

Papworth Integrated Performance Report (PIPR) March 2019

April 2019



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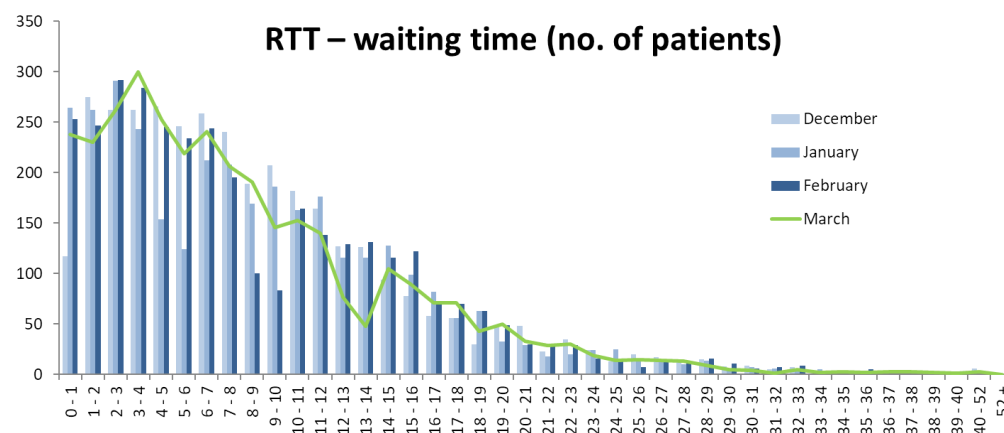
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Context:

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	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend
Cardiac Surgery	284	206	162	212	136	189	
Cardiology	776	740	616	759	640	762	
ECMO	3	5	8	11	14	6	
PTE operations	20	13	13	20	8	22	
RSSC	602	487	310	545	477	529	
Thoracic Medicine	390	426	325	421	380	412	
Thoracic surgery (exc PTE)	88	63	57	90	48	70	
Transplant/VAD	53	45	44	64	49	56	
Total Inpatients	2,216	1,985	1,535	2,122	1,752	2,046	
Outpatient Attendances	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend
Cardiac Surgery	381	360	276	358	300	305	
Cardiology	3,787	3,628	2,966	3,729	3,442	3,633	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	2	(2)	0	
RSSC	2,332	2,099	1,568	2,240	1,878	2,241	
Thoracic Medicine	1,975	1,884	1,590	2,019	1,802	1,916	
Thoracic surgery (exc PTE)	117	111	96	120	103	111	
Transplant/VAD	364	366	315	370	381	311	
Total Outpatients	8,956	8,448	6,811	8,838	7,904	8,517	

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

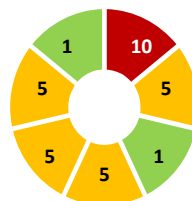
The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

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: Safer Staffing - The overall safe staffing fill rate for registered nurses is green for nights (98.1%) and just under the 90% green threshold for days (87.2%). 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. Overall (as shown in the KPIs) the CHPPD indicator remains healthy and in the green.

Caring: 1) Friends and Family Test (FFT) - FFT scores for both inpatients and outpatients remain green in March 2019. 2) Complaints - The Trust continues to report 100% of complaints within the agreed timescales and the 12 month average of the number of complaints received reduced in month to 4.4 and remained below the target of 5.

Finance: The Trust's year end (pre-audit) financial position is a deficit of £10.23m, favourable against the plan by £6.79m. On a control total basis, which excludes impairments and the impact of donated assets, the Trust has an operating deficit of £10.33k, which is favourable to the revised Forecast submission by £0.67m.

Adverse performance

Safe: Never events - The Trust has reported 2 Serious Incidents in March, one of which met the category for a Never Event. Investigations are ongoing and there was no harm to the patient.

Effective: 1) Critical Care Occupancy - CCA occupancy remained above trajectory in month 12. Increased numbers under the highly specialised services (transplant and heart failure, and respiratory ECMO patients) with high cardiology activity contributed to the high levels of bed occupancy. On 12 occasions ward patients remained on CCA overnight, with 11 theatre cancellations due to the lack of ward beds for CCA patients. 2) Theatre Utilisation - Reduced patient flow due to high CCA occupancy, and the lack of ward beds contributed to the lower theatre utilisation percentage in month 12. One day of surgical activity was lost due to an estate issue.

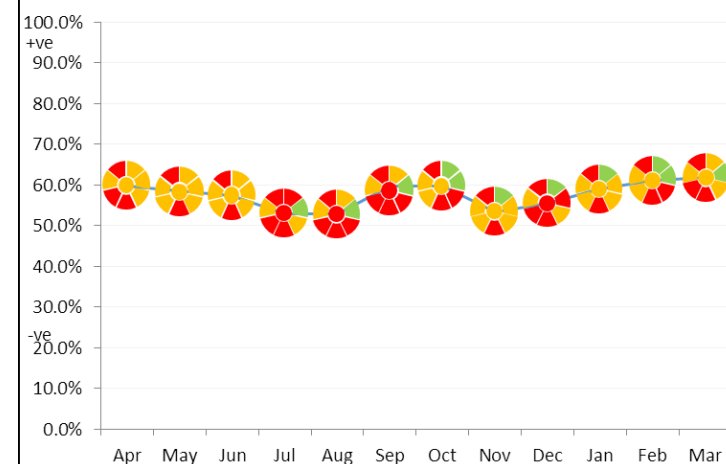
Responsive: 1) RTT remains below the 92% target but Cardiology continue to reduce the total number of patients waiting for treatment and Cardiac Surgery's RTT performance remains ahead of trajectory with a further reduction in breaches. This was in spite of the 60 cancellations in elective activity throughout March. A continual focus on validation is also supporting performance. 2) Theatre cancellations - There were 60 theatre cancellations in month. Bed capacity both in CCA and on the wards was challenging in month with 15 cancellations due to all beds full with CCA patients and a further 11 cancellations due to no availability of ward beds.

People, Management & Culture: Staff Turnover - Total turnover increased to 22.83%. We were a net loser of staff by 11.8 wte in March. There were low numbers of starters across all staff groups. This is linked to the move date in April as new appointees have been reluctant to start this close to the move. The same low in take will happen in April with the expectation, based on the pipeline, that this will improve in May 2019.

Finance: Total clinical income is below plan by £0.28m, this comprises an adverse variance resulting from lower than planned NHS activity of 2,450 (9.7%) inpatient/day cases equating to £3.69m, mitigated by a favourable complexity case mix of £3.82m and a combination of other favourable items totalling £0.19m, to give an underlying net clinical income position for the year which is behind plan by £0.06m.

Looking ahead

NPH Design, Construction & Enabling Works: Phase 2 works and resulting snagging matters are certified as complete, with noted exception items previously agreed by the Liaison Committee either resolved or progressing as business as usual items. Works necessary to connect the site into the adjacent road network and the landscaped areas around the pond are complete and handed over. The land earmarked for the HLRI development has been brought back to its pre-use condition and work is underway to install fencing and landscaping. The site establishment is predominantly removed and hoarding around the site is being dismantled. A range of essential Small Works Requests have been specified and are being worked through. Sampling and testing of the water system has taken place following the remedial works and the results have been assessed by the Water Safety Group. Equipment and furniture deliveries are continuing to the site in accordance with an agreed logistics plan; contingency plans are being developed in the event of any delivery delays. The processes of final commissioning and handover of Major Medical Equipment to user departments is underway.



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	Mar-19	4	97%	99.46%	98.46%	
	Never Events	Mar-19	3	0	1	1	
	Moderate harm incidents and above as % of total PSIs reported	Mar-19	3	3%	2.17%	1.40%	
	Safer staffing – registered staff day (night)	Mar-19	3	90-100%	87.2% (98.1%)	85.67% (92.02%)	
	Number of C.Diff cases (sanctioned)	Mar-19	5	5 pa	0	2	
Effective	Bed Occupancy (excluding CCA)	Mar-19	4	85% (Green 80%-90%)	80.95%	76.41%	
	CCA bed occupancy	Mar-19	3	85% (Green 80%-90%)	92.78%	91.36%	
	Admitted Patient Care (elective and non-elective)	Mar-19	4	26211	2046	23624	
	Cardiac surgery mortality EuroSCORE	Mar-19	3	3%	1.88%	2.04%	
	Theatre Utilisation	Mar-19	3	85%	82.8%	84.7%	
Responsive	% diagnostics waiting 6 weeks and over	Mar-19	tbc	99%	99.31%	99.35%	
	18 weeks RTT **	Mar-19	3	92%	90.94%	90.94%	
	62 days cancer waits	Mar-19	3	85%	45.50%	85.93%	
	31 days cancer waits	Mar-19	3	96%	100.00%	99.43%	
	Theatre cancellations in month	Mar-19	3	30	60	636	
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	Mar-19	3	95%	19.04%	24.53%	
Caring	FFT score- Inpatients	Mar-19	4	95%	95.50%	96.83%	
	FFT score - Outpatients	Mar-19	2	95%	95.80%	97.24%	
	No of complaints (12 month moving average)	Mar-19	4	5	4.40		
	% of complaints responded to within agreed timescale	Mar-19	4	100%	100.00%	100.00%	
	People Management & Culture	Voluntary Turnover %	Mar-19	3	15%	22.83%	19.42%
Vacancy rate as % of budget		Mar-19	4	6%	11.01%		
% of staff with a current IPR		Mar-19	3	90%	90.29%		
% sickness absence		Mar-19	3	3.5%	2.26%	3.33%	
Finance	Year to date EBITDA surplus/(deficit) £k	Mar-19	4	£(3,060)k	£(1,371)k		
	Year to date surplus/(deficit) £k	Mar-19	4	£(17,020)k	£(10,235)k		
	Cash Position at month end £k	Mar-19	4	£4,489k	£22,719k		
	Use of Resources rating (UOR)	Mar-19	5	3	3	3	
	Capital Expenditure YTD £k	Mar-19	4	£24,392k	£20,743k		
	In month Clinical Income £k	Mar-19	4	£12,366	£13,147k	£149,016k	
	CIP – Identified £000s	Mar-19	4	£9,522k	£7,367k	£7,367k	
	CIP – FY Target £000s	Mar-19	4	£9,522k	£9,423k	£9,423k	
	Agency spend as % of salary bill	Mar-19	4	2.45%	6.62%	5.07%	
Transformation	ORAC programme delivery on track	Mar-19	4				→
	SIP – project delivery	Mar-19	4				→
	Digital programme delivery on track	Mar-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.

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

At a glance – Externally reported / regulatory standards

1. NHS Improvement Compliance Framework

NHSI Targets	Measure	Data Quality	NHSI Target	Month	YTD	Previous quarter	Forecast	Comments
C. Difficile	Meeting the C.Diff Objective	5	5	0	2	1		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	90.94%		89.48%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	100.00%	99.43%	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%	45.50%	85.93%	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%	92.57%		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				2018/19	Comments
			Q1	Q2	Q3	YTD		
		£'000s	£'000s	£'000s	£'000s	£'000s	%	
NHSE	GE3: Medicines Optimisation	£88.50	£0.00	£29.21	£0.00	£29.21	33%	No Q1 or Q3 indicator, Q2 100%
	IM2: CF Patient Adherence	£221.25	£55.31	£55.31	£55.31	£165.93	75%	Q1, Q2 & Q3 100%
	NSTEMI pathway	£177.00	£17.70	£53.10	£53.10	£123.90	70%	Q1, Q2 & Q3 100%
	NSTEAC pilot	£177.00	£17.70	£17.70	£17.70	£53.10	30%	Q1, Q2 & Q3 100%
	Cardiac Clinical Network	£221.25	£0.00	£0.00	£0.00	£0.00	0%	No Q1-Q3 indicators
	New Papworth Hospital	£1,000.00	£250.00	£250.00	£250.00	£750.00	75%	Q1, Q2 & Q3 100%
NHSE total		£1,885.00	£340.71	£405.32	£376.11	£1,122.14	60%	
C&P CCG & Associates	1a Improvement of health and wellbeing of NHS staff	£54.39	£10.88	£0.00	£0.00	£10.88	20%	Q1 100%, no Q2 or Q3 indicator
	1b Healthy food for NHS staff, visitors and patients	£54.39	£0.00	£0.00	£0.00	£0.00	0%	No Q1-Q3 indicators
	1c Improving the uptake of flu vaccinations for frontline clinical staff within Providers	£54.39	£0.00	£0.00	£0.00	£0.00	0%	No Q1-Q3 indicators
	2a Timely identification of sepsis in acute inpatient settings	£40.83	£10.21	£10.21	£10.21	£30.63	75%	Q1, Q2 & Q3 100%
	2b Timely treatment of sepsis in acute inpatient settings	£40.83	£10.21	£10.21	£10.21	£30.63	75%	Q1, Q2 & Q3 100%
	2c Antibiotic Review	£40.83	£10.21	£10.21	£10.21	£30.63	75%	Q1, Q2 & Q3 100%
	2d Reduction in antibiotic consumption	£40.83	£10.21	£10.21	£10.21	£30.63	75%	Q1, Q2 & Q3 100%
	6 Offering advice and guidance	£163.34	£24.50	£24.50	£24.50	£73.50	45%	Q1, Q2 & Q3 100%
	9a Tobacco screening	£8.17	£2.04	£2.04	£2.04	£6.12	75%	Q1, Q2 & Q3 100%
	9b Tobacco brief advice	£32.67	£8.17	£8.17	£8.17	£24.51	75%	Q1, Q2 & Q3 100%
	9d Alcohol screening	£40.83	£10.21	£10.21	£10.21	£30.63	75%	Q1, Q2 & Q3 100%
	9e Alcohol brief advice or referral	£40.83	£10.21	£10.21	£10.21	£30.63	75%	Q1, Q2 & Q3 100%
	Engagement in STP process	£153.09	£38.27	£38.27	£38.27	£114.81	75%	Q1, Q2 & Q3 100%
CCGs total		£765.43	£145.12	£134.24	£134.24	£413.60	54%	
Grand Total		£2,650.43	£485.83	£539.56	£510.35	£1,535.74	58%	

Board Assurance Framework risks (above risk appetite)

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Status since last month
Safe	Failure to stay within ceiling trajectories for all HCAI's	675	JR	6	Yes	8	8	8	8	8	8	↔
Safe	Ageing Estate	690	RC	6	Yes	16	12	12	12	12	12	↔
Safe	Safer staffing and Monitor's Agency Price cap	742	JR	4	Yes	20	20	16	16	12	12	↔
Safe	BAF CQC Fundamentals of care	744	JR	6	Yes	15	15	15	15	15	15	↔
Safe	Potential for cyber breach and data loss	1021	AR	3	Yes	-	-	15	15	15	15	↔
Safe	Insufficient workforce levels to meet the staffing requirements of new RPH	1695	OM	12	Yes	16	16	16	16	16	12	↓
Safe	Optimisation of the EPR systems	1787	JR	6	Yes	12	12	12	12	12	12	↔
Safe	Turnover in excess of target and will increase as a result of the move	1853	OM	6	Yes	16	16	16	16	16	16	↔
Safe	Unable to recruit number of staff with the required skills/experience	1854	OM	6	Yes	16	16	16	16	16	16	↔
Effective	Delivery of Efficiency Challenges - CIP Board approved	841	EM	12	Yes	20	20	20	20	20	20	↔
Effective	Delivery of Efficiency Challenges - CIP targets	843	EM	12	In progress	20	20	20	20	20	20	↔
Responsive	R&D strategic recognition	730	RH	8	Yes	12	12	12	12	12	12	↔
Responsive	Capacity assumptions - length of stay	868	EM	10	In progress	12	12	12	12	12	12	↔
Responsive	Capacity assumptions - activity	869	EM	10	In progress	25	25	25	25	20	20	↔
People Manag. & Cult.	Failure to release staff to undertake educational activity due to workload	684	JR	8	Yes	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	↔
Transformation	Expenditure Growth - New ways of working	866	RC	12	Yes	15	15	15	15	12	12	↔
Transformation	If we don't engage with STP we won't influence local strategy for Cardiology	1162	EM	8	Yes	9	9	9	9	9	9	↔
Finance	Failure to meet cardiac and cancer waiting targets	678	EM	12	Yes	16	16	16	16	16	16	↔
Finance	Current Trading Income performance	833	RC	10	Yes	20	20	20	20	20	20	↔
Finance	Current Trading Expenditure	835	RC	10	Yes	20	20	20	20	20	20	↔
Finance	Income Growth - targets	836	EM	12	Yes	25	25	25	25	25	25	↔
Finance	Income Growth - case mix	837	EM	12	In progress	20	20	20	20	20	20	↔
Finance	Income Growth - activity transfers	865	EM	12	In progress	20	20	20	20	20	20	↔

Performance summary

Accountable Executive: Chief Nurse
6 month performance trends

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



	Data Quality	Target	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Dashboard KPIs	Safety Thermometer harm free care	4	>97%	98.30%	98.31%	98.91%	98.96%	97.22%	99.46%
	Never Events	3	0	0	0	0	0	0	1
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	0.80%	1.16%	2.60%	1.10%	1.20%	2.17%
	Safer staffing – registered staff day	3	90-100%	88.0%	89.0%	85.0%	92.2%	88.3%	87.2%
	Safer staffing – registered staff night			93.6%	99.1%	97.7%	95.3%	96.1%	98.1%
	Number of C.Diff cases (sanctioned)	4	5 in year	0	0	0	0	0	0
	High impact interventions *	3	97.0%	Additional KPI	99.6%	99.5%	99.1%	98.8%	99.0%
	Falls per 1000 bed days	3	<4	Additional KPI	2.6	2.5	3.9	3.2	1.8
	Ward - Care hours per patient day	3	>7.8	10.4	9.8	11.7	10.4	11.2	10.1
	Critical care - Care hours per patient day		>32.9	33.0	33.2	34.8	34.3	35.8	34.1
Additional KPIs	Number of Papworth acquired Pressure Ulcers (grade 2 and above)	4	<4	2	2	2	2	1	1
	Falls per 1000 bed days*	3	<2.2	1.8	n/a	n/a	n/a	n/a	n/a
	MRSA bacteraemia	3	0	0	1	0	0	0	0
	Number of serious incidents reported to commissioners in month	3	0	2	0	1	2	1	2
	Registered nurse vacancies (WTE)**	2	5.00%	61.16	55.81	59.79	59.41	59.38	62.59
	Registered nurse vacancies (% total establishment)**			9.31%	8.47%	9.08%	9.02%	9.02%	9.50%
	HCSW vacancies (WTE)**	3	10.00%	5.10	8.20	15.69	18.65	20.73	28.31
	HCSW vacancies (% total establishment)**			n/a	3.80%	7.28%	8.65%	9.58%	12.89%
	E coli bacteraemia	3	Monitor only	0	3	1	0	0	0
	Klebsiella bacteraemia	3	Monitor only	4	0	0	2	3	0
	Pseudomonas bacteraemia	3	Monitor only	1	1	1	0	0	0
	High impact interventions *	3	Monitor only	98.0%	Dashboard KPI	Dashboard KPI	Dashboard KPI	Dashboard KPI	Dashboard KPI
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	2	3	5	2	3	5

* 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 31.03.2019

Safe Staffing: The overall safe staffing fill rate for registered nurses is green for nights (98.1%) and just under the 90% green threshold for days (87.2%). 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 increased slightly in Mar 2019 (from Feb 2019), and HCSWs have again increased further. On discussion with the Deputy Director of Workforce it is felt that this is transitional and temporary due to the imminent move. This remains one of the focus areas for Workforce / Recruitment and Retention and there continue to be a number of effective recruitment events. 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: The Trust has reported 2 Serious Incidents in March, one of which met the category for a Never Event. **SUI-WEB29910** (Failure to identify a deteriorating patient, Hugh Fleming Ward). **SUI-WEB30174** (Misplaced Naso Gastric (NG) Tube, Critical Care – **NEVER EVENT**).

These are covered in the next slide.

Moderate harm incidents: There were five moderate harm and above incidents reported in month (x3 moderate harm; x2 SIs). These are covered in the next slide. It is worth noting that the moderate harm incidents and above as a % of total patient safety incidents reported remains green.

Key performance challenges



Escalated performance challenges:

Serious Incidents

The Trust has reported 2 Serious Incidents in March, one of which met the category for a Never Event.

SUI-WEB29910 – Failure to identify a deteriorating patient – Hugh Fleming Ward

- Patient was discovered during medication rounds disconnected from their cardiac monitor and unresponsive
- Investigation is ongoing – patient is deceased due to his underlying medical condition
- Investigation will involve full interrogation of the cardiac monitor with assistance from Mindray
- Full Duty of Candour undertaken both verbally and in writing

SUI-WEB30174 – Misplaced Naso Gastric (NG) Tube – Critical Care - NEVER EVENT

- Portuguese National receiving Private Care
- Small amount of feed infused through misplaced tube (3mls)
- Investigations is ongoing – No harm to patient
- Full Duty of Candour undertaken both verbally and in writing

Moderate Harms incidents

There have been x 3 Moderate Harm incidents this month.

Web Ref:	Date Reported	Dated discussed at SIERP	Speciality	Summary	Investigation status	Duty of Candour
WEB29996	05/03/2019	12/03/2019	Transplant	Patient admitted to local DGH nausea, vomiting, acute kidney injury and elevated CK, suggestive of rhabdomyolysis. Reported related to drug interaction	Underway	Verbal DoC in clinic (documented in clinic letter)
WEB30169	24/03/2019	27/03/2019	Cath Labs	Massive bleeding due to liver injury - possibly due to LUCAS device. Patient undergoing CTO and sustained cardiac arrest during the procedure.	Underway	Verbal DoC by Consultant Cardiologist
WEB30157	22/03/2019	02/04/2019	Critical Care	Category 3 pressure ulcer developed in an ECMO patient while in Critical Care.	Underway	Verbal DOC completed at time of incident

Key risks:

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

Key Actions:

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



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 (nights 98.1%) and just under the 90% threshold for green on days (87.2%), there are some individual inpatient areas that remain under the desired 90% fill rate. This is a breakdown of the March 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	84.8%	74.1%	98.5%	121.0%	691	9.2
HEMINGFORD & HDU	100.3%	114.1%	100.0%	193.5%	468	12.6
CF WARD	97.4%	100.6%	121.0%	-	288	10.3
HUGH FLEMING	69.2%	109.3%	95.2%	193.5%	785	8.7
MALLARD & PCU	87.0%	117.1%	94.1%	132.9%	1117	10.5
RSSC	88.2%	48.6%	88.0%	71.6%	410	10.4
VARRIER JONES	83.4%	114.3%	89.6%	101.1%	1039	9.2
CRITICAL CARE	99.2%	70.9%	101.9%	76.6%	944	34.1

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 two (of the same five areas) also for nights.

Those areas that remain under the 90% fill rate for registered nurses are (*latest data = Feb 2019; accessed 15.04.2019):

CMU (days): RN vacancies have further increased slightly from Jan (36.9%) to Feb 2019 (37.5%). Sickness has again further improved from 2.5% (Jan 2019) to 1.0% (Feb 2019). Improved position on days for registered nurse fill rate. Fill rate due to RN vacancies. Where required, co-ordinator taking patients to maintain safety. The overall CHPPD** is 9.2 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 have further increased slightly from Jan (23.2%) to Feb 2019 (24.4%). Sickness has increased from 3.9% in Jan to 9.9% in Feb 2019. Feb 2019 was the month of the Flu Outbreak. Low registered nurse fill rate due to vacancies. Overseas pre-reg providing direct care supported by co-ordinator. Staffing levels and skill mix is monitored on a daily basis. Unregistered required for enhanced care requirements. The overall CHPPD is 8.7.

Mallard (days): RN vacancies have remained static from Jan to Feb 2019 (13.4%). Sickness has reduced from Jan (5.4%) to Feb 2019 (2.1%). RN fill rate due to vacancies (there is work in progress which is improving this position). Care supported by co-ordinator, supernumerary Ward Sister and CPD staff as required. Above 100% unregistered nursing staff (days and nights) providing support required for enhanced care requirements. The overall CHPPD is 10.5.

RSSC (days and nights): RN vacancies have remained almost static from Jan (22.0%) to Feb 2019 (22.1%). Sickness has improved from 5.2% (Jan) to 4.3% (Feb 2019). Improved position from previous month for registered nurses (days). Unregistered staff fill rate due to vacancies, which has improved from Jan (29.3%) to Feb 2019 (22.9%). Staffing levels and skill mix is monitored on a daily basis. Staffing levels adjusted as required for patient activity. The overall CHPPD is 10.4.

VARRIER JONES (days and nights): RN vacancies have decreased from Jan (9.7%) to Feb 2019 (6.7%). Sickness has increased from 3.8% Jan, to 6.6% Feb 2019. RN fill rate due to vacancies. Overseas pre-reg providing direct care supported by co-ordinator. Above 100% unregistered nursing staff (days and nights) providing support required for enhanced care requirements. The overall CHPPD is 9.2.

* 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

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

6 month performance trends

	Data Quality	Target	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Dashboard KPIs	FFT score- Inpatients	4	95%	97.0%	96.6%	98.1%	95.8%	97.0%	95.5%
	FFT score - Outpatients	2	95%	96.0%	97.3%	92.5%	96.3%	98.0%	95.8%
	Number of complaints (12 month moving average)	4	5 and below	4.8	5.2	5.5	5.5	4.8	4.4
	% 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	7	4	6	1	Await Data
	Direct Care Time - Activity follows completed in quarter	3	100%	-	-	100.0%	-	-	100.0%
	Direct care time	3	40%	-	-	40.8%	-	-	38.7%
	Direct Care Time - Number of wards > 40%	3	100%	-	-	50%	-	-	50%
	Number of complaints	4	5 and below	4	7	4	7	1	6
	Number of recorded compliments	4	10	771	695	621	734	517	652

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Caring' is Outstanding dated 31.03.2019

Friends and Family Test (FFT): FFT scores for inpatients and outpatients March 2019 are green. For benchmarking purposes, these are the latest published FFT % Recommended scores (**Feb 2019**):

Inpatients

- Liverpool Heart and Chest Hospital NHS Foundation Trust = 100%
- Royal Papworth = 97%
- Royal Brompton and Harefield NHS Foundation Trust = 97%
- England NHS = 96%
- CUH = 96%
- NWAFT = 94%

Outpatients

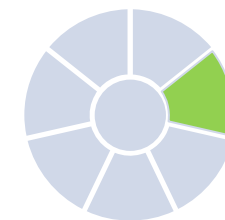
- Liverpool Heart and Chest Hospital NHS Foundation Trust = 100%
- Royal Papworth = 98%
- Royal Brompton and Harefield NHS Foundation Trust = 95%
- NWAFT = 95%
- England NHS = 94%
- CUH = 94%

Complaints: The Trust continues to report 100% of complaints within the agreed timescales. The number of complaints received during March 2019 was 6. A summary of this complaint is covered in the next slide for information.

Compliments: the number of compliments received and recorded during March was 652, which is increased from February 2019.

Direct Care Time: this is a slightly deteriorated position from Q3, however remains an improved position from Q2. Of note, 39% would be amber (for Direct Care Time). The Spotlight On looks in more detail at the Direct Care Time.

Key performance challenges



Escalated performance challenges:

There were x6 complaints received during March 2019. One of the complaints was for Cardiology. Two were for Cardiac Surgery, one was Critical Care location and the other was Cardiac Day Ward location. One complaint was under Thoracic Respiratory Medicine, Lung Defence. One complaint was Transplant, location Critical Care. One complaint was Transplant (continuing care) as an outpatient.

There are no obvious patterns or themes. Five of the six complaints remain under investigation; the remaining one has been part upheld.

The table below gives an overview of each complaint:

Date received	Speciality	Location	Summary	Outcome
04/03/2019	Cardiology	Hugh Fleming	Concerns around wife's care relating to the medication prescribed and also the interaction with some members of the nursing staff. Includes some aspects of care at local hospital.	Part Upheld
14/03/2019	Cardiac Surgery	Critical Care	Medication error_ Patient usually takes 5mg dexamphetamine daily - given 25mg in error	Still under investigation
25/03/2019	Thoracic Respiratory Med	Lung Defence	Concerns raised over communication of microbiology culture results.	Still under investigation
18/03/2019	Transplant	Critical Care	Family unhappy with care and treatment provided to patient. Specific questions from wife and son.	Still under investigation
25/02/2019 Consent received - 19/03/2019	Transplant Continuing Care/Resp Med/CT	Tx OP Radiology TH OP	Father has life limiting illness - Daughter unhappy with length of time waiting for father to receive treatment. Family feel care has been unorganised and unprofessional	Still under investigation
29/03/2019	Cardiac Surgery	Cardiac Day Ward	Father's operation was cancelled on Tuesday with no clear reason for the cancellation. Family are concerned that the cancellation contributed to his death	Still under investigation

Key risks:

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

Key Actions:

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

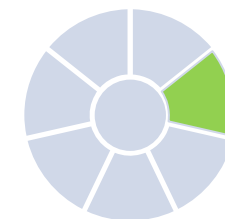
Complaints and lessons learned shared at Business Unit and Directorate meetings and Trust wide through the Q&R reports.

Actions are identified.

Continued monitoring of further complaints and patient and public feedback.

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

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



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

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

This table shows the activity follow data for this reporting quarter: When compared with Quarter 3, there are the same number of areas reporting over 40% direct care time (four out of eight). Also, this quarter, four out of the eight areas have increased their direct care time. The arrows indicate an increase (^), decrease (v) or no change (=) since the last report. To give an idea of why there are some lower results, the ward teams were asked for feedback. This is the Hugh Fleming Ward and CF Unit feedback: Hugh Fleming Ward was discussed with Matron (because last quarter it was 45%). Matron advised that this time it was completed by a member of staff less familiar with the reporting template and this may have adversely affected the result. For example it is felt that 'admin' at 31.5% is higher than it should be. Another example can be seen in the feedback from the Deputy Sister on CF Unit (last quarter it was 39%): The 'followed' member of staff was on with a pool nurse, and a newly qualified RN. The low percentage of care time highlights how much support she was giving to other members of staff that day; and because of her mentorship role, she was purposefully not given the most complex or highly dependent patients during that shift.

Activity Follow Data Quarter 4 2019

Wards	Motion	Admin	Handover	Med. Manag.	Discussion	P.Hygiene	Pt Flow	Other	Direct Care Time
Hemingford	7.9% =	23.1% v	5.2% v	7% ^	7.5% ^	1.5% v	1.4% ^	10.4% ^	36% ^
Mallard	7.1% ^	21.9% ^	15.8% ^	0.6% ^	9.4% ^	3.1% ^	1.5% v	10.5% ^	30.4% v
Hugh Fleming	5.2% ^	31.5% ^	6.3% v	8.1% ^	7.9% ^	0.8% v	2.3% v	10.9% ^	27% v
Varrier Jones	8.1% v	10.8% v	0% v	11.7% ^	5.6% v	4.8% ^	0 =	9% =	50% ^
CDW	2.1% ^	5.8% v	2.4% ^	3.3% ^	14.4% ^	4.0% v	10.6% v	9.4% v	48% ^
RSSC	0.2% v	14.4% ^	6.3% ^	10.8% ^	6.9% ^	4.6% ^	4.6% ^	10.2% ^	42% ^
CMU	5.2% v	5.6% v	10.0% ^	6.5% v	2.3% ^	0.8% v	9.8% ^	14.8% ^	45% v
CF Unit	2.3% v	3.8% v	7.3% v	27.3% ^	5.4% v	4% ^	8.3% ^	10.6% v	31% v

Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Directors of Operations



6 month performance trends

		Data Quality	Target	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Dashboard KPIs	Bed Occupancy (excluding CCA)	4	85% (Green 80%90%)	74.2%	80.7%	66.8%	78.1%	76.5%	81.0%
	CCA bed occupancy	3	85% (Green 80%90%)	93.9%	94.7%	92.0%	93.1%	89.9%	92.8%
	Admitted Patient Care (elective and non-elective)	4	1879 (current month)	2216	1985	1535	2122	1752	2046
	Cardiac surgery mortality EuroSCORE	3	<3%	1.54%	1.86%	1.79%	1.73%	1.93%	1.88%
	Theatre Utilisation	3	85%	89.25%	83.27%	85.30%	86.12%	63.64%	82.79%
Additional KPIs	Same Day Admissions – Cardiac (eligible)	4	40%	26.59%	19.23%	26.51%	31.18%	30.19%	38.64%
	Same Day Admissions – Thoracic (eligible)	4	40%	42.00%	34.69%	51.92%	45.28%	26.67%	43.18%
	Length of stay – Cardiac Elective – CABG (days)	3	8.22	7.86	7.77	9.12	6.88	7.32	8.61
	Length of stay – Cardiac Elective – valves (days)	3	9.65	8.04	9.74	8.82	7.54	9.18	9.21
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	4	90%	85%	86%	78%	89%	82%	93%
	Cath Lab Utilisation 6 (including 15 min Turn Around Times)	4	70%	77%	76%	64%	70%	64%	75%
	CCA length of stay (LOS) (hours) - Mean	3	Monitor only	98	115	152	112	151	122
	CCA LOS (hours) - median	3	Monitor only	31	40	45	32	46	44
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	4.44	4.61	5.52	5.09	5.13	5.32
	% Day cases	3	Monitor only	55.78%	56.31%	53.16%	58.92%	59.83%	57.05%

Summary of Performance and Key Messages:

CCA Occupancy

CCA occupancy remained above trajectory in month 12. Increased numbers under the highly specialised services (transplant and heart failure , and respiratory ECMO patients) with high cardiology activity contributed to the high levels of bed occupancy. On 12 occasions ward patients remained on CCA overnight, with 11 theatre cancellations due to the lack of ward beds for CCA patients.

Theatre Utilisation

Reduced patient flow due to high CCA occupancy , and the lack of ward beds contributed to the lower theatre utilisation percentage in month 12. One day of surgical activity was lost due to an estate issue.

Cath lab utilisation

Cath lab utilisation in month 12 was the highest YTD .

Cardiac Surgery LOS

LOS for CABG cases increased this month. A contributory factor was an increase in complicated CABG procedures being carried out throughout the month as we prepare for simple cases ahead of cut over.

SDA

Thoracic SDA continues to perform above target. Cardiac Surgery have seen an improvement in performance at 38.64%. This is the highest performance in the last 6 months and work continues around improving SDA rates in cardiac surgery.

Key performance challenges



Theatre Cancellations

Cancellation code	Mar-19
1a Patient DNA	0
1b Patient refused surgery	0
1c Patient unfit	4
1d Sub optimal work up	2
2a All CCA beds full with CCA patients	15
2b No ward bed available to accept transfer from CCA	11
2c Delay in repatriation of patient from CCA	2
2d No ward bed available	1
3a Critical Care	0
3b Theatre Staff	0
3c Consultant Surgeon	1
3d Consultant Anaesthetist	0
3e Other	0
4a Emergency took time	5
4b Transplant took time	4
4c ECMO/VAD took time	0
4d Additional urgent case added and took slot	5
4e Equipment/estate unavailable	0
5a Planned case overran	5
5b Additional urgent case added and took slot	1
5c Overruns delayed start	3
6a Scheduling issue	1
Total	60

Key risks

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

Top reasons in month:

- All beds full with CCA patients
- No ward bed available
- Emergency took time/Planned Case overran/Additional urgent case

Additional activity within theatres and CCA

28 emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations. 22 patients returned, were admitted to CCA as emergencies or were recovered in CCA following Thoracic surgery. 1 additional elective cases were added to the list. 97 additional emergency minor procedures also went through theatre. On 4 occasions, the Theatre or CCA team was called out for retrieval or repatriation of patients.

Cath Lab Cancellations

Cath Lab Cancellations: Lab 1-5 + Lab 6	
Reason	Mar-19
Emergency took time	35
Medical reasons	24
Clerical error	6
Previous case over ran	3
Patient did not arrive in time	2
Patient DNA	1
Bed Shortage	9
Infection control	5
Patient unfit for procedure	1
Cancelled by patient	0
Equipment Failure	3
Procedure no longer required	1
Transport	2
Further tests	0
Consultant unavailable	3
More urgent case	3
Patient admitted as emergency	1
Procedure changed	0
Procedure carried out at another hosp.	0
Various other reasons	13
Total	112



Respiratory ECMO Service		
Month	Bed Days	Days >3 patients
April	78	3
May	70	0
June	73	13
July	62	0
August	56	0
September	49	0
October	64	0
November	74	2
December	73	3
January	136	29
February	169	28
March	144	26

Escalated performance challenges

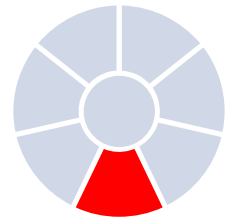
Extracorporeal Membrane Oxygenation (**ECMO**) is a mechanical system that temporarily takes over the function of the lungs in patients with acute respiratory failure. This is a nationally commissioned service with 5 specialist centres within the UK with each of the centres open to 3 beds under normal circumstances.

From 17th December until 25th March the service nationally was in surge, escalation or critical. This places a very high demand on resources within the Critical Care Unit with staffing adjusted on a shift by shift basis to meet the demands of high acuity.

50 theatre cancellations were attributable to no critical care capacity related to more than 3 beds occupied under the Respiratory ECMO service on a daily basis (20 ECMO surge related cancellations in January, 18 in February, and 12 in March). Of note scheduling was significantly reduced in February due to the flu outbreak.

Respiratory ECMO over performed by £1.4m against plan in 18/19(Month 9-12 inclusive over performance of £646k, actual income £2.9m). The 50 surgical theatre cancellations related to ECMO surge equate to circa £525k

Pre-surge Up to 3 out of 15 designated national beds available	Up to 12 beds occupied	Green
Surge Need for extra capacity to be deployed (4 beds at each centre) and Aberdeen (1 bed) (17 December-07 January and 04 March- 25 March)	13 - 21 beds occupied	Amber
Escalation Further surge capacity deployed (up to 5 beds at each centre) and Aberdeen (2 beds)	22 – 27 beds occupied	Red
Critical Exceeding all identified surge capacity. (08 January- 03 March)	28 or over beds occupied	Black



Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Director of Operations

6 month performance trends

	Data Quality	Target	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	tbc	>99%	99.08%	99.18%	99.36%	99.42%	99.28%	99.31%
	18 weeks RTT (combined)**	3	92%	88.45%	89.49%	90.49%	90.91%	90.35%	90.94%
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul 18)**	3	85%	100.0%	71.4%	71.4%	100.0%	100.0%	45.5%
	31 days cancer waits **	3	96%	100.0%	93.1%	100.0%	100.0%	100.0%	100.0%
	Theatre cancellations in month	3	30	50	64	50	64	56	60
	% of IHU surgery performed <7 days of acceptance for treatment or transfer	3	95%	20.00%	17.64%	20.45%	34.21%	31.25%	19.04%
Additional KPIs	18 weeks RTT (cardiology)*	3	92%	87.49%	88.09%	89.45%	90.75%	92.60%	93.89%
	18 weeks RTT (Cardiac surgery)*	3	92%	72.48%	75.93%	78.02%	75.61%	74.76%	77.20%
	18 weeks RTT (Respiratory)*	3	92%	96.04%	96.41%	96.32%	96.72%	94.52%	94.12%
	62 days cancer waits post re-allocation (old rules)**	3	85%	100.0%	85.7%	71.4%	92.3%	100.0%	100.0%
	Number of patients on waiting list	3	3,717	3446	3511	3545	3401	3370	3343
	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%	96.55%	100.00%	96.97%	96.55%	75.00%	71.43%
	52 week RTT breaches	3	0	1	1	2	0	0	0
	Outpatient DNA rate	4	Monitor only	10.08%	9.32%	9.64%	8.35%	7.74%	8.02%

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

Summary of Performance and Key Messages:

% Diagnostic waiting less than 6 weeks.

6 days of activity was lost due to a breakdown in the cardiac capable scanner on 2 separate occasions, resulting in the rescheduling of 62 patients requiring cardiac CT

RTT

Cardiology RTT: Cardiology continue to reduce the total number of patients waiting for treatment. The RTT shows 92% of all referred patients were treated within 18 weeks or less.

Surgery RTT: Cardiac Surgery's RTT performance remains ahead of trajectory with a further reduction in breaches. This was in spite of the 60 cancellations in elective activity throughout March. A continual focus on validation is also supporting performance.

52 week breaches None reported for March 19.

Theatre cancellations

There were 60 theatre cancellations in month- bed capacity both in CCA and on the wards was challenging in month with 15 cancellations due to all beds full with CCA patients and a further 11 cancellations due to no availability of ward beds.

Cancer waits

Cancer 62 & 31 day achieved 100% in Month. 62 day this is the second month in a row achieving post reallocation. This puts the YTD at 88.9% with one month left in the year. The forward prediction for March is 45.5% post reallocation as we are vulnerable for 3 possible reallocations. If March finished at this level the full year effect would be 84.6%, failing the year by 0.4%. However if just ½ breach is not allocated we will achieve the year with 85.4%. Our performance under the old rules would be 93.3% for the year.

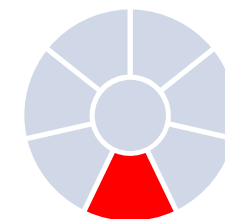
Patients booked within 28 days Performance of cancellations and 28 day rebooks have been adversely affected by the cancellation of elective activity throughout February and March. There are 13 x 28 day validated cancellations, validated for March.

IHU – Data to be reviewed to ensure accuracy, however it was noted that a number of IHU were cancelled in month so this has impacted on 7 day performance.

Cardiology 3 & 5 day Transfers: 3 and 5 day transfers continue to be maintained without breaching.

Responsive

Key performance challenges



Escalated performance challenges:

RTT Performance

The Trust's RTT performance continues to show a steady improvement. Cardiology continues to show achievement against the 92% standard, surgery continues to over achieve against trajectory.

Respiratory medicine remains the main area of concern and focus due to the inability to maintain the previous levels of compliance.

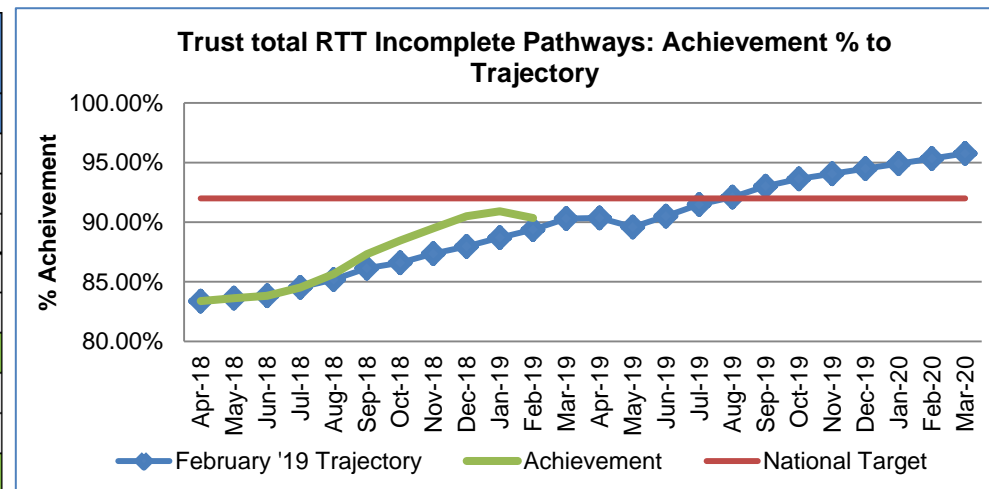
Key risks

- 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

- Continuation of work within cardiology and surgery to prevent slippage. Adjustment between elective and non elective capacity continues to meet demand.
- Additional focus on booking and validation in Respiratory Medicine. Weekly forward view for RSSC bookings and unused capacity continues. This is showing an improvement but there are still opportunities for improvement. Additional resource being put in to assist with validation work.

	Cardiology	Surgery	Respiratory Medicine	Overall
Oct18/Jan 19 RAP				
Pathways: Plan per RAP	1320	600	1350	3270
Pathways: Draft March	1077	594	1647	3318
Variance	-243	-6	297	48
Breaches: Plan per RAP	102	175	40	317
Breaches: Draft March	74	140	96	310
Variance	-28	-35	56	-7
Achievement: Plan per RAP %	92.27%	70.83%	97.01%	90.30%
Achievement: Draft March %	93.13%	76.43%	94.17%	90.66%
Variance	0.86%	5.60%	-2.84%	0.36%



Responsive

Radiology Report Turnaround January- March 2019

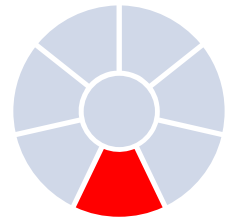


Fig1 Dates: 01/01/2019 to 31/03/2019

Out Patients	Total Complete Patient Reports	% Complete <= 3 Working Days*	% Complete > 3 Working Days**
CR	2502	91.4	8.6
Non-Cardiac CT	738	83.5	16.5
Cardiac CT	747	79	21
MRI	761	43.4	56.6
NM	537	13.8	86.2
US	34	100	0
FL	11	72.7	27.3
Angio	0	0	0
Totals	5330	73.9	26.1

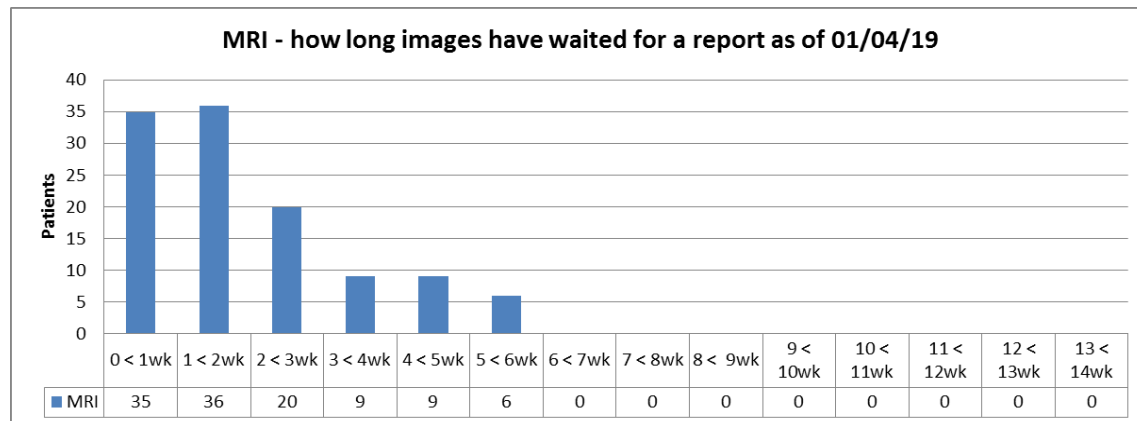
In Patients	Total Complete Patient Reports	% Complete <= 1 Working Days	% Complete <= 3 Working Days
CR	5673	59.4	91.6
Non-Cardiac CT	573	89	96.3
Cardiac CT	57	91.2	98.2
MRI	91	64.8	82.4
NM	18	16.7	33.3
US	106	99.1	100
FL	12	66.7	75
Angio	0	0	0
Totals	6530	62.9	91.9

* Complete <= 5 Working Days for OP MRI and <= 10 Working Days for OP NM
** Complete > 5 Working Days for OP MRI and > 10 Working Days for OP NM

In Patients	Total Complete Patient Reports	% Complete <= 4 Working Hours
CCA CR	2071	41.9

Generated: 04/04/2019

Fig2



Summary of Performance and Key Messages

The KPI for report turn around are locally set and reviewed at the monthly business meetings, national guidance on report turn around will be issued shortly and the current KPI's will be updated to reflect this change. Any drift from the KPI performance is monitored through the business unit and escalated up through the weekly Trust access meetings. The majority of the activity is reported within the first week of a scan being performed (see fig 2)

CT: Dependant on the scan type it can take between 15-45mins to report on one scan. 86.43% of CT scans were performed within 3 working days in Q4.

MRI: Dependant on the scan type it take between 60-90mutes to report on one MRI scan. MRI is monitored through the weekly access meeting, reporting burden varies from week to week due to onsite MRI Van (60-90 scans per week) this accounts for some fluctuation in report turnaround. As of midnight on 11/04/19 there were 70 scans requiring a report outside the KPI (5 working days) of which 39 were assigned and partially reported (may require a second opinion) and 31 were not assigned

NM: 99% of Nuclear medicine scans at Papworth are reliant on a 2 part test. The report is opened at part one and completed at part 2. Return for part 2 is usually within 2 weeks of part 1 test , but can be longer. It is statistically difficult to calculate the rate of report turnaround for NM.

Plain Film reporting (CR): In Q4 91.5% of plain film imaging were reported within 3 working days.

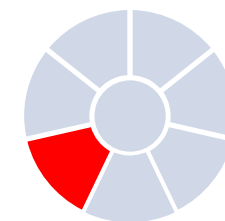
Actions

All reports that fall outside the KPI are emailed to the all consultants bi-weekly. The Radiology Operations Manager follows up with an email /face to face discussion to the individuals who have reports assigned beyond the KPI to complete the outstanding reporting. If reports still not completed, escalation is through Radiology Clinical Lead and Directorate Clinical Lead.

Focus on MRI report turnaround:

MRI reporting is supported by both radiologist and cardiologists. MRI report turn around is monitored weekly and discussed at the Trust access meeting, an action plan for this has been active since 2018. The scan to report time has reduced considerably since August 2018 , when 12-14 weeks report length were measured. As demonstrated in figure 2 work is ongoing to reduce this further.

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	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Dashboard KPIs	Voluntary Turnover %	3	15.0%	13.50%	12.40%	19.60%	16.52%	16.64%	22.83%
	Vacancy rate as % of budget	4	5.50%	10.49%	10.19%	11.19%	10.61%	10.59%	11.01%
	% of staff with a current IPR	3	90%	85.95%	90.30%	91.14%	90.68%	90.29%	90.29%
	% sickness absence	3	3.50%	3.98%	3.93%	3.19%	3.91%	4.48%	2.26%
Additional KPIs	% Medical Appraisals	3	90%	83.96%	85.05%	91.59%	90.48%	88.46%	90.57%
	FFT – rec as place to work	3	63%	48.00%	53.00%	55.00%	53.00%	51.00%	46.00%
	FFT – rec as place for treatment	3	80%	87.00%	90.00%	86.00%	88.00%	71.00%	73.00%
	Mandatory training %	3	90.00%	89.82%	90.94%	89.35%	89.52%	86.81%	88.70%
	Registered nursing vacancy rate	3	5.0%	0.42%	0.73%	2.24%	3.25%	3.32%	4.34%
	Unregistered nursing vacancy rate	3	8.00%	24.55%	28.46%	28.16%	26.28%	26.90%	28.38%
	Long term sickness absence %	3	0.80%	1.07%	1.28%	0.84%	0.73%	0.00%	0.23%
	Short term sickness absence	3	2.70%	2.92%	2.65%	2.36%	3.18%	4.48%	2.03%
	Agency Usage (wte) Monitor only	3	Monitor only	58.1	62.6	61.5	71.6	72.9	82.3
	Bank Usage (wte) monitor only	3	Monitor only	58.6	57.1	51.5	56.9	51.5	66.3
	Overtime usage (wte) monitor only	3	Monitor only	58.2	56.1	46.8	60.0	59.6	73.6
	WTE Totals: Non Medical Starters	3	Monitor only	59.9	29.2	32.7	35.3	17.1	20.7
	WTE Totals: Non Medical Leavers	3	Monitor only	22.0	19.4	28.8	22.3	23.5	32.5

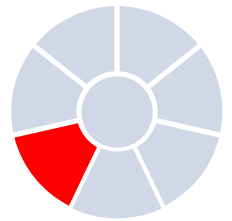
Summary of Performance and Key Messages

Key highlights in March are:

- Total turnover increased to 22.83%. Nursing turnover was static from February with 7.9 wte leavers.
- We were a net loser of staff by 11.8 wte in March. There were low numbers of starters across all staff groups. This is linked to the move date in April as new appointees have been reluctant to start this close to the move. The same low in take will happen in April with the expectation, based on the pipeline, that this will improve in May 2019.
- The Trust vacancy rate increased to 11%. Total nurse vacancy rate (inc Pre-registered) increased to 4.3%. Excluding PRP staff the registered nurse vacancy rate increased to 9.5% from 9% in February. The programme for supporting PRP nurses is progressing well and is providing a structured pathway to achieving PINs, alternative roles within the organisation or exiting the Trust. There are delays with the NMC progressing the paperwork for registration which is delaying the process for staff.
- Total IPR compliance remained just above the 90% KPI. 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. Managers have done an excellent job of maintaining compliance at a time when they have been releasing staff to undertake familiarisation training.
- Sickness absence reduced to 2.26%.
- Mandatory training compliance improved to 88.7%. The Spotlight provides an update on the significant improvement project ongoing with regards mandatory training processes and provision.
- The response rate for the Pulse survey in March remained very low. Post relocation we will move to a quarterly survey and we will update the questions to seek staff feedback on their experience of the new working environment and arrangements.
- Temporary staffing usage increased across all categories. The reasons for these increases are cutover requirements for facilities provision, vacancies and increased acuity across a number of departments.

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. There remains high vacancy rates on a number wards and in particular on Respiratory and Surgical wards.
- We have a high number of Pre-Registration Nursing and newly qualified staff who require support and supervision and this makes ensuring the appropriate skill mix on wards difficult.
- Recruitment remains difficult across a number of non-medical staff groups. In particular recruitment to radiography roles is, which is a national shortage occupation, is difficult. Recruitment to HCSW roles remains challenging despite recent successful events. Vacancy rates will increase in April 2019 as new staffing establishments are implemented.
- Staff engagement and well being is negatively impacted by the 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 and planning for the move whilst maintaining BAU.
- Ensuring compliance with mandatory training as a result of the competing demands on staff time.

Key risks

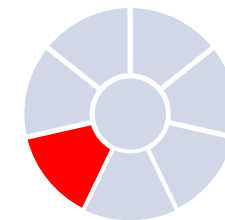
- Turnover increases as we get closer to the move date as staff decide not to move location.
- Staff engagement and morale reduces and this in turn drives high turnover, sickness absence, poor working relationships and damages the patient experience.
- Trust's ability to recruit numbers of clinical and non-clinical staff to match turnover and meet increases in establishments as a result of new operating models post-move.
- Length of time required for overseas nursing starters to successfully complete OET/OSCE and become registered staff.
- 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.

Key actions in month

- **Recruitment:** The number of new starters, particularly for nursing roles was low in March and remains low in April. This position improves in May post relocation. We have proactive recruitment ongoing across all staff groups and have seen the number of appointments made improve following a reduction in applications in Quarter 3. There are roles that remain hard to recruit to, in particular radiography and respiratory nursing. We are planning a large nurse recruitment event in June 19 in the new hospital and will be using a targeted social media campaign to promote this.
- **PRP Nurses:** The Head of Recruitment has been working with Ward Managers and Clinical Education to support PRP nurses to gain the qualifications to enable registration with the NMC. At the end of last year the NMC introduced a route for employers to recommend registration for nurses who had not meet the required levels in the OET but who the employer believed demonstrated a satisfactory level of competence in written and spoken English. They did not specify a framework for this. The Trust implemented a very rigorous competency framework for this and worked with 6 nurses who were felt to demonstrate the level of competency in communication required to safely care for patients. This has been a resource heavy and also a demanding process for the nurses involved. We have just learnt that the NMC have effectively withdrawn this option but they have not communicated this with employers. This is frustrating and we are considering options for how these nurses can be retained and supported in alternative ways to gain registration.
- **Training and Familiarisation Training:** The familiarisation sessions finished on the 12th April. There was excellent engagement from managers and staff. At completion of the programme 90% of Band 5 and below staff had attended a session. This is against a KPI of 85%. 97.5% of Band 6 and above staff (inc consultants) had attended a session against a KPI of 90%. The Training team did an excellent job and received very positive feedback about the sessions.

People, Management & Culture

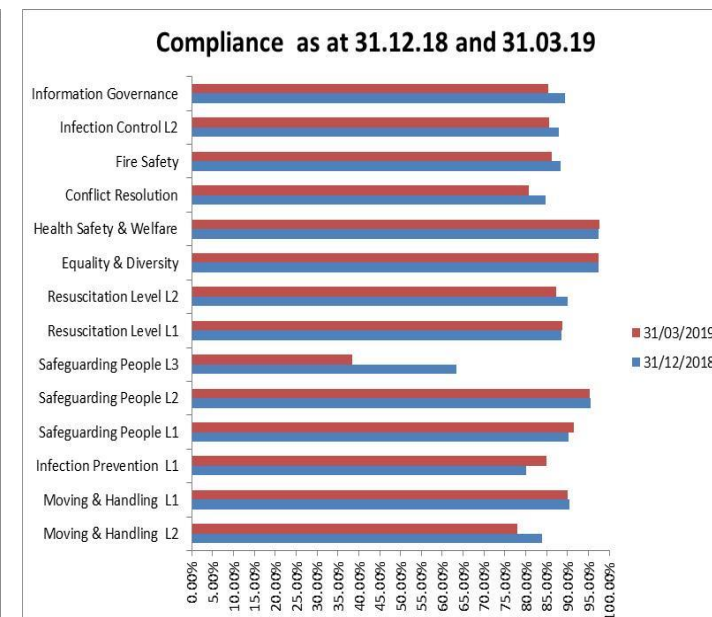
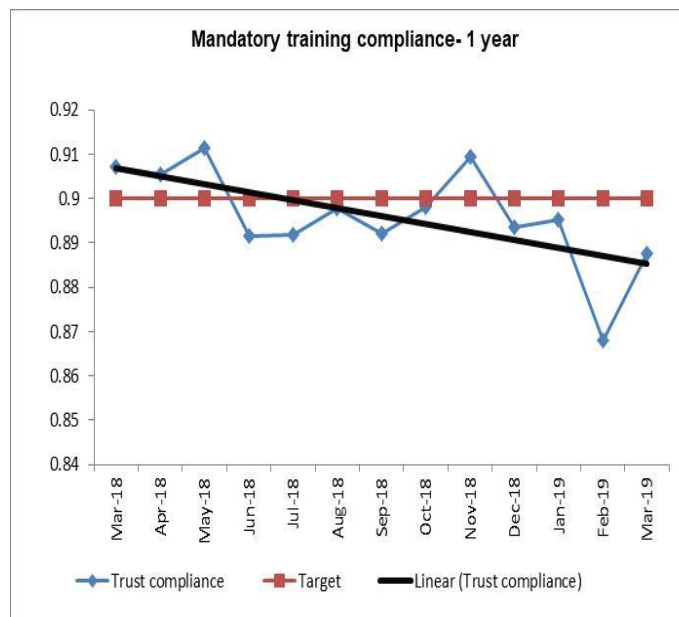
Spotlight on: Statutory and Mandatory Training

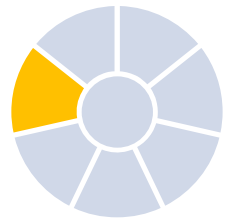


All Trusts are required to ensure that staff undertake mandatory and statutory training that complies with the Core Skills Training Framework (CSTF) competencies and that this training is maintained in line with specified renewal periods. The Trust has set a KPI of 90% compliance. Staff must be compliant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

- Mandatory training compliance has been on a downward trend over the last 12 months. This has been as a result of trainer capacity and the competing demands of the familiarisation programme.
- An improvement plan is being implemented to ensure that the Trust meets the national requirements in terms of type, frequency and standard of training and also the compliance KPI of 90% set by the Trust. A comprehensive review of our Training Needs Analysis has been completed and the Mandatory Training Policy and the Induction Policies updated. The Subject Matter Experts are reviewing their training material to ensure that we are providing the required training to the national standards.
- The most significant change is that over the last 3 months we have introduced e-learning for all mandatory training with the exception of fire, resuscitation, moving and handling and some elements of the higher levels of Safe Guarding and Prevent. Training and support for managers and staff is being provided to enable staff to access e-learning. Clearly with the focus on the move it has been difficult for staff to make time to engage with the changes in the way mandatory training is delivered. We are expecting that compliance against Health, Safety and Wellbeing and Equality and Diversity will significantly reduce in April and May as a large number of staff need to refresh their compliance. We will continue with the various methods of communication and awareness raising.
- In April we piloted using e-learning for some aspects of the induction process and will build on this following the move to increase the use of e-learning as part of the induction process.
- We are on track to improve the reporting of data both at an individual and departmental level by July 2019. After this date individual staff will be able to access their training records on their ESR self-service record and we will be able to provide more granular reporting by directorate and competency.

Statutory and Mandatory training requirements for CSTF	
CST F Competency Name	Refresher
Moving & Handling L2	2 years
Moving & Handling L1	1 year
Infection, Prevention & Control L1	3 years
Infection, Prevention & Control L2	1 year
Safeguarding Adults Level 1	3 years
Safeguarding Adults Level 2	3 years
Safeguarding children Level 1	3 years
Safeguarding children level 2	3 years
Safeguarding children level 3	3 years
Basic Prevent (preventing radicalisation)	3 years
Awareness of Prevent (WRAP)	3 years
Resuscitation Level 1	1 year
Resuscitation Level 2	1 year
Resuscitation Level 3	1 year
Equality & Diversity	3 years
Health Safety & Welfare	3 years
Conflict Resolution	3 years
Information Governance	1 year
Fire Safety	1 year





Performance summary

Accountable Executive: Chief Operating Officer / Chief Finance Officer

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

	Data Quality	Target	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-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	Green
Additional KPIs	PFI, Equipping & Estates - Design & Construction	3	Amber	Amber	Amber	Amber	Amber	Green
	PFI, Equipping & Estates - Equipping	3	Amber	Amber	Amber	Amber	Amber	Green
	PFI, Equipping & Estates - Enablement of New Papworth	3	Green	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	Green	Green	Green	Green
	Operational readiness - CTP Clinical Services	3	Green	Green	Green	Green	Green	Green
	Operational readiness - CTP Pathology	3	Green	Green	Amber	Amber	Green	Green
	Operational readiness - DORACS Clinical Delivery	3	Green	Green	Green	Amber	Amber	Green
	Operational readiness - DORACS Clinical Support	3	Green	Green	Green	Green	Green	Green
	Operational readiness - DORACS Office Policy	3	Green	Amber	Amber	Amber	Green	Green
	Operational readiness - Move and Migration	3	Green	Green	Green	Green	Green	Green
	Workforce & Communications - Communications	3	Green	Green	Green	Green	Green	Green
	Workforce & Communications - Training & Education	3	Amber	Amber	Amber	Amber	Amber	Green
	Workforce & Communications - Workforce Planning	3	Amber	Amber	Red	Red	Amber	Green
	ICT - ICT & Telecoms	3	Amber	Amber	Amber	Amber	Amber	Amber
Hospital Cutover - Move Control	3	Green	Amber	Green	Green	Green	Green	

Summary of Performance and Key Messages:

Operational Readiness: Operating procedure agreed for the outpatient self check-in system and included in the operational policy for outpatients. Operational policy for the library service completed and communicated to staff. Detailed schedule of moves developed with Relocation Leads and tested with the removals contractor. Daily running order developed and shared with Relocation Leads along with final advice regarding packing, labelling and site decommissioning protocols. "Buddy" system put in place to support moving departments.

NPH Design, Construction & Enabling Works: Phase 2 works and resulting snagging matters are certified as complete, with noted exception items previously agreed by the Liaison Committee either resolved or progressing as business as usual items. Works necessary to connect the site into the adjacent road network and the landscaped areas around the pond are complete and handed over. The land earmarked for the HLRI development has been brought back to its pre-use condition and work is underway to install fencing and landscaping. The site establishment is predominantly removed and hoarding around the site is being dismantled. A range of essential Small Works Requests have been specified and are being worked through. Sampling and testing of the water system has taken place following the remedial works and the results have been assessed by the Water Safety Group as there being a safe water system. Equipment and furniture deliveries are continuing to the site in accordance with an agreed logistics plan; contingency plans are being developed in the event of any delivery delays. The processes of final commissioning and handover of Major Medical Equipment to user departments is underway.

CTP: All protocols for use of the link corridors are now agreed and incorporated into the latest variation to the shared services agreement which is currently under signature. The blood transfusion analyser commissioned in the Modular Building. Investment case approved to replace more point of care testing devices with a roll-out plan being developed with suppliers to provide resilience to the move. LMB construction delayed to a likely service transfer date of 01/08/2019; interim options are being worked through

Service Improvement (SIP/CIP):

The service improvement programme is Amber

The outstanding CIP gap carried forward to this month is £98,747 which is the end of year total outstanding for the 2018/19 CIP plan.

The overall target for 2018/19 was **£6.763m** plus **£2.6m** carried forward from the previous year amounting to a **combined target of £9.52m**

Throughout this year **£4.78m** from gateway 2 and **£4.68m** in CIP schemes were approved and signed off which equates to total of **£9.42m as a plan for CIP.**

In addition to this **£764k** was identified as **non CIP schemes made up of Income Generation, Non Recurrent schemes and Overspend mitigation.**

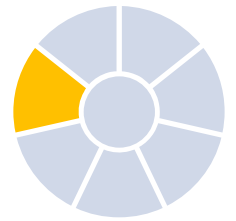
2019/20 CIP planning: This has commenced across all directorates linked to budget setting for 2019/20 and business planning. To date we have a **pipeline of £2.3m** with additional schemes to be added to this for April.

Lorenzo Benefits : Next submission is **1st May 2019**

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

Transformation

Key performance challenges



Escalated challenges

NPH Construction/Operational Readiness

1. Workforce – recruitment
2. Releasing staff to undertake NPH delivery
3. 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 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
2. 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 .
3. 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 £398,747 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. Agreed Recruitment Strategy in operation. Regular recruitment events scheduled and long-run vacancy levels reducing. Recruitment plans have been updated to align with the position agreed via Operational Planning. Staff consultations are complete other than for those teams with more specific relocation or transfer issues which are now underway. Soft FM staffing has now reached acceptable levels for service commencement and the interim services during the period post TUPE transfer are also now fully staffed.
2. Training for clinical, non clinical and digital familiarisation are on course to meet target.
3. 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. This is the final end of year figure any additional schemes will be processed as part of the 2019/20 CIP.
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 May 2019 . Issue escalated to the Nursing and ICT directors.

Transformation

Spotlight on : New Papworth ORAC progress report



Monthly RAG rating

Summary of performance in figures:

Workstream	Workstream Delivery Assessment					
	Lead	DEC	JAN	FEB	MAR	Trend
PFI, Equipping & Estates	RC					
Design and Construction	NH					↑
Equipping	JMc					↑
Enablement of New Papworth	AS					=
Retained Estate Enablement	AS					=
Site Sale & Decommissioning	AS					=
Operational Readiness	EM					
CTP - Clinical Services	LC					=
CTP - Pathology	JP					=
DORACs - Clinical Delivery	AG					↑
DORACs - Clinical Support	MM					=
DORACs - Office Policy	AG					=
Move and Migration	LB					=
Workforce & Communications	OM					
Communications	KW					=
Training & Familiarisation	SHB					↑
Workforce Planning	JS					↑
Digital	AR					
ICT and Telecoms	MJ					=
Hospital Cutover	RH/JR					
Move Control	JR					=
Overall Project Delivery Rating	HCT					↑

Summary of Performance and Key Messages:

The move to an overall green status for the project reflects the position reached generally by each of the individual Work Streams and also the progress made in resolving the previous issues relating to water safety and the anomalies that had existed regarding activity assumptions for the Operational Planning process.

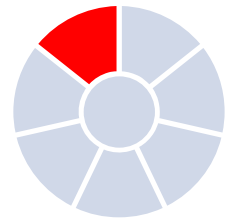
RAG	Criteria Description
Green	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly
Yellow	Successful delivery appears probable however constant attention will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

Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

6 month performance trends



	Data Quality	Target	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Dashboard KPIs	Year to date EBITDA surplus/(deficit)	4	£(3,060)k	£576k	£(54)k	£(894)k	£(612)k	£(71)k	£(1,371)k
	Year to date surplus/(deficit) £000s	4	£(17,020)k	£(4,112)k	£(5,502)k	£(6,991)k	£(7,495)k	£(7,421)k	£(10,235)k
	Cash Position at month end £000s	4	£4,489k	£28,485k	£26,486k	£25,725k	£26,047k	£25,363k	£22,719k
	Use of resources rating	5	3	3	3	3	3	3	3
	Capital Expenditure YTD £000s	4	£24,392k pa	£13,469k	£13,743k	£14,151k	£14,658k	£15,862k	£20,743k
	In month Clinical Income £000s	4	£116.9k (current month)	£12,845k	£12,560k	£11,427k	£13,329k	£11,868k	£13,147k
	CIP – Identified - YTD £000s	4	£9,522k	£3,684k	£4,339k	£4,997k	£5,608k	£6,041k	£7,367k
	CIP – FY Target £000s	4	£9,522k pa	£9,143k	£9,143k	£9,143k	£9,143k	£9,423k	£9,423k
	Agency spend as % of salary bill	4	2.45%	3.97%	5.97%	6.06%	5.64%	5.30%	6.62%
Additional KPIs									
Debtors > 90 days overdue	4	10%	35.2%	36.9%	27.4%	32.4%	30.4%	27.5%	

Summary of Performance and Key Messages:

The Trust's **year end (pre-audit)** financial position is a deficit of £10.23m, favourable against the plan by £6.79m. On a **control total basis**, which excludes impairments and the impact of donated assets, the Trust has an operating deficit of £10.33m, which is favourable to the revised Forecast submission by £0.67m.

Total **clinical income** is below plan by £0.28m, this comprises an adverse variance resulting from lower than planned NHS activity of 2,450 (9.7%) inpatient/day cases equating to £3.69m, mitigated by a favourable complexity case mix of £3.82m and an increase in Private Patient income of £0.36m. In addition, the plan assumed the activity ramp down for the hospital move of £1.26m would be in March 2019 and high cost drugs and devices income is £0.32m adverse to plan (however, are procured on a pass through basis and therefore offsets lower expenditure), resulting in an underlying net clinical income position for the year which is behind plan by £1.32m.

Pay is £1.33m adverse to plan with temporary staffing costs replacing substantive savings from vacancies, together with higher Medical staffing costs this year. **Non pay** is £4.43m favourable to plan, comprising favourable clinical supplies due to the lower activity (£4.24m), underspends due to timing on the NPH transition programme (£0.75m) and lower depreciation charges (£3.08m) following delayed capitalisation of assets and reduced impairment charge of £0.91m. These favourable variances are offset by commissioner fines (£0.89m) and unachieved non-pay CIP (£0.59m).

EBITDA for the year finished ahead of plan by £0.79m due to £2.00m settlement income for the delayed move to the hospital, together with lower activity related expenditure and timing of the site continuation costs.

Actual **CIP** achievement for the year was £7.37m which is £2.15m adverse to the identified CIP plan of £9.52m. This shortfall has been rolled forward into the 2019/20 plan. Note that the refresh of the Gateway 2 process has invested an additional c.£2m into staffing costs post the CIP achieved.

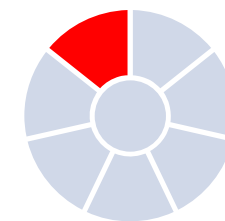
Capital expenditure year to date is £20.74m which is underspent by £3.65m due to delays in timing of the new hospital equipment purchases following the delay to the new hospital move and the reset of the master commissioning programme.

The **Cash** balance of £22.72m is favourable to the refreshed plan by £18.12m, 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 £2.81m, which is £3.39m favourable against the refreshed plan deficit of £6.20m. Lower impairment charge against plan of £0.90m together with higher activity against plan, also contribute to this difference to plan.

The **underlying run rate** deficit of £0.14m in month and £13.53m year to date, is adjusted for costs of transition, the associated funding, settlement income, fines, bad debt provisions and the R&R project.

Key performance challenges



March 2019 risk score changes:

Of the 35 risks previously reported in the FSRA, 24 have been closed in March as they have either crystallised following the finalisation of the year end position or have been consolidated into a new risk in line with the approved 2019/20 risks.

The remaining risks are as follows:

- **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.
- **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 Mar 19	FSRA Apr 19
Current Trading Impact	A	7.1.1	Income	10	20	⚠
	B	7.1.1	Expenditure	10	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	20	20
Efficiency	F	7.3.1	Efficiency Assumptions	12	8	8
	G	7.3.2	Delivery of Efficiency Challenge	12	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	⚠
	J	7.5.2	Unitary Payment	9	9	⚠
	K	7.5.3	Capital Contribution Funding	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	8	8
Operational Transition	N	7.7.1	Transitional Relief	9	6	⚠
	O	7.7.2	Additional Costs	10	16	⚠
Electronic Patient Record	P	7.8.1	Electronic Patient Record System	12	6	6

⚠ - Crystallised in year

Progress against Annual Plan Submission

YTD

Net deficit - The Trust reported a deficit of £2.81m in month, which was favourable by £3.39m to the original plan deficit of £6.20m.



Total Income - Total income in the month of £14.44m was ahead of the plan (£12.71m). Clinical income in the month reflects a £1.66m favourable variance, however, there is rampdown provision (£1.26m) included in the original plan for March, to leave an underlying income variance of £0.40m favourable. This is due to adverse inpatient /day case activity totaling (£0.41m), offset with increased complexity of £0.78m.



There is also a favourable variance of £0.09m relating to high cost device & drugs income - there is a offset in non pay expenditure, as these items are procured on a pass through basis – see below.

Non-clinical Income was ahead of plan in the month by £0.06m, due to a number of small favourable variances to plan across Operational areas.

Pay costs - Total pay costs were close to planned levels in the month, with a small favourable variance reported against original plan, of £0.02m. There remains an underlying favourable substantive pay position due to the number of vacancies (222 WTEs) that exist across the Trust, but this is more than offset by the continued high levels of temporary staffing expenditure within the Operational Directorates.



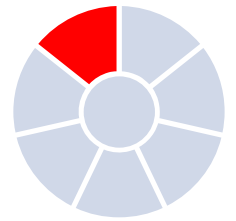
Non-pay costs – Total non-pay costs in the month were under plan, by £1.64m. The underlying position is £1.73m when excluding the High Cost Drugs and Devices pass through (offset income above). The predominate driver for this favourable position this month is the Depreciation variance of £0.55m, due to the delay in the capitalisation of NPH medical equipment, together with a £0.90m lower than planned impairment charge relating to the legacy hospital site.



Underlying run-rate – This depicts the actual costs by month adjusted for non-recurrent items. This shows an underlying run rate deficit of £0.14m in month and £13.53m year to date, when adjusted for costs of transition and the associated funding, settlement income for the delayed move to hospital, fines, bad debt provision movements and R&R project costs.



Spotlight on Cost Improvement Programme



March 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 £1.11m CIP was identified as set out in the table opposite, leaving a remaining unidentified gap of £0.10m.

Actual CIP achievement to March 2019

The actual year end achievement of CIP was £7.37m against the identified plan of £9.42m. Of the £9.42m identified projects the operational CIP variance is adverse to plan by £2.06m.

The total variance against the CIP target including the unidentified CIP to end of March is adverse by £2.16m against the plan of £9.52m.

Key CIP Project year to date progress:

The adverse CIP operational variance to M12 of £2.06m 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.

- Cardiology £0.81m adverse;
- Clinical Support Services £0.75m adverse;
- Surgery £0.39m adverse;
- Thoracic £0.17m adverse.

This is mitigated by non recurrent favourable pay variances in other directorates at the year end of £1.06m (however, the Trust is not recording this non recurrent underspend as CIP).

The Gateway 2 refresh has also impacted the delivery of the CIP in 2019/20, however, this has been mitigated in the Operational planning process.

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
	EP zero cost model	£280k
Total CIP 2018/19 new schemes		£1,114k
Total CIP identified		£9,423k
CIP balance (planning variance)		£99k

CIP Summary achievement to March 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'l Variance YTD	Forecast Operat'l 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	4,865	2,684	(2,182)	4,865	2,684	(2,182)	(2,182)	(2,182)
CIP- Non Pay	4,585	4,487	(99)	4,585	4,612	27	4,487	4,612	126	126	27
CIP- Drugs	71	71	0	71	71	0	71	71	0	0	0
CIP - Total	9,521	9,423	(99)	9,521	7,367	(2,155)	9,423	7,367	(2,056)	(2,056)	(2,155)

2018/19 CIP actual vs Target

