Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR) December 2018

January 2019

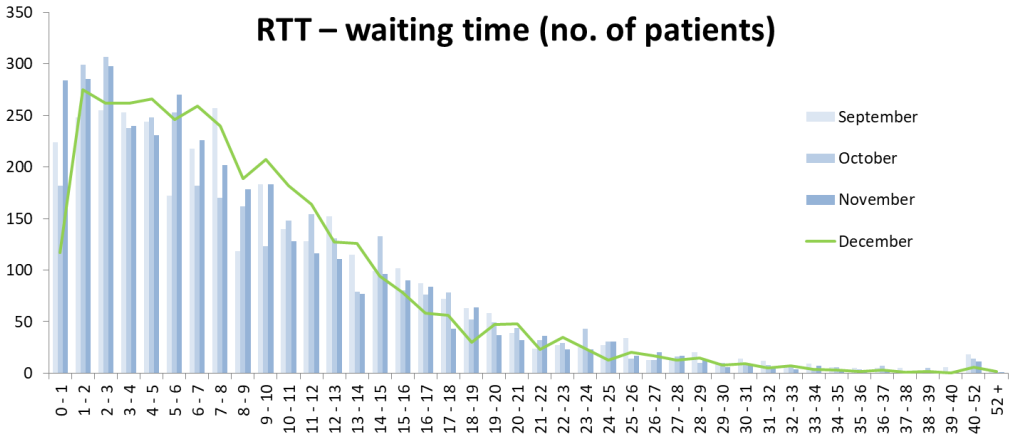
Content

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	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Trend
Cardiac Surgery	229	206	163	284	206	162	
Cardiology	788	766	716	776	740	616	
ECMO	3	5	3	3	5	8	
PTE operations	16	17	15	20	13	13	
RSSC	539	504	507	602	487	310	
Thoracic Medicine	375	383	333	390	426	325	
Thoracic surgery (exc PTE)	84	65	52	88	63	57	
Transplant/VAD	45	53	43	53	45	44	
Total Inpatients	**2,079**	**1,999**	**1,832**	**2,216**	**1,985**	**1,535**	
Outpatient Attendances	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Trend**
Cardiac Surgery	312	357	322	381	360	276	
Cardiology	3,993	3,247	3,626	3,787	3,628	2,966	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	1,807	1,561	1,881	2,332	2,099	1,568	
Thoracic Medicine	1,778	1,791	1,697	1,975	1,884	1,590	
Thoracic surgery (exc PTE)	99	97	116	117	111	96	
Transplant/VAD	371	358	310	364	366	315	
Total Outpatients	**8,360**	**7,411**	**7,952**	**8,956**	**8,448**	**6,811**	

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 1) Within 1% of the set target (above or below target) unless explicitly stated otherwise or 2) 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% unless explicitly stated otherwise

Overall Scoring within a Category

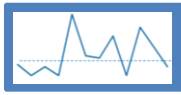
Each category within the Balanced scorecard is given an overall RAG rating based on the rating of the KPIs within the category that appear on the balance scorecard (page 4).

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

Overall Report Scoring

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

Trend graphs



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

Data Quality Indicator

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

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

Trust performance summary

Overall Trust rating - RED

Favourable performance

Responsive: 1) RTT - The Trust overall performance continues to improve, with a sustained reduction in breaches and waiting list size. Focus has shifted to Respiratory Medicine which although delivers strong RTT performance is the one area with an increasing waiting list size. 2) Theatre cancellation - reduced in month but remain high at 50.

People, Management & Culture – 1) Total IPR compliance improved to 91.1% as a result of improved planning within departments and training on the correct way of recording completed appraisals. 2) Sickness absence reduced to below the KPI at 3.2%.

Finance: - The Trust's year to date position is a deficit of £6.99m, favourable against the plan by £0.67m.

Adverse performance

Safe: The Safe domain remains at green in December. Safer Staffing - the fill rate has reduced slightly during December partly due to some roster template adjustments, refining how the pre-registration staff are shown on the eRoster. For registered nurses: it remains green for nights at 97.7% and amber for days at 85%. In some wards, days fall short of the minimum 90% fill rate that we aim for which is monitored through the daily patient safety (bed) meetings.

Caring: 1) Friends and Family Test (Outpatients): The recommendation rate has reduced to 92.5% in December. Participation rate has fallen from 2.5% to 1.3% (221 surveys returned (from 8790 patients) in November, compared to 93 surveys returned (from 7169 patients) in December). This lower participation rate has likely also impacted on the December recommendation rate. 2) Moving average for complaints remains above threshold for December. Although the actual number of formal complaints in month has reduced from 7 in November to 4 in December (the 'moving average' is still being affected by the higher number of complaints from early months i.e. there were 11 complaints in March 2018).

Effective: 1) Admitted patient care and bed occupancy - Admitted patient care was significantly behind plan in month 9, and is reflected in the low bed occupancy. This was due in part to low elective and emergency activity over the Christmas period.

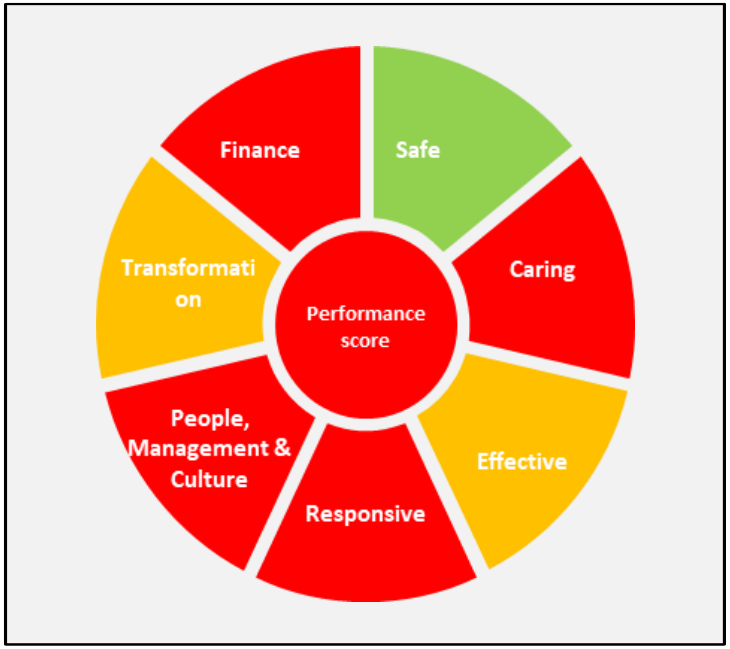
2) Critical care bed occupancy continues to be higher than the 85% target as in recent months, with high acuity and is reflected in the high mean and median length of stay of patients on the unit.

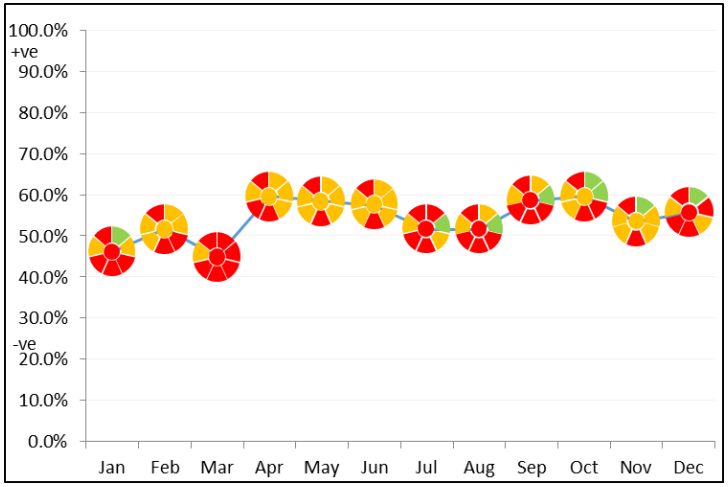
Responsive – Rebooking of cancelled patients within 28 days has proved challenging due to the large number of cancellations in November and high levels of emergency activity.

People, Management & Culture: Total staff turnover increased to 19.6%. Nursing turnover increased to 24% from 16.8% in November.

Looking ahead

NPH Design, Construction & Enabling Works: Remedial works required by Skanska for external cladding insulation materials are complete and technical commissioning and testing of building systems has taken place. Certification of Phase 2 completion by the Independent Tester and thus formal building handover are now anticipated for mid-January. Whilst this activity concludes, the "beneficial access" position achieved via Phase 1 completion has been fully utilised, with NPH project team, Medical Engineering and Digital fully engaged on site with equipment installation and commissioning activities. Medical and ICT equipment stored off-site since the original delay has been transferred to the new hospital and forms the pool of items being used for installation and commissioning activity, along with other deliveries of furniture and equipment. A remedial action plan has been developed to ensure water quality prior to occupation including operation of an additional chemical dosing plant.





At a glance – Balanced scorecard

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe*	Safety Thermometer harm free care	Dec-18	4	97%	98.91%	98.43%		
	Never Events	Dec-18	3	0	0	0		
	Moderate harm incidents and above as % of total PSIs reported	Dec-18	3	100%	2.60%	1.37%		
	Safer staffing – registered staff day (night)	Dec-18	3	90-100%	85% (97.7%)	84.48% (90.52%)		
	Number of C.Diff cases (sanctioned)	Dec-18	5		0	2		
Effective	Bed Occupancy (excluding CCA)	Dec-18	4	85% (Green 80%-90%)	66.80%	75.71%		
	CCA bed occupancy	Dec-18	3	85% (Green 80%-90%)	92.00%	91.17%		
	Admitted Patient Care (elective and non-elective)	Dec-18	4	19917	1535	17704		
	Cardiac surgery mortality EuroSCORE	Dec-18	3	3%	1.79%	2.11%		
	Theatre Utilisation	Dec-18	3	85%	85.3%	87.1%		
Responsive	% diagnostics waiting 6 weeks and over	Dec-18	tbc	99%	99.36%	99.36%		
	18 weeks RTT **	Dec-18	3	92%	90.49%	90.49%		
	62 days cancer waits	Dec-18	3	85%	50.00%	84.92%		
	31 days cancer waits	Dec-18	3	96%	100.00%	99.23%		
	Theatre cancellations in month	Dec-18	3	30	50	459		
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	Dec-18	3	95%	20.45%	23.31%		

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Caring	FFT score- Inpatients	Dec-18	4	95%	98.10%	97.08%		
	FFT score - Outpatients	Dec-18	2	95%	92.50%	97.42%		
	No of complaints (12 month moving average)	Dec-18	4	5	5.50			
	% of complaints responded to within agreed timescale	Dec-18	4	100%	100.00%	100.00%		
People Management & Culture	Voluntary Turnover %	Dec-18	3	15%	19.60%	19.37%		
	Vacancy rate as % of budget	Dec-18	4	6%	11.19%			
	% of staff with a current IPR	Dec-18	3	90%	91.14%			
	% sickness absence	Dec-18	3	3.5%	3.19%	3.26%		
Finance	Year to date EBITDA surplus/(deficit) £k	Dec-18	4	£(905)k	£(894)k			
	Year to date surplus/(deficit) £k	Dec-18	4	£(8,769)k	£(6,991)k			
	Cash Position at month end £k	Dec-18	4	£10,004k	£25,725k			
	Use of Resources rating (UOR)	Dec-18	5	4	3	3		
	Capital Expenditure YTD £k	Dec-18	4	£23,882k	£14,151k			
	In month Clinical Income £k	Dec-18	4	£13,297	£11,427k	£110,672k		
	CIP – Identified £000s	Dec-18	4	£6,768k	£4,997k	£4,997k		
	CIP – FY Target £000s	Dec-18	4	£9,522k	£9,143k	£9,143k		
	Agency spend as % of salary bill	Dec-18	4	2.45%	6.06%	4.81%		
Transformation	ORAC programme delivery on track	Dec-18	4					→
	SIP – project delivery	Dec-18	4					→
	Digital programme delivery on track	Dec-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	1	3	0		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	90.49%		87.31%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	100.00%	99.23%	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%	50.00%	84.92%	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%	92.69%		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	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	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	16	12	12	↔
Safe	Safer staffing and Monitor's Agency Price cap	742	JR	6	Yes	20	20	20	20	20	16	↓
Safe	NEW BAF CQC Fundamentals of care	744	JR	6	Yes	6	6	6	15	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	12	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 and experience.	1854	OM	12	Yes	16	16	16	16	16	16	↔
Effective	Delivery of Efficiency Challenges - SIP Board approved	841	EM	12	Yes	20	20	20	20	20	20	↔
Effective	Delivery of Efficiency Challenges - SIP targets	843	EM	12	In progress	20	20	20	20	20	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	20	20	20	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	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	↔

Safe

Performance summary

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

6 month performance trends

		Data Quality	Target	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Dashboard KPIs	Safety Thermometer harm free care	4	>97%	98.80%	97.04%	97.83%	98.30%	98.31%	98.91%
	Never Events	3	0	0	0	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	3	<100%	2.30%	1.00%	1.40%	0.80%	1.16%	2.60%
	Safer staffing – registered staff day	3	90-100%	81.5%	80.5%	83.8%	88.0%	89.0%	85.0%
	Safer staffing – registered staff night			91.0%	81.7%	87.8%	93.6%	99.1%	97.7%
	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	99.6%	99.5%
	Falls per 1000 bed days	3	<4	Additional KPI	Additional KPI	Additional KPI	Additional KPI	2.6	2.5
	Ward - Care hours per patient day	3	>7.8	9.6	9.5	10.3	10.4	9.8	11.7
	Critical care - Care hours per patient day		>32.9	33.4	34.8	34.3	33.0	33.2	34.8
Additional KPIs	Number of Papworth acquired Pressure Ulcers (grade 2 and above)	4	<4	3	5	2	2	2	2
	Falls per 1000 bed days*	3	<2.2	0.7	2.4	1.6	1.8	n/a	n/a
	MRSA bacteremia	3	0	0	0	0	0	1	0
	Number of serious incidents reported to commissioners in month	3	0	3	0	2	2	0	1
	Registered nurse vacancies (WTE)**	2	5.00%	54.55	43.25	91.32	61.16	55.81	59.79
	Registered nurse vacancies (% total establishment)**			8.13%	6.51%	13.91%	9.31%	8.47%	9.08%
	HCSW vacancies (WTE)**	3	10.00%	14.53	19.19	3.49	5.10	8.20	15.69
	HCSW vacancies (% total establishment)**			n/a	n/a	n/a	n/a	3.80%	7.28%
	E coli bacteraemia	3	Monitor only	0	1	2	0	3	1
	Klebsiella bacteraemia	3	Monitor only	1	1	1	4	0	0
	Pseudomonas bacteraemia	3	Monitor only	0	0	1	1	1	1
	High impact interventions *	3	Monitor only	98.9%	99.3%	98.0%	98.0%	Dashboard KPI	Dashboard KPI
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	4	2	3	2	3	5

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

Summary of Performance and Key Messages:

Safe Staffing: The safe staffing fill rate has reduced slightly during December (this is in part due to some roster template adjustments, refining how the pre-registration staff are shown on the eRoster). For registered nurses: it remains green for nights at 97.7% and amber for days at 85%. In some wards, days fall short of the minimum 90% fill rate that we aim for. 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. A good indicator of safe staffing, is the Care Hours Per Patient Day (CHPPD) levels (as shown in the KPIs) which remain healthy and in the green.
To ensure consistent monitoring; through the daily patient safety (bed) meetings, we continue to review patient safety measures; as well as the registered nurse to patient ratios; and '% Utilisation', which is taken from the SafeCare module of HealthRoster and takes into account patients' acuity and dependency (levels of care). Where necessary, changes are made on the day with staffing levels and/or skill mix.
It is noted that vacancies for both registered nurses and HCSWs have increased during December. On discussion with the Deputy Director of Workforce, for registered nurses this is because we were not a net recruiter during December (this was expected) and recruitment activity from Jan 2019 onwards is positive in the build up to moving to the new RPH. Through the recruitment working group, targeted recruitment for RNs and HCSWs is in progress, in partnership with Workforce and Clinical Education.

**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 clarify the actual registered nurse vacancies; and unregistered [HCSW] workforce gaps .

High Impact Interventions: The November data has been updated as required (previous report showed 97%). The result for December is 99.5%. The Spotlight On section focuses on High Impact Interventions.

Serious incidents: There was one SI reported in December (WEB 29305). A summary is shown on the next slide. This remains under investigation.

Safe

Key performance challenges

Escalated performance challenges

The Trust reported four Moderate Harm incidents and one SI in December. The table gives a summary of each of the incidents.

Ref	Incident Date	Reported to	Speciality	Details	Duty of Candour
WEB29143	11/12/2018	18/12/2018	CCA	Potentially avoidable aspiration	Yes
WEB29183	16/12/2018	18/12/2018	Cardiology	Patient on Heparin showed signs of deterioration. Potential delay between recognition of deterioration and acting on deterioration.	Yes
WEB29233	16/12/2018	18/12/2018	CCA	Patient required fasciotomy for ?ischaemic leg. Original surgery Mitral Valve repair and CABG This incident is part of a wider themed review of cases where ischaemic leg has been an outcome - ongoing	Awaiting outcome of review before DoC
WEB29243	21/12/2018	08/01/2019	Theatres	Massive blood loss over several hours post PTE on VA ECMO due to poorly secured aortic cannula;	Awaiting outcome of review before DoC
SUI_WEB29215	discussed at M&M 18/12/2018	21/12/2018	Cardiology	Potentially avoidable death - failure to act on results of 24 hr tape - Investigation ongoing	Initial contact planned Jan 2018

The incidents remain under investigation and as such the 'details' section of the table above gives a brief overview of each incident. Two of the incidents are attributed to CCA; two Cardiology and one Theatres.

Key risks

- Potential avoidable harm
- Poor patient Experience
- Litigation risk
- Possible reputational damage to the Trust
- Possible negative impact on staff morale and confidence

Key Actions

- Reporting potentially avoidable harm is an opportunity for learning. Each incident is allocated a lead for review.
- Any unplanned escalation of care or unplanned escalation of treatment is reported initially as Moderate Harm. This allows for a governance review for assurance and identification of any acts or omissions in care. It also enables shared learning across the Trust.
- This demonstrates a strong safety culture and good governance processes in place. Where appropriate, duty of candour is undertaken following the initial review.
- All Moderate Harm incidents are followed up at Quality and Risk Management Group and reported to the Serious Incident Review Panel for review and confirmation of grading and level of investigation.

Safe

Spotlight on: High Impact Interventions

Background

In April 2018, the Trust Board had a teaching session led by the Chief Nurse regards High Impact Interventions. There was further discussion in the Trust Board on 3rd January 2019 regarding High Impact Interventions, and a request that 'Spotlight on' this month looks at High Impact Interventions.

The High Impact Interventions (HII) were originally published in 2005 as part of 'Saving Lives' (Department of Health). Since then, they have remained built on the most up-to-date evidence. The HIIs are an evidence-based approach that relate to key clinical procedures or care processes that can reduce the risk of infection if performed appropriately.

The HIIs are based on a "care bundle" approach, which links evidence and best practice with measuring tools. They were developed to provide a practical way of highlighting and monitoring the critical elements of a procedure or care process and the key actions required . The HIIs can also be adapted locally as a tool for improvement to help address particular practice or care process issues.

Why should we use HIIs?

- Patient outcomes can be systematically improved when all elements of the care bundles are performed correctly and consistently.
- Organisations that have succeeded in reducing infections have implemented HIIs as part of organisation-wide infection prevention and control strategies and part of robust systems to monitor the effectiveness of clinical processes.
- It is a requirement of The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (last published July 2015), which states that registered providers must audit compliance to key policies and procedures for infection prevention.
- Regular auditing of the HIIs will support cycles of review and continuous improvement in care settings.

Royal Papworth Hospital Apr 2018 to Dec 2018 data:

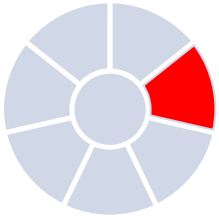
	HII 1: CVC Ins	HII 1: CVC Ong	HII 2: PIVC Ins	HII 2: PIVC Ong	HII 4: Pre op	HII 4: Intra op	HII 4: Post op	HII 5 VAP	HII 6: UC Ins	HII 6: UC Ong	HII 7 C Diff	HII 8 C & D	OVERALL
April	100%	100%	100%	100%	100%	N/A	N/A	100%	100%	100%	N/A	95%	**99.4%**
May	100%	99%	100%	100%	100%	100%	N/A	100%	N/A	100%	N/A	97%	**99.6%**
June	100%	100%	100%	100%	100%	100%	N/A	98%	100%	100%	N/A	97%	**99.4%**
July	97%	100%	98%	100%	100%	100%	N/A	98%	N/A	100%	N/A	98%	**99.0%**
August	100%	99%	97%	100%	100%	100%	N/A	95%	100%	98%	N/A	97%	**98.6%**
September	100%	94%	95%	99%	100%	100%	N/A	95%	100%	100%	N/A	98%	**98.1%**
October	100%	100%	98%	100%	100%	N/A	N/A	98%	98%	98%	N/A	95%	**98.5%**
November	100%	100%	100%	100%	100%	100%	N/A	100%	100%	98%	N/A	98%	**99.6%**
December	99%	100%	100%	98%	100%	100%	N/A	100%	100%	100%	N/A	98%	**99.5%**

HII number	Name
1	Central Venous Catheter (insertion)
1	Central Venous Catheter (ongoing)
2	Peripheral Intravenous Cannula (insertion)
2	Peripheral Intravenous Cannula (ongoing)
4	Pre Op
4	Post Op
5	Ventilator Associated Pneumonia
6	Urinary catheter (insertion)
6	Urinary catheter (ongoing)
7	Clostridium difficile
8	Cleaning and decontamination

For information:
High Impact Intervention number 3 is Renal care (not applicable for RPH reporting).

Caring

Performance summary



		Data Quality	Target	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Dashboard KPIs	FFT score- Inpatients	4	95%	97.0%	97.0%	98.0%	97.0%	96.6%	98.1%
	FFT score - Outpatients	2	95%	98.0%	98.0%	98.0%	96.0%	97.3%	92.5%
	Number of complaints (12 month moving average)	4	5 and below	5.0	4.8	4.1	4.8	5.2	5.5
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	100%	100%	100%
Additional KPIs	Number of complaints upheld	4	3 (60% of complaints received)	1	3	4	3	7	Await data
	Direct Care Time - Activity follows completed in quarter	3	100%	-	-	100.0%	-	-	100.0%
	Direct care time	3	40%	-	-	36.7%	-	-	40.8%
	Direct Care Time - Number of wards > 40%	3	100%	-	-	25%	-	-	50%
	Number of complaints	4	5 and below	2	5	6	4	7	4
	Number of recorded compliments	4	10	434	885	767	771	695	621

Summary of Performance and Key Messages:

Unusually, this section is red this month (December data). This is because two *dashboard KPIs* are red (explanations are below). Of note, the 'moving average complaints' indicator has been especially affected by a high number of complaints in March 2018. The FFT Outpatients narrative on Key Performance Challenges also highlights that just two more positive responses from this number of patients would have resulted in green/95%. **For assurance: Caring on the NHSI/CQC Model Hospital Dashboard remains green 'outstanding' (dated 31.12.2018).**

Friends and Family Test (Outpatients): Recommendation rate has reduced to 92.5% in December. This KPI represents the number of patients who selected 'extremely likely' or 'likely' in their response as a percentage of those who took part in the survey. Participation rate has fallen from 2.5% to 1.3% (221 surveys returned (from 8790 patients) in November, compared to 93 surveys returned (from 7169 patients) in December). This lower participation rate has likely impacted on the recommendation rate.

Friends and Family Test (Inpatients): The Inpatient participation rate for December has decreased from 57.6% (Nov) to 45.8%. The Inpatient recommendation rate has increased from 96.6% (Nov) to 98.1%.

FFT % Recommended score (Nov 2018; latest nationally published data):

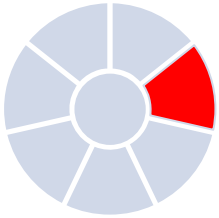
- England – Inpatients = 96%; Outpatients = 94%
- CUH – Inpatients = 97%; Outpatients = 92%
- NWAFT – Inpatients = 94%; Outpatients = 96%
- RPH – Inpatients = 97%; Outpatients = 97.3%

Complaints moving average: Moving average for complaints remains above threshold for December. Although the actual number of formal complaints in month has reduced from 7 in November to 4 in December (the 'moving average' is still being affected by the higher number of complaints from early months i.e. there were 11 complaints in March 2018).

Direct Care Time: There has been an increase this month in overall Direct Care Time; and more areas during December 2018 have reported over 40% Direct Care Time. The 'Spotlight on' section this month looks at this in more detail.

Caring

Key performance challenges



Escalated performance challenges:

Friends and Family Test (Outpatients) recommendation rate.

This is a breakdown of the 93 responses (7169 patients) during December 2018:

Total responses in each category						
1 - Extremely Likely	2 - Likely	3 - Neither likely or unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't Know	Total responses
81	5	3	1	1	2	93

Of the 93 responses, five detract from the overall score ('Neither likely or unlikely'; 'unlikely'; and 'extremely unlikely' are not counted). It is worth noting, that two more positive responses from this number of patients would have resulted in green/95%.

The table on the bottom right, shows the Dec 2018 data broken down by department. In December, Transplant had the lowest number of surveys returned, although Thoracic had the lowest response/participation rate. During November, the Transplant Lead Nurse and team worked really hard to promote the use of the FFT, with a real focus resulting in them having the highest participation rate for Outpatients at 13.5% with a recommendation rate of 100% (this was with 46 surveys returned). Cardiac and Thoracic also had a reduced participation rate in December compared to November. In November, Cardiac had 137 surveys returned (4551 patients discharged; participation rate 3.0%); Thoracic had 38 surveys returned (3899 patients discharged; participation rate 1.0%). Overall there were fewer patients discharged from Outpatients in December at 7169, compared to 8790 in November 2018.

Key risks:

Risk to damage of organisations reputation.

Risk to impact on staff morale.

Low patient participation numbers could impact 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:

Outpatient areas to re-focus on good response rates from their patients (the December results have already been circulated and shared by department leads).

FFT was discussed in the Ambulatory Business Unit Meeting 17.01.2019. The team are exploring any digital options that may also assist with data capture.

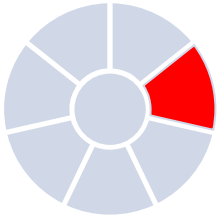
Ongoing monitoring of FFT. Continued changes in results may reflect actual performance of Outpatient areas.

Focus on feedback from patients – *you said we did* (this is being led by Matrons and operational teams within Directorates).

Ward	Surveys returned	Patients discharged	Participation rate	Recommendation rate
Cardiac	61	3345	1.8%	92%
Thoracic	28	3489	0.8%	93%
Transplant	4	335	1.2%	100%
TW	**93**	**7169**	**1.3%**	**92.5%**

Caring

Spotlight on: Direct Care Time



Background & Summary: The measurement of Direct Care Time with patients was originally part of the Productive Care work stream introduced by NHS Institute and designed to help the NHS meet the QIPP (quality, innovation, productivity and prevention) challenge. It helped enable staff to improve the way they work, to release time to allow them to focus on caring for patients. This in turn, increased the amount of direct care time staff could spend with patients.

Activity follows measure minute by minute what a nurse is doing over the period of a shift and this is recorded under key headings, which then calculate in percentage how much time is spent directly or indirectly with the patient and the overall percentage gives the total direct care time. Following the introduction of Lorenzo, in June 2017, the aim is, long term, to enable staff to spend less time on administration and improve the amount of direct care time whilst also improving safety and care for patients. Direct care time will be monitored by the wards, and reported, on a quarterly basis. Please note, staff have recorded Lorenzo work under 'Admin' columns. Student Supervision is accounted for in 'Other' column. It should be noted that other factors influence the percentage of direct care time including staffing levels, and any other new processes. We are continuing to work jointly across nursing and operations with the aim to help release more time for direct care.

This table shows the activity follow data for this reporting quarter: When compared with Quarter 2, there are more areas reporting over 40% direct care time. Also, this quarter, five out of the eight areas have increased their direct care time (last reporting quarter it was three out of the eight areas). The arrows indicate an increase (^) or decrease (v) since the last report.

Activity Follow Data Quarter 3 2018									
Wards	**Motion**	**Admin**	**Handover**	**Med. Manag.**	**Discussion**	**P.Hygiene**	**Pt Flow**	**Other**	**Direct Care Time**
Hemingford	7.9% ^	35.0% ^	7.1% ^	3.5% v	3.4% v	3.1% v	0 v	10% v	**30.0% ^**
Mallard	5.6% v	13.5% ^	7.3% v	0.4% v	6.0% v	1.0% v	2.5% ^	9.6% v	**54.0% ^**
Hugh Fleming	3.3% ^	15.2% v	8.0% ^	3.1% ^	7.0% v	1.7% v	8.8% v	7.9% v	**45.0% ^**
Varrier Jones	12.5% ^	17.4% ^	8.3% ^	9.0% ^	8.0% v	2.3% v	0 v	9.0% v	**33.3% v**
CDW	1.5% v	6% ^	1.7% ^	2.7% ^	9.4% v	8.5% ^	10.8% ^	14.4% ^	**45.0% v**
RSSC	0.8% v	14.0% v	4.2% ^	1.5% v	5.8% ^	2.7% v	0 v	3.3% ^	**30% v**
CMU	5.4% v	9.0% v	6.3% ^	15.5% ^	0.8% ^	2.3% ^	0 v	10.8% v	**49.9% ^**
CF Unit	5% v	5% v	8.1% ^	16.4% ^	6.3% v	2.3% v	4.8% ^	13.1% ^	**39% ^**

Effective

Performance summary

Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Deputy Directors of Operations*

6 month performance trends

		Data Quality	Target	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Dashboard KPIs	Bed Occupancy (excluding CCA)	4	85% (Green 80%90%)	75.6%	74.9%	73.4%	74.2%	80.7%	66.8%
	CCA bed occupancy	3	85% (Green 80%90%)	91.5%	89.2%	92.4%	93.9%	94.7%	92.0%
	Admitted Patient Care (elective and non-elective)	4	1963 (current month)	2079	1999	1832	2216	1985	1535
	Cardiac surgery mortality EuroSCORE	3	<3%	2.25%	2.09%	1.91%	1.54%	1.86%	1.79%
	Theatre Utilisation	3	80%	87.16%	85.12%	92.04%	89.25%	83.27%	85.30%
Additional KPIs	Same Day Admissions – Cardiac (eligible)	4	40%	17.70%	31.53%	27.48%	26.59%	19.23%	26.51%
	Same Day Admissions – Thoracic (eligible)	4	40%	46.43%	32.00%	36.59%	42.00%	34.69%	51.92%
	Length of stay – Cardiac Elective – CABG (days)	3	8.22	7.75	7.72	8.65	7.86	7.77	9.12
	Length of stay – Cardiac Elective – valves (days)	3	9.65	10.01	9.22	8.59	8.09	9.74	8.82
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	4	90%	88%	85%	87%	85%	86%	78%
	Cath Lab Utilisation 6 (including 15 min Turn Around Times)	4	70%	84%	68%	80%	78%	76%	59%
	CCA length of stay (LOS) (hours) - Mean	3	Monitor only	92	108	97	98	115	109
	CCA LOS (hours) - median	3	Monitor only	27	43	38	31	40	40
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	4.47	4.96	4.71	4.42	4.62	5.25
	% Day cases	3	Monitor only	53.62%	56.67%	54.32%	55.79%	56.14%	53.39%

Summary of Performance and Key Messages:

Bed occupancy

Bed occupancy declined in December as ward beds were closed over the Christmas period to allow consolidation of staffing during this period of high demand for leave. This was undertaken proactively as it had proven to be difficult fill capacity due to patient non-availability.

Critical care bed occupancy

Critical care bed occupancy continues to be higher than the 85% target as in recent months, with high acuity and is reflected in the high mean and median length of stay of patients on the unit. The high acuity has also reflected in spike in cardiac length of stay. An ECMO surge was declared on 18 December by NHS England and has continued throughout December and January with between 3-6 ECMO patients on the unit at any one time.

Admitted patient care

Admitted patient care was significantly behind plan in month 9, and is reflected in the low bed occupancy. This was due to low levels of elective surgical activity over the Christmas period due to a reluctance of patients to commit to surgery during this period.

Same day admissions

Both thoracic and cardiac surgery have shown some small improvements in month. This is a specific area of focus within Surgery now that RTT performance is improving.

Cath lab utilisation

Cath lab utilisation was below plan in month 9, ACS and emergency pacing activity was lower than previous months, there was an increase in PPCI activity on month 8 activity. Consultant availability in part due to sickness contributed to the low utilisation . Some elective booking lists were underutilised over the Christmas period.

Effective

Key performance challenges

Theatre Cancellations

Cancellation code	Dec-18
1a Patient DNA	
1b Patient refused surgery	
1c Patient unfit	7
1d Sub optimal work up	1
1e Patient not ready	
2a All CCA beds full with CCA patients	7
2b No ward bed available to accept transfer from CCA	5
2c Delay in repatriation of patient from CCA	2
2d No ward bed available	1
3a Critical Care	
3b Theatres	
3c Consultant Surgeon	2
3d Consultant Anaesthetist	
3e Other	
4a Emergency took time	7
4b Transplant took time	8
4c ECMO/VAD took time	
4d Additional urgent case added and took slot	4
4e Equipment/estate unavailable	
5a Planned case overran	4
5b Additional urgent case added and took slot	
5c Overruns delayed start	
6a Scheduling issue	2
Total	**50**

Key risks

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

Top reasons in month:

Transplant took time
Emergency took time
No CCA bed available – significant increase in LOS in month
Patient Unfit – surgical team are reviewing all of these patients with mini-RCAs to identify learning.

Additional activity within theatres and CCA

46 emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.
25 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.
82 additional emergency minor procedures also went through theatre.
On **16** occasions, the Theatre or CCA team was called out for retrieval or repatriation of patients.

Cath Lab Cancellations

Reason	Dec-18
Emergency took time	18
Medical reasons	16
Previous case over ran	2
Patient did not arrive in time	8
Patient DNA	10
Clerical error	8
Patient unfit for procedure	1
Procedure no longer required	0
Infection control	3
Equipment Failure	0
Cancelled by patient	3
Transport	1
Bed shortage	1
Further tests	3
Procedure changed	1
Procedure carried out at another hosp.	1
Consultant unavailable	1
Appointment moved to fill slots	0
Patient admitted as emergency	0
More urgent case	0
Various other reasons	3
Total	**80**

Effective

Spotlight on Bed Occupancy

Key challenge:

Improving bed occupancy remains a challenge as beds are paused on a temporary basis to mitigate safer staffing. In addition, as part of operational planning for the Christmas period, some beds (Duchess Ward) were closed for a period of two weeks to allow consolidation of staffing at a time when the availability of bank and agency staff is greatly reduced . This, as expected, reduced bed occupancy further in December.

Re-calculation of occupancy to reflect staffed available beds is reflected in the revised occupancy figures below:

Ward name	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	18/19 YTD Total
Cardio HDU	50.8%	77.6%	64.2%	71.0%	58.9%	65.0%	56.0%	70.8%	62.1%	**64.1%**
CF Ward	85.0%	85.2%	84.0%	88.7%	88.4%	92.3%	77.7%	90.0%	82.6%	**86.0%**
Duchess	68.0%	52.0%	46.7%	58.3%	66.7%	49.3%	54.4%	59.6%	37.6%	**54.7%**
Hemingford	88.4%	79.3%	82.7%	84.3%	82.2%	74.9%	76.7%	78.2%	72.7%	**79.9%**
Hugh Fleming (CDC)	86.3%	80.9%	85.4%	78.2%	74.4%	71.8%	75.1%	87.8%	70.1%	**78.8%**
Mallard	87.2%	84.7%	89.5%	81.7%	76.6%	87.1%	84.6%	92.7%	81.2%	**85.0%**
Princess	82.3%	76.8%	75.6%	77.4%	74.8%	70.8%	71.2%	80.0%	64.5%	**74.8%**
RSSC	65.8%	57.9%	61.4%	60.6%	62.2%	52.1%	61.8%	57.6%	40.6%	**57.7%**
Sleep Lab	64.4%	62.3%	65.0%	66.7%	61.4%	57.9%	63.8%	63.5%	60.2%	**62.9%**
Varrier Jones	88.8%	82.0%	79.9%	76.4%	80.5%	80.8%	80.6%	85.7%	72.8%	**80.8%**
Total	**82.6%**	**77.6%**	**79.2%**	**77.7%**	**76.7%**	**75.8%**	**76.9%**	**82.4%**	**70.3%**	**77.7%**

Although this adjustment improves the monthly occupancy performance it is clear that there is an opportunity to utilise available beds more effectively , allowing more activity to been drawn through the organisation.

Key Actions:

The focus through the daily bed meetings has to date been safely staffing ward areas and identifying and reducing red days or delays in patient care. The duty Matron works closely with bed managers to ensure the most appropriate and effective allocation of beds.

A renewed focus is now being placed on reflecting, daily, on bed occupancy with a view to identifying lessons that can be learnt to support decision making. A number of supporting actions have been identified:

- Real time admission and discharge on Lorenzo.
- Daily reporting of bed occupancy for the previous day.
- Review of theatre and cath lab scheduling with a view to developing a new schedule of case types which support flow through the hospital.

Responsive

Performance summary

Accountable Executive: *Chief Operating Officer* ***Report Author:*** *Deputy Director of Operations*

6 month performance trends

		Data Quality	Target	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Dashboard KPIs	% diagnostics waiting less than 6 weeks	tbc	>99%	99.60%	99.50%	99.23%	99.08%	99.18%	99.36%
	18 weeks RTT (combined)|*	3	92%	84.52%	85.65%	87.31%	88.45%	89.49%	90.49%
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul 18)**	3	85%	78.6%	71.4%	100.0%	100.0%	71.4%	50.0%
	31 days cancer waits **	3	96%	100.0%	100.0%	100.0%	100.0%	93.1%	100.0%
	Theatre cancellations in month	3	30	38	57	37	50	67	50
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	3	95%	20.40%	30.23%	41.66%	20.00%	17.64%	20.45%
Additional KPIs	18 weeks RTT (cardiology)*	3	92%	81.34%	82.97%	85.46%	87.49%	88.09%	89.45%
	18 weeks RTT (Cardiac surgery)*	3	92%	67.10%	69.03%	69.14%	72.48%	75.93%	78.02%
	18 weeks RTT (Respiratory)*	3	92%	96.10%	97.04%	97.35%	96.04%	96.41%	96.32%
	62 days cancer waits post re-allocation (old rules)* *	3	85%	100.0%	85.7%	100.0%	100.0%	85.7%	75.0%
	Number of patients on waiting list	3	3,717	3731	3523	3514	3446	3511	3545
	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%	100.00%	100.00%	100.00%	100.00%	100.00%
	% patients rebooked within 28 days of last minute cancellation	3	100%	95.24%	100.00%	100.00%	96.55%	96.43%	87.88%
	52 week RTT breaches	3	0	2	6	4	1	1	2
	Outpatient DNA rate	4	Monitor only	10.31%	9.31%	9.50%	10.08%	9.32%	9.64%

**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:

Theatre cancellation

There were 50 cancellations in month 9; 8 patients were cancelled due to transplant activity, 7 patients due to emergency activity, 7 patients due to CCA full and 7 patients unfit for surgery .

Cancer waits

The November 62 day cancer wait standard achieved 71.4% post reallocation. The prediction for December is 50% , and the predicted Q3 performance is 71.4%, as measured under the new rules . Using the old rules the Trust position would be 85.7% for Q3.

IHU

The IHU quality improvement project continues, with referral and MDT standards being implemented as the first actions. A review of current theatre schedule and the development of a robust process to streamline the scheduling and rescheduling of cancelled patients are the next planned actions.

18 weeks RTT

The Trust overall performance continues to improve, with a sustained reduction in breaches and waiting list size. Focus has shifted to Respiratory Medicine which although delivers strong RTT performance is the one area with an increasing waiting list size.

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.

% patients rebooked within 28 days of last cancellation

Rebooking of cancelled patients within 28 days has proved challenging due to the large number of cancellations in November and high levels of emergency activity.

52 week breaches

There are two 52 week breaches, one relating to a patient who was postponed as they were unwell at the point of admission and second relating to a commissioning issue. Both are booked for treatment in January.

Responsive

Key performance challenges

Escalated performance challenges:

RTT Performance and 52 week waits.
As per the previous months the Trust's RTT performance continues to show a steady improvement. Cancellations due to emergency theatre cases and critical care acuity remain challenging with the impact on patient experience and a high level of patients requiring to be rebooked within 28 days.

Booking issues within RSSC remain a concern with under utilisation of capacity and high level of patient cancellations.

2 patients who have breached 52 weeks waiting have been escalated, one within cardiac surgery and one within thoracic surgery.

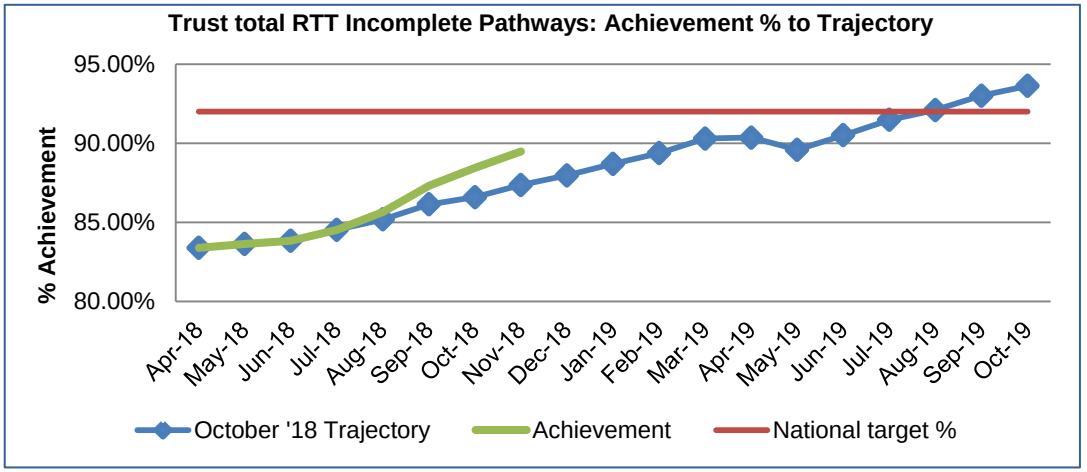
Key risks

- 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

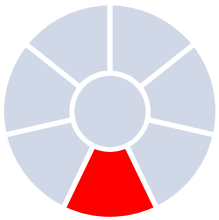
- 6 Weekly forward view for RSSC bookings and unused capacity being monitored.
- RCA on the 52 week breaches, review of all long waiters to ensure they have plans in place to prevent any further breaches.
- Outsourcing of benign thoracic surgery continues to be explored.
- Surgical scheduling being reviewed to take into account estimated critical care and ward length of stay to develop a more intelligent booking process.

	Cardiology	Surgery	Respiratory Medicine	Overall
	Oct18 RAP			
Pathways: Plan per RAP	1330	622	1350	**3302**
Pathways: Draft December	1275	656	1631	**3562**
Variance	**-55**	**34**	**281**	**260**
Breaches: Plan per RAP	162	195	40	**397**
Breaches: Draft December	140	144	60	**344**
Variance	**-22**	**-51**	**20**	**-53**
Achievement: Plan per RAP %	87.82%	68.65%	97.01%	**87.97%**
Achievement: Draft December %	89.02%	78.05%	96.32%	**90.34%**
Variance	**1.20%**	**9.40%**	**-0.69%**	**2.38%**



Responsive

Spotlight on: Diagnostic Reporting



Background

In July 2018 the CQC published: A national review of radiology reporting within the NHS in England. The report recommended the following:

1. NHS trust boards should ensure that:

- they have effective oversight of any backlog of radiology reports
- risks to patients are fully assessed and managed
- staffing and other resources are used effectively to ensure examinations are reported in an appropriate timeframe.

2. The National Imaging Optimisation Delivery Board should advise on national standards for report turnaround times, so that trusts can monitor and benchmark their performance.

3. The Royal College of Radiologists and the Society and College of Radiographers should make sure that clear frameworks are developed to support trusts in managing turnaround times safely.

Currently there are no national standards for report turnaround, and a report highlighted that KPI's across the country varied considerably

How long does it take to write a report?
All diagnostic images required require a written result. How long it takes to write a report will depend on the complexity of the imaging and the expertise/experience of the reporter. For example a simple chest x-ray takes approximately 5 minutes to evaluate and complete whereas a complex MRI scan may take up to an hour to report. Therefore 4 complex MRI scans can be reported on in one PA session. As activity increases the pressure on hitting KPI targets becomes more challenging. Activity increase for Radiology nationally was 16% (2017/18). Papworth radiology has seen a comparable increase in activity in CT and MRI, most significantly a 24% increase in cardiac CT activity.

How do we monitor report turnaround at Papworth?
The KPI for report turn arounds are locally set and reviewed at the monthly business meetings, any drift from the KPI performance is monitored through the business unit and escalated up through the weekly Trust access meetings.
Areas where we may have concerns around a sustained drop in performance have a specific tailored monitored action plan.

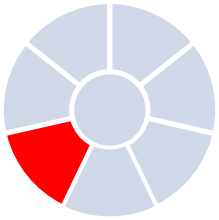
Bi weekly report monitoring (issued on a Monday/Thursday)
This report gives the day to day running total of outstanding reports per modality, it highlights which patients fall outside the KPI target ,which is the longest outstanding unreported scan and which reporter they are assigned too This report is used by the management team and radiologist to monitor any tends and action any areas that are falling behind the KPI.

Current Performance (November 2018)

Out Patients	Total Complete Patient Reports	% Complete <= 3 Working Days*	% Complete > 3 Working Days**
CR	671	95.4	4.6
Non-Cardiac CT	241	85.9	14.1
Cardiac CT	234	78.6	21.4
MRI	235	40.4	59.6
NM	173	43.9	56.1
US	18	100	0
FL	0	0	0
Angio	0	0	0
Totals	1572	77.6	22.4

In Patients	Total Complete Patient Reports	% Complete <= 1 Working Days	% Complete <= 3 Working Days
CR	1903	70.6	99.1
Non-Cardiac CT	210	91.4	96.2
Cardiac CT	18	88.9	88.9
MRI	24	54.2	87.5
NM	0	0	
US	38	100	100
FL	0	0	0
Angio	0	0	0
Totals	2193	73.1	98.6

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	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Dashboard KPIs	Voluntary Turnover %	3	15.0%	24.28%	21.54%	23.02%	13.50%	12.40%	19.60%
	Vacancy rate as % of budget	4	5.50%	13.20%	12.30%	13.34%	10.49%	10.19%	11.19%
	% of staff with a current IPR	3	90%	88.19%	86.96%	85.25%	85.95%	90.30%	91.14%
	% sickness absence	3	3.50%	3.46%	3.19%	3.37%	3.98%	3.93%	3.19%
Additional KPIs	% Medical Appraisals	3	90%	93.20%	90.38%	88.68%	83.96%	85.05%	91.59%
	FFT – rec as place to work	3	63%	41.00%	41.00%	47.00%	48.00%	53.00%	55.00%
	FFT – rec as place for treatment	3	80%	74.00%	81.00%	83.00%	87.00%	90.00%	86.00%
	Mandatory training %	3	90.00%	89.19%	89.79%	89.21%	89.82%	90.94%	89.35%
	Registered nursing vacancy rate	3	5.0%	8.13%	6.51%	4.56%	0.42%	0.73%	2.24%
	Unregistered nursing vacancy rate	3	8.00%	22.31%	19.76%	25.66%	24.55%	28.46%	29.14%
	Long term sickness absence %	3	0.80%	0.92%	1.40%	0.81%	1.07%	1.28%	0.84%
	Short term sickness absence	3	2.70%	2.54%	1.79%	2.56%	2.92%	2.65%	2.36%
	Agency Usage (wte) Monitor only	3	Monitor only	55.1	53.9	47.6	58.1	62.6	61.5
	Bank Usage (wte) monitor only	3	Monitor only	73.1	73.8	57.4	58.6	57.1	51.5
	Overtime usage (wte) monitor only	3	Monitor only	52.6	53.7	46.4	58.2	56.1	46.8
	WTE Totals: Non Medical Starters	3	Monitor only	21.8	43.2	58.2	59.9	29.2	32.7
	WTE Totals: Non Medical Leavers	3	Monitor only	35.4	30.3	33.6	22.0	19.4	28.8

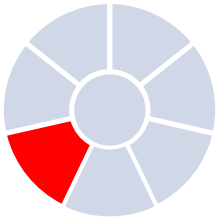
Summary of Performance and Key Messages

Key highlights in December are:

- Total turnover increased to 19.6%. Nursing turnover increased to 24% from 16.8% in November. There were 12.9 wte nurse leavers in December.
- We were a net gainer for the total workforce with a particular increase in the HCSW staff group (5.4 wte) and administrative and clerical workforce (3.1 wte) but we were a net loser of registered nurses by 6.7 WTE. We had a low number of starters in December which fits the normal trend. Our pipeline has reduced following large intakes in September, October and November. We are at a point in time where applicants will prefer to start after the move and/or have been waiting for certainty that we are moving in May as planned. We expect to see an increase in applications as we get closer to the move date.
- The Trust vacancy rate increased to 11.2%. Total nurse vacancy rate (inc Pre-registered) increased to 2.2% . Excluding PRP staff the registered nurse vacancy rate was 9%. We have a large cohort of PRP staff (approx 25wte) who are working towards gaining registration.
- Total IPR compliance improved to 91.1% . This is as a result of improved planning within departments and training on the correct way of recording completed appraisals.
- Sickness absence reduced to below the KPI at 3.2%.
- 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 am improving trend, however it should be noted that the response rate in Nov and Dec was extremely low as we were also running the annual Staff Survey.
- Temporary staffing usage reduced to 159.8 wte. There was a decrease in registered nurse agency usage as vacancy rates decrease. There was a significant increase in agency use in E&F 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 temporary staffing usage 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.
- Releasing staff for training and familiarisation whilst maintaining BAU.

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 support increased activity to meet RTT.
- We are not able to release staff to undertake training and familiarisation training thus impacting on our "go, no go" decision.

Key actions in month

- **Training and familiarisation:**

At the time of writing 82% of Band 5 and below staff have booked onto a session. The KPI for this group of staff is 85% so we are making excellent progress. 76% of Band 6 and above including consultants have booked onto a session. The KPI for this group of staff is 90%. Bookings for medical staff in particular need to be improved. A list of all staff who have not yet booked onto training has been circulated to managers to ensure that all staff access the appropriate session. In response to the learning event with St Barts and NWAFT specific sessions for junior medical staff are being planned close to the move date.

- **Update on nurse recruitment**

Our pipeline for registered nurses has reduced Dec 18– March 19. This is due to a normal slow down in December and decisions made to reduce overseas recruitment whilst we support the existing PRP staff to gain registration. Additionally we are at a point where applicants will be waiting until they confidence in the move date and can start in the new hospital. The social media campaign is leading to a significant increase in the number of hits on our jobs pages. The numbers of applications being received and attendance at our job fair on the CBC site has increased. We have recommenced overseas recruitment with a plan to recruit 15 wte from non-EU countries in 2019 . We will be focusing on cardiology, respiratory and surgical nurses with previous experience in these areas.

- **Christmas**

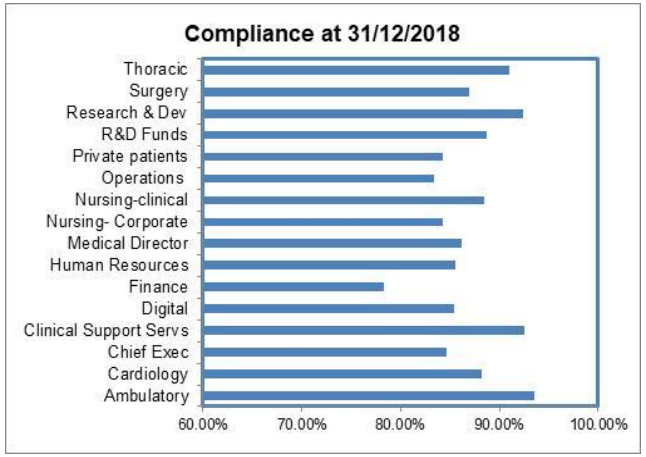
We took the opportunity over the Christmas period to recognise and thank staff for their hard work over the last year. We provided a free meal for those staff that worked on Christmas Day – this was extremely well received by staff. In addition chocolates/biscuits were distributed by EDs to all departments as a small gesture of appreciation.

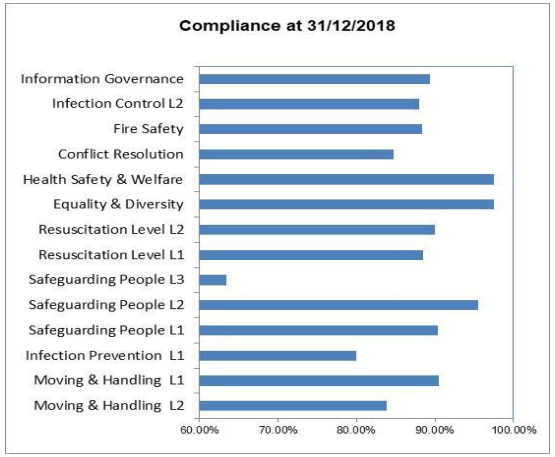
People, Management & Culture

Spotlight on: Statutory and Mandatory Training

All Trusts are required to ensure that staff undertake mandatory and statutory training that complies with the Core Skills Training Framework (CSTF) competencies and that this training is maintained in line with specified renewal periods. The Trust has set a KPI of 90% compliance. Staff must be compliant in order to be eligible for pay progression. The table below details the CSFT competencies and the mandated renewal period.

Statutory and Mandatory training requirements for CSTF		
CST F Competency Name	**Refresher**	**Note**
Moving & Handling L2	2 years	
Moving & Handling L1	1 year	
Infection, Prevention & Control L1	3 years	
Infection, Prevention & Control L2	1 year	
Safeguarding Adults Level 1	3 years	Currently safeguarding is delivered as safeguarding people (adults and children) but separate CSTF competence are required
Safeguarding Adults Level 2	3 years	
Safeguarding children Level 1	3 years	
Safeguarding children level 2	3 years	
Safeguarding children level 3	3 years	
Basic Prevent (preventing radicalisation)	3 years	
Awareness of Prevent (WRAP)	3 years	
Resuscitation Level 1	1 year	
Resuscitation Level 2	1 year	
Resuscitation Level 3	1 year	
Equality & Diversity	3 years	Has been delivered on induction but with no refresher
Health Safety & Welfare	3 years	
Conflict Resolution	3 years	
Information Governance	1 year	
Fire Safety	1 year	





We have reviewed our Training Needs Analysis and our training material to ensure that we are providing the required training to the national standards. This review has identified a number of improvements that are required to ensure we met the national standards and are delivering training in the most efficient way:

- A number of competencies have not been subject to the appropriate renewal and we need to address this as quickly as possible in order to ensure that we meeting the standards required by the CQC.
- Currently the majority of training is provided face to face. During 2019 we will roll out access to eLearning to provide access to statutory and mandatory training. This will give flexibility to managers and staff in how they schedule time to complete training.
- Induction and refresher training for medical staff requires updating to ensure that the training meets the standard required. Management Executive have approved an increase in the time available for junior doctor induction to ensure that all the required competencies can be delivered.
- The process for ensuring that bank staff maintain compliance is being improved and regular monitoring implemented.
- Reporting for managers is being improved to provide them with monthly data on compliance by individual staff. We intend to provide staff with access to their mandatory training record on ESR by summer 19.

We are launching the first set of eLearning CSFT competency programmes on 21 January 2019.

- Equality and Diversity
- Health, Safety and Welfare
- Information Governance

All staff are required to complete and maintain compliance with these modules. We have piloted the national eLearning packages to ensure that they can be accessed from work and home devices and that the content and quality of the user guide is fit for purpose.

Transformation

Performance summary

Accountable Executive: *Chief Operating Officer / Chief Finance Officer* ***Report Author:*** *Project Director/Deputy Project Director/SIP Programme Manager*

		Data Quality	Target	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-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	Amber	Amber	Amber	Amber	Amber
Additional KPIs	**PFI, Equipping & Estates** - Design & Construction	3		Red	Amber	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	Green	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	Green
	Operational readiness - CTP Clinical Services	3		Amber	Green	Green	Green	Green	Green
	Operational readiness - CTP Pathology	3		Amber	Amber	Green	Green	Green	Amber
	Operational readiness - DORACS Clinical Delivery	3		Green	Green	Green	Green	Green	Green
	Operational readiness - DORACS Clinical Support	3		Green	Green	Green	Green	Green	Green
	Operational readiness - DORACS Office Policy	3		Green	Green	Green	Green	Amber	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	Red
	ICT - ICT & Telecoms	3		Amber	Amber	Amber	Amber	Amber	Amber
	Hospital Cutover - Move Control	3		Amber	Green	Green	Green	Amber	Green

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 weekend of 25th January 2019. NPH roll out planned for mid February. Operational policy on administrative functions split site working produced and circulated to OEG for sign off this month. Car parking appeals process is complete . Further workforce planning post Gateway 2 as part of the Trust's 2019/20 financial plan; potential discrepancies in assumptions under review to an agreed timetable . Table top exercises completed internally and with ambulance service, specifically to model the detail of the patient move weekend.

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 complete and technical commissioning and testing of building systems has taken place. Notification had been provided that Phase 2 works would therefore be complete prior Christmas 2018. However, a longer period has been required for the Independent Tester to complete witnessing activities. Certification of Phase 2 completion and thus formal building handover are now anticipated for mid-January. Whilst this activity concludes, the "beneficial access" position achieved via Phase 1 completion has been fully utilised, with NPH project team, Medical Engineering and Digital fully engaged on site with equipment installation and commissioning activities. As a result, no programme time has been lost to the extended period for Phase 2 completion. Medical and ICT equipment stored off-site since the original delay is now transferred to the new hospital and forms the pool of items being used for installation and commissioning activity, along with other deliveries of furniture and equipment. A remedial action plan has been developed to ensure water quality prior to occupation, with all parties undertaking their responsibilities in accordance with such plan including operation of an additional chemical dosing plant.

CTP: Tissue Bank lease has been agreed and with U of C for signing. Histo LMB specification is with CUH for review and aim for agreement by end January 2019. Staffing issues with Histopathology due to resignations are being mitigated through recruitment. Critical care patients transfer policy in 3 iteration – with clinical teams for review and comment. Principles of use of FM and patient tunnels agreed – first draft of procedures underway. Commercial agreements for Clinical School are progressing and waiting for response from School now that ICT training facilities requirements are clear.

Service Improvement (SIP/CIP):

The service improvement programme is Amber

The outstanding CIP gap carried forward to this month is £364.2 which is the same as last months. We currently have one scheme that is awaiting validation and this is the cardiology scheme which is now waiting for the trust Commissioning and finance teams to sign this contract variation. When this is officially signed off the scheme will be presented at the next ED' session after being approved by the COO at one of the weekly CIP meetings. If this scheme was fully signed off and approved by the COO and the ED's this leaves an indicative shortfall against plan of £84.5K with further schemes in the pipeline this may be potentially further reduced for 2018/19cassuming all schemes in the pipeline are classed as a CIP.

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; some review of these underway to ensure that potential anomalies in assumptions are resolved. 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. Development of a digital training programme is also underway, for roll-out to commence from February.
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	Lead	Workstream Delivery Assessment SEP	OCT	NOV	DEC	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					↓
Digital	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
	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
	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery
	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
	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
	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

Finance

Performance summary

Accountable Executive: *Chief Finance Officer* ***Report Author:*** *Deputy Chief Finance Officer*

6 month performance trends

		Data Quality	Target	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Dashboard KPIs	Year to date EBITDA surplus/(deficit)	4	£(905)k	£(55)k	£26k	£(22)k	£576k	£(54)k	£(894)k
	Year to date surplus/(deficit) £000s	4	£(8,769)k	£(2,157)k	£(2,985)k	£(3,939)k	£(4,112)k	£(5,502)k	£(6,991)k
	Cash Position at month end £000s	4	£10,004k	£35,523k	£36,983k	£31,931k	£28,485k	£26,486k	£25,725k
	Use of resources rating	5	4	3	3	3	3	3	3
	Capital Expenditure YTD £000s	4	£35,724k pa	£8,649k	£10,844k	£12,289k	£13,469k	£13,743k	£14,151k
	In month Clinical Income £000s	4	£11471k (current month)	£12,255k	£12,474k	£12,711k	£12,845k	£12,560k	£11,427k
	CIP – Identified - YTD £000s	4	£6,768k	£1,725k	£2,290k	£3,019k	£3,684k	£4,339k	£4,997k
	CIP – FY Target £000s	4	£9,522k pa	£8,855k	£9,061k	£9,143k	£9,143k	£9,143k	£9,143k
	Agency spend as % of salary bill	4	2.45%	4.80%	4.96%	4.71%	3.97%	5.97%	6.06%
Additional KPIs	Debtors > 90 days overdue	4	10%	58.2%	46.1%	36.2%	35.2%	36.9%	27.4%

Summary of Performance and Key Messages:

The Trust's **year to date** position is a deficit of £6.99m, favourable against the plan by £0.67m.

Total **clinical income** is below plan by £2.61m, this comprises an adverse variance resulting from lower than planned NHS activity of 2,119 (11.0%) inpatient/day cases equating to £3.07m, partially mitigated by favourable complexity in case mix of £2.00m and a combination of other favourable items totaling £0.26m, to give an underlying net clinical income position which is behind plan by £2.61m. In addition, high cost drugs and devices income is £1.77m adverse to plan, however, are procured on a pass through basis and therefore offsets lower expenditure.

Pay is £0.10m adverse to plan with temporary staffing costs replacing substantive savings from vacancies. **Non pay** is £2.10m favourable to plan, comprising favourable clinical supplies due to the lower activity (£3.81m), underspends due to timing on the NPH transition programme (£0.27m) and lower depreciation charges (£1.65m) due to a technical change following delayed capitalisation of assets. Offset by the timing of additional E&F related expenditure due to the delayed move (£0.90m), commissioner fines (£0.71m) and unachieved non-pay CIP (£0.63m).

EBITDA is behind plan by £1.08m due to changed phasing of the cost of remaining on the existing site.

Actual year to date **CIP** achievement of £4.997m is £1.48m adverse to the plan of £6.772m, due to £0.38m planning gap and an operational delivery gap of £1.77m 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 £14.15m which is underspent by £9.73m 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 £25.73m is favourable to the refreshed plan by £15.72m, predominantly due to the timing of the NPH capital equipping programme and working capital improvements to plan.

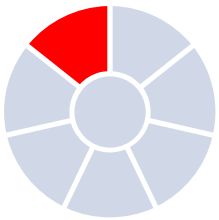
In month the Trust has reported a deficit of £1.49m, which is £0.65m favourable against the planned refreshed plan deficit of £2.14m, however, represents a significant deficit trading position. Lower expenditure, due to lower activity against plan, additional liquidated damages and reduced depreciation charges drive this in month difference to plan.

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

The **forecast out-turn** position was updated last month following the approval of the master commissioning plan and now reflects the Trusts anticipated year end deficit of £11.68m (£11.5m adjusted control total basis). Key movements are the removal of the activity ramp down, full year depreciation impact due to delayed capitalisation and the run rate impact of pay and non-pay costs.

Finance

Key performance challenges



December 2018 risk score changes: There were no changes to the risk scores in the month, however, the Master development and control plan (7.4.1) and the Variations on the new hospital (7.5.4) have both reduced in risk but have not triggered a score change.

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 Dec 18	FSRA Jan 19
Current Trading Impact	A	7.1.1	Income	10	20	20
	B	7.1.1	Expenditure	10	20	20
Future Growth	C	7.1.2	Income	12	20	20
	D	7.1.2	Expenditure	12	15	15
Capacity Assumption	E	7.2.1	Capacity Assumptions	10	25	25
Efficiency	F	7.3.1	Efficiency Assumptions	12	8	8
	G	7.3.2	Delivery of Efficiency Challenge	12	20	20
Master Development & Control Plan	H	7.4.1	Master Development & Control Plan	10	10	10
PFI	I	7.5.1	CBC Land and Link Tunnel	9	3	3
	J	7.5.2	Unitary Payment	9	9	9
	K	7.5.3	Capital Contribution Funding	10	10	10
	L	7.5.4	Variations on the New Hospital	10	10	10
Whole Hospital Equipping	M	7.6.1	Whole Hospital Equipping Plan	12	12	12
Operational Transition	N	7.7.1	Transitional Relief	9	6	6
	O	7.7.2	Additional Costs	10	20	20
Electronic Patient Record	P	7.8.1	Electronic Patient Record System	12	8	8

Progress against Annual Plan Submission	YTD
Net deficit - The Trust reported a deficit of £1.49m in month, which was favourable by £0.65m to the original plan deficit of £2.04m.	
Total Income - Total income in the month of £13.18m was ahead of the plan (£12.33m). Underlying clinical income is behind plan by £0.07m in the month, due to: Lower inpatient /day case activity totaling £0.08m, offset with increased complexity of £0.43m. Private patients activity reduced this month to £0.53m and is behind plan by £0.01m. In addition, there is an adverse variance of £0.05m 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 ahead of plan month by £0.53m, predominately due to the charity funding of the new decontamination unit (£0.12m), delayed handover of New Hospital (£0.14m) and the monthly fluctuations in the level of R&D income and hosted services, which have offsetting expenditure.	
Pay costs - Total pay costs were adverse in the month against original plan, by £0.32m. There remains a favourable substantive pay position due to the number of vacancies (197 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 £0.02m. The underlying position is £0.35m 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 £2.24m in month and £9.96m year to date, when adjusted for costs of transition and the associated funding, fines, bad debt provision movements and R&R project costs.	

Finance

Spotlight on Cost Improvement Programme

December 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 December £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. This item requires the formal approval of a contract variation with NHSE and will remain outstanding until this has been signed, anticipated before the end of December.

Actual CIP achievement to December 2018
The actual year to date achievement was £4,997k to December 2018 against the identified plan of £6,444k. Of the £9,143k identified projects the operational CIP variance is adverse to plan by £1,447k at the end of December 2018. The total variance against the CIP target including the unidentified CIP to end of December is adverse by £1,770k against the plan of £6,768k.

Key CIP Project year to date progress:
The adverse CIP operational variance to M09 of £1,447k 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 £661k adverse;
- Cardiology £425k adverse;
- Surgery £251k adverse;
- Thoracic £49k adverse.

This is mitigated by non recurrent favourable pay variances in other directorates to December of £1,486k (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 December 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	3,230	1,809	(1,421)	3,230	1,809	(1,421)	0	0
CIP- Non Pay	4,585	4,207	(378)	3,485	3,135	(350)	3,162	3,135	(26)	0	(378)
CIP- Drugs	71	71	0	53	53	0	53	53	0	0	0
CIP - Total	9,521	9,143	(378)	6,768	4,997	(1,770)	6,444	4,997	(1,447)	0	(378)

2018/19 CIP actual vs Target