

Papworth Integrated Performance Report (PIPR) January 2019

February 2019



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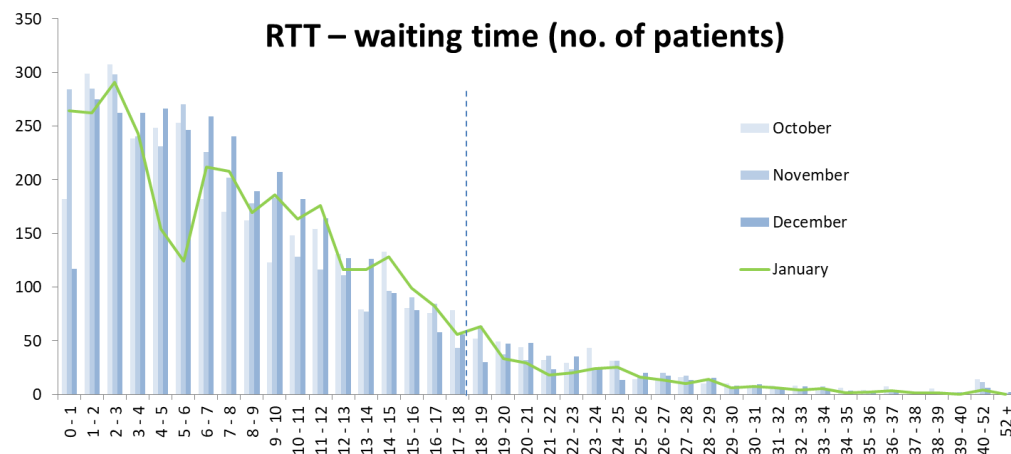
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Context:

The activity table and RTT waiting time curve below sets out the context for the operational performance of the Trust and should be used to support constructive challenge from the committee

Inpatient Episodes	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Trend
Cardiac Surgery	206	163	284	206	162	212	
Cardiology	766	716	776	740	616	759	
ECMO	5	3	3	5	8	11	
PTE operations	17	15	20	13	13	20	
RSSC	504	507	602	487	310	545	
Thoracic Medicine	383	333	390	426	325	421	
Thoracic surgery (exc PTE)	65	52	88	63	57	90	
Transplant/VAD	53	43	53	45	44	64	
Total Inpatients	1,999	1,832	2,216	1,985	1,535	2,122	
Outpatient Attendances	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Trend
Cardiac Surgery	357	322	381	360	276	358	
Cardiology	3,247	3,626	3,787	3,628	2,966	3,729	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	2	
RSSC	1,561	1,881	2,332	2,099	1,568	2,240	
Thoracic Medicine	1,791	1,697	1,975	1,884	1,590	2,019	
Thoracic surgery (exc PTE)	97	116	117	111	96	120	
Transplant/VAD	358	310	364	366	315	370	
Total Outpatients	7,411	7,952	8,956	8,448	6,811	8,838	

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

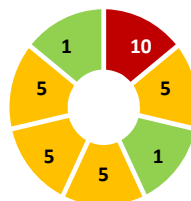
The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

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 - **AMBER**

Favourable performance

Safe: The Safe domain remains green in January. Safe Staffing - For the first time this reporting year, the safe staffing fill rate is green, with both days and nights over the 90% fill rate. For registered nurses: overall for inpatient areas 92.2% (days) which is an improvement from the previous month. It remains green for nights (95.3%).

Caring: This month Caring has returned to an amber rating from red. This is because our Friends and Family Test score for Outpatients is back in green at 96.3%. The outpatients recommendation score has increased from 92.5% (Dec) to 96.3% (Jan). Outpatients participation rate has also increased.

Effective: Bed Occupancy - An improvement in bed occupancy following a challenging December was noted and reflects an improvement in safer staffing numbers.

People, Management & Culture: Total turnover decreased to 16.52%. Nursing turnover reduced to 10% with 5 wte leavers compared to 12.9 wte in December. We were a net gainer of staff by 12.97 wte in January. This reflects the success of recent recruitment events and the Trust expects to see an increase in applications as the move date draws closer.

Finance: The Trust's year to date position is a deficit of £7.50m, favourable against the plan by £1.17m.

Adverse performance

Caring: Complaints – The moving average for complaints remains above threshold for January 2019. This is partly because 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). The Trust has received 7 formal complaints during January which is above the trajectory of 5. All complaints are subject to a full investigation.

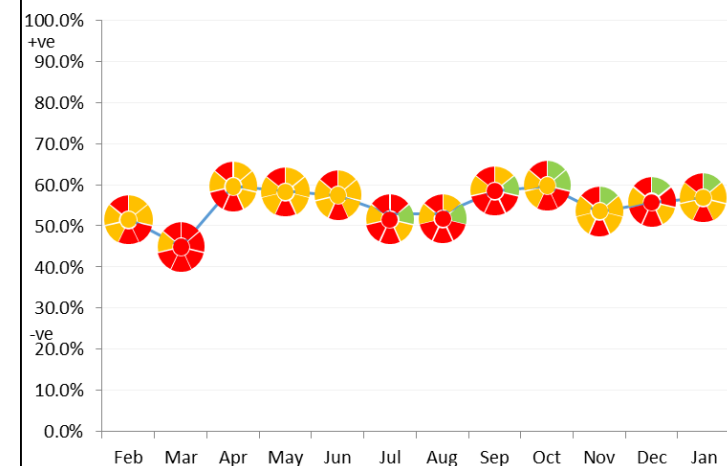
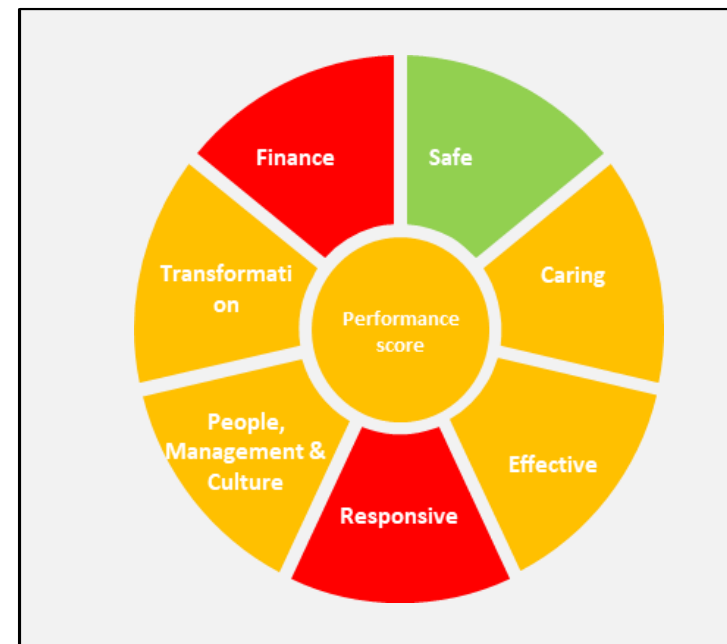
Effective: CCA occupancy remained high - There was a sharp increase in occupancy under the respiratory ECMO service – with more than 3 patients under the service on 24 out of 31 days (between 4 – 6 patients on these days). The National ECMO service has remained in surge throughout the month.

Responsive: 1) RTT position regarding breach reductions continues to improve. Both respiratory and cardiology have shown improvements in line with the revised Trust trajectory. Surgery however saw a reduction in there January performance due to a high number of cancellations due to capacity constraints. 2) Dec 62 day cancer waits finalised at 71.4 % post allocation. Jan provisional figures are better with a predicted post allocation performance of 84.6%. 3) Theatre cancellations - There were 67 theatre cancellations in month – occupancy within critical care was high, 23 patients were cancelled due to no CCA bed being available.

People, Management & Culture: Sickness absence increased to 3.91%. Although stress and anxiety related absences reduced there was a significant increase in cold, cough and flu related absences which nearly doubled when compared to December accounting for nearly 38% of all episodes of sickness. Long term absences reduced as a number of cases were closed in the month.

Looking ahead

NPH Design, Construction & Enabling Works: Phase 2 works were certified as complete by the Independent Tester at mid January. Whilst this was later than had been signalled as the completion date, it remains within the contingency period previously established by the Board of Directors. In addition, the Trust's planned tasks for the post handover period continued in accordance with, the "beneficial access" position achieved via Phase 1 completion, meaning that no programme time was lost. The NPH project team, Medical Engineering and Digital teams remain fully engaged on site with equipment installation and commissioning activities. Construction activities are now focused upon the clearance of snagging matters, the resolution of remaining variations and the implementation of emerging small works request. These include variations to co-ordinate the road layout, to improve privacy and dignity and to create facilities appropriate for cleaning of heater/cooler machines. A remedial action plan has been developed to ensure water quality prior to occupation.



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	Jan-19	4	97%	98.96%	98.48%	
	Never Events	Jan-19	3	0	0	0	
	Moderate harm incidents and above as % of total PSIs reported	Jan-19	3	3%	1.10%	1.35%	
	Safer staffing – registered staff day (night)	Jan-19	3	90-100%	92.2% (95.3%)	85.25% (91%)	
	Number of C.Diff cases (sanctioned)	Jan-19	5	5 pa	0	2	
Effective	Bed Occupancy (excluding CCA)	Jan-19	4	85% (Green 80%-90%)	78.20%	75.96%	
	CCA bed occupancy	Jan-19	3	85% (Green 80%-90%)	93.10%	91.36%	
	Admitted Patient Care (elective and non-elective)	Jan-19	4	22186	2122	19826	
	Cardiac surgery mortality EuroSCORE	Jan-19	3	3%	1.73%	2.07%	
	Theatre Utilisation	Jan-19	3	85%	86.1%	87.0%	
Responsive	% diagnostics waiting 6 weeks and over	Jan-19	tbc	99%	99.42%	99.37%	
	18 weeks RTT **	Jan-19	3	92%	90.91%	90.91%	
	62 days cancer waits	Jan-19	3	85%	84.60%	87.03%	
	31 days cancer waits	Jan-19	3	96%	100.00%	99.31%	
	Theatre cancellations in month	Jan-19	3	30	67	526	
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	Jan-19	3	95%	34.21%	24.40%	

	Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Caring	FFT score- Inpatients	Jan-19	4	95%	95.80%	96.95%	
	FFT score - Outpatients	Jan-19	2	95%	96.30%	97.31%	
	No of complaints (12 month moving average)	Jan-19	4	5	5.50		
	% of complaints responded to within agreed timescale	Jan-19	4	100%	100.00%	100.00%	
People Management & Culture	Voluntary Turnover %	Jan-19	3	15%	16.52%	19.23%	
	Vacancy rate as % of budget	Jan-19	4	6%	10.61%		
	% of staff with a current IPR	Jan-19	3	90%	90.68%		
	% sickness absence	Jan-19	3	3.5%	3.91%	3.33%	
Finance	Year to date EBITDA surplus/(deficit) £k	Jan-19	4	£(558)k	£(612)k		
	Year to date surplus/(deficit) £k	Jan-19	4	£(9,630)k	£(7,495)k		
	Cash Position at month end £k	Jan-19	4	£8,682k	£26,047k		
	Use of Resources rating (UOR)	Jan-19	5	4	3	3	
	Capital Expenditure YTD £k	Jan-19	4	£24,052k	£14,658k		
	In month Clinical Income £k	Jan-19	4	£13,589	£13,329k	£124,001k	
	CIP – Identified £000s	Jan-19	4	£7,702k	£5,608k	£5,608k	
	CIP – FY Target £000s	Jan-19	4	£9,522k	£9,143k	£9,143k	
	Agency spend as % of salary bill	Jan-19	4	2.45%	5.64%	4.89%	
	Transformation	ORAC programme delivery on track	Jan-19	4			
SIP – project delivery		Jan-19	4				→
Digital programme delivery on track		Jan-19	3				→

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

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

At a glance – Externally reported / regulatory standards

1. NHS Improvement Compliance Framework

NHSI Targets	Measure	Data Quality	NHSI Target	Month	YTD	Previous quarter	Forecast	Comments
C. Difficile	Meeting the C.Diff Objective	5	5	0	3	1		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	90.91%		89.48%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	100.00%	99.31%	97.7%		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%	84.60%	87.03%	80.93%		Current month provisional as going through verification process. Data is after reallocations
VTE	Number of patients assessed for VTE on admission	3	95%	92.09%		90.33%		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	Feb-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	8	↔
Safe	Ageing Estate	690	RC	6	Yes	20	20	20	16	12	12	12	↔
Safe	Safer staffing and Monitor's Agency Price cap	742	JR	6	Yes	20	20	20	20	20	16	16	↔
Safe	NEW BAF CQC Fundamentals of care	744	JR	6	Yes	6	6	6	15	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	16	↔
Safe	Optimisation of the EPR systems	1787	JR	6	Yes	12	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	6	Yes	16	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	6	Yes	16	16	16	16	16	16	16	↔
Effective	Delivery of Efficiency Challenges - SIP Board approved	841	EM	12	Yes	20	20	20	20	20	20	20	↔
Effective	Delivery of Efficiency Challenges - SIP targets	843	EM	12	In progress	20	20	20	20	20	20	20	↔
Effective	New Removal of support for ALL Microsoft software used in the trust in 2020	1968	AR	4	Yes	-	-	-	-	-	-	15	↑
Responsive	R&D strategic recognition	730	RH	8	Yes	12	12	12	12	12	12	12	↔
Responsive	Capacity assumptions - length of stay	868	EM	10	In progress	12	12	12	12	12	12	12	↔
Responsive	Capacity assumptions - activity	869	EM	10	In progress	20	20	20	25	25	25	25	↔
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	9	↔
People Manag. & Cult.	Low levels of Staff Engagement	1929	OM	9	In progress	16	16	16	16	16	16	16	↔
Transformation	Expenditure Growth - New ways of working	866	RC	12	Yes	15	15	15	15	15	15	15	↔
Transformation	The STP work includes Cardiology	1162	EM	8	Yes	9	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	16	↔
Finance	Current Trading Income performance	833	RC	10	Yes	20	20	20	20	20	20	20	↔
Finance	Current Trading Expenditure	835	RC	10	Yes	20	20	20	20	20	20	20	↔
Finance	Income Growth - targets	836	EM	12	Yes	25	25	25	25	25	25	25	↔
Finance	Income Growth - case mix	837	EM	12	In progress	20	20	20	20	20	20	20	↔
Finance	Income Growth - activity transfers	865	EM	12	In progress	20	20	20	20	20	20	20	↔

Performance summary

Accountable Executive: Chief Nurse
6 month performance trends

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



	Data Quality	Target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	
Dashboard KPIs	Safety Thermometer harm free care	4	>97%	97.04%	97.83%	98.30%	98.31%	98.91%	98.96%
	Never Events	3	0	0	0	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	1.00%	1.40%	0.80%	1.16%	2.60%	1.10%
	Safer staffing – registered staff day	3	90-100%	80.5%	83.8%	88.0%	89.0%	85.0%	92.2%
	Safer staffing – registered staff night			81.7%	87.8%	93.6%	99.1%	97.7%	95.3%
	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	99.6%	99.5%	99.1%
	Falls per 1000 bed days	3	<4	Additional KPI	Additional KPI	Additional KPI	2.6	2.5	3.9
	Ward - Care hours per patient day	3	>7.8	9.5	10.3	10.4	9.8	11.7	10.4
	Critical care - Care hours per patient day		>32.9	34.8	34.3	33.0	33.2	34.8	34.3
Additional KPIs	Number of Papworth acquired Pressure Ulcers (grade 2 and above)	4	<4	5	2	2	2	2	2
	Falls per 1000 bed days*	3	<2.2	2.4	1.6	1.8	n/a	n/a	n/a
	MRSA bacteraemia	3	0	0	0	0	1	0	0
	Number of serious incidents reported to commissioners in month	3	0	0	2	2	0	1	2
	Registered nurse vacancies (WTE)**	2	5.00%	43.25	91.32	61.16	55.81	59.79	59.41
	Registered nurse vacancies (% total establishment)**			6.51%	13.91%	9.31%	8.47%	9.08%	9.02%
	HCSW vacancies (WTE)**	3	10.00%	19.19	3.49	5.10	8.20	15.69	18.65
	HCSW vacancies (% total establishment)**			n/a	n/a	n/a	3.80%	7.28%	8.65%
	E coli bacteraemia	3	Monitor only	1	2	0	3	1	0
	Klebsiella bacteraemia	3	Monitor only	1	1	4	0	0	2
	Pseudomonas bacteraemia	3	Monitor only	0	1	1	1	1	0
	High impact interventions *	3	Monitor only	99.3%	98.0%	98.0%	Dashboard KPI	Dashboard KPI	Dashboard KPI
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	2	3	2	3	5	2

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

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Safe' is Good dated 31.01.2019

Safe Staffing: For the first time this reporting year, the safe staffing fill rate is green, with both days and nights over the 90% fill rate. For registered nurses: overall for inpatient areas 92.2% (days) which is an improvement from the previous month. It remains green for nights (95.3%). In some wards, days and nights fall short of the desired 90% fill rate that we aim for, however Care Hours Per Patient Day (CHPPD) levels in these areas remain healthy (a full breakdown is shown on 'Spotlight On' (for Safe). Overall (as shown in the KPIs) the CHPPD indicator remains healthy and in the green.

As with previous months, for the areas where there remains a lower fill rate, this has been balanced with lower bed occupancy; pausing of beds in partnership with operational planning; and safe movement of staff to ensure a good registered nurse to patient ratio.

Through the 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.

Vacancies for registered nurses have reduced slightly in Jan 2019 (from Dec 2018), whereas HCSWs have increased further from December through to January. This is currently one of the focus areas for Workforce / Recruitment and Retention and there have been a number of recent effective recruitment events. There are also plans to trial a HCSW Nursing Apprenticeship programme in Critical Care and this has created a lot of interest. Nursing, Clinical Education and Workforce teams continue to work in partnership to support the very active and positive recruitment activity.

**For the 'Safe' section of PIPR the pre registration nurses are 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.

Serious incidents: There were two SIs reported in January. One relating to a system and process error resulting in a number of clinical letters not being sent from surgery/cardiology and transplant services (WEB29551); and a second relating to a delayed diagnosis of adrenal mass - not reported on CT scan in 2010 (WEB28282). These remain under investigation.

Key performance challenges



Escalated performance challenges

Venous Thromboembolism (VTE) Risk Assessment

VTE is covered in PIPR on the 'At a glance – Externally reported' slide. It is red this month at 86.66%; YTD is 92.09% (the national target is 95%). In the Model Hospital, VTE is a 'Safe' metric and Royal Papworth is also showing red on there (note the graphs to the right; note that the date period is reported differently therefore the percentage differences reflect that). Therefore it has been selected as a 'Key performance challenge' for 'Safe' in PIPR this month.

Background

VTE data collection was first made mandatory from June 2010, and data has been published quarterly from the first full quarters data (July-September 2010). This measure looks at the proportion of patients admitted to hospital that had a risk assessment for venous thromboembolism. Trusts are required to upload their data on VTE risk assessment onto NHS Digital quarterly.

Current position

The graphs to the right are from Model Hospital. They show a deteriorating position which we have identified and are aware of as a Trust. The graphs show a comparison with our Model Hospital peers (acute specialist). The date period is Q2 2018/19. For information, within the peer group are other cardiothoracic centres (Royal Brompton and Harefield NHS Foundation Trust 97.71%; Liverpool Heart and Chest Hospital NHS Foundation Trust 96.75%).

What are we doing to improve?

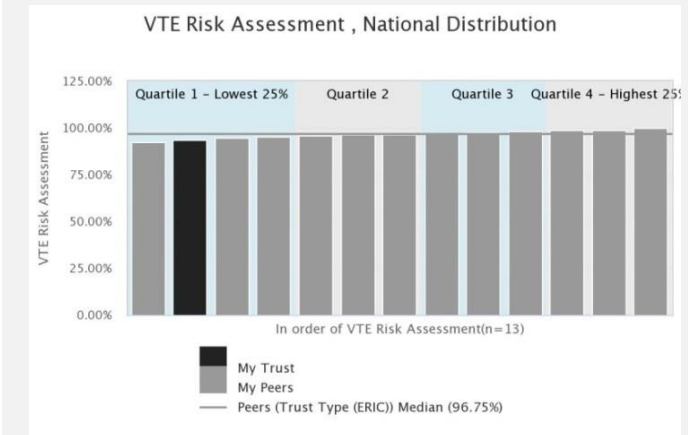
A new Trust VTE Lead (WH) began a detailed review in Oct 2018. Summary of actions so far:

- Re launch of VTE link nurses meeting
- Review of Trust Policy (DN500) VTE (venous thromboembolism) Risk Assessment & Prophylaxis Procedure
- Review of data quality with Lorenzo; (EG/SP/WH) looking to improve our automated reporting and how to reliably exclude N/A's and duplicates
- VTE Risk 497 to be updated on Trust risk register to reflect data above
- VTE scrutiny panel being established to review all RCA's/DATIX and VTE events
- Work in progress to ensure we have all clinical areas reporting in the monthly prevalence audit to ensure we are highlighting areas for improvement
- Review of prophylaxis medication compliance by undertaking Tinzaparin/Enoxaparin omission audits
- eLearning regards VTE to be introduced

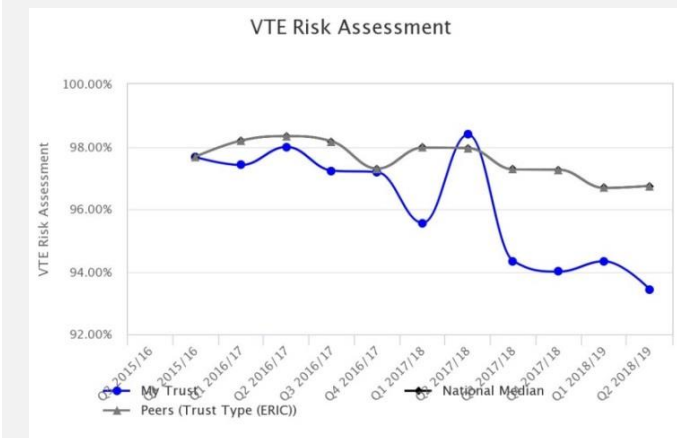
Graphs from Model Hospital (data extracted 15.02.2019)

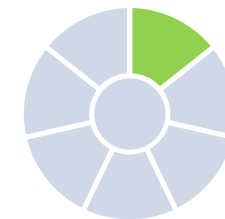
Date period Q2 2018/19. Trust value is 93.44% (peer median = 96.75%; national median = 96.75%).

Variation graph with RPH in black. Peers are 'acute specialist'



Trend graph. RPH is the blue line





Background

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

While overall we are green for safe staffing, there are some inpatient areas that remain under the desired 90% fill rate. This is a breakdown of the January 2019 submission data:

Ward name	Day		Night		Care Hours Per Patient Day (CHPPD)	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Overall
CMU	89.2%	80.0%	99.1%	105.2%	682	9.7
HEMINGFORD & HDU	109.0%	106.7%	100.2%	179.7%	426	13.9
CF WARD	114.9%	92.5%	101.6%	-	292	10.5
HUGH FLEMING	74.1%	100.4%	96.9%	183.1%	727	9.3
MALLARD & PCU	87.2%	110.3%	89.5%	182.7%	1086	10.4
RSSC	77.2%	63.7%	84.0%	70.9%	432	10.1
VARRIER JONES	82.3%	107.4%	88.7%	134.8%	991	9.0
CRITICAL CARE	103.5%	72.9%	102.0%	70.8%	955	34.3

Comments

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

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

CMU (days): RN vacancies have increased slightly from Q2 (Sep 2018, 32.8%) to Q3 (Dec 2018, 34.9%). Sickness has improved from Nov 2018 (9.3%) to 5.6% (Dec 2018).* There is an improved RN roster fill rate position from previous month (80.4% Dec 2018; 89.2% Jan 2019). Gaps in fill rate due to RN vacancies and sickness. Where required, co-ordinator taking patients to maintain safety. There are some EU/overseas pre-reg nurses working towards obtaining their UK PIN numbers working in this area. The overall CHPPD** is 9.7 which is higher than the benchmark threshold for RPH (7.8). This indicates that although the registered nurse fill rate is under the 90%, that the CHPPD are still being achieved.

Hugh Fleming (days): RN vacancies is an improved position from Q2 (Sep 2018, 23.2%) to Q3 (Dec 2018, 14.2%). Sickness was 3.0% in Nov 2018 and 4.2% in Dec 2018. There is an improved RN roster fill rate position from previous month (63.9% Dec 2018; 74.1% Jan 2019). There are some EU/overseas pre-reg nurses working towards obtaining their UK PIN numbers working in this area. Above 100% unregistered nursing staff on nights supporting enhanced care requirements. The overall CHPPD is 9.3, which remains better than the RPH benchmark threshold (of 7.8).

Mallard (days and nights): RN vacancies is an improved position: Q2 (Sep 2018, 16.4%) to Q3 (Dec 2018, 10.8%). Sickness (4.2% Nov 2018; 4.3% Dec 2018). There is an improved RN roster fill rate position from previous month on days (79.8% Dec 2018; 87.2% Jan 2019); nights is similar at 89.5% (Jan 2019) 91.6% (Dec 2018). Gaps in fill rate due to RN vacancies and sickness. There are some EU/overseas pre-reg nurses working towards obtaining their UK PIN numbers working in this area. Above 100% unregistered nursing staff (days and nights) providing support required for enhanced care requirements. The overall CHPPD is 10.4, which is better than the RPH benchmark threshold (of 7.8).

RSSC (days and nights): RN vacancies is an improved position: Q2 (Sep 2018, 25.9%) to Q3 (Dec 2018, 23.8%). Sickness has increased Nov (3.4%) to Dec 2018 (5.1%). There is an improved RN roster fill rate position from previous month on days (73.2% Dec 2018; 77.2% Jan 2019) and nights (78.8% Dec 2018; 84.0% Jan 2019). Gaps in fill rate due to RN vacancies. Staffing levels adjusted as required for patient activity. There are some EU/overseas pre-reg nurses working towards obtaining their UK PIN numbers working in this area. The overall CHPPD is 10.1, which is better than the RPH benchmark threshold (of 7.8).

VARRIER JONES (days and nights): RN vacancies is an improved position: Q2 (Sep 2018, 6.4%) to Q3 (Dec 2018, 1.1%). Sickness was 3.0% Nov; 2.9% Dec 2018. Improved RN roster fill rate position from previous month for days, nights almost unchanged (Days = 76.5% Dec 2018; 82.3% Jan 2019. Nights = 88.9% Dec 2018; 88.7% Jan 2019). Above 100% unregistered nursing staff (days and nights) providing support required for enhanced care requirements.

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

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

Performance summary



Accountable Executive: Chief Nurse
6 month performance trends

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

	Data Quality	Target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	
Dashboard KPIs	FFT score- Inpatients	4	95%	97.0%	98.0%	97.0%	96.6%	98.1%	95.8%
	FFT score - Outpatients	2	95%	98.0%	98.0%	96.0%	97.3%	92.5%	96.3%
	Number of complaints (12 month moving average)	4	5 and below	4.8	4.1	4.8	5.2	5.5	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)	3	4	3	7	4	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	5	6	4	7	4	7
	Number of recorded compliments	4	10	885	767	771	695	621	734

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Caring' is Outstanding dated 31.01.2019

Summary: This month Caring has returned to amber rating from red. This is because our **Friends and Family Test** score for **Outpatients** is back in green at 96.3%. The outpatients recommendation score has increased from 92.5% (Dec) to 96.3% (Jan). Outpatients participation rate has also increased. 'Spotlight on' looks at this in more detail.

Model Hospital looks at **FFT Inpatient data** and the latest published data is Dec 2018. Our result was 98.1% (the overall Peer Median and National Median was 97.1%). If benchmarking with other cardiothoracic hospitals within the peer group the results (in order) for FFT Inpatients (**Dec 2018 data**) was:

- Liverpool Heart and Chest Hospital NHS Foundation Trust 99.6%
- Royal Papworth Hospital NHS Foundation Trust 98.1%
- Royal Brompton and Harefield NHS Foundation Trust 96.4%

Complaints moving average: Moving average for complaints remains above threshold for January 2019. This is because 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).

We remain green in Model Hospital for numbers of complaints.

Complaints: The Trust has received 7 formal complaints during January which is above the trajectory of 5. All complaints are subject to a full investigation. Individual investigations and responses are being prepared. The next slide provides a breakdown of each complaint.

Compliments: the number of recorded compliments has increased from 621 in Dec 2018 to 734 in Jan 2019.

Key performance challenges



Escalated performance challenges:

The Trust has received 7 formal complaints during January which is above the trajectory of 5.

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

Ref Number	Directorate	Inpatient / Out patient	Location / Ward	Summary	Outcome
Q41819-51F	Cardiac Surgery	IP	Mallard	DOLS put in place for patient. Wife and Daughter concerned feels father not fully informed of risks involved with surgery. Wish to be involved re major decisions re care.	Part Upheld
Q41819-52F	Radiology	IP	Radiology - Plain Film	Patient complaint that a manoeuvre of his arm during chest x-ray caused damage and pain to his shoulder	Upheld
Q41819-53F	Thoracic Medicine	OP	Sleep Disturbance OP - Thetford	Patient unhappy with experience at out-patient appointment and subsequent clinic letter	Part Upheld
Q41819-54F	Thoracic Medicine	IP	Princess Ward	Daughter raised questions re late fathers care. Meeting and previous correspondence received - case has also been to inquest	
Q41819-55F	Cardiac Surgery Private Patient	IP	Varrier Jones	Private Patient unhappy with the lack of information and communication received from staff when trying to confirm fees for private care with insurance company	Upheld
Q41819-56F	Cardiac Surgery	IP	Cardiac Day Ward	Daughter unhappy re stress and distress caused as a result of her mothers procedure being cancelled last minute	
Q41819-57F	Cardiology / Thoracic Medicine	OP	Cardiology Outpatients/Thoracic Outpatients	Patient's wife has asked for clarification around husbands treatment - requested change to appointment time	

Private Patients (for information):

Total for Private Patient formal complaints in 2017/18 was 3 = 0.6 per 1000 patient episodes (PP only).

There has been only 1 formal complaint received from a private patient during 2018/19 to date and that is in Q4 as noted above.

Key risks:

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

Key Actions:

We continue to monitor formal complaints and actions through the Quality and Risk Management group.

Individual Business Units and Directorates report complaints through their meetings acting on lessons learnt.

Continued monitoring of complaints and patient and public feedback.

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

It is important to note that when the number of formal complaints is compared against activity, the number of formal complaints per 1000 patient episodes remains consistently low. This is summarised in the table below.

	Number of patient episodes (Exl PP)	Formal Complaints	Complaints per 1000 patient episodes
Q1 17/18	27,390	13	0.5
Q2 17/18	29,016	21	0.7
Q3 17/18	31,009	10	0.3
Q4 17/18	31,368	26	0.8
Total	118,783	70	0.6
Q1 18/19	31,259	11	0.4
Q2 18/19	30,361	13	0.4
Q3 18/18	30,505	15	0.5
Q4 18/19			
Total			



Spotlight on: Friends and Family Test – Outpatients

Overview:

There was a notable improvement in the Outpatients Recommendation rate/score from December 2018 (92.5%) to January 2019 (96.3%). The table below displays the December 2018 FFT Outpatients data for Royal Papworth Hospital.

Table summarising December 2018 Outpatients FFT data (RPH)

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%

The tables and charts to the right show the January 2019 position (for RPH). The position is improved in all sections (surveys returned; participation rate; overall recommendation rate/score). The number of patients discharged from Outpatients in Jan 2019 (9420) was greater than Dec 2018 (7169) and it is therefore good to see that the recommendation rate/score has increased to 96.3% from 92.5%. Cardiac had the same participation rate at 1.8% however this is with a greater number of patients, representing 76 surveys returned in Jan 2019 compared to 61 in Dec 2018. Transplant have made a notable improvement with their participation rate at 7.1% for Jan 2019 compared to 1.2% in Dec 2018. (Note: The national data doesn't provide a response/participation rate for Outpatients FFT).

For benchmarking purposes, these are the latest published FFT % Outpatients Recommended scores (Dec 2018):

- England = 94%
- CUH = 92%
- NWAFT = 94%
- Liverpool Heart and Chest Hospital NHS Foundation Trust = 99%
- Royal Brompton and Harefield NHS Foundation Trust = 92%

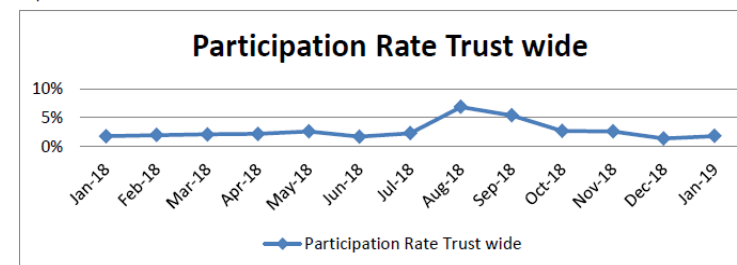
While Royal Papworth has an improved position in Jan 2019 (compared to Dec 2018) it is also recognised that we could further improve, including trying to further improve the recommendation rate/score.

Summary charts for January 2019 position (Royal Papworth Hospital):

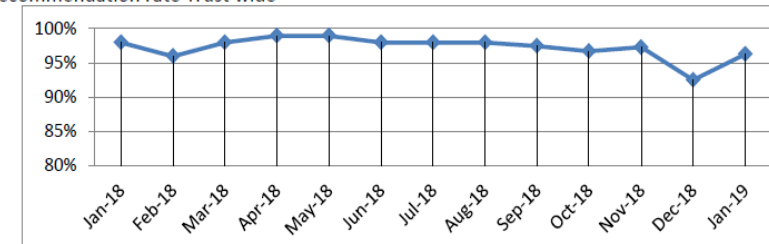
Patients discharged	Surveys returned	Participation rate	Month/Year:	JANUARY	2019
9420	163	1.7%			

Ward	Surveys returned	Patients discharged	Participation rate	Recommendation rate
Cardiac	76	4279	1.8%	99%
Thoracic	58	4734	1.2%	93%
Transplant	29	407	7.1%	97%
TW	163	9420	1.7%	96.3%

Participation Rate Trust wide



Recommendation rate Trust wide



Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Directors of Operations



6 month performance trends

	Data Quality	Target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	
Dashboard KPIs	Bed Occupancy (excluding CCA)	4	85% (Green 80%90%)	74.9%	73.4%	74.2%	80.7%	66.8%	78.2%
	CCA bed occupancy	3	85% (Green 80%90%)	89.2%	92.4%	93.9%	94.7%	92.0%	93.1%
	Admitted Patient Care (elective and non-elective)	4	2269 (current month)	1999	1832	2216	1985	1535	2122
	Cardiac surgery mortality EuroSCORE	3	<3%	2.09%	1.91%	1.54%	1.86%	1.79%	1.73%
	Theatre Utilisation	3	80%	85.12%	92.04%	89.25%	83.27%	85.30%	86.12%
Additional KPIs	Same Day Admissions – Cardiac (eligible)	4	40%	31.53%	27.48%	26.59%	19.23%	26.51%	31.18%
	Same Day Admissions – Thoracic (eligible)	4	40%	32.00%	36.59%	42.00%	34.69%	51.92%	45.28%
	Length of stay – Cardiac Elective – CABG (days)	3	8.22	7.72	8.65	7.86	7.77	9.12	7.08
	Length of stay – Cardiac Elective – valves (days)	3	9.65	9.22	8.59	8.09	9.74	8.82	9.34
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	4	90%	85%	87%	85%	86%	78%	89%
	Cath Lab Utilisation 6 (including 15 min Turn Around Times)	4	70%	71%	80%	77%	76%	64%	70%
	CCA length of stay (LOS) (hours) - Mean	3	Monitor only	108	97	98	115	152	112
	CCA LOS (hours) - median	3	Monitor only	43	38	31	40	45	32
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	4.97	4.72	4.41	4.62	5.45	4.86
	% Day cases	3	Monitor only	56.67%	54.32%	55.81%	56.35%	53.13%	58.98%

Summary of Performance and Key Messages:

CCA occupancy remained high

There was a sharp increase in occupancy under the respiratory ECMO service – with more than 3 patients under the service on 24 out of 31 days (between 4 – 6 patients on these days). The National ECMO service has remained in surge throughout the month and the Trust has flexed capacity to up to 7 patients in February to respond to national demand.

Bed Occupancy

An improvement in bed occupancy following a challenging December was noted and reflects an improvement in safer staffing numbers.

Admitted Patient care

There has been an increase in admitted patient care in January but the monthly target has not been reached. This is partly due to case mix and acuity but also reflects poor utilisation of available capacity in capacity in Thoracic medicine. This is been addressed through a daily focus of bookings and a weekly forward view of scheduled activity.

SDA

A task and finish group has been introduced and will meet to review the SDA process and address issues in variation and scheduling of patients. Ensuring we are scheduling and have the infrastructure to support eligible SDA patients will help with patient flow. (Please see spot light slide on page 15)

Theatre and Cath Lab utilisation

Overall utilisation improved in month but there was some lost capacity due to equipment downtime in Cath labs.



Theatre Cancellations

Cancellation code	Jan-19
1a Patient DNA	
1b Patient refused surgery	
1c Patient unfit	7
1d Sub optimal work up	2
1e Patient not ready	
2a All CCA beds full with CCA patients	23
2b No ward bed available to accept transfer from CCA	6
2c Delay in repatriation of patient from CCA	1
2d No ward bed available	
3a Critical Care	
3b Theatres	
3c Consultant Surgeon	1
3d Consultant Anaesthetist	
3e Other	
4a Emergency took time	9
4b Transplant took time	7
4c ECMO/VAD took time	
4d Additional urgent case added and took slot	3
4e Equipment/estate unavailable	
5a Planned case overran	3
5b Additional urgent case added and took slot	4
5c Overruns delayed start	
6a Scheduling issue	1
Total	67

Key risks

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

Top reasons in month:

- No CCA bed available
- Emergency took time
- Patient unfit
- Transplant took time

Occupancy was high in month on CCA, impacted by high number of patients under the respiratory ECMO service (with the National service remaining in surge) as well as high acuity amongst other patient groups.

Additional activity within theatres and CCA

43 emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.
 41 patients returned, were admitted to CCA as emergencies or were recovered in CCA following Thoracic surgery.
 21 additional elective cases were added to the list.
 111 additional emergency minor procedures also went through theatre.
 On 21 occasions, the Theatre or CCA team was called out for retrieval or repatriation of patients.

Cath Lab Cancellations

Reason	Jan-19
Emergency took time	61
Medical reasons	13
Patient did not arrive in time	4
Previous case overran	7
Clerical error	8
Patient DNA	6
Infection control	3
Patient unfit for procedure	5
Procedure no longer required	3
Equipment Failure	2
Cancelled by patient	2
Transport	1
Further tests	1
Bed shortage	1
Procedure carried out at another hosp.	0
Patient admitted as emergency	1
Procedure changed	0
Appointment moved to fill slots	0
Consultant unavailable	0
More urgent case	0
Various other reasons	10
Grand total	128

} Top 5 reasons

Spotlight on Same Day Admissions



Key challenge: To streamline the process and increase surgical elective Same Day Admissions .

Aim:

To deliver 90% SDA on all surgical elective activity.

Key challenges:

Pre-assessment challenges:

- Lack of pre-assessment slots for demand across both Cardiac surgery and Thoracic.
- Time to carry out assessments have increased due to the introduction of Lorenzo, this impacts heavily of Pharmacy and Anaesthetics.
- Major investment required to increase staffing and access to pre-assessment across the week including Emergency and walk in slots. We have also identified the need for evening and weekend assessment slots due to the lack of capacity at the new campus.

Day ward Challenges:

- Impact of a lack of pre-assessment means patients have to attend the day before so they can be reviewed by ANP's.
- Workload of ANP's has increases which means reviews of SDA are becoming more difficult and impacting on the flow through theatres
- Bed capacity has a major impact on patient flow through the day ward.
- Disconnect of the administrative process between booking teams and day ward. This includes the details being sent to patients prior to admission.
- Impact of cancellations means that a number of patients are requiring further tests due to previous bloods being out of date (GS needed within 14 days).

Next steps:

Set up a project team to review SDA pathway and pilot a small cohort of cardiac surgery patients for 90% SDA.

Key Actions:

- 1: Stakeholder meeting to discuss same day admission process has been arranged for 27th February.
- 2: Identifying Surgical Champions for Cardiac Surgery (Mr Moorjani) and Thoracic Surgery (Mr Peryt)
- 3: Work with Ops manager (CS) and ambulatory matron (NM) to improve access to pre-assessment following our meeting in mid Jan 19. Business case being developed.
- 4: Ambulatory matron (NM) to review admission ward staffing to ensure there is suitable nursing cover from 7am on day ward.
- 5: Admin and booking processes to be reviewed as we have identified a number of issue around the wrong admission information being sent out for patients planned as SDA
- 6: Look at the options of accomodation/hostels locally to support patients coming from a distance.
- 7: Pilot all Mr Moorjani elective patients who have pre-assessment against 90% SDA.
- 8: Review outcome of Cardiac Surgery Pilot.
- 9: Pilot Thoracic SDA and review.
- 10: Link to the work stream theatre scheduling project

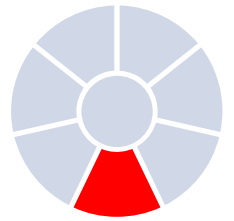
Responsive

Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Director of Operations

6 month performance trends



	Data Quality	Target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	tbc	>99%	99.50%	99.23%	99.08%	99.18%	99.36%	99.42%
	18 weeks RTT (combined) *	3	92%	85.65%	87.31%	88.45%	89.49%	90.49%	90.91%
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul 18)**	3	85%	71.4%	100.0%	100.0%	71.4%	71.4%	84.6%
	31 days cancer waits **	3	96%	100.0%	100.0%	100.0%	93.1%	100.0%	100.0%
	Theatre cancellations in month	3	30	57	37	50	67	50	67
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	3	95%	30.23%	41.66%	20.00%	17.64%	20.45%	34.21%
Additional KPIs	18 weeks RTT (cardiology)*	3	92%	82.97%	85.46%	87.49%	88.09%	89.45%	90.75%
	18 weeks RTT (Cardiac surgery)*	3	92%	69.03%	69.14%	72.48%	75.93%	78.02%	75.61%
	18 weeks RTT (Respiratory)*	3	92%	97.04%	97.35%	96.04%	96.41%	96.32%	96.72%
	62 days cancer waits post re-allocation (old rules)**	3	85%	85.7%	100.0%	100.0%	85.7%	71.4%	92.3%
	Number of patients on waiting list	3	3,717	3523	3514	3446	3511	3545	3401
	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%	100.00%	100.00%	96.55%	100.00%	96.97%	93.10%
	52 week RTT breaches	3	0	6	4	1	1	2	0
	Outpatient DNA rate	4	Monitor only	9.31%	9.50%	10.08%	9.32%	9.64%	8.35%

Summary of Performance and Key Messages:

RTT

The Trust's RTT position regarding breach reductions continues to improve. Both respiratory and cardiology have shown improvements in breach reduction in line with the revised Trust trajectory. Surgery however saw a reduction in there January performance due to a high number of cancellations due to capacity constraints.

Theatre cancellations:

There were 67 theatre cancellations in month –occupancy within critical care was high , 23 patients were cancelled due to no CCA bed being available.

Cancer:

Dec 62 day finalised at 71.4 % post allocation . This was better than expected as 2 breach's were not allocated by 1 provider This puts Q3 at 80% post reallocation this is the 2nd quarter failed.

Jan provisional figures are better with a predicted post allocation performance of 84.6%. To achieve Q3 and the full year we will need 14 treatments with only 4 ½ share breaches.

PET tracer issues continue to cause diagnostic delays, but this is nationally recognised.

Cardiac Transfers:

ACS and 5 day transfer remains 100% with 143 patients treated in month. Rapid NSTEMI is accepting and treating 22 patients per month.

The number on the waiting list for cardiology continues to reduce in line with the recovery trajectory. The cardiology RTT continues to recover as per the recovery trajectory.

Patients booked within 28 days

2 patients were booked out of 28 days , one due to consultant capacity and the other a complex case requiring the availability of two surgeons. RCA's are being completed.

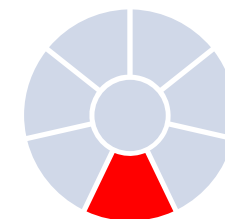
52 week breaches

None reported for January 2019 and no future risks identified.

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

Responsive

Key performance challenges



Escalated performance challenges:

RTT Performance and 52 week waits.

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

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

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

Thoracic activity throughput and RSSC bookings

The Trust has struggled to maintain an adequate flow of activity through the thoracic Directorate due to a shortfall in medical and nursing staff. This has been compounded in recent months with booking issues which have resulted in available staffed capacity being underutilised, most noticeably affecting RSSC bookings.

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

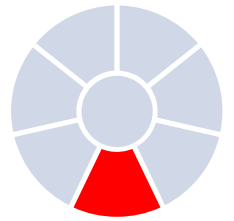
Key Actions

- Trust wide weekly PTL meeting is now fully embedded and is used to track progression of patients on the RTT patient tracking list.
- Thoracic bookings are tracked on a daily basis through an end of day booking summary to the COO.
- Weekly forward view for RSSC bookings and unused capacity. A weekly teleconference between the thoracic operational managers and the booking offices to ensure that the capacity is efficiently utilised.
- The surgical and thoracic operational teams review the weekly PTL and flex activity accordingly. Outsourcing of additional capacity is being explored for benign work.

	Cardiology	Surgery	Respiratory Medicine	Overall
	Oct18/Jan 19 RAP			
Pathways: Plan per RAP	1330	615	1350	3295
Pathways: Final January	1222	578	1554	3354
Variance	-108	-37	204	59
Breaches: Plan per RAP	142	190	40	372
Breaches: Final January	113	141	51	305
Variance	-29	-49	11	-67
Achievement: Plan per RAP %	89.32%	69.11%	97.01%	88.70%
Achievement: Final January %	90.75%	75.61%	96.72%	90.91%
Variance	1.43%	6.50%	-0.29%	2.21%

Responsive

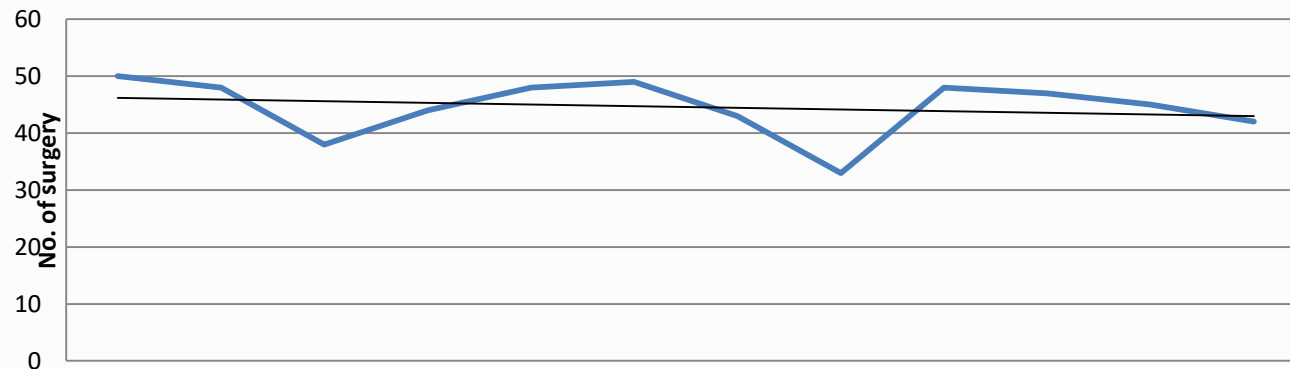
Spotlight on the IHU Service Improvement Project



Key challenge:

- Poor data
- Lack of daily ANP IHU cover
- Lack of daily MDT pathway coordinator cover
- Support from ops team
- Requirement of additional/flexible capacity
- Compliance to the following standards: service, referral, MDT, surgical and cardiology

Number of IHU surgeries (past 12 months)



	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Series1	50	48	38	44	48	49	43	33	48	47	45	42

Aim:

By 1st October 2019:

- 98% of patients who are on an IHU pathway will be assessed at MDT within 1 day of receipt of referral.
- 98% of patients on revascularisation pathway will be transferred into RPH within 10 days.
- 98% of patients on IHU pathway will have their surgery within 7 days (when fit for surgery)
- 98% of all cancelled surgery will be rescheduled within 5 days

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	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	
Dashboard KPIs	Voluntary Turnover %	3	15.0%	21.54%	23.02%	13.50%	12.40%	19.60%	16.52%
	Vacancy rate as % of budget	4	5.50%	12.30%	13.34%	10.49%	10.19%	11.19%	10.61%
	% of staff with a current IPR	3	90%	86.96%	85.25%	85.95%	90.30%	91.14%	90.68%
	% sickness absence	3	3.50%	3.19%	3.37%	3.98%	3.93%	3.19%	3.91%
Additional KPIs	% Medical Appraisals	3	90%	90.38%	88.68%	83.96%	85.05%	91.59%	90.48%
	FFT – rec as place to work	3	63%	41.00%	47.00%	48.00%	53.00%	55.00%	53.00%
	FFT – rec as place for treatment	3	80%	81.00%	83.00%	87.00%	90.00%	86.00%	88.00%
	Mandatory training %	3	90.00%	89.79%	89.21%	89.82%	90.94%	89.35%	89.52%
	Registered nursing vacancy rate	3	5.0%	6.51%	4.56%	0.42%	0.73%	2.24%	3.25%
	Unregistered nursing vacancy rate	3	8.00%	19.76%	25.66%	24.55%	28.46%	28.16%	26.28%
	Long term sickness absence %	3	0.80%	1.40%	0.81%	1.07%	1.28%	0.84%	0.73%
	Short term sickness absence	3	2.70%	1.79%	2.56%	2.92%	2.65%	2.36%	3.18%
	Agency Usage (wte) Monitor only	3	Monitor only	53.9	47.6	58.1	62.6	61.5	71.6
	Bank Usage (wte) monitor only	3	Monitor only	73.8	57.4	58.6	57.1	51.5	56.9
	Overtime usage (wte) monitor only	3	Monitor only	53.7	46.4	58.2	56.1	46.8	60.0
	WTE Totals: Non Medical Starters	3	Monitor only	43.2	58.2	59.9	29.2	32.7	35.3
	WTE Totals: Non Medical Leavers	3	Monitor only	30.3	33.6	22.0	19.4	28.8	22.3

Summary of Performance and Key Messages

Key highlights in January are:

- Total turnover decreased to 16.52%. Nursing turnover reduced to 10% with 5 wte leavers compared to 12.9 wte in December.
- We were a net gainer of staff by 12.97 wte in January. There were significant increases in Admin and Clerical (4.21 wte) and Additional Clinical Services (7.62 wte). This reflects the success of recent recruitment events for these staff groups. The Trust expects to see an increase in applications as the move date draws closer.
- The Trust vacancy rate decreased to 10.6%. Total nurse vacancy rate (inc Pre-registered) increased fractionally to 2.9% from 2.2%. Excluding PRP staff the registered nurse vacancy rate remained unchanged at 9%. The programme for supporting PRP nurses is now well established and is providing a structured pathway to achieving PINs, alternative roles within the organisation or exiting the Trust.
- Total IPR compliance reduced slightly to 90.5%. The Trust will seek to maintain this performance through the busy move period by continuing to utilise the improved appraisal planning and reporting tools available to managers
- Sickness absence increased to 3.91%. Although stress and anxiety related absences reduced there was a significant increase in cold, cough and flu related absences which nearly doubled when compared to December accounting for nearly 38% of all episodes of sickness. Long term absences reduced as a number of cases were closed in the month.
- Mandatory training compliance remained slightly under target at 89.5%
- The Friends and Family Staff Recommender questions are now being asked as part of the monthly pulse survey. Our recommender score as a place to receive treatment remained above the national average score. The recommender score as a place to work has been on an improving trend,
- Temporary staffing usage increased in January. The increases in agency was mostly driven by increases in Housekeepers, Porters and Estates staff groups linked to the cutover requirements for these staff groups. Bank and overtime usage also increased particularly within Critical Care and Theatres.

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 remains challenging despite recent successful events as we get closer to the move date and vacancy rates have increased as a result of increased establishment arising from Gateway 2.
- An increase in cough cold and flu related absences in month is increasing staffing challenges.
- Staff engagement is negatively impacted by the delay in the move and ongoing organisational change.
- 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, support increased activity and prepare for cutover.
- 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:**

Familiarisation training will commence w/c 18th February. At the time of writing 87.5% of Band 5 and below staff have booked onto a session. The KPI for this group of staff is 85%. 86% 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. The familiarisation video has been completed and will be shown as part of the training and at screenings during March.

• **Update on nurse recruitment**

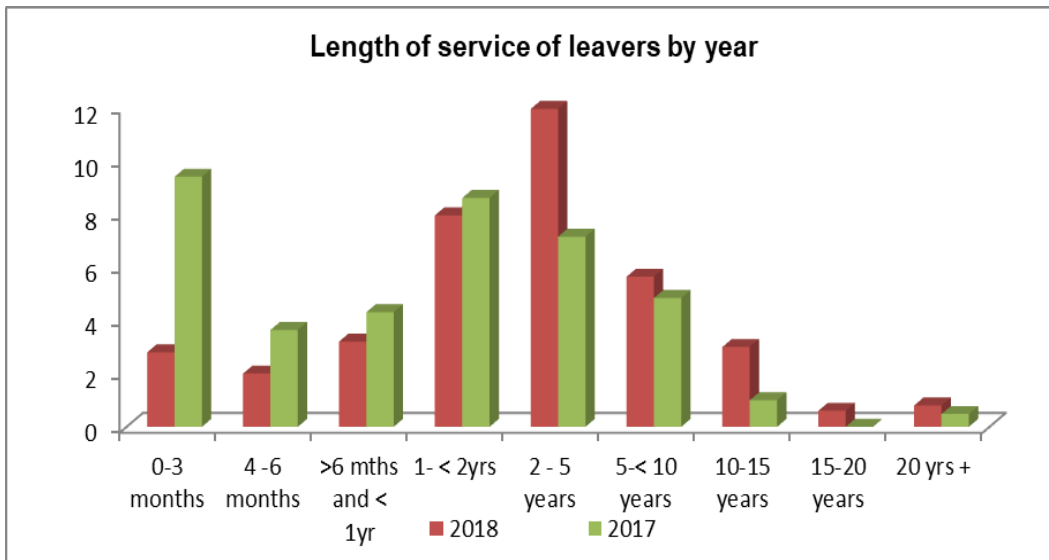
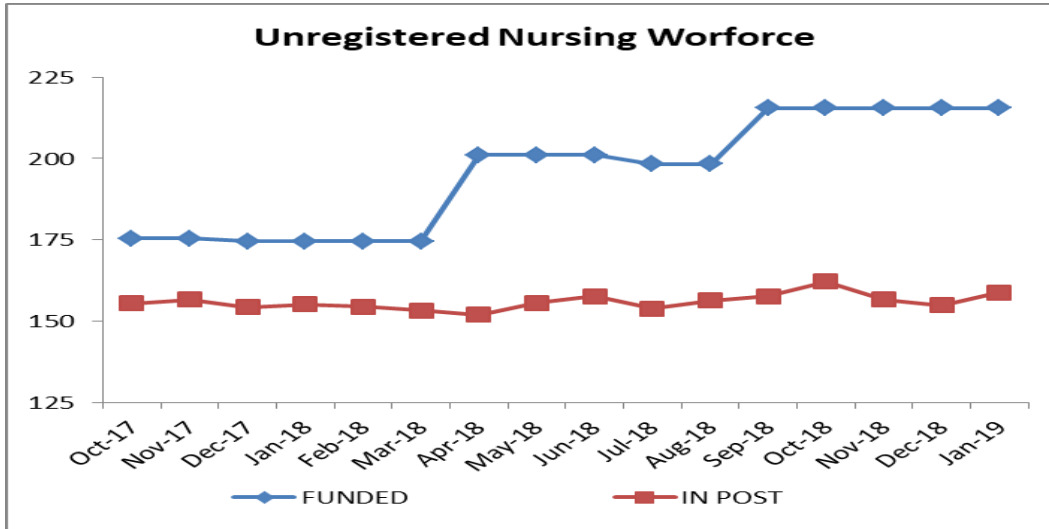
The nursing pipeline continued to shrink for quarter 4 of 2018/19 due to decisions taken to reduce overseas recruitment whilst we support the existing PRP staff to gain registration. We are at a point where applicants are waiting until they have confidence in the move date and can start in the new hospital. 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 since the turn of the year. This has led to an anticipated increase in the nursing pipeline for quarter 1 2019/20 as deferred applicants and those enticed by the opening on the new hospital apply. There are currently 41 nursing staff in the recruitment pipeline with 20 having confirmed start dates

• **EU Exit Preparations**

The Trust has been engaging with regional partners in preparedness for the UK's exit from the EU. The Trust has provided information and support to staff applying to the government's settlement scheme. Briefings for EU staff by immigration experts are being organised for February and April. The Trust will continue to offer information and guidance to EU staff.

People, Management & Culture

Spotlight on: Unregistered Nursing Workforce



January's spotlight focusses on the Trust's performance in recruiting and retaining its unregistered nursing workforce. This includes all staff involved in providing clinical care in nursing areas who do not require formal registration. The majority of these staff are Health Care Support Workers but it also includes roles such as Assistant Practitioners. It does not include PRP nurses working toward registration.

The Trust has been consistently been increasing the budgeted establishment for these staff however, recruitment and retention has failed to keep pace with establishment increases. A major challenge for the Trust will be attracting and retaining sufficient staff after the move to Cambridge where the market for these, predominantly lower banded roles is particularly competitive.

Retention for this staff group improved slightly in 2018 compared to 2017. During 2017 a significant number of unregistered nursing staff left within their first three months. Improved selection processes at the recruitment stage combined with changes to induction have contributed to a reduction in staff leaving within their first year of employment. Overall turnover for this staff group has remained extremely volatile over the last 2 years. What has remained consistent are the reasons for leaving with relocation and work life balance consistently being the most popular. Since January 2017 only 3.8WTE of staff have sighted the move to the CBC as their main reason for leaving.

There are a number of initiatives focussed on bridging the current gap between establishment and staff in post. Critical Care are trialling an Assistant Practitioner apprenticeship utilising some currently unfilled Health Care Support Worker roles. Should this trial prove successful then this model could be expanded across the Trust.

Applications, particularly for HCSW have been low in quarters 2 and 3 of 2018/19. The Trust has engaged in social media campaigns as well as an increase in selection day activity throughout quarter 3. The Trust has 7 HCSW scheduled to commence in March and applications for the March selection day advert are at their highest level for 2018/19. With the hospital move imminent there are monthly recruitment events at the CBC which are beginning to attract increasing interest since the announcement of the hospital move.

We will also be considering options for how we address the theme of poor work/life balance in the leavers feedback.

Transformation

Performance summary



Accountable Executive: Chief Operating Officer / Chief Finance Officer

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

		Data Quality	Target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Dashboard KPIs	SIP – project delivery	3		Amber	Amber	Amber	Amber	Amber	Amber
	Digital programme delivery on track	3		Amber	Amber	Amber	Amber	Amber	Amber
	New Papworth ORAC - overall progress	3		Amber	Amber	Amber	Amber	Amber	Amber
Additional KPIs	PFI, Equipping & Estates - Design & Construction	3		Amber	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	Green	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	Green	Green
	Operational readiness - CTP Clinical Services	3		Green	Green	Green	Green	Green	Green
	Operational readiness - CTP Pathology	3		Amber	Green	Green	Green	Amber	Amber
	Operational readiness - DORACS Clinical Delivery	3		Green	Green	Green	Green	Green	Amber
	Operational readiness - DORACS Clinical Support	3		Green	Green	Green	Green	Green	Green
	Operational readiness - DORACS Office Policy	3		Green	Green	Green	Amber	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	Red	Red
	ICT - ICT & Telecoms	3		Amber	Amber	Amber	Amber	Amber	Amber
Hospital Cutover - Move Control	3		Green	Green	Green	Amber	Green	Green	

Summary of Performance and Key Messages:

Operational Readiness: Implementation of new resource booking system on current site took place on 30th January 2019. NPH roll out now planned for beginning of March. Operational policy on administrative functions split site working produced and circulated to OEG for sign off and following feedback will be amended for agreement. 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. Digital workshop held to identify transition impact on systems and plans being developed to ensure systems migrate/issues mitigated. Overall does not impact on agreed move plan. Detailed move planning with relocation leads underway (room by room mapping).

NPH Design, Construction & Enabling Works: Phase 2 works were certified as complete by the Independent Tester at mid January. Whilst this was later than had been signalled as the completion date, it remains within the contingency period previously established by the Board of Directors. In addition, the Trust's planned tasks for the post handover period continued in accordance with, the "beneficial access" position achieved via Phase 1 completion, meaning that no programme time was lost. The NPH project team, Medical Engineering and Digital teams remain fully engaged on site with equipment installation and commissioning activities. Construction activities are now focused upon the clearance of snagging matters, the resolution of remaining variations and the implementation of emerging small works request.. These include variations to co-ordinate the road layout, to improve privacy and dignity and to create facilities appropriate for cleaning of heater/cooler machines. A remedial action plan has been developed to ensure water quality prior to occupation. Activities on the plan have been pursued since prior to Christmas and a baseline position will be re-established by water quality sampling and testing taking place in mid February.

CTP: Tissue Bank lease has been agreed and has been signed by the U of C and with the Trust for signature. Discussions continue on the Histo LMB specification. Staffing issues with Histopathology due to resignations are being mitigated through recruitment. Critical care patients transfer policy in final iteration and for both Trust approvals during February and early March. Principles of use of FM and patient tunnels agreed and first draft of procedures underway. Commercial agreements for Clinical School are progressing and waiting for final contract for signature.

Service Improvement (SIP/CIP):

The service and cost improvement programme is Amber

The outstanding CIP gap carried forward to this month is £364.2K 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 2018/19 assuming all schemes in the pipeline are classed as a CIP.

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.

We will be writing to all stakeholders to see if they have progressed and delivered their non CIP schemes for the year 2018/19, if not it is proposed that they in turn are rolled over to 2019/20, 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, we have started to receive some A3 scopes. A summary will be available for discussion at the OEG meeting for March.

Lorenzo Benefits: The latest submission for Q3 is available for discussion and is for information in the OEG folder.

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; Phase 2 Completion now achieved.
2. Agreed Recruitment Strategy in operation. Regular recruitment events scheduled and long-run vacancy levels reducing. Recruitment has been in accordance with the previously agreed workforce models from Gateway 2; review of these is 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 which are now underway. Short-term measures put in place to alleviate individual impacts of the delay period.
3. NPH familiarisation training plan developed and tested, for commencement mid February. Digital training programme developed and launched.
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 March 2018 . Issue escalated to the Nursing and ICT directors.

Transformation

Spotlight on : New Papworth ORAC progress report



Monthly RAG rating

Summary of performance in figures:

PROGRESS REPORT - Confidence Assessments

Workstream	Lead	Workstream Delivery Assessment				Trend
		OCT	NOV	DEC	JAN	
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 initial results from testing of the water system and the outcome of potential workforce planning issues arising from the operational planning processes.

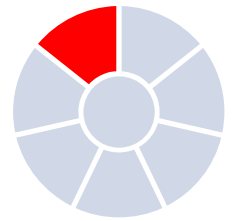
RAG	Criteria Description
Green	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly
Yellow	Successful delivery appears probable however constant attention will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

Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

6 month performance trends



		Data Quality	Target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Dashboard KPIs	Year to date EBITDA surplus/(deficit)	4	£(558)k	£26k	£(22)k	£576k	£(54)k	£(894)k	£(612)k
	Year to date surplus/(deficit) £000s	4	£(9,630)k	£(2,985)k	£(3,939)k	£(4,112)k	£(5,502)k	£(6,991)k	£(7,495)k
	Cash Position at month end £000s	4	£8,682k	£36,983k	£31,931k	£28,485k	£26,486k	£25,725k	£26,047k
	Use of resources rating	5	4	3	3	3	3	3	3
	Capital Expenditure YTD £000s	4	£24,392k pa	£10,844k	£12,289k	£13,469k	£13,743k	£14,151k	£14,658k
	In month Clinical Income £000s	4	£13589k (current month)	£12,474k	£12,711k	£12,845k	£12,560k	£11,427k	£13,329k
	CIP – Identified - YTD £000s	4	£7,702k	£2,290k	£3,019k	£3,684k	£4,339k	£4,997k	£5,608k
	CIP – FY Target £000s	4	£9,522k pa	£9,061k	£9,143k	£9,143k	£9,143k	£9,143k	£9,143k
	Agency spend as % of salary bill	4	2.45%	4.96%	4.71%	3.97%	5.97%	6.06%	5.64%
Additional KPIs									
Debtors > 90 days overdue	4	10%	46.1%	36.2%	35.2%	36.9%	27.4%	32.4%	

Summary of Performance and Key Messages:

The Trust's **year to date** position is a deficit of £7.50m, favourable against the plan by £1.17m. Total **clinical income** is below plan by £2.85m, this comprises an adverse variance resulting from lower than planned NHS activity of 2,245 (10.5%) inpatient/day cases equating to £3.76m, partially mitigated by a favourable complexity case mix of £2.36m and a combination of other favourable items totaling £0.35m, to give an underlying net clinical income position which is behind plan by £1.08m. 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 £0.48m adverse to plan with temporary staffing costs replacing substantive savings from vacancies. **Non pay** is £3.26m favourable to plan, comprising favourable clinical supplies due to the lower activity (£4.35m), underspends due to timing on the NPH transition programme (£0.31m) and lower depreciation charges (£2.07m) due to a technical change following delayed capitalisation of assets. These favourable variances are offset by the timing of additional E&F related expenditure due to the delayed move (£0.90m), commissioner fines (£0.77m) and unachieved non-pay CIP (£0.71m).

EBITDA is behind plan by £1.02m due to changed phasing of the cost of remaining on the existing site.

Actual year to date **CIP** achievement of £5.61m is £2.09m adverse to the plan of £7.70m, due to £0.36m planning gap and an operational delivery gap of £1.73m 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 £14.66m which is underspent by £9.39m due to delays in timing of the new hospital equipment purchases as the refreshed plan anticipated significant expenditure in August, which was delayed, underspends due to timing on the master commissioning programme.

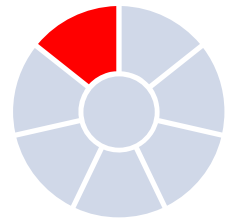
The **cash** balance of £26.05m is favourable to the refreshed plan by £17.37m, predominantly due to the timing of the NPH capital equipping programme and working capital improvements to plan.

In month the Trust has reported a deficit of £0.50m, which is £0.50m favourable against the planned refreshed plan deficit of £1.00m, however, represents a significant deficit trading position of £0.61m. 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. The February impact of flu will add additional risk to this forecast and an impact assessment is being completed at the time of this report.

Key performance challenges



January 2019 risk score changes: *There were changes to the following risk scores in the month:*

- **Capacity assumptions (7.2.1):** *this risk has reduced from 25 to 20 following the review of the Demand and capacity model linked to the operational plan;*
- **Whole Hospital Equipping Plan (7.6.1):** *this risk continues to decrease from 12 to 8 as the forecast out-turn of the programme indicates an underspend of c£1.0m.*
- **Operational Transition – Additional costs (7.7.2):** *has decreased from 20 to 16 following the forecast out-turn indicating no further additional costs above those already identified.*
- **EPR risk (7.8.1):** *continues to decrease from 8 to 6, as the project has entered business as usual stage and there have been no additional costs.*

2018/19 year to date risk score changes: The following changes have taken place earlier in the year.

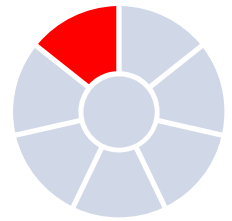
Risk decreases:

- **Current Trading – Income:** *this risk has reduced from 25 to 20 following the underlying year to date achievement of the Income plan (when adjusting for High Cost Drugs and Devices).*
- **Current Trading – Expenditure:** *this risk has also reduced as the net year to date expenditure is below planned levels.*
- **Delivery of efficiency challenges:** *a decrease in the likelihood of the Trust not delivering the levels of efficiency required to meet its plan, resulting in a new risk score of 20 (previously 25). This assessment has been made following the identification and sign off of further CIP schemes, which reduced the CIP planning gap.*
- **Transitional Relief:** *the Trust has received full payment of the first years tranche of transitional relief amounting to £6.9m in May, this has therefore reduced this risk from a score of 9 to 6.*
- **Master development and control plan:** *a decrease in the risk has resulted from the progression of an increased offer from a third party for the existing site, resulting in a new risk score of 10 (previously 20). The Trust is continuing negotiations to ensure best value for money is achieved.*
- **Whole Hospital Equipping Plan:** *a decrease in the risk has resulted following the completion of the bill of quantities and the alignment to the revised hospital move date, together with the bringing forward of certain equipment to the current site, resulting in a revised risk score of 12 (previously 16).*

Financial Strategic Risks				Risk appetite	FSRA Jan 19	FSRA Feb 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	20
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	8
Operational Transition	N	7.7.1	Transitional Relief	9	6	6
	O	7.7.2	Additional Costs	10	20	16
Electronic Patient Record	P	7.8.1	Electronic Patient Record System	12	8	6

Progress against Annual Plan Submission	YTD
Net deficit - The Trust reported a deficit of £0.50m in month, which was favourable by £0.50m to the original plan deficit of £1.00m.	●
Total Income - Total income in the month of £14.53m was ahead of the plan (£14.40m). Underlying clinical income is behind plan by £0.20m in the month, due to: Lower inpatient /day case activity totaling £0.72m, offset with increased complexity of £0.38m. Private patients activity was ahead of plan this month by £0.11m. In addition, there is an adverse variance of £0.03m 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 was slightly behind plan in the month by £0.04m, due to 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 £0.47m. There remains a favourable substantive pay position due to the number of vacancies (210 WTEs) that exist across the Trust, but this was more than offset by the continued high levels of temporary staffing expenditure within the Operational Directorates. A £0.06m adverse variance relates to hosted pay costs which are higher than plan, however these are offset by higher levels of other income.	●
Non-pay costs – Total non-pay costs in the month were below plan, by £1.15m. The underlying position is £0.98m 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 were unused contingency reserves of £0.49m together with a favourable Depreciation variance of £0.42m, which is due to the delay in the capitalisation of NPH medical equipment.	●
Underlying run-rate – This depicts the actual costs by month adjusted for non-recurrent items. This shows an underlying run rate deficit of £1.15m in month and £11.13m year to date, when adjusted for costs of transition and the associated funding, fines, bad debt provision movements and R&R project costs.	●

Spotlight on Cost Improvement Programme



January 2019 Cost Improvement Programme (CIP) Performance:

Closing the 2018/19 CIP Gap

The 2018/19 operational plan contained a total CIP target of £9.52m which consisted of £2.76m unachieved CIP gap carried forward from 2017/18 and a £6.76m 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 £8.31m. Since the start of the year an additional £0.83m CIP has been identified as set out in the table to the right leaving a remaining unidentified gap of £0.38m.

As at January 2019 £0.28m has progressed in the pipeline to Gateway 2 which will go part way to offsetting the planning variance of 0.38m, leaving a remaining gap of £0.10m. This item requires the formal approval of a contract variation with NHSE and will remain outstanding until this has been signed, anticipated before year end.

Actual CIP achievement to January 2019

The actual year to date achievement was £5.61m to January 2019 against the identified plan of £7.36m. Of the £9.14m identified projects the operational CIP variance is adverse to plan by £1.75m at the end of December 2018. The total variance against the CIP target including the unidentified CIP to end of January is adverse by £2.09m against the plan of £7.70m.

Key CIP Project year to date progress:

The adverse CIP operational variance to M10 of £1.75m 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 £0.70m adverse;
- Cardiology £0.66m adverse;
- Surgery £0.29m adverse;
- Thoracic £0.03m adverse.

This is mitigated by non recurrent favourable pay variances in other directorates to December of £1.43m (however, the Trust is not recording this non recurrent underspend as CIP).

Forecast CIP achievement

The Trust is now forecasting a year end operational CIP variance of £1.96m and a total variance of £2.06m due to the continuation of the Directorate pay overspends outlined above and a forecast planning variance of £0.10m.

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 January 2019

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	3,796	2,069	(1,727)	3,796	2,069	(1,727)	(1,956)	(1,956)
CIP - Non Pay	4,585	4,207	(378)	3,847	3,480	(367)	3,506	3,480	(25)	(6)	(106)
CIP - Drugs	71	71	0	59	59	0	59	59	0	0	0
CIP - Total	9,521	9,143	(378)	7,702	5,608	(2,094)	7,361	5,608	(1,752)	(1,962)	(2,061)

2018/19 CIP actual vs Target

