

# Papworth Integrated Performance Report (PIPR) April 2019

*May 2019*



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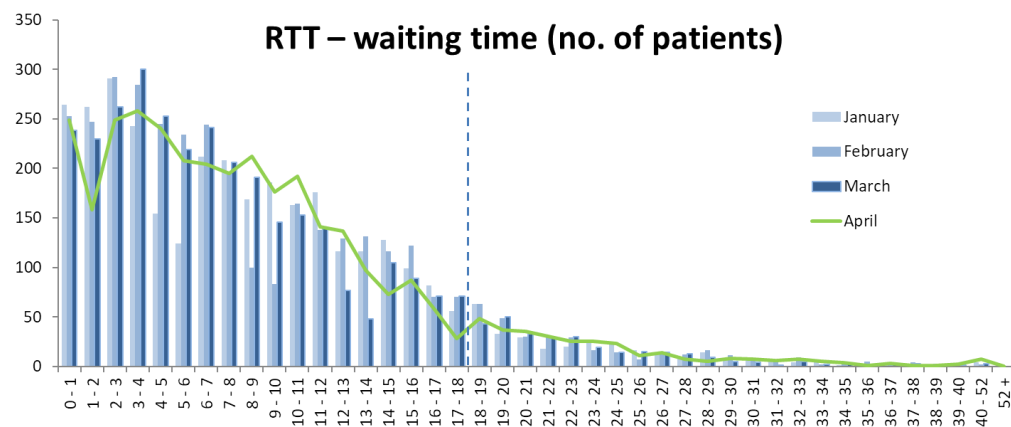
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# Context:

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	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Trend
Cardiac Surgery	206	162	212	136	189	179	
Cardiology	740	616	759	640	762	619	
ECMO	5	8	11	14	6	5	
PTE operations	13	13	20	8	22	13	
RSSC	487	310	545	477	529	488	
Thoracic Medicine	426	325	421	380	412	384	
Thoracic surgery (exc PTE)	63	57	90	48	70	68	
Transplant/VAD	45	44	64	49	56	45	
<b>Total Inpatients</b>	<b>1,985</b>	<b>1,535</b>	<b>2,122</b>	<b>1,752</b>	<b>2,046</b>	<b>1,801</b>	
Outpatient Attendances	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Trend
Cardiac Surgery	360	276	358	300	305	250	
Cardiology	3,628	2,966	3,729	3,442	3,633	3,164	
ECMO	0	0	0	0	0	0	
PTE	0	0	2	(2)	0	0	
RSSC	2,099	1,568	2,240	1,878	2,241	2,065	
Thoracic Medicine	1,884	1,590	2,019	1,802	1,916	1,794	
Thoracic surgery (exc PTE)	111	96	120	103	111	89	
Transplant/VAD	366	315	370	381	311	324	
<b>Total Outpatients</b>	<b>8,448</b>	<b>6,811</b>	<b>8,838</b>	<b>7,904</b>	<b>8,517</b>	<b>7,686</b>	

**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

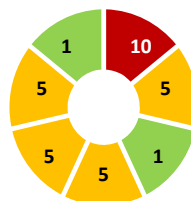
The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

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 2018 (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. 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 at 10.6 for wards and 37.0 for Critical Care.

**Caring:** Friends and Family Test (FFT) - remains green for inpatients (96.7%) and outpatients (97.9%).

**Responsive:** 1) Cardiology RTT: Cardiology continue to reduce the total number of patients waiting for treatment and reduce breaches of the 18 week standard. Performance was delivered at 94.72%, the third successive month of delivering the target and 2.29% ahead of trajectory. 2) Theatre cancellations: There was a significant reduction in theatre cancellations in month 1 but this is primarily linked to the activity ramp down plan.

**Finance:** The Trust's year to date (YTD) position is a deficit of £0.8m on both a Control Total basis excl. land sale and a net basis. This is favourable to plan by £0.5m.

### Adverse performance

**Caring:** % of complaints responded to within agreed timescales - is reported retrospectively in month. April data is reflecting March compliance. 2 of the 6 complaints received in March missed the deadline for response during April. This was a reflection of the operational and clinical challenges brought by the hospital move at the end of the month.

**Effective:** 1) Bed occupancy dropped in month 1, to the lowest level since December 2018. This was as a result of the planned ramp down in activity following the Easter bank holiday in preparation for the move. In line with the ramp down plan, elective activity was constrained for a period of 10 days prior to the move and treatment of emergency cases became the focus. 2) Same day Admissions - Thoracic SDA dip below target can be attributed to a number of ad hoc short notice lists to accommodate the increase number of cancer patients converting to surgery and the movement of patients to avoid breaches.

**Responsive:** 1) Surgery RTT: Whilst Surgery saw a reduction in RTT performance in April, the service still remains ahead of trajectory by 2.49%. The reduction was a direct result of the restriction of capacity as part of the ramp down plans and ongoing demands for the prioritisation of IHU patients.

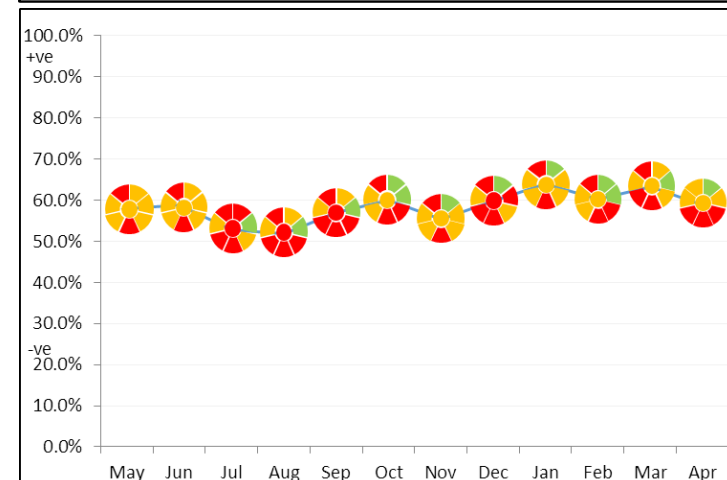
2) IHU Surgery - Performance remains far below acceptable levels against the national standard of surgery performed within 7 days of acceptance for treatment but few patients fit for treatment wait beyond 10 days.

**People, Management & Culture:** Staff Turnover – 1) Total turnover increased to 24.43%. Nursing turnover was static from March with 7.9 wte leavers. 2) Vacancy rate - We were a net loser of staff by 16.1wte in April. The administrative and clerical staff group had the largest number of leavers and there were also 4wte portering staff whose contract ended as part of the relocation. 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 number of starters returns to normal levels in May. 3) Mandatory training - Mandatory training compliance decreased to 74.4%. This reduction is due to a low level of compliance in four competencies where the requirements have changed since March. More detail is provided in Key Risks and Challenges.

### Looking ahead

**Operational readiness** – Following the Go decision the hospital move has taken place successfully, in accordance with the daily schedule. First patient day went ahead as planned on 1st May 2019 following by a shortened than anticipated double running period. This was due to all inpatients being transferred from the old hospital in one day on Saturday 4th May 2019. Outpatients opened to patients on 7th May 2019.

**NPH Design, Construction & Enabling Works:** Design and construction activities completed, building handed over and commissioned for use. Occupation commenced in late April and completed early May, in accordance with the previously agreed move programme. Any remaining construction activity relates to Small Works Requests or programmed or reactive maintenance tasks. FM Services have mobilised; some issues being experienced during the remaining bedding-in period, which have been escalated to the PFI Project Company and a Services Remedial Action Plan requested. Additional resources are being applied to ensure performance improvement. Decommissioning of the former site commenced alongside the move process, with site security being increased in line with the reduction in on-site activity.



# At a glance – Balanced scorecard

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend			Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe*	Safety Thermometer harm free care	Apr-19	4	97%	98.64%	98.64%			Caring	FFT score- Inpatients	Apr-19	4	95%	96.70%	96.70%		
	Never Events	Apr-19	3	0	0	0				FFT score - Outpatients	Apr-19	2	95%	97.90%	97.90%		
	Moderate harm incidents and above as % of total PSIs reported	Apr-19	3	3%	0.83%	0.83%				Number of complaints (12 month rolling average)	Apr-19	4	5.0	4.5			
	Safer staffing – registered staff day Safer staffing – registered staff night	Apr-19	3	90-100%	93.6% (95%)	93.6% (95%)				Mixed sex accommodation breaches (New 19/20)	Apr-19	New	0	0	0		
	Number of C.Diff cases (sanctioned) year to date	Apr-19	5	5 pa	0	0				Number of written complaints per 1000 WTE (New 19/20)	Apr-19	New	12.61	7.84	7.84		
	High impact interventions	Apr-19	3	97%	97.20%	97.20%				% of complaints responded to within agreed timescales	Apr-19	4	100%	67.00%	67.00%		
	Falls per 1000 bed days	Apr-19	3	4	2.1	2.1				Voluntary Turnover %	Apr-19	3	15.0%	24.4%	24.4%		
	Sepsis - % patients screened and treated (New 19/20)	Mar-19	New	90%	-	-				Vacancy rate as % of budget	Apr-19	4	5.5%	12.5%			
	Ward - Care hours per patient day Critical Care - Care hours per patient day	Apr-19	3	7.8 (32.9)	10.6 (37)	10.6 (37)				% of staff with a current IPR	Apr-19	3	90%	89.09%			
Effective	Bed Occupancy (excluding CCA and sleep lab)	Apr-19	4	85% (Green 80%-90%)	74.52%	74.52%			% Medical Appraisals	Apr-19	3	90%	89.62%				
	CCA bed occupancy	Apr-19	3	85% (Green 80%-90%)	86.43%	86.43%			Mandatory training %	Apr-19	3	90%	72.38%	72.38%			
	Admitted Patient Care (elective and non-elective)	Apr-19	4	2008	1801	1801			% sickness absence	Apr-19	3	3.50%	2.19%	2.19%			
	Cardiac surgery mortality EuroSCORE	Apr-19	3	3%	1.88%	1.88%			Year to date EBITDA surplus/(deficit) £000s	Apr-19	5	£(488)k	£7k				
	Same Day Admissions – Cardiac (eligible patients)	Apr-19	4	50%	43.53%	43.53%			Year to date surplus/(deficit) £000s	Apr-19	5	£(1,264)k	£(767)k				
	Same Day Admissions - Thoracic (eligible patients)	Apr-19	4	40%	25.93%	25.93%			Cash Position at month end £000s	Apr-19	5	£16,929k	£14,220k				
	Theatre Utilisation	Apr-19	3	85%	89.9%	89.9%			Use of Resources rating	Apr-19	5	3	3	3			
	Responsive	% diagnostics waiting less than 6 weeks	Apr-19	3	99%	99.30%	99.30%			Capital Expenditure YTD £000s	Apr-19	5	£246k	£826k			
18 weeks RTT (combined)		Apr-19	3	92%	90.47%	90.47%			In month Clinical Income £000s	Apr-19	5	£12261k	£12,337k	£12,337k			
Number of patients on waiting list		Apr-19	3	3343	3274	3274			CIP – actual achievement YTD - £000s	Apr-19	4	£0k	£0k	£0k			
52 week RTT breaches		Apr-19	3	0	0	0			CIP – project delivery	Apr-19	4					↓	
62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*		Apr-19	3	85%	83.30%	83.30%			Quality improvement programme delivery	Apr-19	New					→	
31 days cancer waits*		Apr-19	3	96%	84.00%	84.00%			Digital programme delivery on track	Apr-19	3					→	
Theatre cancellations in month		Apr-19	3	30	28	28			New Papworth ORAC - overall progress	Apr-19	4					→	
% of IHU surgery performed < 7 days of acceptance for treatment or transfer		Apr-19	3	95%	21.66%	21.66%											

\* 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	0	0		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	90.47%		90.73%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	84.00%	84.00%	100.0%		Current month provisional as going through verification process.
	31 Day Wait for 2nd or Subsequent Treatment - surgery	3	94%	100.00%	100.00%	100.0%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	3	85%	83.30%	83.30%	93.3%		Current month provisional as going through verification process. Data is after reallocations
VTE	Number of patients assessed for VTE on admission	3	95%	93.00%		92.22%		Clinical Governance are reviewing data quality regards this metric with Lorenzo
Finance	Use of resources rating	5	3	3	3	3	3	

## 2. 2019/20 CQUIN

	Scheme	Total Available 19/20		YTD Available	Achievement		Comments
		£'k	%	£'k	Q1	YTD	
					£'k	£'k	
NHSE	GE3 Hospital Medicines Optimisation trigger 5	£73.67	10%	£18.42	-	-	Q1 achievement not yet confirmed
	Rethinking conversations/Shared decision making	£250.47	34%	£0.00	-	-	Q1 achievement not yet confirmed
	NSTEMI pathway	£206.27	28%	£51.57	-	-	Q1 achievement not yet confirmed
	Cardiac Clinical Network	£206.27	28%	£10.31	-	-	Q1 achievement not yet confirmed
	<b>NHSE</b>	<b>736.68</b>	<b>100%</b>	<b>80.3</b>	<b>0</b>	<b>0</b>	
C&P CCG (& Associates)	CCG 2 Staff Flu Vaccinations	£79.32	20%	£19.83	-	-	Q1 achievement not yet confirmed
	CCG 3a Alcohol & Tobacco - Screening	£79.32	20%	£19.83	-	-	Q1 achievement not yet confirmed
	CCG 3b Tobacco Brief Advice	£79.32	20%	£19.83	-	-	Q1 achievement not yet confirmed
	CCG 3c Alcohol Brief Advice	£79.32	20%	£19.83	-	-	Q1 achievement not yet confirmed
	CCG 7 Three High Impact Actions to Prevent Falls	£79.32	20%	£19.83	-	-	Q1 achievement not yet confirmed
	<b>C&amp;P CCG (&amp; Associates)</b>	<b>396.62</b>	<b>100%</b>	<b>99.16</b>	<b>0</b>	<b>0</b>	
<b>Trust Total</b>	<b>1133.3</b>		<b>179.45</b>	<b>0</b>	<b>0</b>		

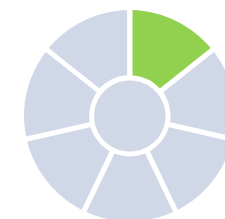
# Board Assurance Framework risks (above risk appetite)

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-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	Safer staffing and Monitor's Agency Price cap	742	JR	4	Yes	20	16	16	12	12	12	↔
Safe	BAF CQC Fundamentals of care	744	JR	6	Yes	15	15	15	15	15	10	↓
Safe	Potential for cyber breach and data loss	1021	AR	3	Yes	-	15	15	15	15	15	↔
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	↔
Effective	Income Growth - activity transfers	865	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	Failure to meet cardiac and cancer waiting targets	678	EM	12	Yes	16	16	16	16	16	16	↔
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	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	↔

## Performance summary

**Accountable Executive:** Chief Nurse  
**6 month performance trends**

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



	Data Quality	Target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	
Dashboard KPIs	Safety Thermometer harm free care	4	>97%	98.31%	98.91%	98.96%	97.22%	99.46%	98.64%
	Never Events	3	0	0	0	0	0	1	0
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	1.16%	2.60%	1.10%	1.20%	2.17%	0.83%
	Safer staffing – registered staff day	3	90-100%	89.0%	85.0%	92.2%	88.3%	87.2%	93.6%
	Safer staffing – registered staff night			99.1%	97.7%	95.3%	96.1%	98.1%	95.0%
	Number of C.Diff cases (sanctioned)	5	5 in year	0	0	0	0	0	0
	High impact interventions	3	97.0%	99.6%	99.5%	99.1%	98.8%	99.0%	97.2%
	Falls per 1000 bed days	3	<4	2.6	2.5	3.9	3.2	1.8	2.1
	Sepsis - % patients screened and treated (New 19/20)	New	90.0%	-	100.0%	-	-	83.3%	-
	Ward - Care hours per patient day	3	>7.8	9.8	11.7	10.4	11.2	10.1	10.6
Critical care - Care hours per patient day	>32.9		33.2	34.8	34.3	35.8	34.1	37.0	
Additional KPIs	Number of Papworth acquired PU (grade 2 and above)	4	<4	2	2	2	1	1	0
	MRSA bacteremia	3	0	1	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	3	0	0	1	2	1	2	2
	E coli bacteraemia	3	Monitor only	3	1	0	0	0	3
	Klebsiella bacteraemia	3	Monitor only	0	0	2	3	0	0
	Pseudomonas bacteraemia	3	Monitor only	1	1	0	0	0	0
Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	3	5	2	3	5	2	

### Summary of Performance and Key Messages:

**CQC Model Hospital rating for 'Safe' is Good** dated 30.04.2019

**Safe Staffing:** The overall safe staffing fill rate for registered nurses is green. 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 at 10.6 for wards and 37.0 for Critical Care.

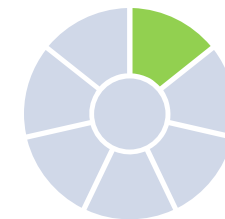
As with previous months, for the areas where there remains a lower fill rate, this has been balanced with lower bed occupancy; pausing of beds in partnership with operational planning; and safe movement of staff to ensure a good registered nurse to patient ratio. Through the daily patient safety (bed)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

**Sepsis:** this is a new indicator on PIPR for 2019/20. As part of the NHS Standard Contract 2019/20 there is continued monitoring of Sepsis across the country. As we have no Emergency Department our numbers of patients with Sepsis are less, therefore while the national quality requirement is 'based on a standard of 50 service users each quarter'; we are reporting on every patient confirmed with Sepsis (as validated by the Lead Nurse ALERT and a Consultant). For information Oct to Dec 2018 = 33 patients (Q3, 2018/19); Jan to Mar 2019 = 33 patients (Q4, 2018/19).

**Serious incidents:** The Trust has reported 2 Serious Incidents in April. SUI-WEB30239: remains under investigation. SUI-WEB30296: investigation is completed. These are covered in the next slide.



## Key performance challenges



### Escalated performance challenges:

The Trust has reported two serious Incidents in April:

Date reported	Trust Ref	STIES Ref	Details	Speciality	Duty of Candour	Update
02/04/2019	SUI-WEB30239	2019/7475	Deterioration of patient during bronchoscopy. Complex patient with Lymphoma. Loss of airway requiring emergency chest opening and ECMO	Theatres / Thoracic Surgery	Completed	Investigation ongoing
09/04/2019	SUI-WEB30296	2019/8020	Security Breach Mortuary	Estates/Pathology	N/A	Investigation completed - report submitted to CCG

**SUI-WEB30239:** remains under investigation.

**SUI-WEB30296:** investigation is completed

### Main findings SUI-WEB30296

This was an incident of inappropriate access to the mortuary during which photographs were taken and published on social media. No identifiable patient data was affected.

### **Root Cause:**

The investigation concluded that inappropriate access had been granted to the Mortuary by a member of staff. This occurred because the security was exploited by an individual who persuaded staff that they had a plausible reason to access the mortuary.

In addition, there was also a failure of communication between two members of staff. This resulted in a misunderstanding whereby one member of staff believed that authorisation had been granted for a tour and photography on that day.

### **Key risks:**

#### **SUI-WEB30239**

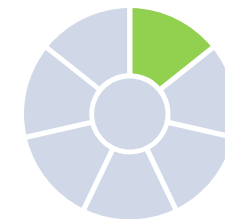
- Poor patient outcome
- Poor patient experience

#### **SUI-WEB30296**

- Reputational Risk to Trust
- This was viewed as a Security breach with implications for patient confidentiality and reputational damage to the Trust. This incident could also affect the Trust's HTA licence

### **Key Actions:**

- Repair of damage to the external Mortuary door.
- Review security arrangements for the Mortuary and other sensitive areas of the Trust.
- Improve security awareness across the Trust.
- Review the content of local induction, with particular attention to induction for temporary workers.
- Develop a process for the consideration and assessment of requests to use or access Trust facilities for non-core activities.
- An abridged, no more than one side of A4, document outlining the key security measures that all Trust staff should follow created.
- Undertake Just Culture Framework assessment with those involved in Incident.



### 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.

Overall we are green for safe staffing (days 93.6% and nights 95.0%), however there are some individual inpatient areas that remain under the desired 90% fill rate. This is a breakdown of the April 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	97.4%	76.8%	97.9%	101.7%	663	9.9
HEMINGFORD & HDU	119.5%	100.2%	104.5%	235.7%	409	13.9
CF WARD	102.6%	77.1%	98.2%	-	277	8.7
HUGH FLEMING	86.5%	110.2%	92.9%	181.3%	593	12.2
MALLARD & PCU	87.6%	101.0%	90.1%	129.4%	1044	10.1
RSSC	71.9%	50.0%	86.2%	75.8%	458	9.2
VARRIER JONES	87.9%	93.0%	85.6%	100.1%	852	10.3
CRITICAL CARE	99.4%	69.5%	104.3%	83.7%	856	37.0

### Comments

This is the last month where wards will be reported under the old site names. Shaded red in the left table; four out of eight inpatient areas remain under the 90% fill rate for registered nurses on days; and two (of the same four areas) also for nights. This is an improved position on the previous month where five areas (days) were under the 90% fill rate.

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

**Hugh Fleming (days):** Improved fill rate position from previous month for registered nurses (days). Unregistered required for enhanced care requirements. Staffing levels adjusted as required for patient activity. RN vacancies \* have increased slightly from Mar (25.8%) to Apr 2019 (26.4%). Sickness\* is 5.0% in Mar and 5.8% in Apr 2019.

**Mallard (days):** Improved fill rate position from previous month for registered nurses (days). Unregistered required for enhanced care requirements. RN vacancies have increased from Mar (14.8%) to April 2019 (16.8%). Sickness has reduced from Mar (5.0%) to Apr 2019 (1.3%).

**RSSC (days and nights):** Staffing levels are adjusted as required for patient activity. RN vacancies; Mar (21.1%), Apr 2019 (26.6%). Unregistered staff fill rate due to vacancies, which has improved from Mar (22.9%) to Apr 2019 (19.3%). Sickness was 3.1% (Mar) and 3.6% (Apr 2019).

**Varrier Jones (days and nights):** RN fill rate due to vacancies. Staffing levels and skill mix is monitored on a daily basis. Staffing levels adjusted as required for patient activity. RN vacancies; Mar (5.2%) and Apr (6.7%). Sickness; 1.9% (Mar) and 2.3% (Apr 2019).

Of note: **CMU unregistered vacancies:** 20.2% (Mar and Apr 2019). **CF unregistered vacancies:** 45.5% (Mar and Apr 2019). **Critical Care unregistered vacancies:** 24.8% (Mar) and 42.1% (Apr 2019). There is targeted recruitment in progress across the Trust for HCSW's .

\* The RN vacancies and sickness data is taken from the most recent Monthly Scorecard (produced by the Trust Data Analyst).; latest date = Apr 2019

## Performance summary



**Accountable Executive:** Chief Nurse

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

### 6 month performance trends

	Data Quality	Target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	
Dashboard KPIs	FFT score- Inpatients	4	95%	96.6%	98.1%	95.8%	97.0%	95.5%	96.7%
	FFT score - Outpatients	2	95%	97.3%	92.5%	96.3%	98.0%	95.8%	97.9%
	Mixed sex accommodation breaches (New 19/20)	New	0	0	0	0	0	0	0
	Number of written complaints per 1000 WTE (New 19/20)	New	12.6	9.5	8.3	10.0	6.7	7.8	7.8
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	100%	100%	67%
Additional KPIs	Number of complaints upheld / part upheld	4	3 (60% of complaints received)	7	4	6	1	5	tba
	Number of complaints (12 month rolling average)	4	5 and below	5.2	5.5	5.5	4.8	4.4	4.5
	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 recorded compliments	4	500	695	621	734	517	652	555

### Summary of Performance and Key Messages:

**CQC Model Hospital rating for 'Caring'** is Outstanding dated 30.04.2019

**FFT (Friends and Family Test):** remains green for inpatients (96.7%) and outpatients (97.9%). There is further information, including benchmarking information in the Spotlight On slide.

**Mixed sex accommodation:** this is new on PIPR for 2019/20 reporting year. There have been zero breaches. While the majority of RPH is single en-suite rooms, there are two four bedded bays on our respiratory ward, which are single sex, though will be monitored as required for delivering same sex accommodation; and this is a measure that remains in the contract quality schedule. As such, it has been added to PIPR.

**Complaints:** the number of formal complaints in month (April 2019) is 7 – details are shown on the Key Performance Challenges slide for information. Monitoring the *Number of written complaints per 1000WTE* is a benchmark figure based on the NHS Model Hospital to enable national benchmarking. The peer and national median; Model Hospital most recent quarterly data period (31.12.2018) is 12.61 with a Trust value of 9.26.

The **% of complaints responded to within agreed timescales** is reported retrospectively in month. April data is reflecting March compliance. 2 of the 6 complaints received in March missed the deadline for response during April. This was a reflection of the operational and clinical challenges brought by the hospital move at the end of the month. The number of complaints (12 months rolling average) remains below trajectory at 4.5.

**Compliments:** the number of compliments recorded during April was 555. Monitoring of compliments was discussed at the recent QRMG (Quality and Risk Management Group) on 14.05.2019 following a request from CQC colleagues (as part of the PIR process) to provide detail at ward and department level. Some clinicians in the room acknowledged that they receive compliments and they are shared with individuals/teams as required, although they are not always forwarded to PALS due to recent changes in Directorate admin processes. A reminder is going to be sent out to staff to ensure that all compliments are shared with PALS so that they can be recorded as required.

## Key performance challenges



### Escalated performance challenges:

There were seven formal complaints received in April 2019.

Summary details are given below.

Three are relating to inpatient experience and three relate to cardiology outpatient care. One complaint is in relation to a patient experience of a possible contrast reaction during a CT scan. One complaint has been investigated at the time of reporting and not upheld. The remaining complaints are still under investigation.

Opened	Ref Number	Location / Ward	Inpatient / Outpatient	Summary	Outcome
<b>April '19</b>					
01/04/2019	Q11920-01F	Hemingford	Inpatient	(Complaint fwd from CPFT Complaints team) Mother attended for TAVI procedure - Son and daughter unhappy with outcome and care and treatment provided to mother.	Not upheld
08/04/2019	Q11920-04F	Cardiology Outpatient	Outpatient	Patient unhappy with care and communication received from the Trust	Still under investigation
15/04/2019	Q11920-05F	Cardiology Outpatient	Outpatient	Daughter and patient unhappy that GP hasn't received a copy of clinic letter following appointment on 19 March despite changes to medications	Still under investigation
15/04/2019	Q11920-06F	Radiology/CT	Outpatient	Lack of communication and documentation regarding possible allergic reaction to contrast for CT	Still under investigation
17/04/2019	Q11920-07F	Thoracic surgery Varrier Jones	Inpatient	Patient transferred to DGH post thoracic surgery. Lack of communication and handover. Also raised concern re lack of available hand gel on ward	Still under investigation
25/04/2019	Q11920-08F	Cardiac Surgery	Inpatient	Patient has experienced problems with his left hand following triple bypass surgery.	Still under investigation
29/04/2019	Q11920-09F	Cardiology Outpatient	Outpatient	Delay in referral for treatment. cancelled appointment. Patient accessed private treatment as a result of the delay. Patient chose to have procedure done privately at another hospital which was done Nov 2018. Sister submitted formal complaint for delay and compensation for cost of private scan.	Still under investigation

### Key risks:

- Poor patient experience
- Reputational damage to Trust
- 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.



### Overview:

#### Inpatients (RPH Apr 2019)

The Participation rate has decreased from 52.7% (March) to 47.5% (April). (Of note, the latest national data (March 2019) has an NHS England response rate of 24.1%). The Recommendation rate has increased from 95.5% (March) to 96.7% (April).

Ward	Surveys returned	Patients discharged	Participation rate	Recommendation rate
CF Ward	8	17	47%	75%
CMU	36	102	35%	100%
Hemingford	37	82	45%	100%
Hugh Fleming	67	132	51%	93%
Mallard	35	93	38%	100%
RSSC	130	202	64%	97%
Varrier Jones	54	144	38%	98%
<b>TW</b>	<b>367</b>	<b>772</b>	<b>47.5%</b>	<b>96.7%</b>

#### Outpatients (RPH Apr 2019)

The Participation has decreased from 2.7% (March) to 2.4% (April). The Recommendation rate has increased from 95.8% (March) to 97.9% (April).

Ward	Surveys returned	Patients discharged	Participation rate	Recommendation rate
Cardiac	50	3593	1.4%	96%
Thoracic	123	4212	2.9%	98%
Transplant	21	346	6.1%	100%
<b>TW</b>	<b>194</b>	<b>8151</b>	<b>2.4%</b>	<b>97.9%</b>

#### **RPH Highest Participation rates Apr 2019:**

For inpatient areas the highest participation rate for April 2019 was RSSC at 64%. For outpatient areas the highest is Transplant at 6.1%.

#### **RPH Highest Recommendation rates Apr 2019:**

For inpatient areas the highest recommendation rate for April 2019 is joint CMU; Hemingford and Mallard all at 100%. For outpatient areas the highest is Transplant at 100%.

#### **Friends and Family Test (FFT) benchmarking:**

For information, these are the latest published FFT % Recommended scores. **The latest national benchmarking data is March 2019** (therefore the RPH data from the same month is included):

#### **Inpatients**

- Liverpool Heart and Chest Hospital NHS Foundation Trust = 100%
- Royal Papworth = 96%
- Royal Brompton and Harefield NHS Foundation Trust = 96%
- CUH = 96%
- England NHS = 95%
- NWAFT = 95%

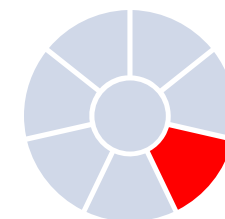
#### **Outpatients**

- Liverpool Heart and Chest Hospital NHS Foundation Trust = 100%
- Royal Papworth = 96%
- Royal Brompton and Harefield NHS Foundation Trust = 96%
- NWAFT = 95%
- CUH = 94%
- England NHS = 93%

# Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Directors of Operations



## 6 month performance trends

	Data Quality	Target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	80.7%	66.8%	78.1%	76.5%	81.0%	74.5%
	CCA bed occupancy	3	85% (Green 80%90%)	94.7%	92.0%	93.1%	89.9%	92.8%	86.4%
	Admitted Patient Care (elective and non-elective)	4	2008 (current month)	1985	1535	2122	1752	2046	1801
	Cardiac surgery mortality EuroSCORE	3	<3%	1.86%	1.79%	1.73%	1.93%	1.88%	1.88%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	19.23%	26.51%	31.18%	30.19%	38.64%	43.53%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	34.69%	51.92%	45.28%	26.67%	43.18%	25.93%
	Theatre Utilisation	3	85%	83.27%	85.30%	86.12%	63.64%	82.79%	89.87%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	3	8.20	7.77	9.12	6.88	7.32	8.61	8.16
	Length of stay – Cardiac Elective – valves (days)	3	9.70	9.74	8.82	7.54	9.18	9.04	9.29
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	3	90%	86%	78%	89%	82%	93%	82%
	Cath Lab Utilisation 6 (including 15 min Turn Around Times)	3	70%	76%	64%	70%	64%	74%	72%
	CCA length of stay (LOS) (hours) - mean	3	Monitor only	115	152	112	151	122	125
	CCALOS (hours) - median	3	Monitor only	40	45	32	46	44	46
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	4.61	5.52	5.09	5.13	5.32	5.19
	% Day cases	3	Monitor only	56.31%	53.16%	58.92%	59.83%	57.05%	56.75%

### Summary of Performance and Key Messages:

#### Bed occupancy and activity:

Bed occupancy dropped in month 1, to the lowest level since December 2018. This was as a result of the planned ramp down in activity following the Easter bank holiday in preparation for the move. In line with the ramp down plan, elective activity was constrained for a period of 10 days prior to the move and treatment of emergency cases became the focus.

#### SDA:

Thoracic's SDA dip below target can be attributed to a number of ad hoc short notice lists to accommodate the increase number of cancer patients converting to surgery and the movement of patients to avoid breaches. Cardiac Surgery continue to see an improvement in part because of forward planning of theatre lists for cutover, and partly because the reduction in operating over cutover meant there was less of a discrepancy in the number of pre-assessment slots versus surgical slots. This is the highest performance in the last 6 months.

#### Surgical LOS:

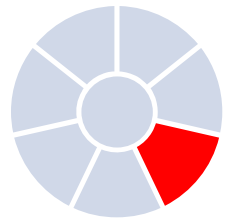
Length of stay for cardiac surgery patients improved in April with an average of 8.16 days for CABG elective patients and 9.29 days for valve elective patients. This can be attributed to the selection of "simple" cases in the advance of the move.

**Theatre Utilisation** was over 89% for April.

#### Cath lab utilisation:

Cath lab utilisation of 82% in cath lab 1 -5 and 72 % in cath lab 6 was due to the planned reduction in elective activity.

## Key performance challenges



### Theatre Cancellations

Cancellation code	Apr-19
1a Patient DNA	1
1b Patient refused surgery	0
1c Patient unfit	4
1d Sub optimal work up	0
2a All CCA beds full with CCA patients	1
2b No ward bed available to accept transfer from CCA	5
2c Delay in repatriation of patient from CCA	0
2d No ward bed available	0
3a Critical Care	0
3b Theatre Staff	0
3c Consultant Surgeon	0
3d Consultant Anaesthetist	0
3e Other	0
4a Emergency took time	8
4b Transplant took time	3
4c ECMO/VAD took time	0
4d Additional urgent case added and took slot	2
4e Equipment/estate unavailable	0
5a Planned case overran	2
5b Additional urgent case added and took slot	1
5c Overruns delayed start	1
6a Scheduling issue	0
<b>Total</b>	<b>28</b>

### Key risks

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

### Top reasons in month:

- **Emergency took time/Planned Case overran/Additional urgent case**
- **No ward bed available**
- **Patient Unfit**

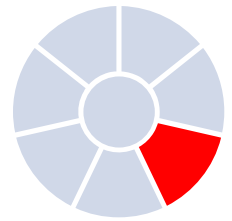
### Additional activity within theatres and CCA

**20** emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.  
**29** patients returned, were admitted to CCA as emergencies or were recovered in CCA following Thoracic surgery.  
**5** additional elective cases were added to the list.  
**99** additional emergency minor procedures also went through theatre.  
 On **11** occasions, the Theatre or CCA team was called out for retrieval or repatriation of patients.

### Cath Lab Cancellations

Cancellation code	April
Emergency took time	25
Medical reasons	18
Clerical error	8
Patient did not arrive in time	7
Infection control	4
Bed Shortage	2
Previous case over ran	0
Patient DNA	0
Patient unfit for procedure	2
Equipment Failure	0
Transport	3
Cancelled by patient	0
Procedure no longer required	1
Further tests	0
Consultant unavailable	0
More urgent case	0
Patient admitted as emergency	0
Procedure carried out at another hosp.	0
Appointment moved to fill slots	1
Procedure changed	0
Various other reasons	10
<b>Total</b>	<b>81</b>

## Spotlight : 6 month review of Rapid NSTEMI



### Background & Summary:

The Rapid NSTEMI went live on 10<sup>th</sup> September 2018. A full 6 month post implementation review of the pathway has been undertaken. The number of referrals through the pathway have been almost double what was predicted:

	All referrals	Accepted	Not accepted
n	317	134 (42%)	183 (58%)
Ambulance	63	24	39
ED *			
CUH	101	46	55
PCH	71	35	36
HH	52	22	30
Other	30	7	23

An average of 5 patients have been accepted per week with a peak of 25 patients referred in a single week and 10 patients accepted during a period of high demand in December 2018.

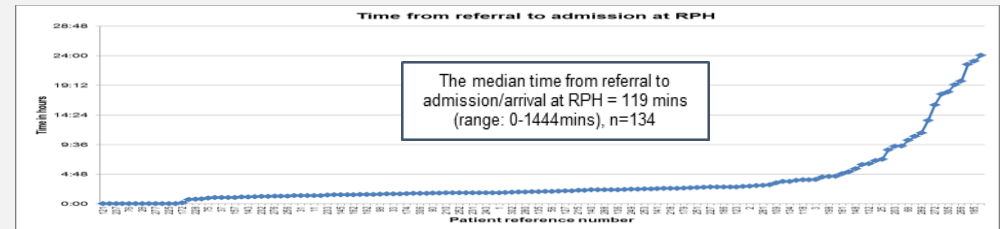
The percentage of patients accepted under the pathway has improved over the 6 months with the key reasons for non acceptance as follows:

- Heart score < 5, or no heart score reported;
- ECG inconsistent with NSTEMI;
- Atypical history (including palpitations, rapid AF, pericarditis);
- Comorbidity or known cardiac disease unsuitable for PCI (e.g. severe AS or recent angio result available).

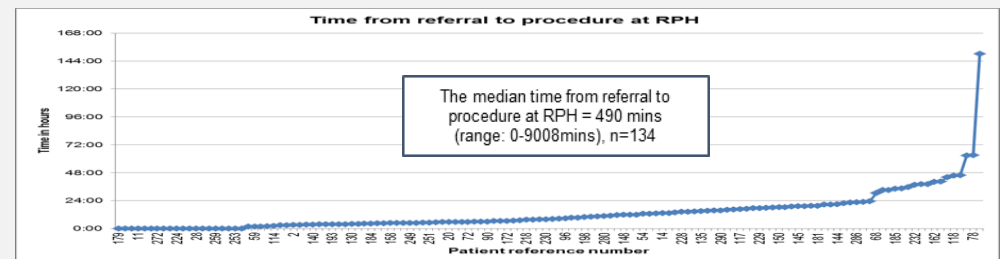
The average age of patients accepted on the pathway was 64.9 years with 38.8% of patients treated being older than 71 years of age.

### Impact of the Pathway:

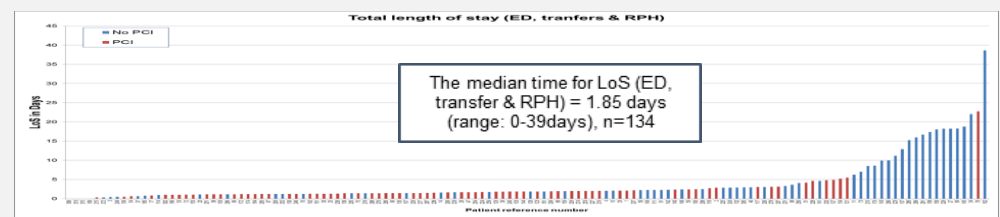
Time from referral to transfer to Royal Papworth:



Time from referral to treatment:



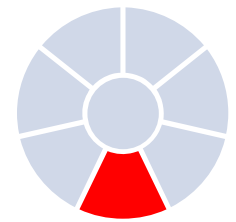
Total Length of Stay:



Treatment outcome:

Outcome	n
No angio	6 (4%)
Angio, medical management	37 (28%)
PCI	74 (55%)
CABG	13 (10%)
Not recorded	4 (3%)





## Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Director of Operations

### 6 month performance trends

	Data Quality	Target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	99.18%	99.36%	99.42%	99.28%	99.31%	99.30%
	18 weeks RTT (combined)*	3	92%	89.49%	90.49%	90.91%	90.35%	90.94%	90.47%
	Number of patients on waiting list	3	3,343	3511	3545	3401	3370	3343	3274
	52 week RTT breaches	3	0	1	2	0	0	0	0
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)**	3	85%	71.4%	71.4%	100.0%	100.0%	80.0%	83.3%
	31 days cancer waits**	3	96%	93.1%	100.0%	100.0%	100.0%	100.0%	84.0%
	Theatre cancellations in month	3	30	64	50	64	56	60	28
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	3	95%	17.64%	20.45%	34.21%	31.25%	19.04%	21.66%
Additional KPIs	18 weeks RTT (cardiology)*	3	92%	88.09%	89.45%	90.75%	92.60%	93.89%	94.72%
	18 weeks RTT (Cardiac surgery)*	3	92%	75.93%	78.02%	75.61%	74.76%	77.20%	73.32%
	18 weeks RTT (Respiratory)*	3	92%	96.41%	96.32%	96.72%	94.52%	94.12%	94.21%
	62 days cancer waits post re-allocation (old rules)**	3	85%	85.7%	71.4%	92.3%	100.0%	100.0%	86.7%
	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%	96.55%
	% patients rebooked within 28 days of last minute cancellation	3	100%	100.00%	96.97%	96.55%	75.00%	71.43%	74.42%
	Outpatient DNA rate	4	9%	9.32%	9.64%	8.35%	7.74%	8.02%	8.76%
	Urgent operations cancelled for a second time (New 19/20)	New	0	2	1	0	1	3	0
	Total cancellations (New 19/20)	New	tbc	35	27	50	40	43	19

### Summary of Performance and Key Messages:

#### RTT

**Cardiology RTT:** Cardiology continue to reduce the total number of patients waiting for treatment and reduce breaches of the 18 week standard. Performance was delivered at 94.72%, the third successive month of delivering the target and 2.29% ahead of trajectory.

**Surgery RTT:** Whilst Surgery saw a reduction in RTT performance in April, the service still remains ahead of trajectory by 2.49%. The reduction was a direct result of the restriction of capacity as part of the ramp down plans and ongoing demands for the prioritisation of IHU patients.

**Respiratory Medicine:** Respiratory is the only speciality which exceeds its waiting list and breach reduction trajectory, however, within the list of patients waiting are a significant number of community sleep studies patients which are managed by GPs rather than the trust. 28 of the 95 patients waiting over 18 weeks are community patients.

**52 week breaches:** None reported for the first 4 months of 2019 and there are no current 52 week risks.

**IHU Performance:** Performance remains far below acceptable levels against the national standard of surgery performed within 7 days of acceptance for treatment but few patients fit for treatment wait beyond 10 days.

Analysis of the performance has been hampered by very poor data quality (i.e. 48.3% of data set had missing data during 2018/19). In addition to missing data there are significant inconsistencies in the data (e.g. columns that should add up do not). Addressing the data quality issues has been identified as the initial focus of the quality improvement project.

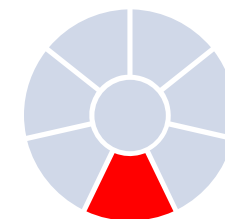
**Theatre cancellations:** There was a significant reduction in theatre cancellations in month 1 but this is primarily linked to the activity ramp down plan.

**28 day rebooked cancellations:** Due to constrained capacity during both the flu outbreak in February and the activity ramp down, there have been further breaches of this standard in April. It is anticipated that performance will improve in May.

\* - An additional proposed metric for "Patients waiting for six months or longer - % which have been contacted to offer faster treatment at alternative provider" has been proposed for 19/20 but has been included for M01 as discussions are still ongoing with commissioners and the requirement has not been included in national planning guidance \*\* Note - latest month of 62 day and 31 cancer wait metric is still being validated

# Responsive

## Key performance challenges: RTT Recovery



### 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.

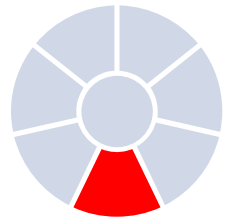
### Key risks:

- 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.
- Resolution of Community Sleep Studies delays with Cambridge and Peterborough CCG.

	Cardiology	Surgery	Respiratory Medicine	Overall
	Oct18/Jan 19 RAP			
Pathways: Plan per RAP	1320	600	1350	3270
Pathways: Final April	1022	611	1641	3274
<b>Variance</b>	<b>-298</b>	<b>11</b>	<b>291</b>	<b>4</b>
Breaches: Plan per RAP	100	175	40	315
Breaches: Final April	54	163	95	312
<b>Variance</b>	<b>-46</b>	<b>-12</b>	<b>55</b>	<b>-3</b>
Achievement: Plan per RAP %	92.42%	70.83%	97.01%	90.36%
Achievement: Final April %	94.72%	73.32%	94.21%	90.47%
<b>Variance</b>	<b>2.29%</b>	<b>2.49%</b>	<b>-2.80%</b>	<b>0.11%</b>



## Spotlight on: In-house urgent (IHU) Recovery

### Agreed Recovery Milestones:

IHU waits remain far below target levels; averaging 25.8% for 2018/19 and 21.6% for month 1 for 2019/20. Because of the data quality issues it is not possible to derive a glide path of future performance but the following milestones have been set for the project:

#### By 1<sup>st</sup> October 2019:

- 98% of patients who are on an IHU pathway will be assessed at MDT within 1 day once compliant with the Minimum Data Set (MDS) requirements
- 98% of patients on IHU pathway will have their surgery with in 10 days (start date = when fit for surgery)
- 98% of all cancelled surgery will be rescheduled within 5 days

#### By 1<sup>st</sup> January 2020:

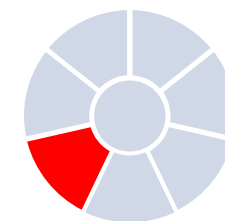
- 98% of patients on IHU pathway will have their surgery with in 7 days (start date = when fit for surgery)

Analysis of the causes of poor performance is hampered by very poor data quality (i.e. 48.3% of data set had missing data during 2018/19). This is itself indicative of the bigger problem, which is a lack of rigorous systems and management. Initial investigations show there is sufficient capacity overall to match the demand and problems are due to properly identifying the point at which the patient is “fit” for surgery and the booking of patients into available capacity.

# 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	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	
Dashboard KPIs	Voluntary Turnover %	3	15.0%	12.40%	19.60%	16.52%	16.64%	22.83%	24.43%
	Vacancy rate as % of budget	4	5.50%	10.19%	11.19%	10.61%	10.59%	11.01%	12.54%
	% of staff with a current IPR	3	90%	90.30%	91.14%	90.68%	90.29%	90.29%	89.09%
	% Medical Appraisals	3	90%	85.05%	91.59%	90.48%	88.46%	90.57%	89.62%
	Mandatory training %	3	90.00%	90.94%	89.35%	89.52%	86.81%	88.70%	72.38%
	% sickness absence	3	3.5%	3.93%	3.19%	3.91%	4.48%	2.26%	2.19%
Additional KPIs	FFT – recommend as place to work	3	63.0%	53.00%	55.00%	53.00%	51.00%	46.00%	57.00%
	FFT – recommend as place for treatment	3	80%	90.00%	86.00%	88.00%	71.00%	73.00%	80.00%
	Registered nurse vacancies rate (including pre-registered nurses)	3	5.0%	0.73%	2.24%	3.25%	3.32%	4.34%	5.11%
	Registered nursing vacancy WTE (including pre-registered nurses)			0	0	0	0	0	33.71
	Registered nurse vacancies rate (excluding pre-registered nurses)	2	5.00%	8.47%	9.08%	9.02%	9.02%	9.50%	9.13%
	Registered nursing vacancy WTE (excluding pre-registered nurses)			55.81	59.79	59.41	59.38	62.59	60.21
	Unregistered nurse vacancies WTE (including pre-registered nurses)	3	10.00%	8.20	15.69	18.65	20.73	28.31	38.23
	Unregistered nursing vacancy rate (including pre-registered nurses)			3.80%	7.28%	8.65%	9.58%	12.89%	17.12%
	Unregistered nursing vacancy rate (excluding pre-registered nurses)	3	12.00%	28.46%	28.16%	26.28%	26.90%	28.38%	29.58%
	Long term sickness absence %	3	0.80%	1.28%	0.84%	0.73%	0.00%	0.23%	0.54%
	Short term sickness absence	3	2.70%	2.65%	2.36%	3.18%	4.48%	2.03%	1.85%
	Agency Usage (wte) Monitor only	3	Monitor only	62.6	61.5	71.6	72.9	82.3	59.7
	Bank Usage (wte) monitor only	3	Monitor only	57.1	51.5	56.9	51.5	66.3	65.5
	Overtime usage (wte) monitor only	3	Monitor only	56.1	46.8	60.0	59.6	73.6	73.6
Turnover - Non medical starters	3	Monitor only	29.2	32.7	35.3	17.1	20.7	18.4	
Turnover - Non medical leavers	3	Monitor only	19.4	28.8	22.3	23.5	32.5	34.5	
Agency spend as % of salary bill	4	4.32%	5.97%	6.06%	5.64%	5.30%	6.62%	6.05%	

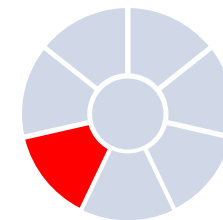
### Summary of Performance and Key Messages

Key highlights in March are:

- Total turnover increased to 24.43%. Nursing turnover was static from March with 7.9wte leavers.
- We were a net loser of staff by 16.1 wte in April. The administrative and clerical staff group had the largest number of leavers and there were also 4 wte portering staff whose contract ended as part of the relocation. 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 number of starters returns to normal levels in May.
- The Trust vacancy rate increased to 12.54%. Total nurse vacancy rate (inc Pre-registered) increased to 5.1%. Excluding PRP staff the registered nurse vacancy rate decreased to 9.5% from 9.1% in April as a result of PRP staff gaining registration. 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.
- Unregistered nurse vacancies increased to 29.6% (excluding PRP staff). This vacancy rate is mitigated by the use of bank staff and by the PRP staff. We will be reviewing our recruitment approach now that we are on the Campus. The lack of public transport to the old site had negatively impacted on recruitment there. We have increased the frequency of nurse recruitment events and will be looking at how we can improve our attraction in areas with good transport links to the campus.
- Total IPR compliance reduced to 89%, just below the 90% KPI. It has been challenging for managers to release time for appraisals during the preparation period for the move.
- Sickness absence reduced to 2.19%.
- Mandatory training compliance decreased to 74.4%. This reduction is due to a low level of compliance in four competencies where the requirements have changed since March. More detail is provided in Key Risks and Challenges.
- The response rate for the Pulse survey in April 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.
- Agency usage decreased particularly nurse agency. This reduction is linked to the annual leave ban which was implemented ahead of the move and to and improved staffing levels.

# People, Management & Culture

## Key performance challenges



### Escalated performance challenges

- Turnover remains volatile ahead of and in the period 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 May 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

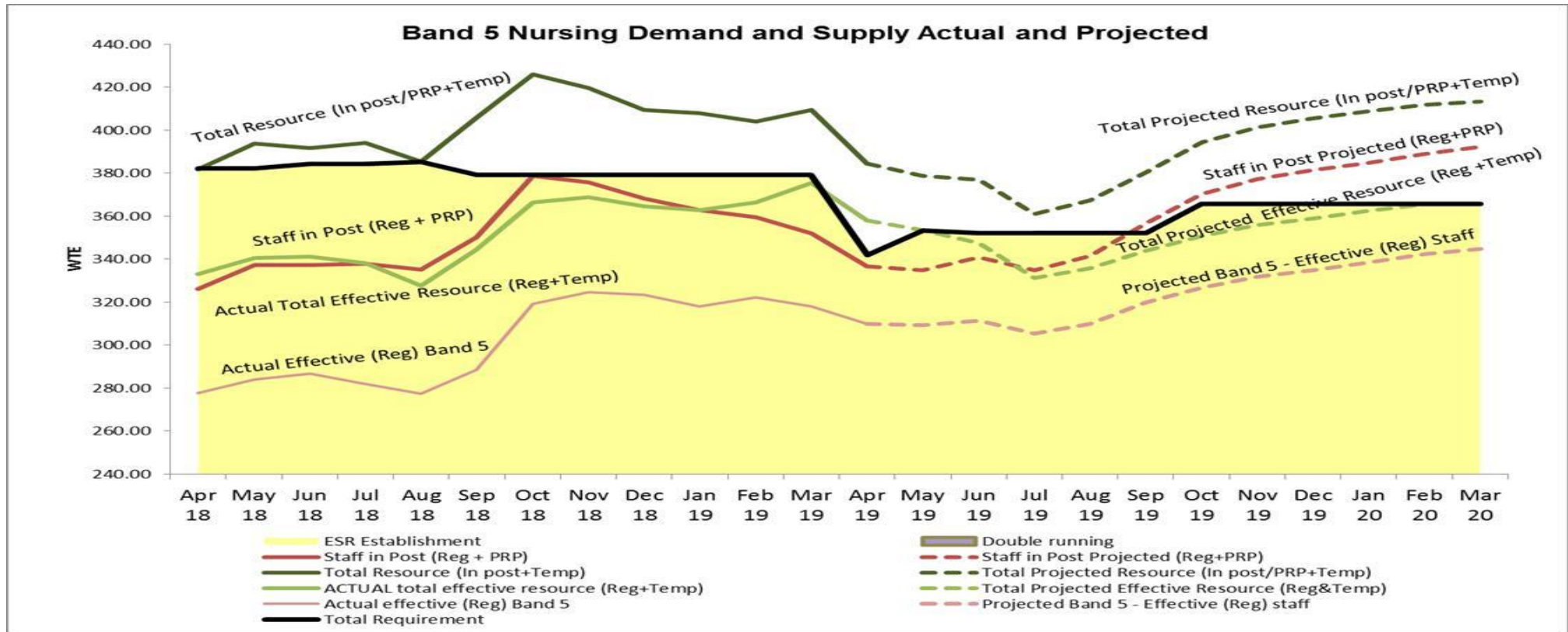
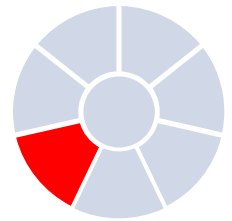
- Turnover increases following the move as staff find they cannot manage the increased travel time/costs.
- Staff engagement and morale reduces and this in turn drives high turnover , sickness absence, poor working relationships and damages the patient experience.
- Trust's ability to recruit numbers 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:** In the run up to and following the move we have maximised the opportunities to promote jobs at the Trust during the publicity about the move.
- **Mandatory Training:** A substantial improvement programme is being implemented to ensure that we fully comply with the requirements of the Core Skills Training Framework and implement e-learning. This has required implementing refresher training for Equality and Diversity and Health, Safety and Wellbeing. There has also been substantial changes nationally to Safeguarding training requirements which has meant that more staff are required to undertake Level 3 training. As a consequence of this compliance deteriorated in April 19. Further communication and training for managers is being provided to improve compliance and we are working towards having ESR self service fully operational for e-learning purposes by July 19.
- **Support for Staff during the Move:** An important aspect of the preparation for the move was providing support for staff with the inevitable pressures of relocating as well as the emotional aspects of leaving the old site. Resilience sessions were delivered by an external facilitator and quiet areas set up in both the old and new hospital supported by Occupational Health and Chaplains. There was attention paid in how the Command Centre operated to staff having breaks and line managers and senior leaders ensure that they were visible and attentive to staff wellbeing.
- **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: Registered Nurse Supply and Demand



Our modelling of supply and demand for Band 5 nurses has been updated to reflect the 19/20 budget. This highlights that the funded position shifted downwards in April, but increases in May at the new hospital, with a more significant increase in October with the opening of Theatre Six, but remains below 2018-2019 requirements. Currently we are focusing on UK recruitment with a pause on overseas recruitment. There are a few overseas nurses in the pipeline recruited prior to the pause. We will review this approach in early summer. We are experiencing an increase in applications but we anticipate that turnover will remain volatile as staff decide whether the increased journey time is manageable. There are many recruitment activities planned from May both from the central recruitment team and in local areas and we can expect to see a positive impact on the pipeline as a result

The chart above shows that the projected staff in post (inclusive of pre-registration staff) achieves the funded requirement in September 2019. The position exclusive of pre-registration nurses shows the funded requirement achieved at the end of the financial year. During this time temporary resources continue to bridge the gap.

# Transformation

## Performance summary

Accountable Executive: Chief Operating Officer / Chief Finance Officer

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



		Data Quality	Target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Dashboard KPIs	CIP – project delivery	4		Amber	Amber	Amber	Amber	Amber	Red
	Quality improvement programme delivery	New							Amber
	Digital programme delivery on track	3		Amber	Amber	Amber	Amber	Amber	Amber
New Papworth ORAC - overall progress		4		Amber	Amber	Amber	Amber	Green	Green
Additional KPIs	PFI, Equipping & Estates - Design & Construction	3		Amber	Amber	Amber	Amber	Green	Green
	PFI, Equipping & Estates - Equipping	3		Amber	Amber	Amber	Amber	Green	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	Green	Green	Green	Green	Green
	Operational readiness - CTP Clinical Services	3		Green	Green	Green	Green	Green	Green
	Operational readiness - CTP Pathology	3		Green	Amber	Amber	Green	Green	Green
	Operational readiness - DORACS Clinical Delivery	3		Green	Green	Amber	Amber	Green	Green
	Operational readiness - DORACS Clinical Support	3		Green	Green	Green	Green	Green	Green
	Operational readiness - DORACS Office Policy	3		Amber	Amber	Amber	Green	Green	Green
	Operational readiness - Move and Migration	3		Green	Green	Green	Green	Green	Green
	Workforce & Communications - Communications	3		Green	Green	Green	Green	Green	Green
	Workforce & Communications - Training & Education	3		Amber	Amber	Amber	Amber	Green	Green
	Workforce & Communications - Workforce Planning	3		Amber	Red	Red	Amber	Green	Green
	ICT - ICT & Telecoms	3		Amber	Amber	Amber	Amber	Amber	Green
	Hospital Cutover - Move Control	3		Amber	Green	Green	Green	Green	Green

### Summary of Performance and Key Messages:

**Operational Readiness:** Following the Go decision the hospital move has taken place successfully, in accordance with the daily schedule. First patient day went ahead as planned on 1<sup>st</sup> May 2019 following by a shortened than anticipated double running period. This was due to all inpatients being transferred from the old hospital in one day on Saturday 4<sup>th</sup> May 2019.. Outpatients opened to patients on 7<sup>th</sup> May 2019.

**NPH Design, Construction & Enabling Works:** Design and construction activities completed, building handed over and commissioned for use. Occupation commenced in late April and completed early May, in accordance with the previously agreed move programme. Any remaining construction activity relates to Small Works Requests or programmed or reactive maintenance tasks. FM Services have mobilised; some issues being experienced during the remaining bedding-in period, which have been escalated to the PFI Project Company and a Services Remedial Action Plan requested. Additional resources are being applied to ensure performance improvement. Decommissioning of the former site commenced alongside the move process, with site security being increased in line with the reduction in on-site activity.

**CTP:** The link corridors are open and fully functioning and C.30 patients have been transferred between the two Trusts. The blood transfusion service has mobilised from the modular build. The LMB construction remains on plan according to the revised construction dates and a likely service transfer date of 01/08/2019 remains.

### Service Improvement (SIP/CIP):

The service improvement programme is Red  
The overall CIP target for 2019/20 is **£5.113 m**

### Progress

- £0.2m from estates has already been taken out of budgets and is approved;
- £1.2m Procurement workplan CIP target has been set.

**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 £2.5m of unvalidated schemes**

**When the schemes are validated they will be progressed and signed off during the months going forward.**

**Lorenzo Benefits :** Next submission **16th May 2019** and has taken place.

**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. 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 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 £4.78m.
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.
4. Comments tbc

### 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 and the move has taken place. The challenge therefore converts from being one specific to the relocation to the on-going recruitment and retention challenge of the new location
2. 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. There is a pipeline of £2.48m awaiting validation and further work to identify schemes is on going with all directorates and departments.
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:

##### PROGRESS REPORT - Confidence Assessments

Workstream	Lead	Workstream Delivery Assessment					Trend
		NOV	DEC	JAN	FEB	MAR	
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. Green status confirmed the “Go” position for the moves, which commenced at the end of April.

RAG	Criteria Description
Green	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly
Yellow	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery
Orange	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and if addressed promptly, should not present a cost/schedule overrun
Red	Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and whether resolution is feasible
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	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	
Dashboard KPIs	Year to date EBITDA surplus/(deficit) £000s	5	£(488)k	£(54)k	£(894)k	£(612)k	£(71)k	£(1,371)k	£7k
	Year to date surplus/(deficit) £000s	5	£(1,264)k	£(5,502)k	£(6,991)k	£(7,495)k	£(7,421)k	£(10,235)k	£(767)k
	Cash Position at month end £000s	5	£16,929k	£26,486k	£25,725k	£26,047k	£25,363k	£22,719k	£14,220k
	Use of Resources rating	5	3	3	3	3	3	3	3
	Capital Expenditure YTD £000s	5	£3,799k pa (19/20)	£13,743k	£14,151k	£14,658k	£15,862k	£20,743k	£826k
	In month Clinical Income £000s	5	£12261k (current month)	£12,560k	£11,427k	£13,329k	£11,868k	£13,147k	£12,337k
	CIP – actual achievement YTD - £000s	4	£0k	£4,339k	£4,997k	£5,608k	£6,041k	£7,367k	£0k
	CIP – FY Target £000s	4	£5,113k pa	£9,143k	£9,143k	£9,143k	£9,423k	£9,423k	£0k
Additional KPIs	Debtors > 90 days overdue	4	10%	36.9%	27.4%	32.4%	30.4%	27.5%	19.8%
	Capital Service Rating (New 19/20)	5	4	4	4	4	4	4	4
	Liquidity rating (New 19/20)	5	4	1	2	2	2	4	4
	I&E Margin rating (New 19/20)	5	4	4	4	4	4	4	4
	I&E Margin: Distance from financial plan (New 19/20)	5	1	1	1	1	1	1	1

### Summary of Performance and Key Messages:

- The Trust's year to date (YTD) position is a deficit of £0.8m on both a Control Total basis excl. land sale and a net basis. This is favourable to plan by £0.5m, driven by:
  - EBITDA is £0.5m favourable to plan in month, EBITDA margin is 0.0% compared to planned margin levels of (3.4)%. This comprises:
    - Clinical income is £0.1m favourable to plan. This is due to increased Private Patient activity (6.6% ahead of plan) and increased overseas patient activity. The Trust has also experienced 6.4% lower admitted activity and 5.1% lower Outpatient activity than planned, resulting in the Guaranteed Income Contracts (GIC) contributing £0.5m to the position in line with plan.
    - Pay expenditure is £0.2m adverse to plan in month. This is driven by temporary staffing costs of £0.99m, being greater than the saving from the 231 WTEs substantive vacancies, which is an area of concern.
    - Non pay expenditure is £1.1m favourable to plan in month. This is driven by £0.13m lower expenditure on clinical supplies representing a 4.6% reduction driven by lower activity levels, non-utilisation of contingency reserves of £0.24m and £0.33m relating to the timing of old site decommissioning costs and new site project costs.
  - CIP is in line with plan in month with only marginal levels planned until September 2019. There remains a gap of identified schemes fully signed off through the gateway process of £3.6m, 70% of the total CIP target.
  - Non-operating items are in line with planned levels.
  - The underlying position is a deficit of £1.56m once non-recurrent and normalising items are removed. Key items include FRF/PSF funding: £0.77m, PFI transition funding: £0.38m and New Papworth Hospital Programme expenditure: £0.32m
  - The Trust is Forecasting the achievement of the planned control total break-even position by year end.
  - Capital expenditure is £0.5m higher than plan in month due to timing of new hospital equipping spend and is expected to return to planned levels next month.
  - Cash is £2.7m adverse to plan due to the late receipt of the transitional funding of £4.1m, excluding this the underlying position is ahead of plan by £1.3m due to the in month trading and movements in capital creditors.
  - Use of Resources metric is 3 for the month in line with the planned score.

## Key performance challenges



Strategic financial risks:						
This section sets out the financial risks facing the Trust to help the strategic focus to be on those that will cause the Trust the greatest issues.						
Strategic risk	BAF ref.	Description	Risk appetite	This months score	Last months score	Trend
Current trading	2145	If the Trust is unable to generate the 2019/20 planned activity and prices , then the income will be lower than planned levels .	12	15	15	↔
	2146	If the Trust is unable to agree the Consultant Job plans prior to the start of the financial year, then this provides a risk of costs being in excess of planned levels.	12	15	15	↔
	2213	If Commissioners request service developments that do not result in an increase in the value of the GIC contracts, then this will result in increased costs and generate a pressure to the Trust's financial performance.	12	12	New	↔
	2147	If the Trust does not achieve its Control Total then it will not receive the £15.5m of PSF / FRF central funding and will result in Distress Funding being required	12	15	15	↔
Future growth	2148	If the Trust does not meet growth targets or if there is a change in case mix to more loss making procedures and the cost base is not flexed to reflect this, then this will lead to lower income/cash levels but no reductions in cost levels so a higher deficit than planned.	12	25	25	↔
Capacity assumptions	2149	If the capacity plan does not reflect the actual operating model of the new hospital, there is a risk that activity and capacity assumptions underpinning the 2019/20 plan are not valid, potentially leading to lower levels of income or higher levels of cost than planned. In addition, if the target length of stay assumptions are not met then a lower level of activity will be accommodated in the New Hospital leading to a lower level of income.	10	15	15	↔
Efficiency Assumptions	2163	If the cost inflation rates increase then this will create a further cost pressure. However, conversely there is potential upside if the rates decrease.	12	15	15	↔
Delivery of Efficiency Challenge	843	If the 2018/19 CIP gap is not closed then the Trust is at risk of significantly missing its I&E and cash plans. If the Trust does not meet its on-going CIP requirement in 2019/20 then this will cause I&E and cash pressure and widens the gap to being able to afford to pay for the Unitary Payment.	12	20	20	↔
Maintain a positive cash balance	2164	If the Trust is unable to manage its financial performance in line with the Operational Plan, then there is a risk that it will be unable to maintain a positive cash balance and will require Distress Funding.	12	12	12	↔
Master Development & Control Plan	873	If the sale value of the current site and non-hospital buildings is lower than £10m then this leaves the Trust with a repayment shortfall that will need to be funded from Trust cash balances. Part of this risk has been reflected in the 2019/20 plan but if the value slips further then this would cause a cash pressure to the Trust.	10	10	10	↔
Equipment Replacement	2165	If the equipment replacement programme is not planned properly over time and if all equipment needs to be replaced at the same time, then this will cause a cash pressure in future years.	10	10	10	↔
Additional Costs	2166	If there was a further delay in the build of the HLRI then this would increase the period of paying for R&D offsite accommodation and therefore additional cost pressures.	10	12	12	↔
Electronic Patient Record System	858	If there is an escalation of cost as was seen with eHospital over original estimate then this could have a significant impact on cash and I&E. If the replacement of Microsoft licenses results in addition costs then this could have a significant impact on cash and I&E.	12	12	12	↔

## Spotlight on Directorate financial performance



Directorate scorecard performance summary:										
	In-month variances				YTD variances				Overall RAG	Trend
	Net Cost	Clinical income	Activity – IP & DC	Activity - OP	Net Cost	Clinical income	Activity – IP & DC	Activity - OP		
	£m / %	£m / %	No. / %	No. / %	£m / %	£m / %	No. / %	No. / %		
Ambulatory	£0.1 / 8.6%	£(0.1) / -9.7%		(449) / -5.1%	£0.1 / 8.6%	£(0.1) / -9.7%		(449) / -5.1%	2	●
Clinical support services	£0.0 / .8%	£0.1 / .6%	(124) / -6.4%	(449) / -5.1%	£0.0 / .8%	£0.1 / .6%	(124) / -6.4%	(449) / -5.1%	3	●
Cardiology	£0.0 / 1.6%	£(0.4) / -12.4%	(132) / -18.7%	(430) / -12.6%	£0.0 / 1.6%	£(0.4) / -12.4%	(132) / -18.7%	(430) / -12.6%	2	●
Surgery and transplant	£(0.1) / -7.9%	£0.3 / 9.8%	5 / 9.8%	(110) / -10.6%	£(0.1) / -7.9%	£0.3 / 9.8%	5 / 9.8%	(110) / -10.6%	3	●
Thoracic / respiratory	£(0.1) / -9.2%	£0.1 / 23.3%	3 / .3%	221 / 6.3%	£(0.1) / -9.2%	£0.1 / 23.3%	3 / .3%	221 / 6.3%	4	●
Nursing - Corporate	£(0.0) / -3.5%	£0.1 / .6%			£(0.0) / -3.5%	£0.1 / .6%			3	●
R&D	£(0.0) / -311.8%				£(0.0) / -311.8%				2	●
Digital	£0.0 / 3.3%				£0.0 / 3.3%				4	●
Estates & facilities	£0.3 / 16.5%				£0.3 / 16.5%				4	●
Other	£0.6 / 17.4%				£0.6 / 17.4%				4	●

### Directorate performance – key headlines

#### Adverse performance

**Ambulatory** – net cost for the directorate is favourable to plan, predominately due to lower pay cost, with 27.41 WTE vacancies in month. However, total outpatient activity is £0.1m below plan representing activity which is 5.1% behind planned levels.

**Cardiology** – total expenditure was underspend against plan by £0.03m, driven by clinical devices and consumables. Vacancies of 17.37 WTE give rise to an underlying favourable pay variance of £0.06m, however bank, agency and overtime expenditure totalling £0.18m subsequently delivers a net pay overspend of £0.12m. Clinical activity however was adverse to plan by £0.31m, driven by reduced activity across all services except TAVI and Rapid NSTEMI.

**R&D** – adverse variance of £0.05m is driven by reduced income against historic budgets, in respect of office rental, NIHR and CRN income. The position will improve in the coming months once funding is received for other planned research projects, however the Directorate will not achieve budget balance, due to reduced income levels against the historic budgets, where the subsequent cost pressures identified at budget setting were not funded.

#### Marginal performance

**Clinical Support Services** – Non pay expenditure was below plan in the month, due to the underspend in ECMO and Critical Care consumables which is activity related. This drives the total favourable position of £0.03m. Total pay expenditure however was above plan, as a result of temporary staffing expenditure within Critical Care and Theatres. There is an adverse clinical income variance of £0.13m in the month for ECMO.

**Surgery / Transplant** – Current overspend position is driven by the level of temporary staffing, including overtime being utilised on the wards, together with a drugs overspend, which in turn are linked to the increased activity levels reported in inpatient and daycase. Cardiac Surgery outpatients activity was behind plan.

**Nursing - Corporate** – The £0.02m overspend position is driven by external Training course costs relating to prior year, that have not previously been provisioned for. A process is being put in place in this Directorate to ensure this does not reoccur.

RAG Status Key: **R** – Adverse variance > 2% **AR** – Adverse variance ≥1% **AG** – Adverse variance ≥0% **G** – Favourable variance