

Papworth Integrated Performance Report (PIPR) November 2018

December 2018



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Context:

The activity table 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	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Trend
Cardiac Surgery	210	229	206	163	284	206	
Cardiology	768	788	766	716	776	740	
ECMO	5	3	5	3	3	5	
PTE operations	17	16	17	15	20	13	
RSSC	571	539	504	507	602	487	
Thoracic Medicine	358	375	383	333	390	426	
Thoracic surgery (exc PTE)	60	84	65	52	88	63	
Transplant/VAD	57	45	53	43	53	45	
Total Inpatients	2,046	2,079	1,999	1,832	2,216	1,985	
Outpatient Attendances	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Trend
Cardiac Surgery	336	312	357	322	381	360	
Cardiology	3,521	3,993	3,247	3,626	3,787	3,628	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	2,115	1,807	1,561	1,881	2,332	2,099	
Thoracic Medicine	1,717	1,778	1,791	1,697	1,975	1,884	
Thoracic surgery (exc PTE)	100	99	97	116	117	111	
Transplant/VAD	325	371	358	310	364	366	
Total Outpatients	8,114	8,360	7,411	7,952	8,956	8,448	

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

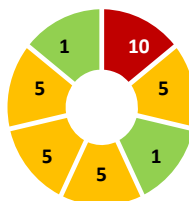
Overall Report Scoring

- **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 Safe domain remains at green in November. Safe Staffing - the safe staffing fill rate has seen a further improvement this month. For nights, it is green (99.1%) and amber for days (89.0%). This continued improvement is due to the ongoing combination of active recruitment and the joint work that the clinical education and workforce teams are doing.

Effective: An improvement in bed occupancy was achieved in month with the highest % figure since April 18 reflecting the improved safer staffing numbers.

Responsive: 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.

People, Management & Culture – 1) Total turnover decreased to 12.4%. 2) The Trust vacancy rate decreased to 10.2%. 3) Total IPR compliance improved to 90.3%. This is as a result of improved planning within departments and training on the correct way of recording completed appraisals.

Adverse performance

Caring: During November, there were seven formal complaints. Of the seven, three are inpatients; four are outpatients. The key performance challenges slide in the caring section provides a breakdown for further information.

Effective: Critical Care Occupancy is at the highest % year to date with very high patient acuity in month 8. This is reflected in the increased length mean and median of stay of patients on the unit. 20 of the 67 theatre cancellations were due to CCA being full.

Responsive – Theatre cancellations - at 62 in month were the highest YTD - 20 patients were cancelled due to critical care being full. High patient acuity within the unit and increased length of stay further contributed to patient cancellations.

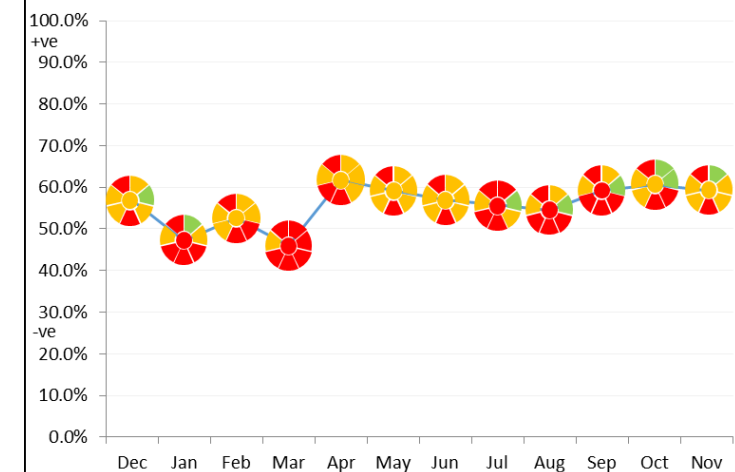
People, Management & Culture: Sickness absence was broadly unchanged from October at 3.93% which is over our KPI but follows the annual trend of higher absence levels during the winter period.

Finance: - In month the Trust has reported a deficit of £1.39m, which is £0.60m adverse against the planned refreshed plan deficit of £0.79m.

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 predominantly complete with emphasis now on the technical commissioning and testing of building systems. Intention to complete Phase 2 works prior to Christmas 2018 has been notified to the Trust and the Independent Tester.

Finance: The forecast out-turn position has been updated this month following the approval of the master commissioning plan and reflects the Trusts anticipated year end deficit of £11.79m (£11.5m adjusted control total). The key movements are the removal of the activity ramp down, full year impact of the technical depreciation movement due to delayed capitalisation and the run rate impact of pay and non-pay costs.



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	Nov-18	4	97%	98.31%	98.37%			Caring	FFT score- Inpatients	Nov-18	4	95%	97.00%	97.00%		
	Never Events	Nov-18	3	0	0	0				FFT score - Outpatients	Nov-18	2	95%	97.30%	98.04%		
	Moderate harm incidents and above as % of total PSIs reported	Nov-18	3	100%	1.16%	1.22%				No of complaints (12 month moving average)	Nov-18	4	5		5.20		
	Safer staffing – registered staff day (night)	Nov-18	3	90-100%	89% (99.1%)	84.41% (89.63%)				% of complaints responded to within agreed timescale	Nov-18	4	100%	100.00%	100.00%		
	Number of C.Diff cases (sanctioned)	Nov-18	5		0	2				Voluntary Turnover %	Nov-18	3	15%	12.40%	19.37%		
Effective	Bed Occupancy (excluding CCA)	Nov-18	4	85%	80.71%	76.82%			Vacancy rate as % of budget	Nov-18	4	6%		10.19%			
	CCA bed occupancy	Nov-18	3	85%	94.68%	91.07%			% of staff with a current IPR	Nov-18	3	90%	90.30%				
	Admitted Patient Care (elective and non-elective)	Nov-18	4	17954	1985	16169			% sickness absence	Nov-18	3	3.5%	3.93%	3.27%			
	Cardiac surgery mortality EuroSCORE	Nov-18	3	3%	1.86%	2.15%			Year to date EBITDA surplus/(deficit) £k	Nov-18	4	£(1,570)k	£(54)k				
	Theatre Utilisation	Nov-18	3	85%	n/a	87.7%			Year to date surplus/(deficit) £k	Nov-18	4	£(5,528)k	£(5,502)k				
Responsive	% diagnostics waiting 6 weeks and over	Nov-18	tbc	99%	99.18%	99.36%			Cash Position at month end £k	Nov-18	4	£12,491k	£26,486k				
	18 weeks RTT **	Nov-18	3	92%	89.49%	89.49%			Use of Resources rating (UOR)	Nov-18	5	4	3	3			
	62 days cancer waits	Nov-18	3	85%	87.50%	91.30%			Capital Expenditure YTD £k	Nov-18	4	£23,577k	£13,743k				
	31 days cancer waits	Nov-18	3	96%	93.10%	99.14%			In month Clinical Income £k	Nov-18	4	£13,188	£12,352k	£98,365k			
	Theatre cancellations in month	Nov-18	3	30	67	409			CIP – Identified £000s	Nov-18	4	£5,819k	£4,339k	£4,339k			
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	Nov-18	3	95%	17.64%	23.67%			CIP – FY Target £000s	Nov-18	4	£9,522k	£9,143k	£9,143k			
									Agency spend as % of salary bill	Nov-18	4	2.45%	5.97%	4.64%			
								ORAC programme delivery on track	Nov-18	4						→	
								SIP – project delivery	Nov-18	4						→	
								Digital programme delivery on track	Nov-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.

** 18 week RTT is provisional *** Latest month of 62 day and 31 cancer wait metric is still being validated

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	0		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	89.49%		87.31%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	93.10%	99.14%	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%	87.50%	91.30%	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%	93.40%		93.40%		Clinical Governance are reviewing 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	Q2	YTD	2018/19	Forecast	
		£'000s	£'000s	£'000s	£'000s	%	£'000s	
NHSE	GE3: Medicines Optimisation	£88.50	£0.00	£29.21	£29.21	33%	£88.50	No Q1 indicator, Q2 100%
	IM2: CF Patient Adherence	£221.25	£55.31	£55.31	£110.62	50%	£221.25	Q1 & Q2 100%
	NSTEMI pathway	£177.00	£17.70	£53.10	£70.80	40%	£177.00	Q1 & Q2 100%
	NSTEAC pilot	£177.00	£17.70	£17.70	£35.40	20%	£177.00	Q1 & Q2 100%
	Cardiac Clinical Network	£221.25	£0.00	£0.00	£0.00	0%	£221.25	No Q1/Q2 indicators
	New Papworth Hospital	£1,000.00	£250.00	£250.00	£500.00	50%	£1,000.00	Q1 & Q2 100%
NHSE total		£1,885.00	£340.71	£405.32	£746.03	40%	£1,885.00	
C&P CCG & Associates	1a Improvement of health and wellbeing of NHS staff	£54.39	£10.88	£0.00	£10.88	20%	£54.39	Q1 100%, no Q2 indicator
	1b Healthy food for NHS staff, visitors and patients	£54.39	£0.00	£0.00	£0.00	0%	£54.39	No Q1 or Q2 indicator
	1c Improving the uptake of flu vaccinations for frontline clinical staff within Providers	£54.39	£0.00	£0.00	£0.00	0%	£54.39	No Q1 or Q2 indicator
	2a Timely identification of sepsis in acute inpatient settings	£40.83	£10.21	£10.21	£20.42	50%	£40.83	Q1 & Q2 100%
	2b Timely treatment of sepsis in acute inpatient settings	£40.83	£10.21	£10.21	£20.42	50%	£40.83	Q1 & Q2 100%
	2c Antibiotic Review	£40.83	£10.21	£10.21	£20.42	50%	£40.83	Q1 & Q2 100%
	2d Reduction in antibiotic consumption	£40.83	£10.21	£10.21	£20.42	50%	£40.83	Q1 & Q2 100%
	6 Offering advice and guidance	£163.34	£24.50	£24.50	£49.00	30%	£163.34	Q1 & Q2 100%
	9a Tobacco screening	£8.17	£2.04	£2.04	£4.08	50%	£8.17	Q1 & Q2 100%
	9b Tobacco brief advice	£32.67	£8.17	£8.17	£16.34	50%	£32.67	Q1 & Q2 100%
	9d Alcohol screening	£40.83	£10.21	£10.21	£20.42	50%	£40.83	Q1 & Q2 100%
	9e Alcohol brief advice or referral	£40.83	£10.21	£10.21	£20.42	50%	£40.83	Q1 & Q2 100%
	Engagement in STP process	£153.09	£38.27	£38.27	£76.54	50%	£153.09	Q1 & Q2 100%
CCGs total		£765.43	£145.12	£134.24	£279.36	36%	£765.43	
Grand Total		£2,650.43	£485.83	£539.56	£1,025.39	39%	£2,650.43	

Board Assurance Framework risks (above risk appetite)

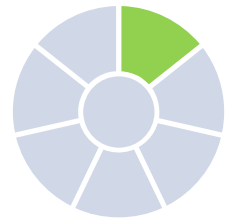
PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Status since last month
Safe	Failure to stay within ceiling trajectories for all HCAI's	675	JR	6	Yes	8	8	8	8	8	8	↔
Safe	Ageing Estate	690	RC	6	Yes	20	20	20	20	16	12	↓
Safe	Safer staffing 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	15	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	12	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	16	20	↑
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	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	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	20	20	20	20	20	20	↔
Finance	Current Trading Expenditure	835	RC	10	Yes	20	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	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	
Dashboard KPIs	Safety Thermometer harm free care	4	>97%	98.34%	98.80%	97.04%	97.83%	98.30%	98.31%
	Never Events	3	0	0	0	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	3	<100%	1.50%	2.30%	1.00%	1.40%	0.80%	1.16%
	Safer staffing – registered staff day	3	90-100%	82.8%	81.5%	80.5%	83.8%	88.0%	89.0%
	Safer staffing – registered staff night			89.3%	91.0%	81.7%	87.8%	93.6%	99.1%
	Number of C.Diff cases (sanctioned)	4	5 in year	0	0	0	0	0	0
	High impact interventions *	3	97.0%	Additional KPI	Additional KPI	Additional KPI	Additional KPI	Additional KPI	97.0%
	Falls per 1000 bed days	3	<4	Additional KPI	Additional KPI	Additional KPI	Additional KPI	Additional KPI	2.6
	Ward - Care hours per patient day	3	>7.8	9.5	9.6	9.5	10.3	10.4	9.8
	Critical care - Care hours per patient day		>32.9	34.5	33.4	34.8	34.3	33.0	33.2
Additional KPIs	Number of Papworth acquired Pressure Ulcers (grade 2 and above)	4	<4	4	3	5	2	2	2
	Falls per 1000 bed days*	3	<2.2	2.8	0.7	2.4	1.6	1.8	2.6
	MRSA bacteraemia	3	0	0	0	0	0	0	1
	Number of serious incidents reported to commissioners in month	3	0	0	3	0	2	2	0
	Registered nurse vacancies (WTE)**	2	5.00%	47.07	54.55	43.25	91.32	61.16	55.81
	Registered nurse vacancies (% total establishment)**			8.20%	8.13%	6.51%	13.91%	9.31%	8.47%
	HCSW vacancies (WTE)**	3	10.00%	6.82	14.53	19.19	3.49	5.10	(8.20)
	HCSW vacancies (% total establishment)**			0.00%	0.00%	0.00%	0.00%	0.00%	(3.80)%
	E coli bacteraemia	3	Monitor only	1	0	1	2	0	3
	Klebsiella bacteraemia	3	Monitor only	0	1	1	1	4	0
	Pseudomonas bacteraemia	3	Monitor only	0	0	0	1	1	1
	High impact interventions *	3	Monitor only	97.0%	98.9%	99.3%	98.0%	98.0%	Dashboard KPI
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	3	4	2	3	2	3

* Promoted from Additional KPI to Dashboard KPI from Nov 18 onwards.

Summary of Performance and Key Messages:

Following agreement at Trust Board 06.12.2018, the following changes have been made to the KPIs: High impact interventions above the line with a target of 97% or over; Falls above the line with a target of 4 falls per 1000 bed days or below; Care hours per patient day – new metrics (Ward CHPPD & Critical Care CHPPD).

Safe Staffing: the safe staffing fill rate has seen a further improvement this month. For nights, it is green (99.1%) and amber for days (89.0%). This continued improvement is due to the ongoing combination of active recruitment and the joint work that the clinical education and workforce teams are doing (such as support of the overseas pre registration nurses obtaining their NMC PIN numbers and continued positive recruitment activity).

As with previous months, for the 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. Through the patient flow meetings, we continue to monitor patient safety measures; as well as the registered nurse to patient ratios; and Care Hours Per Patient Day (CHPPD) levels.

C.Diff: there were no cases of C.Diff cases in November. The number of sanctioned C.Diff cases year to date remains at two.

Falls: at the time of reporting, data was not available. Data will be included next month.

Care Hours Per Patient Day (CHPPD): this is a new metric added from this month to enable ongoing visibility at a glance (with data backdated for information). Ward areas and Critical Care are green against the set threshold. A breakdown by each area is included in the 'Spotlight On' slide for Safe (November data).

MRSA bacteraemia: there has been one case reported this month (13.11.2018) which remains under investigation, pending scrutiny panel.

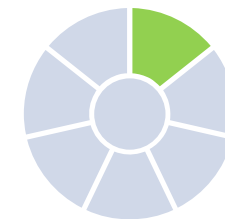
SIs: There were no new serious incidents to report during the month of November 2018.

Vacancies: there has been a further reduction in RN vacancies following a positive period of recruitment. There has been an increase in HCSW vacancies excluding pre-registration nursing staff. In discussion with Deputy Director of Workforce, the increase is part linked to an increase in HCSW establishment and also we were not a net recruiter for the HCSW roles.

It is worth noting that the pre-registration nursing staff awaiting PIN numbers, which have now been included in this data, do contribute to the unregistered numbers when working clinically.

**For the 'Safe' section of PIPR the pre registration nurses are now included in the HCSW vacancy figures (therefore this differs from the People, Management & Culture (PMC) Section of PIPR). This is to help display actual RN vacancies within Safe.

Key performance challenges



Escalated performance challenges

Adverse Legionella result in Transplant Outpatients and Pseudomonas result on Critical Care. This is included in PIPR as a way of bringing colleagues up to date and to advise that ongoing monitoring remains in place.

Legionella in Transplant Outpatients

In September 2018, the Trust were informed of an adverse water result from water sampling taken (by our water management contractor) in Transplant Outpatients. Immediate steps and actions were taken as appropriate, led by the Estates team in liaison with the clinical teams and Infection Prevention and control.

Repeat water testing on 16 October after remedial actions showed that all tests were negative for Legionella. There has been no patient or staff harm.

Pseudomonas in Critical Care

At the start of October 2018, adverse water results were received following routine six monthly water sampling in Critical Care, showing high levels of Pseudomonas in 16 out of 44 outlets sampled. Immediate steps were taken, including an emergency meeting led by the Estates team in liaison with the clinical teams and Infection Prevention and control. Following discussion it was agreed that there was no foreseeable risk to staff or patients in the area as long as correct hand hygiene practice is adhered to.

Further re-sampling returned positive results in a smaller number of areas. (The most recent update showed 2 outlets testing positive). Estates have undertaken remedial actions and re-sampling as previously. Critical Care have been advised to keep all original outlets out of use for patient contact, continue to maintain good hand hygiene practice and good use of hand gel; and maintain good practices by the staff to ensure that retrograde contamination of taps does not happen. There has been no patient or staff harm.

Key risks

Applicable to both

Risk to damage of organisations reputation.

Risk of increased anxiety amongst patients and staff.

Possible risk to staff and patients if correct infection prevention and control measures were not followed.

Key Actions

There is a Trust Water Safety Plan in place.

Legionella in Transplant Outpatients

An initial emergency water management meeting was held 28th Sep 2018, attended by Estates, clinical and Infection Prevention and Control.

Confirmation of the strain of Legionella obtained.

Liaison with Public Health England.

Water testing will be repeated every two months to ensure that actions taken remain effective (December and February) in accordance with HTM 04-01

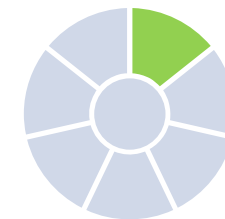
Pseudomonas in Critical Care

An initial emergency water management meeting was held 4th Oct 2018, attended by Estates, clinical and Infection Prevention and Control. Immediate steps were put in place following this meeting (further details are available if required).

All positive outlets will be subject to remedial actions followed by re-testing at 3 days, then after 2 weeks and then after 4 weeks before returning to a 6-monthly testing.

Ongoing monitoring is being undertaken by Estates and Facilities in partnership with Infection Prevention and Control.

The latest results have been discussed with our water advisors, who are assisting regards further best practice actions to be taken.



Background

Each month, a breakdown of safe staffing is uploaded to the NHS Digital website. This information is then used to inform national benchmarking and public information such as that made available on NHS Choices.

This is a breakdown of the November 2018 submission data:

Ward name	Day		Night		Care Hours Per Patient Day (CHPPD)	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Overall
CMU	76.8%	75.7%	99.2%	95.0%	688	7.7
HEMINGFORD & HDU	104.4%	99.7%	102.1%	206.6%	446	12.9
CF WARD	120.5%	125.4%	122.4%	-	270	11.3
HUGH FLEMING	73.1%	94.4%	99.3%	112.2%	759	8.3
MALLARD & PCU	88.5%	129.0%	94.3%	196.3%	1083	9.9
RSSC	61.7%	69.6%	83.1%	80.1%	401	10.0
VARRIER JONES	90.6%	133.3%	91.4%	154.1%	979	9.1
CRITICAL CARE	103.3%	58.2%	100.7%	74.3%	938	33.2

Challenges to process:

Shaded red in the left table; four out of eight inpatient areas remain under the 90% fill rate for registered nurses on days and one (of the same four areas) also for nights.

Those areas that remain under the 90% fill rate for registered nurses are:

CMU (days): RN vacancies (34.3% Aug 2018; 32.8% Sep 2018; 31.9% Oct 2018) and sickness (5.0% Aug 2018; 6.9% Sep 2018). * Where required, co-ordinator taking patients to support. There are some EU/overseas pre-reg nurses working towards obtaining their UK PIN numbers working in this area. The overall CHPPD** is 7.7 which is just off the average threshold for RPH (7.8); however greater than the CHPPD set for CMU which is 6.25. This indicates that although the registered nurse fill rate is under the 90%, that the CHPPD are still being achieved.

Hugh Fleming (days): RN vacancies (24.9% Aug 2018; 23.2% Sep 2018; 16.5% Oct 2018) and sickness (9.2% Aug 2018; 9.1% Sep 2018). There are some EU/overseas pre-reg nurses working towards obtaining their UK PIN numbers working in this area. Above 100% unregistered nursing staff on nights supporting enhanced care requirements. The overall CHPPD is 8.3, which is better than the RPH average threshold (of 7.8).

Mallard (days): RN vacancies (18.6% Aug 2018; 16.4% Sep 2018; 8.8% Oct 2018) and sickness (4.0% Aug 2018; 3.2% Sep 2018). There are some EU/overseas pre-reg nurses working towards obtaining their UK PIN numbers working in this area. Above 100% unregistered nursing staff (days and nights) providing support required for enhanced care requirements. The overall CHPPD is 9.9, which is better than the RPH average threshold (of 7.8).

RSSC (days and nights): RN vacancies (24.3% Aug 2018; 25.9% Sep 2018; 28.9% Oct 2018) and sickness (3.4% Aug 2018; 0.8% Sep 2018). Staffing levels adjusted as required for patient activity. There are some EU/overseas pre-reg nurses working towards obtaining their UK PIN numbers working in this area. The overall CHPPD is 10.0, which is better than the RPH average threshold (of 7.8).

The recruitment and retention team are working with the nursing leadership team to focus on the areas with the highest vacancies, in line with the new and ongoing recruitment activity.

* The RN vacancies and sickness data is taken from the most recent Monthly Scorecard (produced by the Trust Data Analyst).

**The Care Hours Per Patient Day (CHPPD) is calculated using a 23:59 hrs bed count mapped against actual staffing. This is a mandated calculation set by NHSI. The threshold for RPH has been established as 7.8 (average across the organisation for ward areas) and 32.9 for Critical Care, following modelling against international guidance.

Performance summary



Accountable Executive: Chief Nurse
6 month performance trends

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

		Data Quality	Target	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Dashboard KPIs	FFT score- Inpatients	4	95%	97.0%	97.0%	97.0%	98.0%	97.0%	97.0%
	FFT score - Outpatients	2	95%	99.0%	98.0%	98.0%	98.0%	96.0%	97.3%
	Number of complaints (12 month moving average)	4	5 and below	5.8	5.0	4.8	4.1	4.8	5.2
	% 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)	2	1	3	4	3	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	2	5	6	4	7
	Number of recorded compliments	4	10	69	434	885	767	771	695

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 58 % (an increase from last month which was 45%).

For benchmarking information: the NHS national average for response rates (inpatients) is 24.9% (Oct 2018, most recent published data); CUH Inpatient response rate was 9.4% (July 2018, most recent published data).

The percentage of out-patients who would recommend Royal Papworth Hospital also remains above target at 97.3%. Response rate is 2.5% (221 responses). The national data doesn't provide a response rate for outpatients; the most recently available response rate for CUH Outpatients FFT is 1.4% (Jun 2018 data; later response rate data not published).

For inpatients the highest response rate was Hemingford Ward (88.1%), with a recommendation rate of 98%. For outpatients, the highest response rate was Transplant (13.5%) with a recommendation rate of 100%. This is an excellent improvement in 'response rate' from Transplant (for October data the response rate was 0.3%; recommendation rate 100%). The Lead Nurse and team have worked very hard to promote the use of the Friends and Family Test, with a real focus during November.

Complaints:

During November, there were seven formal complaints. Of the seven, three are inpatients; four are outpatients. Four are related to 'communication'; two are related to 'cancelled procedure'; one relates to 'medical treatment'; one relates to 'discharge planning' (some of the complaints cover more than one primary subject, i.e. 'cancelled procedure' & 'communication'). The next slide (key performance challenges) provides a breakdown for further information.

Key performance challenges



Escalated performance challenges:

Formal Complaints received has increased in November to 7

Directorate	Inpatient / outpatient	Detail summary	Primary subject
Cardiology	OP	Patient unhappy with having to chase information re appointments/results. Clarification of cause of reaction to drug given prior to MRI - information not shared with GP via discharge letter.	Communication/ Information
Cardiology EP	IP	Patient unhappy with pain experienced when undergoing pacemaker procedure	Medical Treatment
Cardiac Surgery	IP	Patient was cancelled - No beds. Has daughter with special needs who requires substantial planning to arrange full care is in place for her whilst patient and wife at hospital.	Cancelled Procedure
Cardiac Surgery	IP	Concerns raised regarding Mothers discharge - ie equipment / blood tests / wound care	Discharge planning
Surgery Thoracic	OP	Patient had operation cancelled then advised unable to have procedure done at Papworth	Cancelled Procedure/ Communication / Treatment
Ambulatory Care/Transplant	OP	Unhappy with clinic experience ie queuing for bloods/attitude of staff/food	Communication / Treatment
Ambulatory Care/Transplant	OP	Unhappy with communication provided to family prior to and following death of the patient	Communication / Information

Key risks:

- Poor patient experience
- Poor standard of care and service provided
- Reputational damage for the Trust
- Possible negative impact on staff morale

Key Actions:

All complaints are subject to a full investigation. Individual investigations and responses are being prepared.

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

Actions are identified.

Continued monitoring of further complaints and patient and public feedback.

Staff, Sisters and Matrons proactively responding to and addressing concerns when raised. This helps to ensure that concerns are heard and where possible handled in a positive way, often avoiding the need for a formal complaint. An apology is given where necessary.

From live feedback, feedback from complaints and/or lessons learned, changes are made to improve the experience for patients going forward.



“Experienced nurses who want to come back to the profession have much to offer patients, employers and society. Coming back to the profession has never been easier with courses and training on hand to ease the transition and build skills “(Health Education England).

Royal Papworth Hospital is one of many NHS Trusts in the country that supports the Return to Practice programme. We support nurses who have taken a career break ,for whatever reason, to regain their nursing registration and practice as a registered nurse. Nurses who are returning to practice are eligible to join us as a Band 3 Healthcare Support Worker while taking part in a three-to- four-month course to regain their nursing skills.

The Return to Practice programme, which is provided in partnership with Anglia Ruskin University, offers the chance to revisit clinical skills with the support of a nursing supervisor. At the end of the programme, participants undergo a robust assessment to ensure they are competent and able to perform as a registered nurse. Once participants have passed this assessment they can be appointed as a Band 5 registered nurse and return to nursing with confidence.

Their skills and experience are invaluable to increase the nursing workforce and improve the level of patient care that can be provided. They bring with them a wealth of experience, life skills and knowledge. We know from our own experience that they become part of our Royal Papworth family very quickly. We have a Staff Nurse (see ‘Staff Story’ example next) who has been at Royal Papworth since May this year. We have a second Return to Practice nurse who started at Royal Papworth in September this year (expected to re-register in early 2019); and a third who started on the Trust induction this week (w/c 03.12.2018).

There is an excellent article in the November 2018 (RPH) NewsBeat and an excellent article on our public website ‘Former nurses return to profession at Royal Papworth’ <https://royalpapworth.nhs.uk/our-hospital/latest-news/former-nurses-return-profession-royal-papworth>

Staff story

Staff Nurse Jane Brass (Mallard Ward) originally qualified as a nurse in London in 1986: “I’d been out of the profession for 17 years. I left Papworth in 2000 because I had young children and because my husband’s job meant he travelled a lot – it made things difficult when it came to childcare. Not long after that we moved to California for eight years.”

The family returned to the UK and when the children began to leave home for university last year, Jane began to look for a job. She saw an advert for Royal Papworth’s Return to Practice programme and decided to find out more.

“I hadn’t intended to come back because previously it would have meant having to retrain again, but Return to Practice made it a lot easier,” she said.

“I think I was the one who’d been away the longest out of everyone on my course. The biggest difference now is the use of technology – the last time I was here it was all paper forms. We covered all of the main changes. On the whole the care is the same, but the turnover of care is faster.”

Next steps:

- We are continuing to work with Anglia Ruskin University in partnership for Return to Practice.
- Focused adverts and interviews for Return to Practice.
- Tony Bottiglieri (in Clinical Education) is our Trust Return to Practice Champion and lead contact for enquiries.
- Continue to promote the Return to Practice programme.

Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Directors of Operations



6 month performance trends

		Data Quality	Target	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Dashboard KPIs	Bed Occupancy (excluding CCA)	4	85% (Green 85% 90%)	77.6%	75.6%	74.9%	73.4%	74.2%	80.7%
	CCA bed occupancy	3	85% (Green 85% 90%)	90.5%	91.5%	89.2%	92.4%	93.9%	94.7%
	Admitted Patient Care (elective and non-elective)	4	2297 (current month)	2046	2079	1999	1832	2216	1985
	Cardiac surgery mortality EuroSCORE	3	<3%	2.38%	2.25%	2.09%	1.91%	1.54%	1.86%
	Theatre Utilisation	3	80%	87.00%	87.16%	85.12%	92.04%	Green	n/a
Additional KPIs	Same Day Admissions – Cardiac (eligible)	4	40%	26.85%	17.70%	31.53%	27.48%	26.59%	19.23%
	Same Day Admissions – Thoracic (eligible)	4	40%	45.24%	46.43%	32.00%	36.59%	42.00%	34.69%
	Length of stay – Cardiac Elective – CABG (days)	3	8.22	7.50	7.75	7.72	8.65	7.86	7.77
	Length of stay – Cardiac Elective – valves (days)	3	9.65	9.86	10.01	9.22	8.59	8.09	9.55
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	4	90%	89%	88%	85%	87%	85%	86%
	Cath Lab Utilisation 6 (including 15 min Turn Around Times)	4	70%	60%	84%	68%	80%	78%	76%
	CCA length of stay (LOS) (hours) - Mean	3	Monitor only	104	92	108	97	98	115
	CCA LOS (hours) - median	3	Monitor only	43	27	43	38	31	40
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	4.67	4.47	4.97	4.71	4.42	4.56
	% Day cases	3	Monitor only	55.99%	53.53%	56.74%	54.29%	55.52%	55.69%

Bed Occupancy

An improvement in bed occupancy was noted in month achieving the highest % figure since April reflecting the improved safer staffing numbers.

CCA occupancy

CCA occupancy at is the highest year to date with very high patient acuity in month 7- this is reflected in the increased length mean and median of stay of patients on the unit . Further 20 of the 67 theatre cancellations were due to CCA being full .

SDA

The variation and scheduling of patients will be reviewed through the work that is due to commence in January with the aim to reduce cancellations. Ensuring all eligible patients are admitted as a SDA will help with patient flow.

Cath lab utilisation

On going issues related to the bookings and scheduling of patients continue , a recovery plan is in place with daily monitoring of the booking of patients.



Theatre Cancellations

Cancellation code	Nov-18
1a Patient DNA	
1b Patient refused surgery	
1c Patient unfit	6
1d Sub optimal work up	3
1e Patient not ready	
2a All CCA beds full with CCA patients	20
2b No ward bed available to accept transfer from CCA	8
2c Delay in repatriation of patient from CCA	2
2d No ward bed available	
3a Critical Care	
3b Theatres	
3c Consultant Surgeon	
3d Consultant Anaesthetist	
3e Other	
4a Emergency took time	5
4b Transplant took time	7
4c ECMO/VAD took time	1
4d Additional urgent case added and took slot	7
4e Equipment/estate unavailable	
5a Planned case overran	5
5b Additional urgent case added and took slot	1
5c Overruns delayed start	
6a Scheduling issue	2
Total	67

Key risks

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

Top reasons in month:

- All CCA beds full with CCA patients
- No Ward bed available
- Transplant took time
- Additional urgent case added
- ❖ There were also 9 occasions where patients were cancelled due to being unfit or not ready for surgery.

Additional activity within theatres and CCA

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

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

14 additional elective cases were added to the list.

110 additional emergency minor procedures also went through theatre.

On **17** occasions, the Theatre or CCA team was called out for retrieval or repatriation of patients.

Cath Lab Cancellations

Cath Lab Cancellations: Lab 1-5	
Reason	Nov-18
Emergency took time	24
Medical reasons	32
time	4
Previous case over ran	5
Clerical error	5
Patient DNA	2
procedure	3
required	2
Equipment Failure	0
Infection control	3
Bed shortage	2
Cancelled by patient	3
Transport	2
Further tests	0
Procedure changed	0
More urgent case	0
slots	0
Consultant unavailable	0
another hosp.	0
emergency	0
Various other reasons	1
Total	88

Effective Perfect Week



Background

The Trust identified that there was an ambition from the executive team to hold a Perfect week event.

The aims being to prepare the Trust for the winter ahead but also to demonstrate how the Trust could improve patient flow and experience by changing some of its focus.

The general aims of the perfect week would be to:

Optimise flow and reduce avoidable delays in patient pathways.

Model what we could achieve on a good week where the whole organisation is focusing on clinical throughput.

Identify process issues that frustrate flow and work to remove them.

Surface any barriers to flow, which have become accepted and work to resolve them.

Increase senior leadership visibility across clinical areas.

Take the lessons learnt into winter and beyond with revised processes where appropriate.

The operational center was manned throughout the day which enabled a central point of co-ordination and escalation for delays.

This event occurred between the 26th and 30th of November with meetings scheduled up to this week during November to plan for the event.

Key Lessons:

There were 146 issues logged throughout the week with 32 being resolved on the day. By having a clear log, accountability and escalation issues were resolved in a quicker and sustainable way.

Planning and communication are key to the effective running of the site. This is not new but a change in practice with all Trust operational managers attending the 10:30 site wide meeting ensured that earlier decision making and actions could be taken. This is now being embedded into business as unusual.

The involvement of all the MDT, the cancellation of non urgent meetings and a Trust wide focus enabled the Trust to perform more efficiently than in other weeks.

Having support services accessible such as operational support and digital ensured quick resolution of issues.

Planning before admission and throughout the pathway became more apparent. The 15:00 meeting was used to provide a guide to expected discharges the next day. This has continued and is enabling a better prediction for flow. Next steps are to ensure Lorenzo is updated and to have this information earlier in the day.

Several of the issues and feedback will be used to guide ways of working in NPH.

This exercise was carried out Monday to Friday, the next event would be over a 7 day period to ensure learning from the weekend.

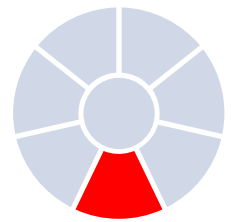
Responsive

Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Director of Operations

6 month performance trends



	Data Quality	Target	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	tbc	>99%	99.55%	99.60%	99.50%	99.23%	99.08%	99.18%
	18 weeks RTT (combined) *	3	92%	83.82%	84.52%	85.65%	87.31%	88.45%	89.49%
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul 18)**	3	85%	92.9%	78.6%	71.4%	100.0%	100.0%	87.5%
	31 days cancer waits **	3	96%	100.0%	100.0%	100.0%	100.0%	100.0%	93.1%
	Theatre cancellations in month	3	30	54	38	57	37	50	67
	% of IHU surgery performed <7 days of acceptance for treatment or transfer	3	95%	14.58%	20.40%	30.23%	41.66%	20.00%	17.64%
Additional KPIs	18 weeks RTT (cardiology)*	3	92%	78.98%	81.34%	82.97%	85.46%	87.49%	88.09%
	18 weeks RTT (Cardiac surgery)*	3	92%	67.18%	67.10%	69.03%	69.14%	72.48%	75.93%
	18 weeks RTT (Respiratory)*	3	92%	97.09%	96.10%	97.04%	97.35%	96.04%	96.41%
	62 days cancer waits post re-allocation (old rules)**	3	85%	92.9%	100.0%	85.7%	100.0%	100.0%	n/a
	Number of patients on waiting list	3	3,717	3734	3731	3523	3514	3446	3511
	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%	97.62%	100.00%	100.00%	100.00%	100.00%	100.00%
	% patients rebooked within 28 days of last minute cancellation	3	100%	100.00%	95.24%	100.00%	100.00%	96.55%	96.43%
	52 week RTT breaches	3	0	1	2	6	4	1	1
	Outpatient DNA rate	4	Monitor only	9.48%	10.31%	9.31%	9.50%	10.08%	9.32%

*RTT metric data is provisional **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. Respiratory continue to support the recovery delivering in the 96% to 97% channel predicted.

Cancer CWT 62 day and 31 day.

October's performance has been finalised at 100% for the 31 day & 100% post allocation for the 62 day performance. This was much better than the predicted 66% due to 1 full breach not allocated to us by the referring Trust, due to the indicated suspension of the current 38 day rules, because of shadow reporting problems with the NHS digital system. Further clarification moving forward around the IPT rules is being sort.

Demand and activity has increased through Nov and Dec with further challenges expected with the performance over this period. PET tracer shortages nationally continue to put pressure on this diagnostic service that may have knock on effects to delivering against the standards. This will be monitored and flagged up through the RCA process. CCG and NHSE are aware.

Theatre cancellations

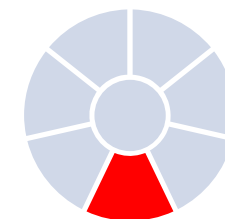
Theatre cancellations at 62 were the highest YTD- 20 patients were cancelled due to critical care being full- higher patient acuity within the unit and increased length of stay further contributed to patient cancellations

Cardiology Transfers

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

Responsive

Key performance challenges



Escalated performance challenges:

RTT Performance and 52 week waits.

The Trust's RTT performance continues to show a steady improvement. There are on-going concerns with the high level of cancellations in the month, the additional demand for thoracic surgery for patients on a cancer pathway and booking issues within Respiratory Medicine in particular RSSC.

The PTL and active monitoring of patient's pathways continue with teams really demonstrating a good handle of the data and actions required.

'Pop on' patient continue to be monitored but these do appear to be caught earlier in their pathway.

Key risks

- Potential risk of clinical harm to the patient.
- Reputational risk to the Trust
- Patient dissatisfaction with the service provision
- Financial risk to the Trust

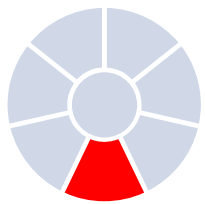
Key Actions

- Weekly forward view for RSSC bookings and unused capacity. A weekly teleconference between the thoracic operational managers and the booking offices to ensure that the capacity is efficiently utilised.
- One of the RSSC staff are commencing on a three month secondment to the booking team with the aim to improve the booking position and share knowledge regarding the pathways.
- The surgical and thoracic operational teams review the weekly PTL and flex activity accordingly. Outsourcing of additional capacity is being explored for benign work.
- One of the operational managers will be undertaking some dedicated work to reduce cancellations

	Cardiology	Surgery	Respiratory Medicine	Overall
	Oct18 RAP			
Pathways: Plan per RAP	1330	638	1350	3318
Pathways: Final November	1335	644	1532	3511
Variance	5	6	182	193
Breaches: Plan per RAP	179	200	40	419
Breaches: Final November	159	155	55	369
Variance	-20	-45	15	-50
Achievement: Plan per RAP %	86.54%	68.65%	97.01%	87.36%
Achievement: Final November %	88.09%	75.93%	96.41%	89.49%
Variance	1.55%	7.28%	-0.60%	2.13%

Responsive. Spot Light On Diagnostic Procedures

(Imaging/Physiological measurement, Endoscopy & sleep Studies)



Radiology- Imaging

Radiology diagnostic Imaging includes cross-sectional imaging such as Computerised Tomography (CT), Nuclear Medicine (NM), Magnetic Resonance Imaging (MRI), PET, and Plain film imaging and Bone Densitometry.

Activity: Radiology scans around **55,000** patients per year from both internal and external sources. Currently the total YTD Activity has increased by **+8%** compared to the same period last year (**2473** more patients had radiology diagnostic procedures April-October compared to same period last year): There has been an increase in CT and MRI activity of **+19%** and **+14.5%** respectively compared to the same period last year. In effect **937** more patients have been seen April-October in CT than the equivalent period last year and **253** more in MRI. The biggest area of growth is Cardiac CT where the YTD activity has seen a **24.3%** this is due to updated NICE guidelines *Chest pain of recent onset: assessment and diagnosis* and recommendations from Royal College of Radiologist Guidance (*Standards practice of computed tomography angiography CTCA in adult patients*)

Referral to test: Most new diagnostic referrals (DM01) are required to be completed within a 6 week window from referral to test completed. Some Imaging is planned or a follow-up procedure. A reportable breach of diagnostic wait is defined as > than 1% Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test. In October 2018 the breach was reported as **0.80%**

Reporting: Currently there is no national standard for report turnaround, although this is being seen by NHSI as key performance indicator that they wish to develop. Radiology currently sets its own local KPI's for both Inpatient and out patients reports.

What is new in Radiology?: Innovation and development is key to Imaging. Faster acquisition scanners, innovative imaging and protocols enhance the diagnostic journey of the patient, by reducing radiation dose and improving the diagnostic quality of the imaging. Although in early development, artificial intelligence (AI) is seen as an area of potential development in some aspects of Imaging.

Cardiology – Cardiac Physiology Diagnostics (8 different diagnostics hospital wide, both as elective outpatient and non-elective inpatient)

Outpatient The increase in outpatient elective requests is in line with new NICE guidelines and reflective of our population. The longer waits for tilt table and ILR implantation are reflective that we host specific clinics to achieve the best patient experience and counselling from the session.

Procedural and inpatient requests

Cardiac physiology deliver diagnostics in the cath lab during procedure. Therefore, the focus is on bedside requesting post procedure. The maximum waits are in the adjacent table.

Diagnostic	Outpatient wait	
	(max weeks)	Inpatient wait (max weeks)
TTE (echo)	4.5	0.14
Stress echo	3	0.29
Exercise echo	1.43	0.14
Holter	2.14	0
Tilt table	2.71	n/a
TOE	3.2	0.14
ILR	2.86	n/a
ECG	0	0

Respiratory Physiology- Oesophageal Manometry

Activity: Current annual activity circa 49 procedures per year.

Referrals previously came from multiple trusts around the region and internally from the transplant teams. Since the introduction of a new GI Physiology service at NWAFT the referrals into our OES service have been restricted to the transplant team. Reducing referrals 10-15 pcm to 5 pcm. Our internal Transplant referrals are elective planned and therefore do not come under the 6 week rule for elective wait, as they are linked into 3 month review appointments.

Reporting: Two lead physiologists perform and physiologically report on these with a target report completion of 1 week. An external clinician, contracted by Royal Papworth, provides a clinical interpretation within a further 2 weeks before the report is sent to the referrer.

Respiratory Physiology-function services

Diagnostic procedures for all of Royal Papworth Hospital. These are performed within outpatient, inpatient and day case scenarios. **Activity:** see table

Referrals are received from all internal specialities. This is split between new patients requiring diagnostic assessments within the 6 week pathway, & f/u at a planned interval date. There are number of referral access points TomCat, ICE and paper. The Lorenzo team are supporting to establish a single referral route into the department through R&R.

PROCEDURE	ANNUAL WORKLOAD (Procedures per year)
Spirometry	9424
Single Breath Gas Transfer	4434
Body Plethysmography	2888
Bronchodilator response	35
FENO/NNO	274
Sweat Test	128
Cardiopulmonary exercise test	252
Six-Minute/Shuttle Walk Test	2130
Allergy Testing	28
Muscle Study (non-invasive)	580
Challenge Testing	3
Capillary/Arterial Blood Gas	53
Hypoxic Challenge Test	68

Reporting: For most routine tests the report is generated immediately on completion of the investigations and uploaded as a .pdf onto the patient's eMR. For some more complex investigations, e.g. cardio-pulmonary exercise testing, there is a maximum 4 week turnaround of fully interpreted reports due to the complexity of the information and the need for detailed interpretation. Where basic information is required by services, e.g. risk stratification outputs for transplantation and other surgery, these are uploaded immediately on completion of the test.

People, Management & Culture

Performance summary

Accountable Executive: Director of Workforce and Organisational Development **Report Author:** HR Manager Workforce



6 month performance trends

	Data Quality	Target	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	
Dashboard KPIs	Voluntary Turnover %	3	15.0%	9.95%	24.28%	21.54%	23.02%	13.50%	12.40%
	Vacancy rate as % of budget	4	5.50%	10.91%	13.20%	12.30%	13.34%	10.49%	10.19%
	% of staff with a current IPR	3	90%	88.28%	88.19%	86.96%	85.25%	85.95%	90.30%
	% sickness absence	3	3.50%	2.83%	3.46%	3.19%	3.37%	3.98%	3.93%
Additional KPIs	% Medical Appraisals	3	90%	90.57%	93.20%	90.38%	88.68%	83.96%	85.05%
	FFT – rec as place to work	3	63%	37.00%	41.00%	41.00%	47.00%	48.00%	53.00%
	FFT – rec as place for treatment	3	80%	82.00%	74.00%	81.00%	83.00%	87.00%	90.00%
	Mandatory training %	3	90.00%	89.15%	89.19%	89.79%	89.21%	89.82%	90.94%
	Registered nursing vacancy rate	3	5.0%	8.20%	8.13%	6.51%	4.56%	0.42%	0.73%
	Unregistered nursing vacancy rate	3	8.00%	21.65%	22.31%	19.76%	25.66%	24.55%	28.46%
	Long term sickness absence %	3	0.80%	0.77%	0.92%	1.40%	0.81%	1.07%	1.28%
	Short term sickness absence	3	2.70%	2.06%	2.54%	1.79%	2.56%	2.92%	2.65%
	Agency Usage (wte) Monitor only	3	Monitor only	60.3	55.1	53.9	47.6	58.1	62.6
	Bank Usage (wte) monitor only	3	Monitor only	55.2	73.1	73.8	57.4	58.6	57.1
	Overtime usage (wte) monitor only	3	Monitor only	54.2	52.6	53.7	46.4	58.2	56.1
	WTE Totals: Non Medical Starters	3	Monitor only	20.9	21.8	43.2	58.2	59.9	29.2
	WTE Totals: Non Medical Leavers	3	Monitor only	15.2	35.4	30.3	33.6	22.0	19.4

Summary of Performance and Key Messages

Key highlights in November are:

- Total turnover decreased to 12.4%. Nursing turnover increased to 16.8% from 10.2% in September. There were 8.4 wte nurse leavers in November.
- We were a net gainer for the total workforce with a particular increase in the administrative and clerical workforce but we were a net loser of registered nurses by 1.6 WTE. We were a net loser of the HSCW workforce by 1 wte.
- The Trust vacancy rate decreased to 10.2%. Total nurse vacancy rate (including Pre-registered) increased to 0.7%. However excluding PRP staff the registered nurse vacancy rate reduced to 8.5%. We have a large cohort of PRP staff (51wte) who are working towards gaining registration. The reduction in the registered nurse vacancy rate, which is despite an increase in nurse turnover, is as a result of PRP staff gaining registration and moving into registered nurse roles.
- Total IPR compliance improved to 90.3%. This is as a result of improved planning within departments and training on the correct way of recording completed appraisals.
- Sickness absence was broadly unchanged from October at 3.93% which is over our KPI but follows the annual trend of higher absence levels during the winter period.
- 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 has been on an improving trend, however it should be noted that the response rate in November was extremely low as we were also running the annual Staff Survey.
- Temporary staffing usage increased to 175.8 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 HSCW 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 ahead of and immediately following the move.
- 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.
- Preparing staff for the new technology in the new hospital will require significant engagement with individuals and teams and a range of modalities.

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.
- 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.
- Staff

Key actions in month

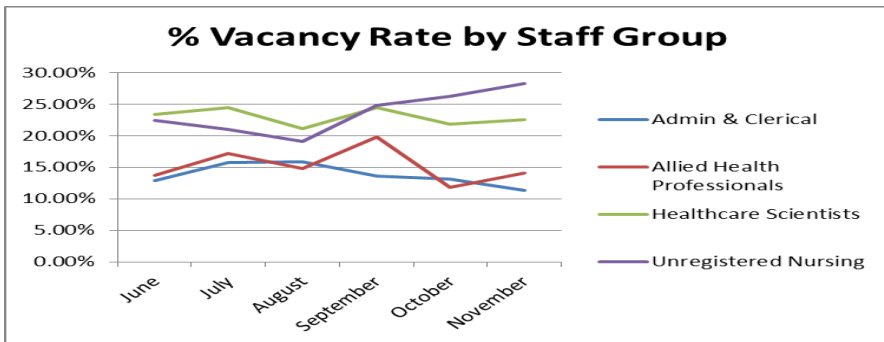
- The National Staff Survey closed on 7 December 2018. Our response rate was 53.6%. We will receive the first analysis of the responses in late January 2019 and the final results will be published nationally in March 2019
- The Flu Vaccination Campaign is underway and at the time of writing this report we had achieved 80% of front line staff being vaccinated. 6% of staff have declined to be vaccinated. The plan to target the remaining 14% of front line staff who have not had or have not confirmed they have declined the vaccine is as follows:
 - Continue to highlight at Our Move Briefing weekly
 - Attend Induction to vaccinate new starters
 - During December weekly walkabout by OH nurse accompanied by a senior leader (e.g. Chief Exec, Chief Nurse, Head of Nursing) targeted at the areas with lower vaccination rates
 - Timetabled Drop in Sessions in OH
 - Weekly email to managers with vaccination rates by areas with a request for them to encourage staff and keep raising it
 - Weekly info to peer vaccinators on rates by area so they can target their engagement
 - Continue to communicate via normal channels i.e. intranet banner, newsbite, posters.
- Further resilience sessions have been commissioned and will commence in January 2019. We provided a number of sessions during the autumn and they were very received by staff. We are offering this as either a classroom based session or short sessions delivered in clinical areas in order to ensure that clinical staff are able to access this staff welfare initiative. This has been funded by the Charity.

People, Management & Culture

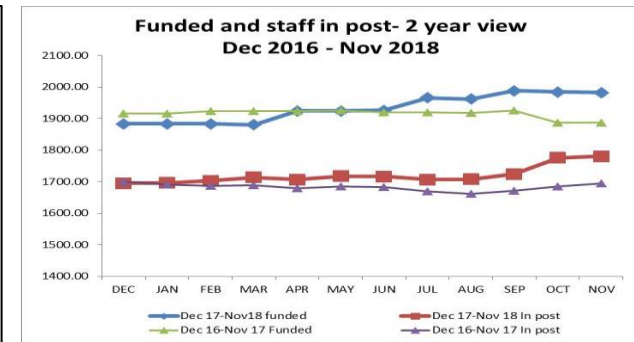
Spotlight on: Non-Nursing Vacancies



This spotlight reviews the trend in non-nursing vacancy rates and the long term trend for staff in post and vacancy rates over the 24 months.

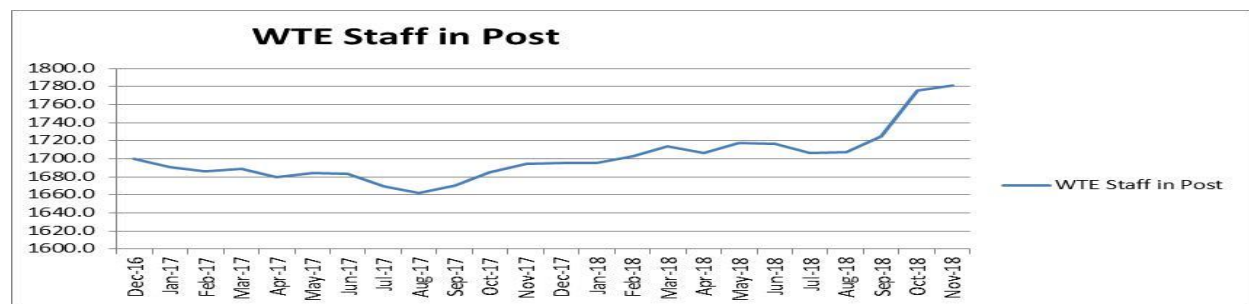
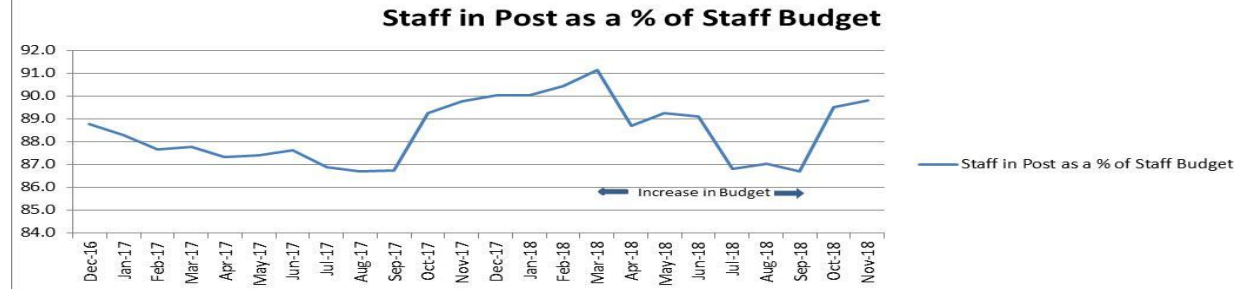


An analysis of staff in post against budget over the last 24 months demonstrates that there had been a downward trend of staff in post until August 2017. This was as a result of an increase in turnover and a reduction in our ability to recruit. Since then there has been a steady increase in the total number of staff in post. The total vacancy rate increased in the period April 18 – Sep 18 as a result of an increase in budgets of approx 100 WTE. The Recruitment and Retention Strategy continues to be implemented and will be refreshed in 19/20 to reflect the change in context post move.



High vacancy areas and staff groups

- **Administrative and Clerical:** There was substantial turnover in July within this staff group with 14.4WTE staff leaving in month. Vacancy rates have been steadily improving since then with successful recruitment events taking place in Oct and Nov and a reduction in turnover. Current vacancy rate is Admin and clerical currently have a vacancy rate of 11.4%.
- **AHP:** Vacancies increased in the lead up to the original Sep move date. There has been improvement since then but recruitment to Band 6 and above is difficult.
- **Healthcare Scientists:** The main roles driving high vacancy rates in this staff group are invasive and non-invasive cardiac physiology and histopathology. These roles face significant challenges recruiting and retaining against a backdrop of significant national shortages and locum demand. Echo physiology has the highest vacancy rate at 47.5% - ongoing employee relations issues has resulted in high turnover.
- **Unregistered Nursing:** An increase in budgeted posts in September contributed to an increase in vacancy rates to over 20%. Recruitment to these posts slowed significantly over the summer and although it has improved over recent months turnover ahead of the move is high. The refreshed social media campaign is focusing on HCSW roles and we have a number of recruitment events planned in the new year



Transformation

Performance summary



Accountable Executive: Chief Operating Officer / Chief Finance Officer

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

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

Summary of Performance and Key Messages:

Operational Readiness: Implementation of new resource booking system on current site delayed due to data quality and migration issues. Rescheduled for early January 2018. 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, name of new service to be confirmed ahead of formal announcement. Car parking applications for NPH have been processed and appeals process underway. Move schedule to be reviewed in conjunction with ramp up/down activity plan when finalised.

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 predominantly complete with emphasis now on the technical commissioning and testing of building systems. Intention to complete Phase 2 works prior Christmas 2018 has been notified to the Trust and the Independent Tester. Weekly meetings have tracked progress against the designated completion criteria and a Liaison Committee meeting in December will determine those items accepted to be exceptions against such criteria. Equipping progress is 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. Medical and ICT equipment stored off-site since the delay will be transferred to the new hospital for installation and commissioning immediately following building handover.

CTP: Successful blood gas analysers implementation during November. Implementation of off-site Histopathology solution. Final review of lease for Tissue Bank services underway. 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 discussions continue.

Service Improvement (SIP/CIP):

The service improvement programme is Amber

The outstanding CIP gap carried forward to this month is £364.2 which is a reduction on last months. We currently have one scheme that is awaiting validation and this is the cardiology scheme which is waiting for NHS England to sign and agree contract variation with the trust, 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 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 has commenced across all directorates linked to budget setting for 2019/20 and business planning.

Lorenzo Benefits : Next submission is for January 2019

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 £364.2k 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 being operated to
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 complete other than for those teams with more specific relocation or transfer issues. 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 underway 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 January 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

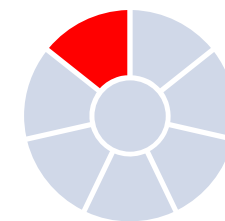
Workstream	Workstream Delivery Assessment					
	Lead	AUG	SEP	OCT	NOV	Trend
PFI, Equipping & Estates	RC					
Design and Construction	NH					=
Equipping	JMc					=
Enablement of New Papworth	AS					=
Retained Estate Enablement	AS					=
Site Sale & Decommissioning	AS					=
Operational Readiness	EM					
CTP - 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	HCT					=

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
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

Key performance challenges



November 2018 risk score changes: There were no changes to the risk scores in the month.

2018/19 year to date risk score changes:

Risk Increases:

- **Operational Transition** – *Additional costs: an increase from 12 to 20 due to the announcement of the further delay to the hospital move which has resulted in increased transition costs over the combined 2018/19 and 2019/20 period.*

Risk decreases:

- **Current Trading – Income:** *this risk has reduced from 25 to 20 following the underlying year to date achievement of the Income plan (when adjusting for High Cost Drugs and Devices).*
- **Current Trading – Expenditure:** *this risk has also reduced as the net year to date expenditure is below planned levels.*
- **Delivery of efficiency challenges:** *a decrease in the likelihood of the Trust not delivering the levels of efficiency required to meet its plan, resulting in a new risk score of 20 (previously 25). This assessment has been made following the identification and sign off of further CIP schemes, which reduced the CIP planning gap.*
- **Transitional Relief:** *the Trust has received full payment of the first years tranche of transitional relief amounting to £6.9m in May, this has therefore reduced this risk from a score of 9 to 6.*
- **Master development and control plan:** *a decrease in the risk has resulted from the progression of an increased offer from a third party for the existing site, resulting in a new risk score of 10 (previously 20). The Trust is continuing negotiations to ensure best value for money is achieved.*
- **Whole Hospital Equipping Plan:** *a decrease in the risk has resulted following the completion of the bill of quantities and the alignment to the revised hospital move date, together with the bringing forward of certain equipment to the current site, resulting in a revised risk score of 12 (previously 16).*
- **EPR risk:** *decreased as the project has entered business as usual stage and there have been no additional costs.*

Financial Strategic Risks			Risk appetite	FSRA Nov 18	FSRA Dec 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	8	8

Progress against Annual Plan Submission

YTD

Net deficit - The Trust reported a deficit of £1.390m in month, which was adverse by £0.308m to the original plan deficit of £1.082m.



Total Income - Total income in the month of £13.96m was behind the plan (£14.11m). Underlying clinical income is behind plan by £0.72m in the month, due to: Lower inpatient /day case activity totaling £0.82m, partly offset with increased complexity of £0.31m. Private patients activity increased in the month to £0.63m, but was £0.04m behind plan.



In addition, there is an adverse variance of £0.20m relating to reduced high cost device & drugs income (offsets lower expenditure, as these items are procured on a pass through basis – see below).

Non-clinical Income is slightly ahead of plan month by £0.04m, due to monthly fluctuations in the level of R&D income, all of which has offsetting expenditure.

Pay costs - Total pay costs were adverse in the month against plan, by £0.12m. There remains a favourable substantive pay position due to the number of vacancies (208 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.

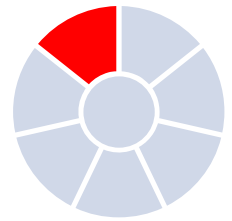


A £0.07m adverse variance relates to hosted pay costs which are higher than plan, however these are offset by higher levels of other income.

Non-pay costs – Total non-pay costs in the month were below plan, by £0.34m. The underlying position is £1.07m 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 a favourable Depreciation variance of £0.45m, 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 £1.47m in month and £7.69m 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

November 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 November £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 November 2018

The actual year to date achievement was £4,339k to November 2018 against the identified plan of £5,515k. Of the £9,143k identified projects the operational CIP variance is adverse to plan by £1,175k at the end of November 2018. The total variance against the CIP target including the unidentified CIP to end of November is adverse by £1,479k against the plan of £5,819k.

Key CIP Project year to date progress:

The adverse CIP operational variance to M08 of £1,175k 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 £560k adverse;
- Cardiology £327k adverse;
- Surgery £171k adverse;
- Thoracic £57k adverse.

This is partially mitigated by non recurrent favourable pay variances in other directorates to October of £1,137k (however, the Trust is not recording this non recurrent underspend as CIP).

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 November 2018

Project Type	Target Full Year	Identified Plan Full Year	Planning Variance (A)	Target YTD	Actual YTD	Variance 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	£'k
CIP - Pay	4,865	4,865	0	2,659	1,515	(1,143)	2,659	1,515	(1,143)	0	0
CIP- Non Pay	4,585	4,207	(378)	3,112	2,776	(336)	2,808	2,776	(32)	0	(378)
CIP- Drugs	71	71	0	48	48	0	48	48	0	0	0
CIP - Total	9,521	9,143	(378)	5,819	4,339	(1,479)	5,515	4,339	(1,175)	0	(378)

2018/19 CIP actual vs Target

