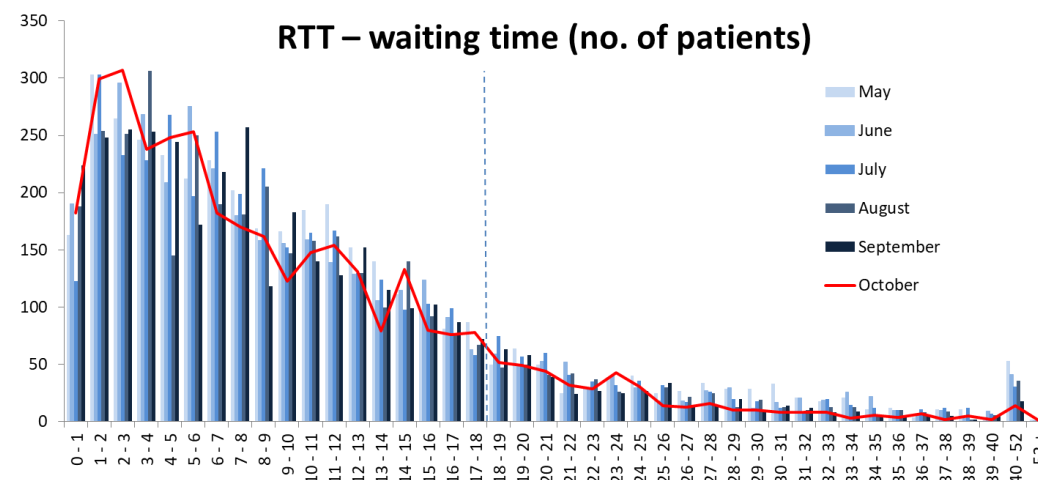
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Context:

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	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Trend
Cardiac Surgery	186	210	229	206	163	284	
Cardiology	781	768	788	766	716	776	
ECMO	2	5	3	5	3	3	
PTE operations	16	17	16	17	15	20	
RSSC	568	571	539	504	507	602	
Thoracic Medicine	388	358	375	383	333	390	
Thoracic surgery (exc PTE)	66	60	84	65	52	88	
Transplant/VAD	54	57	45	53	43	53	
Total Inpatients	2,061	2,046	2,079	1,999	1,832	2,216	
Outpatient Attendances	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Trend
Cardiac Surgery	290	336	312	357	322	381	
Cardiology	3,359	3,521	3,993	3,247	3,626	3,787	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	1	
RSSC	1,946	2,115	1,807	1,561	1,881	2,332	
Thoracic Medicine	2,100	1,717	1,778	1,791	1,697	1,975	
Thoracic surgery (exc PTE)	133	100	99	97	116	117	
Transplant/VAD	357	325	371	358	310	364	
Total Outpatients	8,185	8,114	8,360	7,411	7,952	8,957	

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



Reading guide

The Papworth Integrated Performance Report (PIPR) is designed to provide the Board with a balanced summary of the Trust's performance within all key areas of operation on a monthly basis. To achieve this, the Trust has identified the Board level Key Performance Indicators ("KPIs") within each category, which are considered to drive the overall performance of the Trust, which are contained within this report with performance assessed over time. The report highlights key areas of improvement or concern, enabling the Board to identify those areas that require the most consideration. As such, this report is not designed to replace the need for more detailed reporting on key areas of performance, and therefore detailed reporting will be provided to the Board to accompany the PIPR where requested by the Board or Executive Management, or where there is a significant performance challenge or concern.

- **'At a glance' section** – this includes a 'balanced scorecard' showing performance against those KPIs considered the most important measures of the Trust's performance as agreed by the Board. The second dashboard includes performance against those indicators set by the Trust's regulators and reported externally.
- **Performance Summaries** – these provides a more detailed summary of key areas of performance improvement or concern for each of the categories included within the balanced score card (Transformation; Finance; Safe; Effective; Caring; Responsive; People, Management and Culture)

Key

KPI 'RAG' Ratings

The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

Assessment rating	Description
Green	Performance meets or exceeds the set target with little risk of missing the target in future periods
Amber	Current performance is within 1% of the set target (above or below target) or performance trend analysis indicates that the Trust is at risk of missing the target in future periods
Red	The Trust is missing the target by more than 1%

Overall Scoring within a Category

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

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

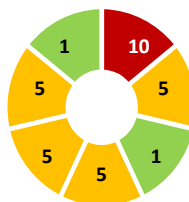
Overall Report Scoring

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

Trend graphs



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



Data Quality Indicator

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

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

Trust performance summary

Overall Trust rating - **AMBER**

Favourable performance

Safe: The Caring domain has improved from amber to green in October. Safe Staffing - fill rate for the night is in the green (93.6%) and amber for the day (88.0%). This is the first time this indicator has been out of the red this reporting year. This is due to a combination of positive active recruitment and the joint work that the education and workforce teams are doing in supporting our overseas nurses to pass their exams to obtain their NMC PIN numbers.

Caring – The Caring domain remains green in October. Royal Papworth Hospital remains above target for the recommendation rate at 97% for inpatient areas and 96% for outpatient areas.

Responsive – RTT - The Trust's RTT position regarding breach reductions continues to improve (88.45% in October) with the actions and booking focus that are in place. Both surgery and cardiology have shown improvements in breach reduction in line with the revised Trust trajectory.

People, Management & Culture - Total turnover decreased to 13.5%. Nursing turnover decreased to 10.2% from 27.9% in September.

Finance - The Trust's year to date position is a deficit of £4.11m, favourable to the refreshed plan by £0.63m.

Adverse performance

Safe: C Difficile - there was one case in October pending scrutiny panel 21.11.2018. The number of sanctioned C.Diff cases year to date remains at two.

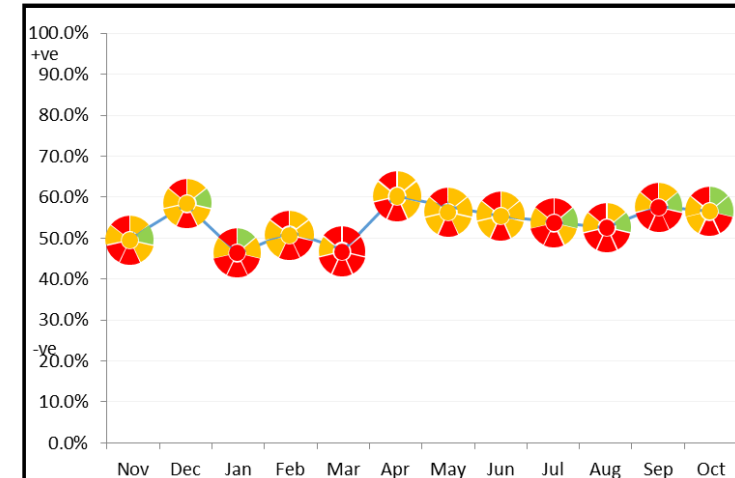
Effective – 1) Bed occupancy - remains below the planned trajectory with a small improvement on the month 6 position. 2) Admitted patient care numbers have improved in month, and are the highest in 18/19 - however they remain behind plan. 3) Critical Care Occupancy at 94% remains high. 84 more patients have been admitted to CCA in 18/19 compared with 17/18 and this is contributing to the high occupancy figure.

Responsive – 1) Theatre cancellations - Theatre cancellations increased to 50 in month 7. Thirteen patients were cancelled due to CCA being full. 2) IHU surgery - There has been a reduction in percentage of IHU performed within 7 days. The whole pathway including staffing is being reviewed with the aim to shortening the wait for surgery. The business case for theatre 6 is being written with the aim to increasing capacity and improving the patient experience within this pathway.

People, Management & Culture - Sickness absence increased to 3.98% which is over our KPI and the highest level since Feb 17. Further analysis is provided in the Spotlight section.

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. The remedial works themselves are broadly complete with emphasis now on the technical commissioning and testing of building systems. Replacement of glass panels broken during the remedial works are underway. At present, therefore, completion prior to Christmas 2018 remains the target, as reflected in the revised Master Commissioning Programme.



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	Oct-18	4	97%	98.30%	98.38%			Caring	FFT score- Inpatients	Oct-18	4	95%	97.00%	97.00%		
	Never Events	Oct-18	3	0	0	0				FFT score - Outpatients	Oct-18	2	95%	96.00%	98.14%		
	Moderate harm incidents and above as % of total PSIs reported	Oct-18	3	100%	0.80%	1.23%				No of complaints (12 month moving average)	Oct-18	4	5	4.80			
	Safer staffing – registered staff day (night)	Oct-18	3	90-100%	88% (93.6%)	83.76% (88.27%)				% of complaints responded to within agreed timescale	Oct-18	4	100%	100.00%	100.00%		
	Number of C.Diff cases (sanctioned)	Oct-18	5		0	2				Voluntary Turnover %	Oct-18	3	15%	13.50%	23.79%		
Effective	Bed Occupancy (excluding CCA)	Oct-18	4	85%	74.24%	76.27%			Vacancy rate as % of budget	Oct-18	4	6%	10.49%				
	CCA bed occupancy	Oct-18	3	85%	94.00%	90.56%			% of staff with a current IPR	Oct-18	3	90%	85.95%				
	Admitted Patient Care (elective and non-elective)	Oct-18	4	15657	2216	14183			% sickness absence	Oct-18	3	3.5%	3.98%	3.18%			
	Cardiac surgery mortality EuroSCORE	Oct-18	3	3%	1.54%	2.19%			Year to date EBITDA surplus/(deficit) £k	Oct-18	4	£(1,205)k	£576k				
	Theatre Utilisation	Oct-18	3	85%	Green	87.7%			Year to date surplus/(deficit) £k	Oct-18	4	£(5,789)k	£(4,112)k				
Responsive	% diagnostics waiting 6 weeks and over	Oct-18	tbc	99%	99.08%	99.38%			Cash Position at month end £k	Oct-18	4	£13,904k	£28,485k				
	18 weeks RTT	Oct-18	3	92%	88.45%	88.45%			Use of Resources rating (UOR)	Oct-18	5	4	3	3			
	62 days cancer waits	Oct-18	3	85%	88.90%	88.67%			Capital Expenditure YTD £k	Oct-18	4	£23,272k	£13,469k				
	31 days cancer waits	Oct-18	3	96%	100.00%	100.00%			In month Clinical Income £k	Oct-18	4	£12,123	£12,749k	£86,013k			
	Theatre cancellations in month	Oct-18	3	30	50	342			CIP – Identified £000s	Oct-18	4	£4,860k	£3,684k	£3,684k			
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	Oct-18	3	95%	20.00%	24.83%			CIP – FY Target £000s	Oct-18	4	£9,522k	£9,143k	£9,143k			
									Agency spend as % of salary bill	Oct-18	4	2.89%	3.97%	4.44%			
Transformation	ORAC programme delivery on track	Oct-18	4					→	SIP – project delivery	Oct-18	4						→
									Digital programme delivery on track	Oct-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	1	3	0		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	88.45%	87.31%			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%	100.0%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	3	85%	77.80%	88.67%	80.00%		Current month provisional as going through verification process. Data is after reallocations
VTE	Number of patients assessed for VTE on admission	3	95%	93.60%	93.40%			Clinical Governance are review ing data quality regards this metric with 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	Ref	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Status since last month
Safe	Failure to stay within ceiling trajectories for all HCAI's	675	JR	6	Yes	8	8	8	8	8	8	↔
Safe	Ageing Estate	690	RC	6	Yes	16	20	20	20	20	16	↓
Safe	Safer staffing and Monitor's Agency Price cap	742	JR	6	Yes	20	20	20	20	20	20	↔
Safe	NEW CQC Fundamentals of care	744	JR	6	Yes	6	6	6	6	6	15	↑
Safe	Risk of insufficient workforce levels to meet the staffing requirements of the new Papworth Hospital (Ref closed risks ID 683 & 1695)	1695	JS	12	Yes	16	16	16	16	16	16	↔
Safe	Optimisation of the EPR systems	1787	JR	6	Yes	16	16	12	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	1853	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	1854	OM	12	Yes	16	16	16	16	16	16	↔
Effective	Delivery of Efficiency Challenges - SIP targets	843	EM	12	In progress	20	20	20	20	20	16	↓
Responsive	R&D strategic recognition	730	RH	8	Yes	12	12	12	12	12	12	↔
Responsive	Capacity assumptions - length of stay	868	EM	10	In progress	12	12	12	12	12	12	↔
Responsive	Capacity assumptions - activity	869	EM	10	In progress	25	25	25	25	25	25	↔
Responsive	Capacity assumptions - higher occupancy	871	EM	10	In progress	16	16	16	16	16	16	↔
Responsive	Utilisation of capacity to add financial gains to the overall SIP	1114	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.	684	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	1511	JR	6	Yes	15	15	15	15	15	15	↔
People Manag. & Cult.	Low levels of Staff Engagement	1929	OM	9	In progress	-	-	16	16	16	16	↔
Transformation	Expenditure Growth - New ways of working	866	RC	12	Yes	15	15	15	15	15	15	↔
Transformation	The STP work includes Cardiology	1162	EM	8	Yes	9	9	9	9	9	9	↔
Finance	Failure to meet cardiac and cancer waiting targets	678	EM	12	Yes	16	16	16	16	16	16	↔
Finance	Current Trading Income performance	833	RC	10	Yes	15	20	20	20	20	20	↔
Finance	Current Trading Expenditure	835	RC	10	Yes	25	20	20	20	20	20	↔
Finance	Income Growth - targets	836	EM	12	Yes	25	25	25	25	25	25	↔
Finance	Income Growth - case mix	837	EM	12	In progress	20	20	20	20	20	20	↔
Finance	Income Growth - activity transfers	865	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	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	
Dashboard KPIs	Safety Thermometer harm free care	4	>97%	98.33%	98.34%	98.80%	97.04%	97.83%	98.30%
	Never Events	3	0	0	0	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	3	<4%	0.00%	1.50%	2.30%	1.00%	1.40%	0.80%
	Safer staffing – registered staff day	3	90-100%	84.5%	82.8%	81.5%	80.5%	83.8%	88.0%
	Safer staffing – registered staff night			83.3%	89.3%	91.0%	81.7%	87.8%	93.6%
	Number of C.Diff cases (sanctioned) year to date	4	5 in year	1	0	0	0	0	0
Additional KPIs	Number of Papworth acquired Pressure Ulcers (grade 2 and above)	4	<4	1	4	3	5	2	2
	Falls per 1000 bed days	3	<2.2	3	2.8	0.7	2.4	1.6	1.8
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	3	0	0	0	3	0	2	2
	Registered nurse vacancies (WTE)*	2	5.00%	52.19	47.07	54.55	43.25	91.32	61.16
	Registered nurse vacancies (% total establishment)			8.23%	8.20%	8.13%	6.51%	13.91%	9.31%
	HCSW vacancies (WTE)*	3	10.00%	45.52	53.77	43.47	38.51	54.14	52.8
	HCSW vacancies (% total establishment)			22.63%	21.65%	22.31%	19.76%	25.66%	24.55%
	E coli bacteraemia	3	Monitor only	0	1	0	1	2	0
	Klebsiella bacteraemia	3	Monitor only	0	0	1	1	1	4
	Pseudomonas bacteraemia	3	Monitor only	2	0	0	0	1	1
	High impact interventions	3	Monitor only	99.6%	97.0%	98.9%	99.3%	98.0%	98.0%
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	0	3	4	2	3	2

*Excluding PRP staff

Summary of Performance and Key Messages:

Safe Staffing: safe staffing fill rate for the night is in the green (93.6%) and amber for the day (88.0%). This is the first time this indicator has been out of the red this reporting year. This is due to a combination of positive active recruitment and the joint work that the education and workforce teams are doing in supporting our overseas nurses to pass their exams to obtain their NMC PIN numbers.

For some ward areas where there remains a lower fill rate, this has been balanced with lower bed occupancy; pausing of beds in partnership with operational planning; and safe movement of staff to ensure a good registered nurse to patient ratio. We continue to look at patient safety measures (through the patient flow meetings) as well as registered nurse to patient ratio and Care Hours Per Patient Day (CHPPD) levels.

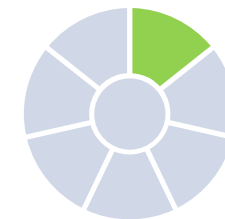
C.Diff: there was one case in October pending scrutiny panel 21.11.2018.

Number of sanctioned C.Diff cases year to date remains at two.

SIs: There have been two reported during the month of October 2018. Patient one was a delayed diagnosis (missed lung cancer nodule). Patient two was a post surgery cardiac arrest resulting in hypoxic brain injury. Both SIs remain under investigation.

Vacancies: there has been a further reduction in RN vacancies following a positive period of recruitment. RN vacancies data has been clarified with the Deputy Director of Workforce following a review with the Chief Nurse and Deputy Chief Nurse. For the 'Safe' section of PIPR, the September 2018 data onwards (for RN vacancies) excludes the pre registration nurses (therefore this differs from the People, Management & Culture (PMC) Section of PIPR from Sep 2018 onwards). This is help display actual RN vacancies within Safe. (The PMC Section recognises staff recruited into RN posts; some of these staff are awaiting NMC PIN numbers and as such are not yet 'registered nurses' able to contribute to RN care hours).

Key performance challenges



Escalated performance challenges

2 serious incidents reported in Month:

There have been two serious incidents reported during the month of October 2018. Patient one was a delayed diagnosis (missed lung cancer nodule). Patient two was a post surgery cardiac arrest resulting in hypoxic brain injury. Full Duty of Candour has occurred and both SIs remain under investigation.

Falls

We continue to monitor falls per 1000 bed days as a key patient safety and quality measure. Our Risk Manager and our Falls Specialist Nurse have completed a falls benchmarking review report. The report findings suggest that we should re visit our Trust target which is currently set at <2.2 (falls per 1000 bed days) while the national average is 6.63. A comparison of falls with the national benchmarking needs to be considered carefully as the type of care, patient and clinical environment differs widely. As such, the report is being submitted to the Quality and Risk Committee 20.11.2018 for discussion.

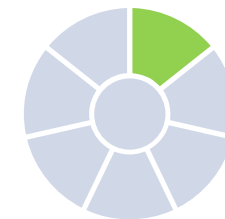
Key risks

- Possible failings in care.
- Possible reputational damage to the Trust.
- Possible negative impact on staff morale and confidence.
- Falls can cause patient harm.
- On organisation with high numbers of patient falls could be a concern for our patients and their families.
- It is important to benchmark because inappropriate targets could potentially misrepresent the Trust and/or have a negative impact on reputation and/or morale of the workforce.
- As a specialist organisation, a comparison of falls with national benchmarking needs to be considered carefully as the type of care, patient and clinical environment differs widely.
- Of note, two visitors have also fallen this year, one due to their frailty/medical condition and one due to stepping down in to an indentation in the grass when getting out of their vehicle. Both of these resulted in RIDDOR reportable incidents to the HSE due to their injuries.

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.
- Review of and discussion of falls benchmarking review report at the Quality and Risk Committee November 2018.
- Consideration to be given as to whether we should review the PIPR threshold for falls , because when compared to the national average; we are regularly reporting well below the national average of 6.63 falls per 1000 bed days.
- Falls is one of four Quality Improvement projects in place across Royal Papworth. The work is being undertaken with support from a project team comprising Quality and Risk Staff, Audit Team and with the assistance of an external QI coach.
- Ongoing training led by the Falls Specialist Nurse.

Spotlight on: Rapid Mortality Case Record Reviews



Background

The National Mortality Case Record Review (NMCRR) Programme is a national collaborative project led by the Royal College of Physicians (RCP). Around 50% of all deaths occur in hospital and most of these are inevitable, but around 3–5% of acute hospital deaths are thought to be potentially preventable.

The aim of the 3-year programme has a primary goal to improve healthcare quality through qualitative analysis of mortality data using a standardised, validated approach linked to quality improvement activity.

The Process for Mortality Case Record Review was introduced at Royal Papworth Hospital on 01/04/2017. The Trust's expectation is for the rapid retrospective case record review (RCR) spreadsheet to be completed within 2 weeks of death by the Clinical Director or designated deputy (review can be completed as part of M&M meeting if meeting takes place within 2 weeks of death).

Between 01/04/2018 and 23/10/2018 there have been 76 in hospital deaths a summary of the completed RCRs is presented below:

Speciality	Total	RCR completed
Cardiology	23	8
Respiratory ECMO	9	0 All discussed at ECMO MDT
Surgery	25	0
Thoracic Medicine	14	6
Transplant	5	3 1 SUI
Total in hospital deaths	76	17

Challenges to process

- A small number of Consultants trained in the process in specialties with higher volumes of deaths
- There is not one electronic patient record, therefore information has to be sourced from multiple locations, for example CIS, Lorenzo, VitalPak, CAF, EMR
- Lorenzo in particular has been highlighted as being difficult to navigate and read each individual clinical note to understand the patient's pathway.
- The use of a spreadsheet to record the outcomes of reviews has severe limitations for inputting, analysis and reporting of intelligence
- The Trust has a strong patient safety incident reporting culture and therefore value of the RCR process has yet to be realized.
- Attendance at the surgical and Cardiology M&M meetings to promptly discuss learning from deaths has been affected due to operational priorities.

Recommendations for improvement

- Increase the number of trained reviewers, the Heads of Nursing have been identified to assist with reviews.
- From October 2018 theatre activity is paused to allow protected time for surgical and anaesthetic M&M's. This should also be considered for catheter lab activity to reinstate regular cardiology M&Ms.
- Datix IQ module for mortality should be funded (business case previously presented at EDs). This would allow a web mortality review form to be made immediately accessible to Consultant reviewers using their current Datix login, access to data by the local departments for reporting and sharing. A new Datix web functionality would be available to analyse deaths in association with incidents & complaints. In addition mortality information would be available to the Trust via the Datix Dashboard.
- Learning from other institutions, the Clinical Governance Manager and Clinical Lead for Clinical Governance to visit NWAFT to learn from their process.
- DN682 - Mortality Case Review Procedure to be amended to reflect current process
- Training online for all reviewers

Performance summary



Accountable Executive: Chief Nurse
6 month performance trends

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

		Data Quality	Target	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Dashboard KPIs	FFT score- Inpatients	4	95%	96.0%	97.0%	97.0%	97.0%	98.0%	97.0%
	FFT score - Outpatients	2	95%	99.0%	99.0%	98.0%	98.0%	98.0%	96.0%
	Number of complaints (12 month moving average)	4	5 and below	6.0	5.8	5.0	4.8	4.1	4.8
	% 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)	3	2	1	3	4	In progress
	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	4	4	2	5	6	4
	Number of recorded compliments	4	10	147	69	434	885	767	771

Summary of Performance and Key Messages:

Friends and Family Test: Royal Papworth Hospital remains above target for the recommendation rate at 97% for inpatient areas. The response (participation) rate is 45%. (1736 patients discharged, with 778 surveys returned). The percentage of out-patients who would recommend Royal Papworth hospital also remains above target at 96% (which is a slight dip from previous months). Response rate is 2.7% (this represents 253 surveys returned from 9480 discharged patients). For benchmarking information: the NHS national average for response rates (inpatients) is 24.2% (Sep 2018, most recent published data). The national data doesn't provide a response rate for outpatients, however the most recently published response rate for CUH Outpatients FFT is 1.4% (Jun 2018 data).

For inpatients the highest participation rate was again Hugh Fleming Ward (86%, 101 surveys returned from 117 patients discharged – with a recommendation rate of 93%). For outpatients, the highest participation rate was again cardiac outpatients (4.6%, 198 surveys returned from 4325 patients discharged – with a recommendation rate of 96%). Again of note, Cardiac Day Ward had a large number of returns at 215 (from 330 patients discharged) which is a participation rate of 65% and a 99% recommendation rate.

Complaints: During October, there has been four formal complaints. Of the four complaints, two have been upheld (both relating to communication/information); one part upheld and one not upheld (both relating to clinical care and treatment).

Key performance challenges



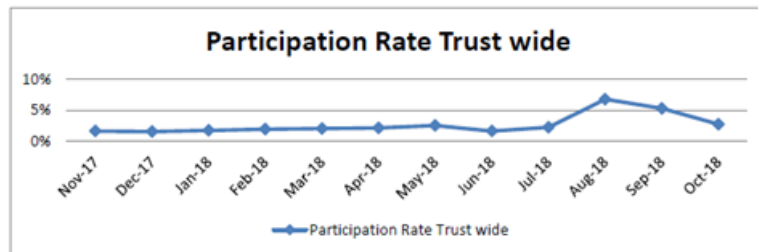
Escalated performance challenges:

The clinical teams continue to work hard in promoting the Friends and Family Test (FFT) across Royal Papworth Hospital. While the participation (response) rate % in Outpatients appears low, benchmarking shows that we are above that % response rate of a neighbouring Trust and nationally the outpatient % response rate is not reported.

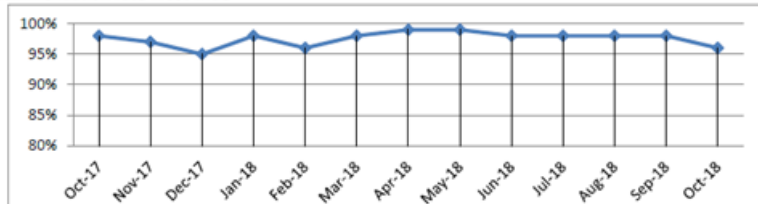
This is a breakdown in greater detail for Outpatient areas (October 2018).

Ward	Surveys returned	Patients discharged	Participation rate	Recommendation rate
Cardiac	198	4325	4.6%	96%
Thoracic	54	4765	1.1%	98%
Transplant	1	390	0.3%	100%
TW	253	9480	2.7%	96%

Participation Rate Trust wide



Recommendation rate Trust wide



Key risks:

Low patient participation numbers could impact on the validity of the data.

Failure to act on patient feedback, could lead to poor experiences for others and/or a lack of trust in the FFT system.

Key Actions:

Continue to review and act on the feedback and publicise what actions have been taken:

- FFT is reviewed weekly at the Matrons meeting
- Patient and public information boards are being re launched in the clinical areas, including a local competition for the best board)
- Matrons and Ward Sisters speak directly to the patients (where required and/or if possible)
- Where there are any patterns or themes, these should be acted on and positive action taken to make a change
- Liaise with the Lead Nurse Transplant regards increasing number of FFT surveys returned for Transplant Outpatients



Spotlight on: NHSI – Learning Disability Improvement Standards data collection project

The NHSI – Learning Disability Improvement Standards data collection project commenced in September 2018. The Trust completed registration as required. Project data collection opened on the 17th September 2018.

The project is split into three elements:

Organisational level data collection:

- To be completed by a nominated Executive Learning Disability lead or named board member. This is being undertaken by the Deputy Chief Nurse Ivan Graham. The data has been gathered and the next stage is inputting the data into the NHS Improvement website data collection pages. There are 112 questions (24 of which are not applicable as we are not a specialist learning disability service).
- This data collection reviews the policies and protocols in place within the organisation, as well as activity, workforce and quality and outcomes.

Staff survey:

- To be completed by a representative sample of 20 staff members, chosen by the Trust. Survey sent via email with a unique link to the questionnaire. (Consists of 21 questions. Questions 17 to 21 are not applicable for Royal Papworth as we are not a specialist centre).
- This will survey themes of care delivery, workforce capacity and training.
- All 20 staff surveys were sent on 24.10.2018 (across a variety of staff locations and professions covering nursing, social work, doctors and AHPs).

Patient survey:

- The survey will explore perceptions on the quality of care received by people with learning disabilities, and overall patient experience for the Trust.
- To be completed by a representative sample of patients with learning disabilities (adults 18+). Carers / parents can also help to complete the survey. The chosen patients must have accessed a service within the last year.

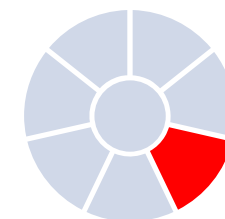
Next steps:

- i. There will be some work and actions that fall out of this data collection project. An early draft action plan has been commenced that we will grow as the project develops. This will cover the areas of non compliance indicated in the data collection and also any areas where we may be able to make improvements. The action plan will be led by Ivan Graham and Penny Martin (Social Worker and Trust Safeguarding Lead).
- ii. On the data collection deadline (30th November 2018), all data collection pages will be locked by NHSI, and the data saved within these will be automatically submitted for analysis. At this point Trusts will not be able to access the data collection pages to add, edit or delete the data submitted.
- iii. A period of data validation will take place from December 2018 to January 2019, during this time Trusts may be contacted by the project team in regard to any outlying data.
- iv. Trusts will receive a draft toolkit to analyse their position in February 2019.
- v. Final reports are due to be published March 2019.
- vi. This work will report into the Joint Safeguarding Committee.

Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Directors of Operations



6 month performance trends

	Data Quality	Target	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	
Dashboard KPIs	Bed Occupancy (excluding CCA)	4	85%	76.4%	77.6%	75.6%	74.9%	73.4%	74.2%
	CCA bed occupancy	3	85%	86.8%	90.5%	91.5%	89.2%	92.4%	94.0%
	Admitted Patient Care (elective and non-elective)	4	2367 (current month)	2061	2046	2079	1999	1832	2216
	Cardiac surgery mortality EuroSCORE	3	<3%	2.47%	2.38%	2.25%	2.09%	1.91%	1.54%
	Theatre Utilisation	3	80%	88.04%	87.00%	87.16%	85.12%	92.04%	Green
Additional KPIs	Same Day Admissions – Cardiac (eligible)	4	40%	25.36%	26.85%	17.70%	31.53%	27.48%	26.59%
	Same Day Admissions – Thoracic (eligible)	4	40%	51.11%	45.24%	46.43%	32.00%	36.59%	42.00%
	Length of stay – Cardiac Elective – CABG (days)	3	8.22	8.82	7.50	7.75	7.69	8.82	7.85
	Length of stay – Cardiac Elective – valves (days)	3	9.65	10.52	9.86	9.97	8.98	9.06	9.49
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	4	90%	89%	89%	88%	85%	87%	85%
	Cath Lab Utilisation 6 (including 15 min Turn Around Times)	4	70%	69%	60%	84%	68%	80%	78%
	CCA length of stay (LOS) (hours) - Mean	3	Monitor only	105	104	92	108	97	98
	CCA LOS (hours) - median	3	Monitor only	36	43	27	43	38	31
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	5.21	4.67	4.47	4.93	4.72	4.31
	% Day cases	3	Monitor only	55.58%	55.99%	53.53%	56.74%	54.36%	55.59%

Summary of Performance and Key Messages:

Bed occupancy

Bed occupancy remains below the planned trajectory with a small improvement on the month 6 position. Wards beds, to ensure patient safety have been temporarily paused and this has adversely impacted on the percentage bed occupancy on the wards

Admitted patient care

Admitted patient care numbers have improved in month, and are the highest in 18/19- however they remain behind plan

CCA bed occupancy

CCA bed occupancy at 94% remains high. 84 more patients have been admitted to CCA in 18/19 compared with 17/18 and this is contributing to the high occupancy figure.

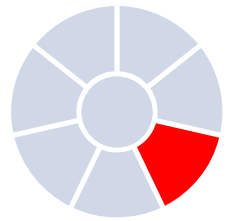
Same day admissions

There has been an improvement in thoracic surgery same day admissions but cardiac surgery remains low. The criteria and calculating methods have been reviewed. Work needs to be done with the booking team and the clinicians to improve this percentage.

Cath lab utilisation

A decrease in cath lab utilisation occurred in month 7 in both cath lab 1-5 and cath lab 6. On going issues related to the bookings of patients has contributed to this decrease, a recovery plan is in place with daily monitoring of the booking of patients.

Key performance challenges



Theatre Cancellations

There were 50 theatre cancellations in month 7

Cancellation code	Oct-18
1a Patient DNA	0
1b Patient refused surgery	1
1c Patient unfit	5
1d Sub-optimal work up	0
2a All CCA beds full with CCA patients	13
2b No ward bed available to accept transfer from CCA	3
2c Delay in repatriation of patient from CCA	5
2d No ward bed available	0
3a Critical care	1
3b Theatres	0
3c Consultant surgeon	0
3d Consultant anaesthetist	0
3e Other	0
4a Emergency took time	8
4b Transplant took time	5
4c ECMO/VAD took time	0
4d Additional urgent case added and took slot	2
4e Equipment/estate unavailable	0
5a Planned case overran	6
5b Additional urgent case added and took slot	0
5c Overruns delayed start	0
6a Scheduling issue	1
Total	50

Additional activity within theatres and CCA month 7

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

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

84 additional emergency minor procedures also went through theatre.

On **10** occasions, the Theatre or CCA team was called out for retrieval or repatriation of patients.

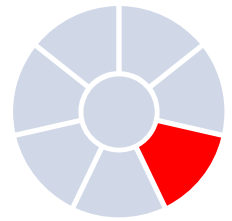
Critical Care support to the wards

Critical care nurses continue to support the wards when possible- this equated to 256 hours in October, 1.5WTE.

Cath Labs Cancellations

72 patients were cancelled in the cath lab in month 7

Reason	Oct-18
Emergency took time	16
Medical reasons	20
Patient did not arrive in time	8
Previous case over ran	6
Equipment Failure	0
Patient DNA	2
Clerical error	4
Patient unfit for procedure	1
Procedure no longer required	4
Bed shortage	0
Cancelled by patient	1
Infection control	2
Further tests	0
Transport	1
More urgent case	0
Patient admitted as emergency	0
Procedure changed	0
Appointment moved to fill slots	0
Consultant unavailable	0
Procedure carried out at another hosp.	0
<i>Various other reasons</i>	7
Grand Total	72



Background

There are 6 cath labs in the Trust: 2 dedicated to CRM procedures, 2 to interventional and structural procedures, 1 to biopsy/pacemakers and the mobile lab to biopsy/CRM. The cath labs are booked to 90% meaning emergency PPCI procedures are placed in an elective list. Rapid NSTEMI and emergency pacing procedures are undertaken in bespoke timetabled time either in protected lab time or in the evening. Activity in cath labs averages approximately 690 cases per month. Utilisation in cath lab ranges between 85-90%.

What is currently measured as a cancellation?

Measuring cancellations is complex and the current system of measurement uses a broad brush approach that does not take into account when patients are rescheduled (or rolled over and procedure completed within 24 hrs). Currently a cancellation is recorded if the single booking is changed from its original location – this can be as simple as moving to another lab, but the procedure time remain the same. A patient may be cancelled on the day of the procedure for a variety of reasons. The recording is done by the cath lab coordinator from available cancellations reasons available on Tomcat, live at the episode event. The top 3 reasons are currently: 1. Emergency took lab time (5.5% YTD), 2. Medical decision (2% YTD), 3. Patient did not arrive in time for procedure (1% YTD). A patient level analysis of the cancellations reported was undertaken to truly identify the level of cancellation. The results are to the right:

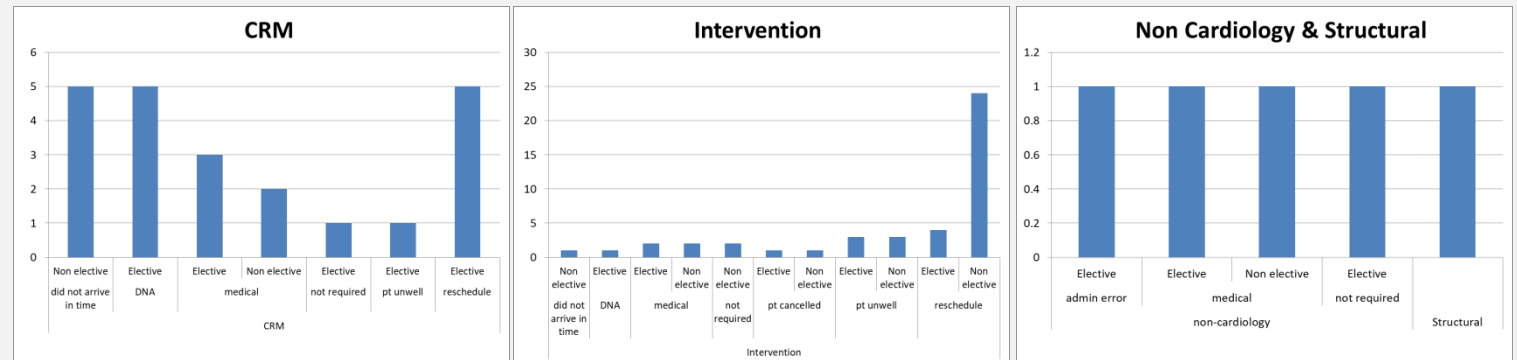
How we will measure cancellations in the future?

Cancellation measurement going forward will be presented in a format that is dynamic, assessable and immediately reviewable on a day by day basis and include information regarding additions and rescheduled patients. This more granular approach will enable better analysis of true cancellation status against the current broad brush approach.

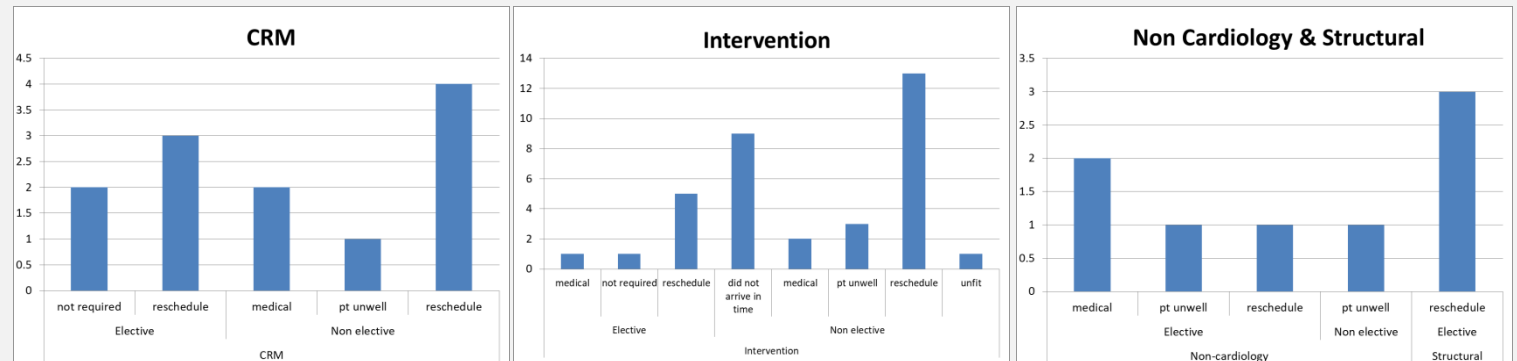
Next steps :How do we intend to reduce the cancellation rate?

- Analysis of the top 3 cancellation reasons /areas will be the first areas that we will look to reduce the current cancellation rate.
- Daily reviews of themes will overseen by the Cath lab co-ordinator/Cardiology Ops manager
- Monthly review meeting will take place to address any highlighted issues and actions will be assigned and feed back through the relevant Business Unit meetings.

September 2018



October 2018



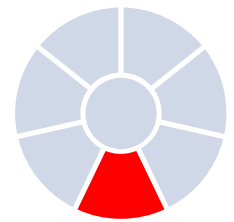
Responsive

Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Director of Operations

6 month performance trends



	Data Quality	Target	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	tbc	>99%	99.14%	99.55%	99.60%	99.50%	99.23%	99.08%
	18 weeks RTT (combined)	3	92%	83.62%	83.82%	84.52%	85.65%	87.31%	88.45%
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul 18)*	3	85%	100.0%	92.9%	78.6%	71.4%	100.0%	77.8%
	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	54	38	57	37	50
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	3	95%	15.90%	16.66%	20.40%	30.23%	41.66%	20.00%
Additional KPIs	18 weeks RTT (cardiology)	3	92%	79.45%	78.98%	81.34%	82.97%	85.46%	87.49%
	18 weeks RTT (Cardiac surgery)	3	92%	67.16%	67.18%	67.10%	69.03%	69.14%	72.48%
	18 weeks RTT (Respiratory)	3	92%	96.64%	97.09%	96.10%	97.04%	97.35%	96.04%
	62 days cancer waits post re-allocation (old rules)*	3	85%	100.0%	92.9%	100.0%	85.7%	100.0%	88.9%
	Number of patients on waiting list	3	3,717	3859	3734	3731	3523	3514	3446
	Acute Coronary Syndrome 3 day transfer %	3	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Other urgent Cardiology transfer within 5 days %	3	90%	100.00%	97.62%	100.00%	100.00%	100.00%	100.00%
	% patients rebooked within 28 days of last minute cancellation	3	100%	98.00%	100.00%	95.24%	100.00%	100.00%	96.55%
	52 week RTT breaches	3	0	2	1	2	6	4	1
	Outpatient DNA rate	4	Monitor only	9.40%	9.48%	10.31%	9.31%	9.50%	10.08%

* 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. Both surgery and cardiology have shown improvements in breach reduction in line with the revised Trust trajectory.

Theatre cancellations

Theatre cancellations increased to 50 in month 7. 13 patients were cancelled due to CCA being full

IHU

There has been a reduction in percentage of IHU performed within 7 days. The whole pathway including staffing is being reviewed with the aim to shortening the wait for surgery. The business case for theatre 6 is being written with the aim to increasing capacity and improving the patient experience within this pathway.

Cardiology Transfers

Cardiology transfers of the 3 and 5 day transfer times remain within target, 100%. There has been no impact on capacity following the successful launch of the Rapid NSTEMI pathway in September

Cancer Wait

A 100% pre and post reallocation against the new rules for the 62 day target in September has been confirmed. A 100% was achieved for the 31 day target.

In quarter 2 a 83.3% pre and 80% post reallocation was achieved. This would compare against 95.8% under the old rules. 100% for the 31 day target was achieved.

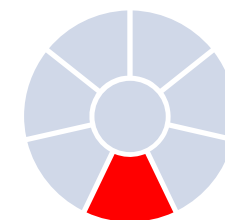
The increase in the demand for thoracic surgery continues.

52 week breach

1 52 week breach was reported in month- a patient who had previously breached but had requested that the surgery was scheduled for November

Responsive

Key performance challenges



Escalated performance challenges:

RTT Performance and 52 week waits.

As reported last month this remains a key challenge for the Trust and a key priority and focus.

RTT performance has improved for the fourth month in a row with sustained breach and waiting list reduction across Cardiology and Surgery. Respiratory medicine has seen more referrals than planned with more breaches. A contributory factor to this is the issues around not booking into all available capacity. This is being addressed with the booking office and a review of processes.

The Trust has now moved to its weekly trust wide PTL meeting with the plan to review all patients down to 14 weeks waiting. There is a good grip by the teams on patients waiting and their respective plans.

The Trust continues to experience 52 week breaches 'pop on' to the waiting list. A root cause analysis is completed for any breaches. September saw 4 being declared to commissioners.

Key risks

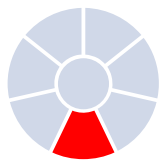
- Potential risk of clinical harm to the patient.
- Reputational risk to the Trust
- Financial risk to the Trust
- Inability to plan without full understanding of the required capacity

Key Actions

- Ongoing review of all pathways that have resulted in a clock stop outside of an admitted pathway.
- 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. NHSI training scheduled for November 23rd.
- Ongoing awareness of the risk and processes across the organisation.

	Cardiology	Surgery	Respiratory Medicine	Overall
	Oct18 RAP			
Pathways: Plan per RAP	1350	645	1350	3345
Pathways: Final October	1367	614	1465	3446
Variance	17	-31	115	101
Breaches: Plan per RAP	201	207	40	448
Breaches: Final October	171	169	58	398
Variance	-30	-38	18	-50
Achievement: Plan per RAP %	85.11%	67.91%	97.01%	86.60%
Achievement: Final October %	87.49%	72.48%	96.04%	88.45%
Variance	2.38%	4.57%	-0.97%	1.85%

Responsive. Spotlight on: CWT 62 & 31 day performance.



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 = 85%			
	Total treated	Breaches	%	Total treated	Breaches	%	Total treated	Breaches	%	Status
Q1	12.5	1.5	88.0%	12.5	0.5	96.0%	3.5	0.0	100.0%	Confirmed
Q2	12.0	2.0	83.3%	12.5	2.5	80.0%	3.5	0.5	85.7%	Confirmed
Oct-18	4.5	0.0	100.0%	4.5	1.0	77.8%	1.5	0.5	66.7%	Provisional
Nov-18	4.0	1.0	75.0%	4.0	1.0	75.0%	1.0	0.0	100.0%	Provisional

PET Issues Causing Concerns.

We have seen an increase in delays and problems with the Alliance Medical PET service provide by CUH. There has been an increase in the average days to PET from 4.8 in September to 5.8 in October. More importantly we have seen a steady increase in the number of patients waiting over 7 days (the National PET target) and over 10 days. This is causing delays in our patients investigation phase.

This is in part due to a national shortage of Cyclotron tracer, nationally supplied by Alliance Medical. They have had a factory shut down in May 2018 for refurbishment. This has caused the shortage.

There are also reliability issues on the remaining production. This has often resulted in not enough tracer at facilities to be able to perform to their capacity. Because of this we have also seen a change in their booking pattern for us, again trying to move away from our ring fenced slots on a Monday and Friday. This situation is expected to continue as they have refurbishment plans for their other facilities.

We have see increased referral demand in September and October which has subsequently increased surgical demand.

There have also been several late breaches received from referring Trust, which under the new rules still have to be treated within 24 days to avoid any breach liability. This has increased time pressures within each month which is also increasing surgical demand. Nov predicted at 31 treatments with half the month to go.

	Total treated	Breaches	%
Q1	70	0	100.0%
Jul-18	33.0	0.0	100.0%
Aug-18	23.0	0.0	100.0%
Sep-18	16.0	0.0	100.0%
Q2	72	0	100.0%
Oct-18	27.0	0.0	100.0%
Nov-18	31.0	1.0	96.8%

Q2 now confirmed at 80% post reallocation. Under the old rules this would have been 95.8%. The main issue was 3 breaches in Aug that should have been accepted by CUH under new rules but were refused.

October performance predicted at 100% pre re allocation but 77.8 % post reallocation. This is due to 1 breach we will take full liability for. This was a complex diagnostic patient but also delayed PET scan.

November early prediction is showing increased treatments. 1 breach will be reallocated, but liability for 1 full breach remains with Papworth. We are currently predicting 75% pre and post reallocation.

October breach 68 Days

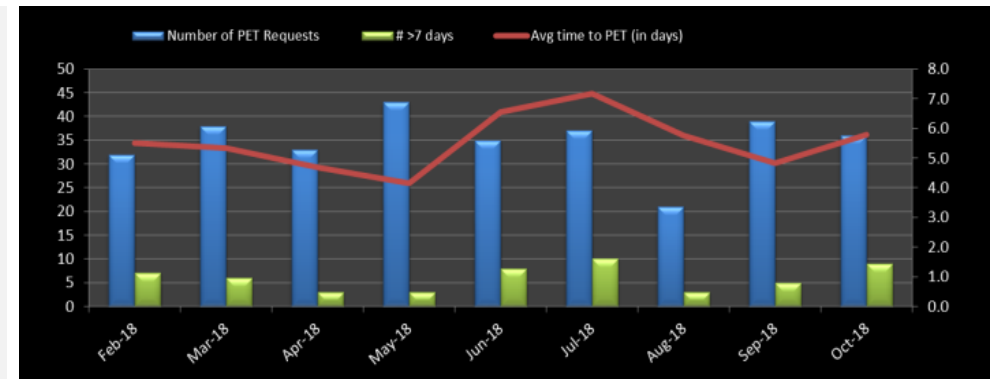
Received day 13 from Investigating provider 1.

- RPH had for 38 days to decision to treat, as investigating provider 2.
- PET DELAYS
- BARTS as treating provider then treated on MARS2 in 17 days.

November breach 87days

Received day 29 from investigating provider

- RPH had for 34 days as investigating provider 2.
- PET DELAYS & Patient initiated delays
- RPH as treating provider then treated by surgery in 24 days



Plan to address Increasing late referrals

Working with NHSE and the Cancer Alliance a plan has been formulated to address the issues of the number of late referrals received (greater than 16 days). Our current 6 month Avg. shows we receive 47% after day 16. This has been as high as 65%

- This latest V4 of the EoE Cancer Alliance CWT IPT Referral Policy is agreed within the region. (Recently sent out)
- RPH Q2 referral time frame data will be presented at the Next Cancer Alliance Board meeting by NHSE.
- A monthly breakdown of all 62 referrals per referrer will be sent to the corresponding Cancer Manager to highlight any delays.
- RPH, NHSE & the Cancer Alliance will visit our referring Partners to reconfirm the pathway and work collaboratively to highlight delays.

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	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	
Dashboard KPIs	Voluntary Turnover %	3	15.0%	12.91%	9.95%	24.28%	21.54%	23.02%	13.50%
	Vacancy rate as % of budget	4	5.50%	10.75%	10.91%	13.20%	12.30%	13.34%	10.49%
	% of staff with a current IPR	3	90%	89.71%	88.28%	88.19%	86.96%	85.25%	85.95%
	% sickness absence	3	3.50%	2.75%	2.83%	3.46%	3.19%	3.37%	3.98%
Additional KPIs	% Medical Appraisals	3	90%	87.50%	90.57%	93.20%	90.38%	88.68%	83.96%
	FFT – rec as place to work	3	63%	42.00%	37.00%	41.00%	41.00%	47.00%	48.00%
	FFT – rec as place for treatment	3	80%	91.00%	82.00%	74.00%	81.00%	83.00%	87.00%
	Mandatory training %	3	90.00%	91.15%	89.15%	89.19%	89.79%	89.21%	89.82%
	Registered nursing vacancy rate	3	5.0%	8.23%	8.20%	8.13%	6.51%	4.56%	0.42%
	Unregistered nursing vacancy rate	3	8.00%	22.63%	21.65%	22.31%	19.76%	25.66%	24.55%
	Long term sickness absence %	3	0.80%	0.75%	0.77%	0.92%	1.40%	0.81%	1.07%
	Short term sickness absence	3	2.70%	2.00%	2.06%	2.54%	1.79%	2.56%	2.92%
	Agency Usage (wte) Monitor only	3	Monitor only	51.1	60.3	55.1	53.9	47.6	58.1
	Bank Usage (wte) monitor only	3	Monitor only	54.5	55.2	73.1	73.8	57.4	58.6
	Overtime usage (wte) monitor only	3	Monitor only	53.0	54.2	52.6	53.7	46.4	58.2
	WTE Totals: Non Medical Starters	3	Monitor only	23.5	20.9	21.8	43.2	58.2	59.9
	WTE Totals: Non Medical Leavers	3	Monitor only	16.5	15.2	35.4	30.3	33.6	22.0

Summary of Performance and Key Messages

Key highlights in October are:

- Total turnover decreased to 13.5%. Nursing turnover decreased to 10.2% from 27.9% in September. There were 5.6 wte nurse leavers in October.
- We continued as a net recruiter to the nursing workforce for the fifteenth month in a row; 22.2 WTE (this includes pre-registration nurses). We were a net gainer of the HSCW workforce by 2.9 wte.
- The Trust vacancy rate decreased to 10.5%. Nurse vacancy rate (including Pre-registered) decreased to 0.4%. Excluding PRP staff the registered nurse vacancy rate reduced to 9.3%. We have a large cohort of PRP staff (52.4wte) who are working towards gaining registration.
- Total IPR compliance increased marginally to 85.95% although medical appraisal decreased to 83.96%. This is as a result of appraisals that were booked in October being re-arranged as a result of work requirements.
- Sickness absence increased to 3.98% which is over our KPI and the highest level since Feb 17. Further analysis is provided in the Spotlight section.
- 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 marginally to 48%. The comments from staff who reported that they would not recommend the Trust as a place to work reflect the impact of the pending relocation in terms of the amount of organisational change on staff and the perceived change in culture and concerns at management skills in supporting staff through this change. Staffing levels, particularly nurse staffing levels was another key theme.
- Temporary staffing usage increased to 174.9 wte. There was a decrease in registered nurse agency usage as vacancy rates decrease. There was a significant increase in agency use in Estates and Facilities which is planned usage as part of the preparation for the transfer to services ahead of the move. There has also been a significant increase in the use of HCSW agency over the last 6 months in response to an increase in the requirement for the provision of enhanced care driven by the drive to move patients out of Critical Care as early as possible in order to maintain flow. The increase also reflects the additional capacity being used to improve RTT performance.

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 Respiratory and 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. This is resulting in increased sickness absence rates.
- 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.
- Pay costs in excess of budget as a result of the cost of temporary staffing used to mitigate turnover and sickness absence and support increased activity to meet RTT.

Key Actions

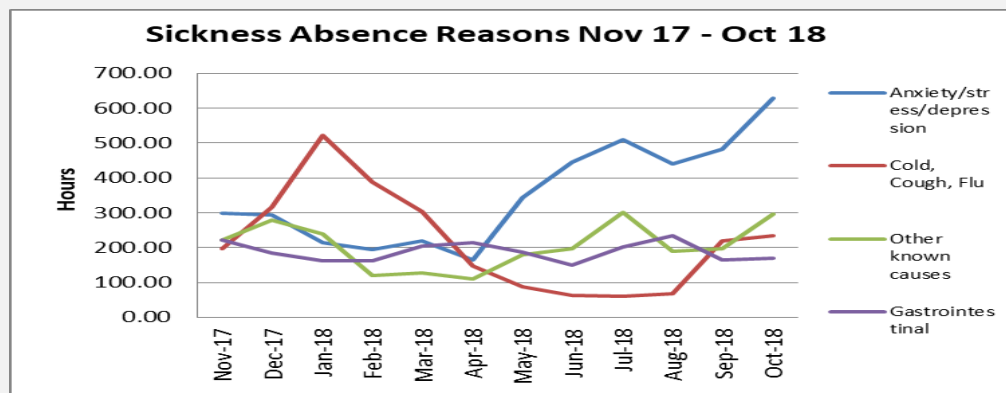
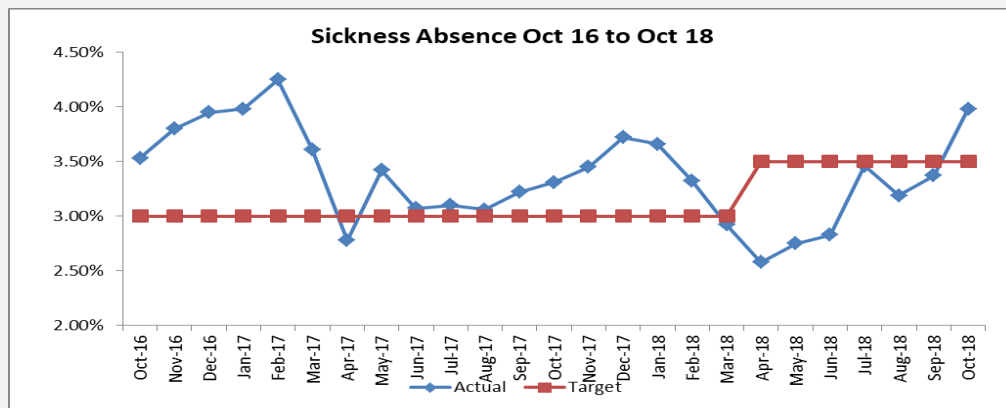
- The Trust has refreshed our social media attraction approach. We have worked with a specialist company to develop a campaign ("We are Royal Papworth") that is designed to drive interest in our website and the recruitment events we run/attend and show them how they could be part of the organisation. We are initially focusing on nursing and allied health professional staff but will expand it to other staff groups. We have seen a big increase in the numbers of people reached and the numbers visiting our website and NHS jobs page. Some headline statistics (as at 20 Nov 18):
 - the adverts have reached 202,959 people
 - 2,400 people have clicked through to the 'We are Royal Papworth' landing page on our website
 - 194 people have clicked to view our recruitment events
 - 803 people have clicked from the We are Royal Papworth landing page to view our current vacancies (2,200 people in total have viewed the our vacancies section since the campaign began)
 - 79 people have said they're interested in coming to our Qube event on 22 November
- We ran two Administrative and Clerical Recruitment Event in Royal Papworth House focused on recruiting to a range of vacant posts particularly in Clinical Administration. These proved very successful with 21 offers of post made and 9 recruits on a waiting list for new vacancies as they arise. The events were very well run and received excellent feedback from applicants.
- The National Staff Survey commenced in October and is open until the 7th December. We have been encouraging staff to participate via staff briefings and by offering the chance to win vouchers in a draw for those that participate. The feedback from the staff survey is used by the CQC as an important source of information on staff satisfaction and engagement and by the Trust to identify areas of concern for staff.
- The Flu Vaccination Campaign is underway and at the time of writing this report we had achieved 75% of front line staff being vaccinated
- In response to feedback from staff who have moved into the new staff accommodation at Waterbeach we have increased the frequency of the bus service from the hospital to Waterbeach in the evening in order to reduce the time that ward staff have to wait between finishing their shift and their journey home.

People, Management & Culture

Spotlight on: Sickness Absence



Summary of performance:



Historical Performance

The Trust's overall level of sickness absence has increased steadily since April of 2018, rising to 3.89% in October the highest level since February of 2017. This follows an extended period where the Trust was below the new 3.5% target level for all but 2 of the previous 18 months.

Drivers of the increase

The main driver for the increase in sickness absence in October was an increase in absence caused by stress, anxiety and depression. Increasing from 16.09WTE equivalent staff lost in September to 20.65WTE in October. There has also been the normal seasonal increase in Cough Colds etc.

Challenges

- There are a number of potential contributory factors to the increased levels of stress in the organisation including; the high level of organisational change and the delay to the move. We also have long term absence linked to performance capability processes
- The increase in stress is not evenly spread. Nursing areas, particularly CCA, Hugh Fleming and VJ have the majority of cases but Administrative staff, particularly in the Booking Team and Finance have seen the largest increase in stress related absence since April 2018.

Actions

- The Trust will be providing additional resilience training for staff to help them identify and better cope with stressful situations. This has been funded by the Trust's Charity.
- We are commissioning Mental Health First Aid training for managers which will commence in the New Year
- The Trust's New Line Managers Training prospectus contains classes on the management of capability and sickness absence processes
- HR Partners, in conjunction with Occupational Health will be ensuring that all stress cases are reviewed regularly at business unit meetings. There is a newly established monthly sickness meeting in CCA to review all cases with managers.
- The Board has approved the implementation of a Culture and Leadership Programme with the objective of developing and sustaining a high quality care culture underpinned by compassionate leadership.

Transformation

Performance summary



Accountable Executive: Chief Operating Officer / Chief Finance Officer

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

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

Summary of Performance and Key Messages:

Operational Readiness: Implementation of new resource booking system on the current and new site continues broadly 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. Campus bus funding confirmed by all partners.

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. The remedial works themselves are broadly complete with emphasis now on the technical commissioning and testing of building systems. Replacement of glass panels broken during the remedial works are underway. At present, therefore, completion prior to Christmas 2018 remains the target, as reflected in the revised Master Commissioning Programme. 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 and are progressing toward conclusion as part of the handover process. Equipping progress is now targeted towards maximising opportunities for delivery and installation during the early months of the new year, utilising the contingency period between construction end and commencement of operational commissioning.

CTP: Training underway for smart fridge with target go live in December; blood gas analysers planned to go live during November. 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). Slight delay to Variation 6 has been escalated to respective DoFs for resolution. 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, with the detailed work-up of cardiac physiology proposals being finalised.

Service Improvement (SIP/CIP):

The service improvement programme is Amber

The outstanding CIP gap carried forward to this month is £378k which remains the same as last month's, however £13,800 has been approved and signed off and is just waiting to be removed from the relevant budgets. We currently have one scheme that is awaiting validation and this is the cardiology scheme which is waiting for NHS England to sign a contract variation, this has a value of £279k.

The Cardiology team have been asked to work up further schemes in preparation for next year and where possible these may be bought forward if the delays continue.

There are a number of schemes for that are being worked up by Pathology, Radiology and CADS and are currently in SIP gateway 2 where the values have not been validated yet.

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 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 all directorates linked to budget setting for 2019/20 and business planning.

Lorenzo Benefits: Next submission completed in November

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

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:

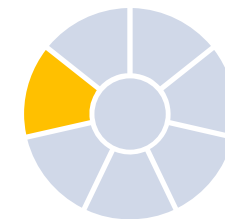
1. Revised construction programme utilised to determine a revised move date, inclusive of contingency and the Master Commissioning Programme re-set and approved accordingly
2. Agreed Recruitment Strategy in operation. Regular recruitment events scheduled and long-run vacancy levels reducing. Recruitment 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 well advanced for clinical staff and commencing for non clinical staff.
4. Linked to delivery of Requests and Results project and implementation of bi-directional messaging. 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	Lead	Workstream Delivery Assessment				Trend
		JUL	AUG	SEP	OCT	
PFI, Equipping & Estates	RC					
Design and Construction	NH	Red	Orange	Yellow	Yellow	=
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	Yellow	Green	Green	Green	=
CTP - Pathology	JP	Red	Orange	Yellow	Green	=
DORACs - Clinical Delivery	AG	Green	Green	Green	Green	=
DORACs - Clinical Support	MM	Green	Green	Green	Green	=
DORACs - Office Policy	AG	Green	Green	Green	Green	=
Move and Migration	LB	Green	Green	Green	Green	=
Workforce & Communications	OM					
Communications	KW	Green	Green	Green	Green	=
Training & Familiarisation	SHB	Yellow	Yellow	Yellow	Yellow	=
Workforce Planning	JS	Yellow	Yellow	Yellow	Yellow	=
ICT	AR					
ICT and Telecoms	MJ	Red	Orange	Yellow	Yellow	=
Hospital Cutover	RH/JR					
Move Control	JR	Yellow	Green	Green	Green	=
Overall Project Delivery Rating	PMT	Red	Orange	Yellow	Yellow	=

Summary of Performance and Key Messages:

Overall project confidence delivery remains at amber pending greater certainty as to the conclusion of the Phase 2 Works to timetable.

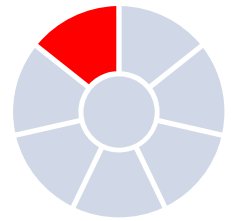
RAG	Criteria Description
Green	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly
Yellow	Successful delivery appears probable however constant attention will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

Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

6 month performance trends



		Data Quality	Target	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Dashboard KPIs	Year to date EBITDA surplus/(deficit)	4	-£1,205k	£(25)k	£(87)k	£(55)k	£26k	£(22)k	£577k
	Year to date surplus/(deficit) £000s	4	£(5,789)k	£(509)k	£(1,454)k	£(2,157)k	£(2,985)k	£(3,939)k	£(4,112)k
	Cash Position at month end £000s	4	£13,904k	£43,097k	£41,411k	£35,523k	£36,983k	£31,931k	£28,485k
	Use of resources rating	5	4	3	3	3	3	3	3
	Capital Expenditure YTD £000s	4	£35,724k pa	£6,727k	£7,437k	£8,649k	£10,844k	£12,289k	£13,469k
	In month Clinical Income £000s	4	£13,344.2k (current month)	£12,160k	£12,173k	£12,159k	£12,090k	£12,615k	£12,749k
	CIP – Identified - YTD £000s	4	£4,860k	£1,032k	£1,343k	£1,725k	£2,290k	£3,019k	£3,684k
	CIP – FY Target £000s	4	£9,522k pa	£8,851k	£8,851k	£8,855k	£9,061k	£9,143k	£9,143k
	Agency spend as % of salary bill	4	2.89%	4.88%	4.20%	4.80%	4.96%	4.71%	3.97%
Additional KPIs	Debtors > 90 days overdue	4	10%	32.0%	49.4%	58.2%	46.1%	36.2%	35.2%

Summary of Performance and Key Messages:

The Trust's year to date position is a deficit of £4.11m, favourable to the refreshed plan by £0.63m.

Total clinical income is below plan by £1.82m. Adverse high cost drugs and devices income is £1.48m, 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 (9.5%) inpatient/day cases equating to £2.03m, whilst favourable complexity in case mix of £1.34m offsets this. A combination of other favourable items totalling £0.36m gives a net underlying clinical income position which is behind plan by £1.82m.

Pay is £0.03m adverse to plan with temporary staffing costs replacing substantive savings from vacancies. Non pay is £1.76m favourable to plan, comprising favourable clinical supplies due to the lower activity (£2.68m), underspends due to timing on the NPH transition programme (£0.9m) and lower depreciation charges (£0.76m) following delayed capitalisation of assets. Offset by commissioner fines (£0.71m) and unachieved non-pay CIP (£0.40m).

EBITDA is behind plan by £0.13m 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 £3.68m is £1.18m adverse to plan of £4.86m, due to £0.38m 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 £13.47m which is underspent by £9.80m due to delays in timing of the new hospital equipment purchases as the refreshed plan anticipated significant expenditure in August which was delayed awaiting the finalisation of the master commissioning programme.

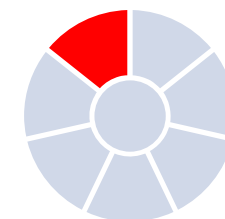
The cash balance of £28.49m is favourable to the refreshed plan by £14.58m, predominantly due to the timing of the NPH capital equipping programme and working capital improvements to plan.

In month the Trust has reported a deficit of £0.17m, which is £0.61m ahead of the planned refreshed plan deficit of £0.79m. High Cost/Low Volume activity has driven increases in both income and expenditure.

The underlying run rate is deficit of £1.02m in month and £5.98m year to date, when adjusted for costs of transition and the associated funding, fines, bad debt provision movements and R&R project costs.

The Trust has maintained the forecast out-turn at month 7 in line with the £15.8m control total deficit within the refreshed plan, however, the Trust is proposing to amend this to a deficit of £11.5m in month 8 following the approval of the revised master commissioning plan.

Key performance challenges



October 2018 risk score changes: There was a reduction in the EPR risk (7.8.1) as the project has entered business as usual stage and there have been no additional costs.

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, resulting in a revised risk score of 12 (previously 16).

Financial Strategic Risks				Risk appetite	FSRA Oct 18	FSRA Nov 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	8

Progress against Annual Plan Submission

Net deficit - The Trust's reported a deficit of £0.172m in month, which was favourable by £0.614m to the refreshed plan deficit of £0.787m.

Total Income - Total income in the month of £14.65m was ahead of plan (£14.26m). Underlying clinical income is behind plan by £0.60m in the month, due to: Lower inpatient /day case activity totaling £0.41m, partly offset with increased complexity of £0.39m. Private patients activity decreased in the month to £0.56m, and is £0.15m behind plan.

In addition, an adverse variance of £0.25m relating to reduced high cost device & drugs income (offsets lower expenditure, as these items are procured on a pass through basis – see below), is more than offset by higher than planned Transplant & VAD procedures resulting in a total Clinical income position which is above plan by £0.39m.

Non-clinical Income is below plan this month by £0.4m, predominately due to lower R&D income.

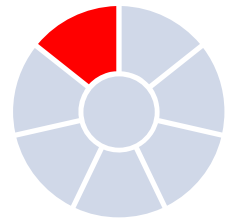
Pay costs - Total pay costs were favourable in the month against the refreshed plan, by £0.16m. There remains a favourable substantive pay position due to the number of vacancies (225 WTEs) that exist across the Trust, but this was more than offset by the continued high levels of temporary staffing expenditure within the Operational Directorates.

A £0.06m adverse variance 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 £1.15m. The underlying position is £1.29m 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 £0.4m, 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 £1.02m in month and £5.98m 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



October 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.

As at October £293k has progressed in the pipeline to Gateway 2 which will go part way to offsetting the planning variance of £378k, leaving a remaining gap of £85k.

Actual CIP achievement to October 2018

The actual year to date achievement was £3,684k to October 2018 against the identified plan of £4,573k. Of the £9,143k identified projects the operational CIP variance is adverse to plan by £889k at the end of October 2018. The total variance against the CIP target including the unidentified CIP to end of October is adverse by £1,176k against the plan of £4,859k.

Key CIP Project year to date progress:

The adverse CIP operational variance to M07 of £889k is detailed in Appendix 1 and is principally 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 £459k adverse;
- Cardiology £227k adverse;
- Surgery £105k adverse;
- Thoracic £58k adverse.

This is partially mitigated by non recurrent favourable pay variances in other directorates to October of £964k (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 October 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	2,077	1,204	(872)	2,077	1,204	(872)	0	0
CIP- Non Pay	4,585	4,207	(378)	2,741	2,438	(303)	2,455	2,438	(17)	0	(378)
CIP- Drugs	71	71	0	42	42	0	42	42	0	0	0
CIP - Total	9,521	9,143	(378)	4,859	3,684	(1,176)	4,573	3,684	(889)	0	(378)

2018/19 CIP actual vs Target

