NHS

Royal Papworth Hospital
NHS Foundation Trust

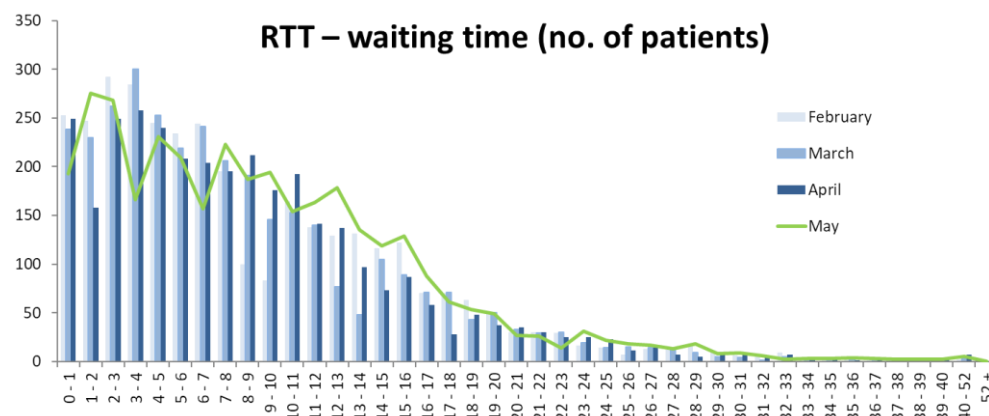# Papworth Integrated Performance Report (PIPR) May 2019

June 2019

Content

Context:

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

Inpatient Episodes	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Trend
Cardiac Surgery	162	212	136	189	179	203	
Cardiology	616	759	640	762	619	600	
ECMO	8	11	14	6	38	52	
PTE operations	13	20	8	22	13	13	
RSSC	310	545	477	529	538	378	
Thoracic Medicine	325	421	380	412	384	443	
Thoracic surgery (exc PTE)	57	90	48	70	68	63	
Transplant/VAD	44	64	49	56	45	40	
Total Inpatients	**1,535**	**2,122**	**1,752**	**2,046**	**1,884**	**1,792**	

Outpatient Attendances	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Trend
Cardiac Surgery	276	358	300	305	250	359	
Cardiology	2,966	3,729	3,442	3,633	3,164	2,699	
ECMO	0	0	0	0	0	0	
PTE	0	2	(2)	0	0	0	
RSSC	1,568	2,240	1,878	2,241	2,065	1,212	
Thoracic Medicine	1,590	2,019	1,802	1,916	1,794	1,708	
Thoracic surgery (exc PTE)	96	120	103	111	89	68	
Transplant/VAD	315	370	381	311	324	218	
Total Outpatients	**6,811**	**8,838**	**7,904**	**8,517**	**7,686**	**6,264**	

Note 1 - activity figures include Private patients and exclude unbundled radiology scan activity.

Note 2 - from May 2019 ECMO activity shows billed days in months (previouly billed episodes)

RTT – waiting time (no. of patients)

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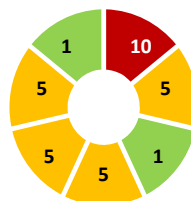
Overall Report Scoring
- **Red =** 4 or more red KPI categories
- **Amber =** Up to 3 red categories
- **Green =** No reds and 3 or less amber

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 safe staffing fill rate for registered nurses is green (90.8% days; 96.1% nights). In some wards, days and nights fall short of the desired 90% fill rate that the Trust targets, 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 15.9 for wards and 43.4 for Critical Care.

RESPONSIVE: RTT - Cardiology reached the RTT standard in February 2019 and has sustained it for four consecutive months in spite of reduced capacity over the hospital move period. On this basis Cardiology has moved out of recovery and returned to business as usual.

PEOPLE, MANAGEMENT & CULTURE: Sickness absence remained well below the KPI target at 2.5%.

FINANCE: The Trust's year to date (YTD) position is a deficit of £1.4m on both a Control Total basis excl. land sale and a net basis. This is favourable to plan by £0.9m.

ADVERSE PERFORMANCE

CARING: FFT (Friends and Family Test - remains green for inpatients (96.6%), however has dropped to 88.4% in May for Outpatients. It is thought that this is linked to settling in during the move and will continue to be closely monitored. The Outpatients Sister and team are working to return the results to their norm and are being very responsive to patient feedback. Recent FFT has seen an improvement in feedback and results. The Spotlight On slide looks at FFT in more detail, including benchmarking with other organisations.

EFFECTIVE: 1) Bed occupancy and activity - The reduction in bed occupancy on the wards and Critical Care relates to closing of beds over the cutover period of the move. The reduction in activity over the ramp down period was in line with plan but recovery to normal levels of activity has been slower than expected due staffing concerns. Recovery of activity levels and bedding in new ways of working is the focus of the newly launched Hospital Optimisation Project described in the spotlight in this section. **2) Same Day Admissions** - Thoracic's SDA partly recovered performance, however our performance overall has been affected by the ramp down process and the reduction in pre-assessment, over the move period which lead to a number of additional patients having to be admitted the night before surgery. Work continues on our clinical criteria and we have now added this to Lorenzo to support booking and pre-assessment teams. This work is being picked up through our Same Day Admission Task and Finish Group.

RESPONSIVE: 1) RTT - Surgery saw a further decline in M2 of our RTT performance, however the service still remains ahead of trajectory by 2.01%. The reduction is a direct result of the restriction of capacity as part of the ramp down plans, ongoing staffing issues and bed closures, high numbers of cancellations and ongoing demands for the prioritisation of IHU patients. **2) Theatre cancellations** - there were 46 theatre cancellations in May. 8 were due the lack of availability of ward beds with 6 cases cancelled for emergency activity. Ward bed capacity was directly impacted by a reduced bed base due to the transition to the new hospital at the beginning of the month.

PEOPLE, MANAGEMENT & CULTURE: Total IPR compliance - reduced to 86.9%, below the 90% KPI. It has been challenging for managers to release time for appraisals during the move period and in the immediate period post-move.

TRANSFORMATION: CIP - The service improvement programme is Red with £1.4m currently identified and an overall CIP target for 2019/20 is £5.1m. To date we have a pipeline of £1.77m all of these schemes are being progressed with anticipated signoff and approvals to be completed by the end of June.

LOOKING AHEAD

NPH Design, Construction & Enabling Works: Design and construction activities are completed, the building handed over, commissioned for use, occupied and now ramping toward its planned level of activity. Any remaining construction activity relates to Small Works Requests or programmed or reactive maintenance tasks, whilst equipping tasks are predominantly related to agreeing final accounts with suppliers. FM Services have mobilised but have not been to required standards. Turnaround activities are in place, managed via a Services Remedial Action Plan overseen by the PFI Project Company. Additional resources are being applied to ensure performance improvement. Decommissioning of the former site is in full progress and on target to meet the required vacation dates. Transfer to business as usual has been broadly achieved and project activity is therefore now focused upon closedown tasks.
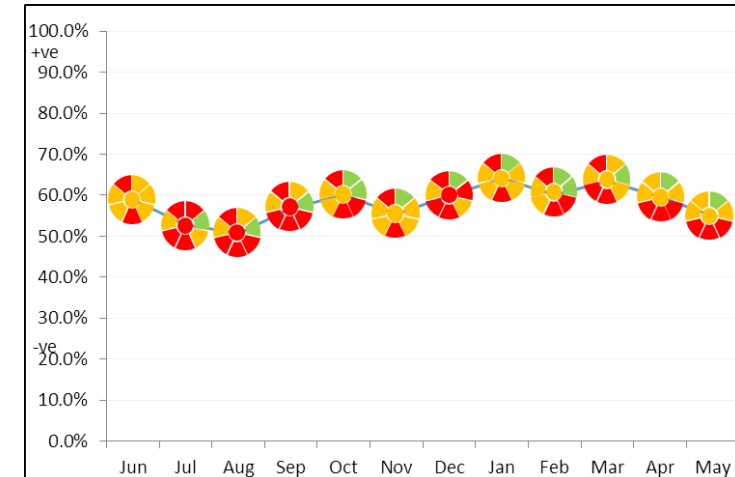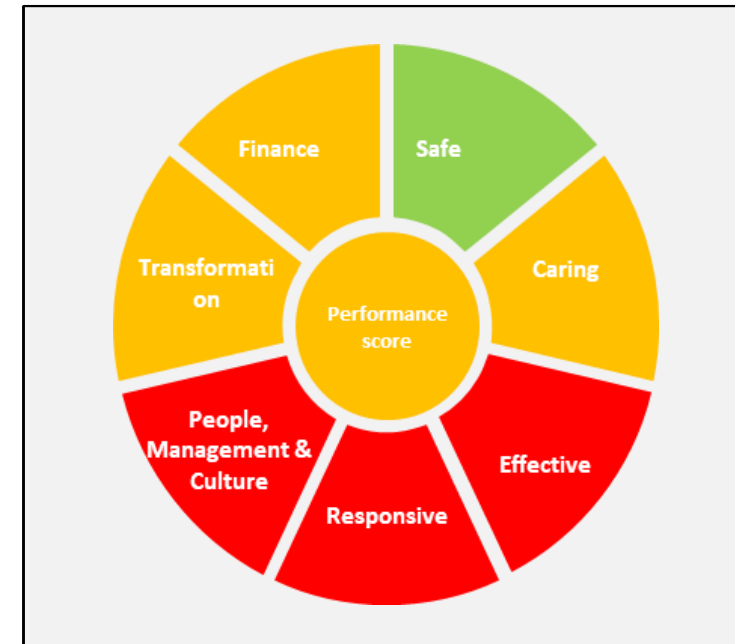
At a glance – Balanced scorecard

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe*	Safety Thermometer harm free care	May-19	4	97%	98.64%	99.32%		
	Never Events	May-19	3	0	0	0		
	Moderate harm incidents and above as % of total PSIs reported	May-19	3	3%	1.20%	1.02%		
	Safer staffing – registered staff day / Safer staffing – registered staff night	May-19	3	90-100%	90.8% (96.1%)	92.2% (95.55%)		
	Number of C.Diff cases (sanctioned) year to date	May-19	5	5 pa	0	0		
	High impact interventions	May-19	3	97%	99.00%	98.10%		
	Falls per 1000 bed days	May-19	3	4	3.1	2.6		
	Sepsis - % patients screened and treated (New 19/20)	Apr-19	New	90%	-	-		
	Ward - Care hours per patient day / Critical Care - Care hours per patient day	May-19	3	7.8 (32.9)	15.9 (43.4)	13.25 (40.2)		
Effective	Bed Occupancy (excluding CCA and sleep lab)	May-19	4	85% (Green 80%-90%)	58.20%	66.36%		
	CCA bed occupancy	May-19	3	85% (Green 80%-90%)	78.00%	82.17%		
	Admitted Patient Care (elective and non-elective)	May-19	4	2016 (current month)	1792	3676		
	Cardiac surgery mortality EuroSCORE	May-19	3	3%	2.04%	1.96%		
	Same Day Admissions – Cardiac (eligible patients)	May-19	4	50%	33.80%	38.67%		
	Same Day Admissions - Thoracic (eligible patients)	May-19	4	40%	38.71%	32.32%		
	Theatre Utilisation	May-19	3	85%	84.6%	87.2%		
Responsive	% diagnostics waiting less than 6 weeks	May-19	3	99%	99.30%	99.30%		
	18 weeks RTT (combined)	May-19	3	92%	90.28%	90.28%		
	Number of patients on waiting list	May-19	3	3343	3472	3472		
	52 week RTT breaches	May-19	3	0	0	0		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	May-19	3	85%	66.70%	65.15%		
	31 days cancer waits*	May-19	3	96%	81.40%	82.70%		
	Theatre cancellations in month	May-19	3	30	46	74		
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	May-19	3	95%	21.42%	20.88%		

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Caring	FFT score- Inpatients	May-19	4	95%	96.60%	97.05%		
	FFT score - Outpatients	May-19	2	95%	88.40%	93.15%		
	Number of complaints (12 month rolling average)	May-19	4	5.0	4.8			
	Mixed sex accommodation breaches (New 19/20)	May-19	New	0	0	0		
	Number of written complaints per 1000 WTE (New 19/20)	May-19	New	12.61	10.17	10.17		
	% of complaints responded to within agreed timescales	May-19	4	100%	100.00%	83.50%		
People Management & Culture	Voluntary Turnover %	May-19	3	15.0%	21.2%	22.8%		
	Vacancy rate as % of budget	May-19	4	5.5%	15.2%			
	% of staff with a current IPR	May-19	3	90%	86.88%			
	% Medical Appraisals	May-19	3	90%	82.08%			
	Mandatory training %	May-19	3	90%	73.69%	73.69%		
	% sickness absence	May-19	3	3.50%	2.46%	2.32%		
Finance	Year to date EBITDA surplus/(deficit) £000s	May-19	5	£(704)k	£164k			
	Year to date surplus/(deficit) £000s	May-19	5	£(2,362)k	£(1,478)k			
	Cash Position at month end £000s	May-19	5	£10,196k	£18,779k			
	Use of Resources rating	May-19	5	3	3	3		
	Capital Expenditure YTD £000s	May-19	5	£2,269k	£1,518k			
	In month Clinical Income £000s	May-19	5	£12382k	£11,677k	£24,015k		
	CIP – actual achievement YTD - £000s	May-19	4	£0	£33k	£33k		
	CIP – Target identified YTD £000s	May-19	4	£0k	£0k	£0k		
Transformation	CIP – project delivery	May-19	4					
	Quality improvement programme delivery	May-19	New					
	Digital programme delivery on track	May-19	3					
	New Papworth ORAC - overall progress	May-19	4					

* 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%	90.28%		90.73%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	81.40%	82.70%	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%	66.70%	65.15%	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%	91.50%		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
					Q1	YTD	
		£'k	%	£'k	£'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
	NHSE	**736.68**	**100%**	**£80.30**	**0**	**0**	
C&P CCG (& Associates)	CCG 2 Staff Flu Vaccinations	£79.15	20%	£0.00	-	-	Q1 achievement not yet confirmed
	CCG 3a Alcohol & Tobacco - Screening	£79.15	20%	£19.83	-	-	Q1 achievement not yet confirmed
	CCG 3b Tobacco Brief Advice	£79.15	20%	£19.83	-	-	Q1 achievement not yet confirmed
	CCG 3c Alcohol Brief Advice	£79.15	20%	£19.83	-	-	Q1 achievement not yet confirmed
	CCG 7 Three High Impact Actions to Prevent Falls	£79.15	20%	£19.83	-	-	Q1 achievement not yet confirmed
	C&P CCG (& Associates)	**£395.73**	**100%**	**£79.32**	**0**	**0**	
Trust Total		**£1,132.41**		**£159.62**	**0**	**0**	

Board Assurance Framework risks (above risk appetite)

PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-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	12	12	12	12	12	12	↔
Safe	Safer staffing and Monitor's Agency Price cap	742	JR	4	Yes	16	16	12	12	12	12	↔
Safe	BAF CQC Fundamentals of care	744	JR	6	Yes	15	15	15	15	10	10	↓
Safe	Potential for cyber breach and data loss	1021	AR	3	Yes	15	15	15	15	15	10	↓
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	↔
Safe	FM mobilisation and bedding in	2225	RC	15	In progress	-	-	-	-	-	20	↑
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	Current Trading	2145	EM	12	In progress	-	-	-	-	-	20	↑
Effective	Hospital Optimisation	2249	JR	To be discussed at Execs	In progress	-	-	-	-	-	15	↑
Responsive	R&D strategic recognition	730	RH	8	Yes	12	12	12	12	12	12	↔
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	↔
Finance	Failure to meet cardiac and cancer waiting targets	678	EM	12	Yes	16	16	16	16	16	16	↔
Finance	Income Growth - activity transfers	865	EM	12	In progress	20	20	20	20	20	20	↔
Finance	Master Development and control plans - sale value	873	RC	10	Yes	10	10	10	10	10	20	↑
Finance	Current Growth	2148	RC	12	In progress	-	-	-	-	-	25	↑
Finance	Capacity Assumptions	2149	RC	10	In progress	-	-	-	-	-	15	↑
Finance	Efficiency assumptions	2163	RC	12	In progress	-	-	-	-	-	15	↑

Safe
Performance summary

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

6 month performance trends
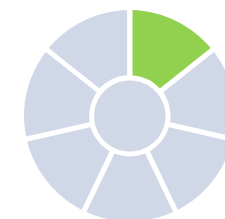
		Data Quality	Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Dashboard KPIs	Safety Thermometer harm free care	4	>97%	98.91%	98.96%	97.22%	99.46%	100.00%	98.64%
	Never Events	3	0	0	0	0	1	0	0
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	2.60%	1.10%	1.20%	2.17%	0.83%	1.20%
	Safer staffing – registered staff day	3	90-100%	85.0%	92.2%	88.3%	87.2%	93.6%	90.8%
	Safer staffing – registered staff night			97.7%	95.3%	96.1%	98.1%	95.0%	96.1%
	Number of C.Diff cases (sanctioned)	5	5 in year	0	0	0	0	0	0
	High impact interventions	3	97.0%	99.5%	99.1%	98.8%	99.0%	97.2%	99.0%
	Falls per 1000 bed days	3	<4	2.5	3.9	3.2	1.8	2.1	3.1
	Sepsis - % patients screened and treated (New 19/20)	New	90.0%	100.0%	-	-	83.3%	-	-
	Ward - Care hours per patient day	3	>7.8	11.7	10.4	11.2	10.1	10.6	15.9
	Critical care - Care hours per patient day		>32.9	34.8	34.3	35.8	34.1	37.0	43.4
Additional KPIs	Number of Papworth acquired PU (grade 2 and above)	4	<4	2	2	1	1	0	2
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	3	0	1	2	1	2	2	2
	E coli bacteraemia	3	Monitor only	1	0	0	0	3	0
	Klebsiella bacteraemia	3	Monitor only	0	2	3	0	0	3
	Pseudomonas bacteraemia	3	Monitor only	1	0	0	0	0	1
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	5	2	3	5	2	4

**Summary of Performance and Key Messages:**
CQC Model Hospital rating for 'Safe' is **Good** dated 31.05.2019

Safe Staffing: The safe staffing fill rate for registered nurses is green (90.8% days; 96.1% nights). 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 15.9 for wards and 43.4 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.
As this is the first month of reporting against the new hospital wards, it is also worth noting that the new eRostering Manager is working with clinical teams to review their roster templates in line with SafeCare and pre SafeCare-Live rollout. Roster templates will be updated as required to ensure an accurate representation of fill rates for registered and unregistered staff.

Sepsis: as a new indicator on PIPR for 2019/20, this entry is repeated in this months PIPR for information. 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: during the month two SI have been reported to the Commissioners; both relating to the use of medical equipment and have led to the patients requiring further medical treatment. They are under investigation and have been reported to the NRLS who will share this with the MHRA.

Safe
Key performance challenges
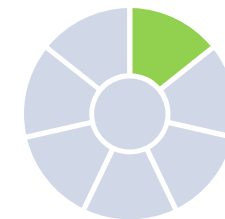
Escalated performance challenges:
2 Incidents reported as SIs in Month

SUI-WEB30579 - Failure of dial on ECMO Blender An ECMO gas blender was set to 100% FiO2. After introduction of ECMO an arterial gas was done and was must lower than expected. The ECMO blender dial was found to be faulty. This has been reported directly to the MHRA.
Background:
Patient underwent septal myomectomy procedure. This was a prolonged and complex operation with periods of instability throughout the course of the operation, which were recognised and managed appropriately. The patient did not make a recovery and was noted to have signs of a brain injury which was confirmed on CT scan. After discussions with the family, the patient's life support was withdrawn and she passed away 7 days post operation.

SUI-WEB30910 - Delay in responding to Mindray alarm resulting in escalation of care. If an error in the medical device is proven at investigation, this will also be reported independently to the MHRA.
Background:
Patient went into cardiac arrest following pulseless VT. Reported by staff on duty that there was no audible alarm from the central monitor.

Key risks:

- **Safety of the Fleet** – The trust have 17 ECMO gas blenders, all the remaining fleet are undergoing checks for this fault and being recalibrated to provide assurance of the fleet. This device is 5 years old and was last serviced on 02/04/2019. It also came through TSS as part of the move to the new hospital.

Safety and reliability of critical alarms
- Reported to clinical engineering by Ward 3 South, who reviewed the monitors that night at approximately 23.00 and found no fault.
- Checked and confirmed high priority alarms can be heard at the nurses station on 3 South
- Bedside module now taken out of circulation and sent for testing
- Further interrogation of monitoring system required - Technical information awaited from China for investigation

Key Actions:

Discussed at SIERP meeting 21/05/2019
Terms of Reference for investigation agreed:
- Investigate the conduct of the VA ECMO while in the operating theatres up to the point of transfer to critical care
- Make enquiries into the servicing of the ECMO blender
- Give an opinion on the likely cause of the catastrophic brain injury
- Full Duty of Candour completed

Discussed at SIERP 29/05/2019
Terms of reference for investigation agreed:
- Provide a summary of and understand the events leading up to the patient cardiac arrest
- Examine the use of critical, high level alarms and their human factor impact throughout the Trust e.g. fire, gas, cardiac monitoring
- Full Duty of candour Completed

Safe
Spotlight on: Safe Staffing
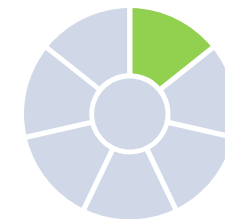
Background

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 90.8% and nights 96.1%), however there are some individual inpatient areas that remain under the desired 90% fill rate. This is a breakdown of the May 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
3 North	**65.9%**	68.5%	124.3%	71.4%	285	20.9
3 South	121.2%	67.2%	113.8%	103.2%	918	11.0
4 North South	**72.6%**	80.0%	91.4%	128.0%	588	13.8
5 North	99.4%	69.5%	**82.7%**	113.0%	782	14.2
5 South	**75.4%**	62.1%	**68.1%**	93.9%	457	19.8
Critical Care	122.5%	80.4%	96.6%	72.5%	778	43.4
Day Ward*	**78.3%**	82.8%	-	-		

Comments

This is the first month (May 2019 data) where wards are reported under the new ward names. Shaded red in the left table; three out of six **inpatient** areas (3 South; 4 North South; 5 South) are under the 90% fill rate for registered nurses on days; and two for nights (one of the same areas for days (5 South) and one other (5 North)). Day Ward: see entry below.

Those areas under the 90% fill rate for registered nurses are:
3 North (days): Not all of the beds in this ward are occupied by inpatients or have overnight stays. There is work in progress with the eRostering team to update the template to better reflect this areas requirements for staffing. The Registered Nurse to patient ratio is monitored through the regular daily bed meetings and staffing levels and skill mix are adjusted as required to support patient care. There are RN vacancies in this area and there is active recruitment in progress.
4 North & South (days): Not all of the beds in this ward are occupied by inpatients or have overnight stays. There is work in progress with the eRostering team to update the template to better reflect this areas requirements for staffing. The Registered Nurse to patient ratio is monitored through the regular daily bed meetings and staffing levels and skill mix are adjusted as required to support patient care. There are RN vacancies in this area and there is active recruitment in progress.
5 North (nights): There is work in progress with the eRostering team to update the template to better reflect this areas requirements for staffing. The Registered Nurse to patient ratio is monitored through the regular daily bed meetings and staffing levels and skill mix are adjusted as required to support patient care. There are RN vacancies in this area and there is active recruitment in progress. This area is also enhanced by registered nurses from the Transplant Team, to support this specialist group of patients.
5 South (days & nights): There are 9 beds (out of the 41) closed on this ward as planned while recruitment occurs. 5 North and 5 South Wards are supporting each other with staffing and skill mix across the floor, adjusting as required for acuity and dependency of patients.
*Day Ward is included in PIPR for information, however in line with NHS requirements, not reported via NHS Digital as it is not an inpatient area. This new roster represents two merged Day Ward areas. There is work in progress with the eRostering team to update the template to better reflect this areas requirement for staffing. The Registered Nurse to patient ratio is monitored through the regular daily bed meetings and staffing levels and skill mix are adjusted as required to support patient care.

At the time of writing (14.06.2019), May data hasn't been published for the Monthly Scorecard (produced by the Trust Data Analyst), therefore unable to add data regards sickness and vacancies for example.

Caring
Performance summary

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

6 month performance trends

		Data Quality	Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Dashboard KPIs	FFT score- Inpatients	4	95%	98.1%	95.8%	97.0%	95.5%	97.5%	96.6%
	FFT score - Outpatients	2	95%	92.5%	96.3%	98.0%	95.8%	97.9%	88.4%
	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	8.3	10.0	6.7	7.8	7.8	10.2
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	100%	67%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 (60% of complaints received)	4	6	1	5	5	tbc
	Number of complaints (12 month rolling average)	4	5 and below	5.5	5.5	4.8	4.4	4.5	4.8
	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	4	7	1	6	7	5
	Number of recorded compliments	4	500	621	734	517	652	555	248

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Caring' is Outstanding dated 31.05.2019

FFT (Friends and Family Test): remains green for inpatients (96.6%), however has dropped to 88.4% in May for Outpatients. It is thought that this is linked to settling in during the move and will continue to be closely monitored. The Outpatients Sister and team are working to return the results to their norm and are being very responsive to patient feedback. Recent FFT has seen an improvement in feedback and results. The Spotlight On slide looks at FFT in more detail, including benchmarking with other organisations.

Complaints: the number of formal complaints in month (May 2019) is 5 – details are shown on the Key Performance Challenges slide for information. This is 10.2 written complaints per 1000 WTE. Monitoring the *Number of written complaints* per 1000 WTE 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 (this is the latest data available at time of writing PIPR 12.06.2019).

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. May 2019 has returned to 100%. The number of complaints (12 months rolling average) remains in green at 4.8.

Compliments: the number of compliments recorded during May was 248 which has been recognised as a drop. Monitoring of compliments was discussed at QRMG (Quality and Risk Management Group) on 14.05.2019 and 12.06.2019. Colleagues were reminded that all accolades should be sent through to PALS for logging as it was felt that this process had been disturbed over the move period. Many colleagues reflected on receiving accolades that hadn't been formerly logged.

Caring
Key performance challenges

Escalated performance challenges:

The Trust has received five formal complaints for May 2019.

Summary details are given in the table below. These are all currently under investigation.

One is for Surgical Services; three are for Cardiology (two inpatients and one outpatient); one is for Thoracic Services.

Of the five, two are outpatients and three are inpatients. Two of the complaints are regards communication; one is about nursing care; one is about delay in treatment; and the other is regards waiting times.

Opened	Reference	Service	Clinical area	Status	Summary of complaint
01/05/2019	Q11920-10F	Surgical Services	Cardiac Surgery Hemingford Ward	Inpatient	Patient underwent repair of his Mitral Valve and 1x Coronary Artery Bypass Graph on 20.11.18 - Unhappy with nursing care and management of his pacing box. Patient has specific questions relating to his care.
17/05/2019	Q11920-11F	Cardiology	Cath Lab	Inpatient	Family are concerned that there was a delay in treatment. Patient subsequently died
10/05/2019	Q11920-12F	Cardiology	Cardiology Outpatient	Outpatient	Unhappy with communication and information provided re appointments
17/05/2019	Q11920-15F	Cardiology	Cardiac Surgery Hemingford Ward	Inpatient	Wife and Daughter unhappy with communication received from the Trust
30/05/2019	Q11920-16F	Thoracic Services	Lung Defence / Immunology	Outpatient	Unhappy with outpatient experience i.e. waiting times at appointment and information relating to travel and courtesy bus.

Key risks:

- Poor patient experience

- Poor experience for family and friends of the patient

- Possible poor standard of care and service provided

- Possible negative impact on staff morale

- Reputational damage to Trust

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.

Where applicable, You Said We Did feedback is displayed in boards in each ward/department for patients and other staff and visitors to see.

Caring
Spotlight on: Friends and Family Test

Overview:
We have reviewed our FFT reporting data to ensure we are reporting Day Ward and Daycase results in line with NHS England requirements. In summary: 1. we are now reporting *daycase* patients (who attend inpatient ward areas) within the respective inpatient ward data (instead of separately); 2. we are reporting *Day Ward* patients, with the inpatient data, with Day Ward listed as its own ward.

The participation rates have dropped during May. May 2019 is the month that the hospital move concluded and the first month open to patients in the new hospital. Ward names and configurations have also had some changes potentially impacting on the routine of wards and their FFT process. This PIPR will be helpful and encouraging staff to increase their response rates again.

Inpatients (RPH May 2019)
The Participation rate has decreased from 47.5% (April) to 11.0% (May). (Of note, the latest national data (March 2019) has an NHS England response rate of 24.1%). The Recommendation rate has dropped slightly from 97.5% (April [rebased data]) to 96.6% (May).

Ward	Surveys returned	Patients discharged	Participation rate	Recommendation rate
3 North	24	268	9%	100%
3 South	27	274	10%	96%
4 North & Sou	17	184	9%	100%
5 North	21	99	21%	90%
5 South	18	97	19%	100%
Day Ward	41	418	10%	95%
TW	**148**	**1340**	**11.0%**	**96.6%**

Outpatients (RPH May 2019)
The Participation rate has increased from 2.4% (April) to 2.7% (May). The Recommendation rate has decreased from 97.9% (April) to 88.4% (May). This will continue to be monitored.

Ward	Surveys returned	Patients discharged	Participation rate	Recommendation rate
Cardiac	91	3125	2.9%	90%
Thoracic	56	3127	1.8%	86%
Transplant	26	225	11.6%	88%
TW	**173**	**6477**	**2.7%**	**88.4%**

RPH Highest *Participation* rates May 2019:
For inpatient areas the highest participation rate for May 2019 was 5 North at 21% (the highest in April 2019 was RSSC (now called 3 North) at 64%). For outpatient areas the highest remains Transplant at 11.6% (April was also Transplant at 6.1%).

RPH Highest *Recommendation* rates May 2019:
For inpatient areas the highest recommendation rate for May 2019 is joint 3 North, 4 North South and 5 South, all at 100%.
For outpatient areas the highest is Cardiac at 90%.

Friends and Family Test (FFT) benchmarking:
For information, these are the latest published FFT % Recommended scores.
The latest national benchmarking data is <u>March 2019</u> (at the time of writing PIPR 12.06.2019) (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%
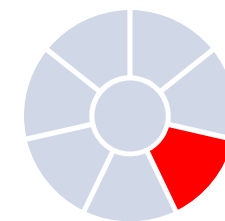- England NHS = 95%
- NWAFT = 95%

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%

Effective

Performance summary

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

6 month performance trends

		Data Quality	Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	66.8%	78.1%	76.5%	81.0%	74.5%	58.2%
	CCA bed occupancy	3	85% (Green 80%90%)	92.0%	93.1%	89.9%	92.8%	86.3%	78.0%
	Admitted Patient Care (elective and non-elective)	4	2016 (current month)	1535	2122	1752	2046	1884	1792
	Cardiac surgery mortality EuroSCORE	3	<3%	1.79%	1.73%	1.93%	1.88%	1.88%	2.04%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	26.51%	31.18%	30.19%	38.64%	43.53%	33.80%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	51.92%	45.28%	26.67%	43.18%	25.93%	38.71%
	Theatre Utilisation	3	85%	85.30%	86.12%	63.64%	82.79%	89.87%	84.62%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	3	8.20	9.12	6.88	7.32	8.61	8.16	7.33
	Length of stay – Cardiac Elective – valves (days)	3	9.70	8.82	7.54	9.18	9.04	9.29	10.28
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	3	90%	78%	89%	82%	93%	82%	79%
	Cath Lab Utilisation 6 (including 15 min Turn Around Times) *	3	70%	64%	70%	64%	74%	72%	34%
	CCA length of stay (LOS) (hours) - mean	3	Monitor only	152	112	151	122	125	107
	CCA LOS (hours) - median	3	Monitor only	45	32	46	44	46	47
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	5.52	5.09	5.13	5.51	5.11	4.49
	% Day cases	3	Monitor only	53.16%	58.92%	59.83%	56.98%	56.71%	58.53%

* Note - From May 2019 occupancy % for Cath Lab 6 relates to the hybrid catheter lab.

Summary of Performance and Key Messages:

Bed occupancy and activity: The reduction in bed occupancy on the wards and Critical Care relates to closing of beds over the cutover period of the move. The reduction in activity over the ramp down period was in line with plan but recovery to normal levels of activity has been slower than expected due staffing concerns. Recovery of activity levels and bedding in new ways of working is the focus of the newly launched Hospital Optimisation Project described in the spotlight in this section.

Theatre utilisation: This reduced to 84.62% in month. This reflects utilisation of the theatres open for elective activity which was a lower number than normal.

Cath lab utilisation: There was a significant decrease in utilisation in Lab 6, related to planned decrease in bookings due to complexity of moving the bi-plane over the move period. Teething problems with new equipment and Cardiology bed shortages also impacted on utilisation.

Surgical LOS: The movement in length of stay reflects the case selection over the move period as simpler elective cases were selected to support bed closures.

SDA:
Thoracic's SDA partly recovered performance, however our performance overall has been affected by the ramp down process and the reduction in pre-assessment, over the move period which lead to a number of additional patients having to be admitted the night before surgery. Work continues on our clinical criteria and we have now added this to Lorenzo to support booking and pre-assessment teams. This work is being picked up through our Same Day Admission Task and Finish Group.

Effective
Key performance challenges
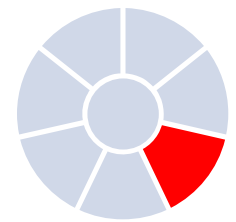
Theatre Cancellations

Cancellation code	May-19	Total
1a Patient DNA	0	1
1b Patient refused surgery	0	0
1c Patient unfit	4	8
1d Sub optimal work up	0	0
2a All CCA beds full with CCA patients	3	4
2b No ward bed available to accept transfer from CCA	8	13
2c Delay in repatriation of patient from CCA	0	0
2d No ward bed available	0	0
3a Critical Care	2	2
3b Theatre Staff	0	0
3c Consultant Surgeon	1	1
3d Consultant Anaesthetist	0	0
3e Other	0	0
4a Emergency took time	6	14
4b Transplant took time	4	7
4c ECMO/VAD took time	0	0
4d Additional urgent case added and took slot	5	7
4e Equipment/estate unavailable	5	5
5a Planned case overran	5	7
5b Additional urgent case added and took slot	0	1
5c Overruns delayed start	1	2
6a Scheduling issue	2	2
Total	**46**	**74**

Key risks

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

Top reasons in month:

- **No ward bed available to accept transfer from CCA**
- **Emergency took time**

Additional activity within theatres and CCA

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

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

3 additional elective cases were added to the list.

78 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	May 19
Emergency took time	10
Medical reasons	9
Clerical error	11
Patient did not arrive in time	6
Bed Shortage	5
Infection control	1
Patient DNA	0
Previous case over ran	2
Equipment Failure	5
Patient unfit for procedure	3
Admitted but treatment deferred	8
Cancelled by patient	5
Transport	0
Procedure no longer required	1
Further tests	1
More urgent case	0
Consultant unavailable	0
Patient admitted as an emergency	0
Appointment moved to fill slots	0
Procedure changed	
Procedure carried out at another hospital	0
Various other reasons	5
Total	**72**

Effective
Spotlight on Hospital Optimisation Project
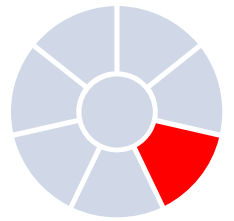
Escalated performance challenges:

Following the move period recovery to expected activity levels in Surgery have been slower than planned. This is due to:

- Lack of staff familiarisation with new ways of working.

- Staff safety concerns on critical care in relation to the layout of the unit and ability of staff to have a line of sight on others in the unit.

- Failure to recruit to the new establishment on the surgical wards on level 5.

- Staff sickness has risen unexpectedly.

The impact of these factors is that 9 funded beds on the 5th floor are not staffed for use and approximately three beds on critical care are closed each day as available staff are deployed in a different way to mitigate safety concerns. Increased elective patient cancellations and rescheduling of in house urgent surgery have been a consequence which has resulted in poor patient experience and rising frustration amongst the clinical teams.

In response to this challenge the Trust has launched the Hospital Optimisation Project which is lead by the executive triumvirate of the Chief Operating Officer, Medical Director and Chief Nurse. The initial focus of the project is optimisation of the surgical pathways and capacity utilisation but it is envisaged that this will be followed by work to support Respiratory Medicine, Out-Patients and Cardiology.

Actions:

The key areas of focus identified from the initial project meeting are:

- Weekly planning meeting mapping planned activity to staffing and bed availability in both critical care and the wards. Planned activity can then be adjusted to reduce on the day cancellations.

- Default position that In House Urgent surgery is scheduling first on theatre lists

- Increasing the proportion of surgical Same Day admissions.

- Utilisation of the full bed base, using out-lying principles when safe to do so.

- Contain ECMO service within contracted level of three beds under the Respiratory ECMO service.

- Increased participation of the Transplant team in daily operational meetings to improve communication and reduce theatre downtime while waiting for transplant cases to commence.

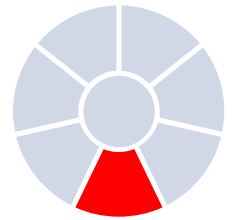- Renewed vigour in recruitment campaigns. This includes an on-site recruitment event on 22nd June.

Responsive

Performance summary

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

6 month performance trends

		Data Quality	Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	99.36%	99.42%	99.28%	99.31%	99.30%	99.30%
	18 weeks RTT (combined)*	3	92%	90.49%	90.91%	90.35%	90.94%	90.47%	90.28%
	Number of patients on waiting list	3	3,343	3545	3401	3370	3343	3274	3472
	52 week RTT breaches	3	0	2	0	0	0	0	0
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)**	3	85%	71.4%	100.0%	100.0%	80.0%	63.6%	66.7%
	31 days cancer waits**	3	96%	100.0%	100.0%	100.0%	100.0%	84.0%	81.4%
	Theatre cancellations in month	3	30	50	64	56	60	28	46
	% of IHU surgery performed <7 days of acceptance for treatment or transfer	3	95%	20.45%	34.21%	31.25%	19.04%	20.33%	21.42%
Additional KPIs	18 weeks RTT (cardiology)*	3	92%	89.45%	90.75%	92.60%	93.89%	94.72%	93.48%
	18 weeks RTT (Cardiac surgery)*	3	92%	78.02%	75.61%	74.76%	77.20%	73.32%	73.23%
	18 weeks RTT (Respiratory)*	3	92%	96.32%	96.72%	94.52%	94.12%	94.21%	94.65%
	62 days cancer waits post re-allocation (old rules)**	3	85%	71.4%	92.3%	100.0%	100.0%	81.8%	66.7%
	Acute Coronary Syndrome 3 day transfer %	3	90%	100.00%	100.00%	100.00%	100.00%	100.00%	99.33%
	Other urgent Cardiology transfer within 5 days %	3	90%	100.00%	100.00%	100.00%	100.00%	96.55%	100.00%
	% patients rebooked within 28 days of last minute cancellation	3	100%	96.97%	96.55%	75.00%	71.43%	79.07%	54.55%
	Outpatient DNA rate	4	9%	9.64%	8.35%	7.74%	8.02%	8.76%	8.32%
	Urgent operations cancelled for a second time (New 19/20)	New	0	1	0	1	3	0	3
	Total cancellations (New 19/20)	New	tbc	27	50	40	43	19	33

* - 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 not been included for M02 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 31cancer wait metric is still being validated

Summary of Performance and Key Messages:

RTT

Cardiology RTT: Cardiology reached the RTT standard in February 2019 and has sustained it for four consecutive months in spite of reduced capacity over the hospital move period. On this basis Cardiology has moved out of recovery and returned to business as usual.

Surgery RTT: Surgery saw a further decline in M2 of our RTT performance, however the service still remains ahead of trajectory by 2.01%. The reduction is a direct result of the restriction of capacity as part of the ramp down plans, ongoing staffing issues and bed closures, high numbers of cancellations and ongoing demands for the prioritisation of IHU patients.

Respiratory Medicine: Agreement has been reached with Cambridge and Peterborough CGG regarding the management of GP CSS patients, which will see 200 pathways and 30 breaches being removed from the Trust's RTT waiting list. This will return the Trusts waiting list size to target level and increase RTT performance for this speciality by 1%.

Theatre cancellations- there were 46 theatre cancellations in May. 8 were due the lack of availability of ward beds with 6 cases cancelled for emergency activity. Ward bed capacity was directly impacted by a reduced bed base due to the transition to the new hospital at the beginning of the month.

ACS 3 day transfer: One breach against the 3 day standard is reported in May. This was attributable to a failure of transportation of a patient from West Suffolk over the course of a bank holiday weekend.

IHU Performance: Performance in M2 has slightly improved however it 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. Work is ongoing through the quality improvement for which the Medical Director has become the Executive sponsor.

28 day rebooked cancellations:
Due to continual constraint's in capacity and the demand for IHU and Emergency activity, the service has seen a steep decline to our worst position in 6 months with 54.5% of patients rebooked and treated within 28days of initial cancellation with an increased number of patients having been multiple cancelled throughout this month. This issues is being reviewed as part of the Surgical Optimisation Group .

Responsive
Key performance challenges: RTT Recovery
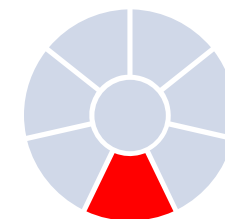
RTT Performance:

The Trust's RTT performance continues to exceed the performance anticipated through the recovery trajectory in spite of the step down in capacity associated with the move.

Cardiology has consistently delivered the 92% for four months and has now been stepped down from recovery to business as usual.

Agreement has been reached with Cambridge and Peterborough CCG for the resolution of GC Community Sleep Studies (CSS) which has adversely impacted on Respiratory performance in recent months.

Surgical performance is the key focus for support ward and critical care capacity has been constrained following the hospital move period.

Key risks:

- Potential risk of clinical harm to patients with long waiting times to treatment.

- Reputational risk to the Trust.

- Patient dissatisfaction with the service provided.

- Potential that referrers choose to refer to other centres.

- Financial risk to the Trust.

Key Actions:

- Continuation of work with surgery to prevent slippage. Adjustment between elective and non elective capacity continues to meet demand.

- Weekly forward view for RSSC bookings and unused capacity continues.

- Confirmation of CSS resolution with Cambridge and Peterborough CCG.

	Cardiology	Surgery	Respiratory Medicine	Overall
Pathways: Plan per Trajectory	1320	600	1350	3270
Pathways: Final May	1059	650	1758	3467
Variance	-261	50	408	197
Breaches: Plan per Trajectory	120	180	40	340
Breaches: Final May	69	174	94	337
Variance	-51	-6	54	-3
Achievement: Plan per Trajectory %	90.91%	70.00%	97.01%	89.59%
Achievement: Final May %	93.48%	73.23%	94.65%	90.28%
Variance	2.58%	3.23%	-2.36%	0.69%

Responsive
Spotlight on: Cancer Performance
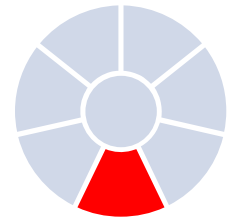
Escalated performance challenges:

The April upload for the 62 and 31 day CWT Performance was finalised on the 3rd June. As previously reported, April has been a very challenging month and we have unfortunately not met the standard for 62day performance under the old or new standards. The Trust has also not met the 31 day standards in April.

This deterioration in performance resulted from higher than expected levels of referrals and restricted capacity during the hospital move period.

	62 day waits									62 day under old rules			
	1. 62 day patients (Urgent GP Referral)			2. 62 day patients (including re-allocations)			3. 62 day patients Consultant Upgrade (post reallocation)				62 day under old rules before 38 day IPT			
	Target = 85%			Target = 85%			Target = 85%				Target = 85%			
	Total treated	Breaches	%	Total treated	Breaches	%	Total treated	Breaches	%	Status	Total treated	Breaches	%	Status
Apr-19	5.5	3.0	45.5%	5.5	2.0	63.6%	3.0	1.0	66.7%	Confirmed	5.5	1.0	81.8%	Confirmed

|	4. 31 day patients first treatment only		
	Target = 96%		
	Total treated	Breaches	%
Apr-19	25.0	4.0	84.0%

May performance also looks challenging with a further surge in referrals, ongoing national issues with tracer supply which affects access to PET CT scans, and the additional complication of longer turnaround times for Histopathology processing as part of the interim solution for Pathology.

Actions:

The key actions that are being taken to address performance are:

- Adjustments to optimise the interim Histopathology solution including the use of digital review of slides to facilitate early ordering of reflex testing.

- Transfer of Histopathology to CUH on 1st August as planned. This is on schedule with staff consultation commencing w/c 24th June 2019.

- Adjust treatment capacity with the addition of an additional thoracic operating day each week from 1st June.

- Close tracking of patients and escalation of delays in the pathway.

- Work closely with providers who refer to us late in the pathway to review the pathway timings and identify areas of improvement.

- Continue to liaise with the PET CT service to ensure timely access to scans.

People, Management & Culture
Performance summary
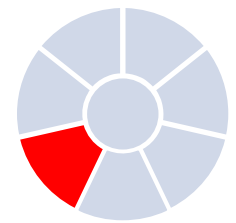
Accountable Executive: *Director of Workforce and Organisational Development* ***Report Author:*** *HR Manager Workforce*

6 month performance trends

|		Data Quality	Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Dashboard KPIs	Voluntary Turnover %	3	15.0%	19.60%	16.52%	16.64%	22.83%	24.43%	21.23%
	Vacancy rate as % of budget	4	5.50%	11.19%	10.61%	10.59%	11.01%	12.54%	15.17%
	% of staff with a current IPR	3	90%	91.14%	90.68%	90.29%	90.29%	89.09%	86.88%
	% Medical Appraisals	3	90%	91.59%	90.48%	88.46%	90.57%	89.62%	82.08%
	Mandatory training %	3	90.00%	89.35%	89.52%	86.81%	88.70%	72.38%	74.99%
	% sickness absence	3	3.5%	3.19%	3.91%	4.48%	2.26%	2.19%	2.46%
Additional KPIs	FFT – recommend as place to work	3	63.0%	55.00%	53.00%	51.00%	46.00%	57.00%	n/a
	FFT – recommend as place for treatment	3	80%	86.00%	88.00%	71.00%	73.00%	80.00%	n/a
	Registered nurse vacancies rate (**including** pre-registered nurses)	3	5.0%	2.24%	3.25%	3.32%	4.34%	5.11%	9.81%
	Registered nursing vacancy WTE (**including** pre-registered nurses)			n/a	n/a	n/a	n/a	33.71	58.39
	Registered nurse vacancies rate (**excluding** pre-registered nurses)	2	5.00%	9.08%	9.02%	9.02%	9.50%	9.13%	11.90%
	Registered nursing vacancy WTE (**excluding** pre-registered nurses)			59.79	59.41	59.38	62.59	60.21	80.39
	Unregistered nurse vacancies WTE (**including** pre-registered nurses)	3	10.00%	15.69	18.65	20.73	28.31	38.23	60.87
	Unregistered nursing vacancy rate (**including** pre-registered nurses)			7.28%	8.65%	9.58%	12.89%	17.12%	24.85%
	Unregistered nursing vacancy rate (**excluding** pre-registered nurses)	3	12.00%	28.16%	26.28%	26.90%	28.38%	29.58%	33.83%
	Long term sickness absence %	3	0.80%	0.84%	0.73%	0.00%	0.23%	0.54%	0.34%
	Short term sickness absence	3	2.70%	2.36%	3.18%	4.48%	2.03%	1.85%	2.12%
	Agency Usage (wte) Monitor only	3	Monitor only	61.5	71.6	72.9	82.3	59.7	53.5
	Bank Usage (wte) monitor only	3	Monitor only	51.5	56.9	51.5	66.3	65.5	47.7
	Overtime usage (wte) monitor only	3	Monitor only	46.8	60.0	59.6	73.6	73.6	51.2
	Turnover - Non medical starters	3	Monitor only	32.7	35.3	17.1	20.7	18.4	28.8
	Turnover - Non medical leavers	3	Monitor only	28.8	22.3	23.5	32.5	34.5	33.6
	Agency spend as % of salary bill	4	3.66%	6.06%	5.64%	5.30%	6.62%	6.05%	5.72%

Summary of Performance and Key Messages:
Key highlights in May are:

- Total turnover decreased to 21.23%. Nursing turnover was static from April with 7.4wte leavers.

- We were a net loser of staff by 4.8 wte in May. As in April the administrative and clerical staff group had the largest number of leavers. There was an increase in the number of new starters from April .

- The Trust vacancy rate increased to 15.2%. Total nurse vacancy rate (inc Pre-registered) increased to 9.8%. Excluding PRP staff the registered nurse vacancy rate increased to 11.9%. This increase in vacancy rates is as a result of an increase in budgeted posts in line with the implementation of the Gateway 2 workforce plan. There is a staged increase in establishment with a further increase occurring in October 2019. Unregistered nurse vacancies increased to 33.8% (excluding PRP staff). This vacancy rate is mitigated by the use of bank staff and by the PRP staff; the vacancy rate is 24.9 wte inclusive of PRP staff.

- Total IPR compliance reduced to 86.9%, below the 90% KPI. It has been challenging for managers to release time for appraisals during the move period and in the immediate period post-move.

- Sickness absence remained well below the KPI at 2.5%.

- Mandatory training compliance increased to 75%. The reduction in April was as a result of changes in the requirements in a number of competencies. Further details are provided in the Spotlight.

- We have moved to conducting a quarterly Pulse Survey and the Q1 survey will be undertaken in June. The survey will be updated to seek feedback on staffs experience of the new working environment and arrangements.

- Temporary staff use decreased during May. This reduction is linked to the annual leave ban which was implemented over the move period and the ending of temporary staffing cover in Estates and Facilities when we vacated the old site.

People, Management & Culture
Key performance challenges
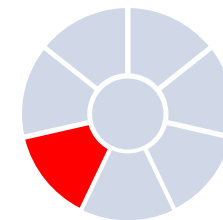
Escalated performance challenges:

- Turnover remains volatile in the period following the move.

- Vacancy rates have increased as a consequence of increased establishments and lower number of starters in the run up to and during the move period.

- Nurse vacancy rates are not evenly distributed. There remains high vacancy rates on a number wards and in particular on Respiratory and Surgical wards which is having an impact on our ability to open all our capacity.

- 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 increase in May 2019 as new staffing establishments are implemented.

- Staff engagement and well being is negatively impacted by the ongoing organisational change and new ways of working.

- Ensuring compliance with mandatory training and appraisal 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 vacancies.

Key actions in month:

- **Changes in budgeted posts:**

In May the revised workforce establishments developed in the Gateway 2 process were implemented. This has resulted in an increase in funded posts of 65.7 WTE which represents a 3.3% increase in our total funded establishment.
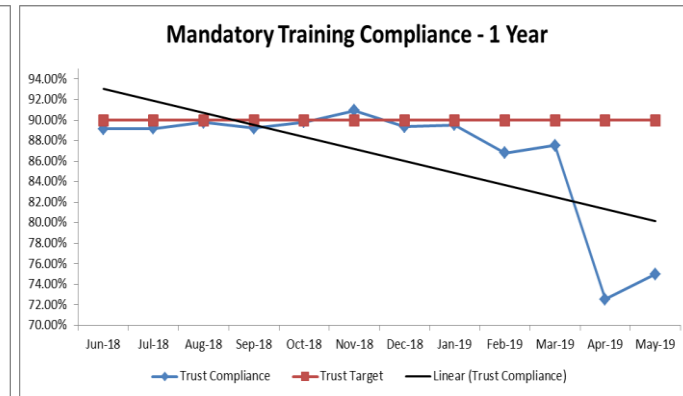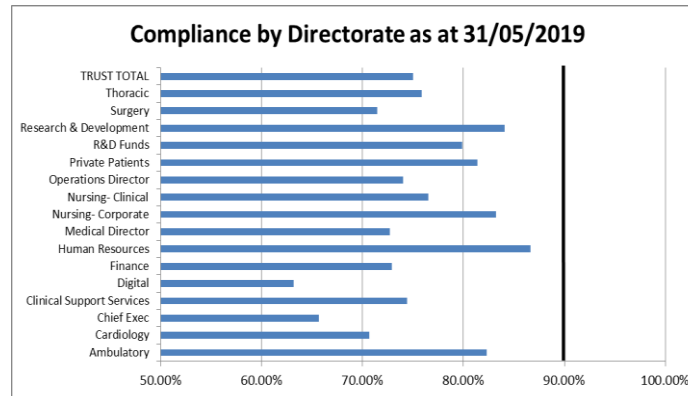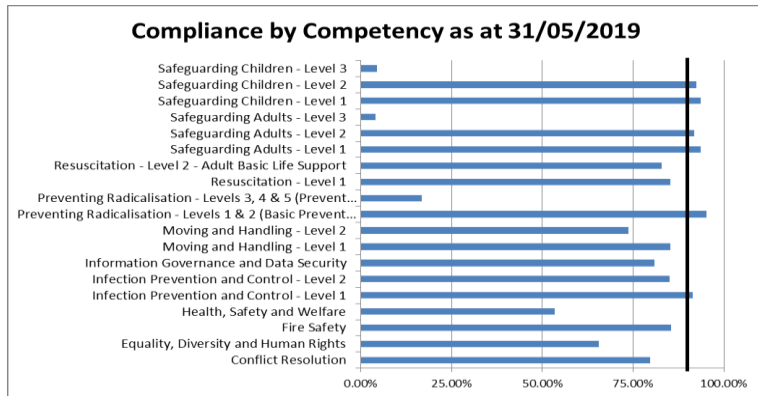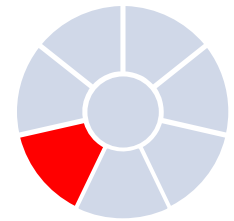
FUNDED POSTION BY STAFF GROUP	Mar-19	May-19	change
Add Prof Scientific and Technic	80.46	78.31	-2.15
Additional Clinical Services	339.44	364.91	25.47
Administrative and Clerical	409.87	414.4	4.53
Allied Health Professionals	87.42	87.79	0.37
Estates and Ancillary	73.52	95.59	22.07
Healthcare Scientists	98.57	98.64	0.07
Medical and Dental	230.43	226.78	-3.65
Nursing and Midwifery Registered	658.71	677.68	18.97
Grand Total	**1978.42**	**2044.1**	**65.68**

- **Recruitment:**

Following the move the pace of recruitment has been increased. Nurse recruitment events in the hospital are being held twice a month. We are also using all opportunities to promote working for the Trust in all media coverage of the move. A major recruitment event for Nurses and AHPs is being planned for 22 June 2019. This is a joint event with CUH. A social media campaign is being used to promote this. We will be interviewing applicants on the day.

People, Management & Culture
Spotlight on: Mandatory training

Compliance by Competency as at 31/05/2019

Compliance by Directorate as at 31/05/2019

Mandatory Training Compliance - 1 Year

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.

There are also non-CSTF competencies that the Trust has identified as being mandatory for certain staff groups/roles. These are detailed in the table below.

NON CSTF MANDATORY TRAINING REQUIREMENT	RENEWAL PERIOD
Blood Transfusion	tbc
Medicines Management	tbc
Medical Gases	1 year
Safeguarding People L4	3 years
Food Hygiene L	2 years

- 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. The significant deterioration in compliance in April was as a result in a change in the requirements for Safeguarding Training (see table on the right). We also introduced the requirement for refresher training in Equality and Diversity and Health, Safety and Wellbeing in order to achieve compliance with the CSTF requirements.
- 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 implemented. The Mandatory Training Policy and the Induction Policy have been updated and have been approved by the Quality and Risk Committee.
- At the beginning of June we published a brochure for all staff detailing the revised Training Needs Analysis and guidance on how to access training. We also provided staff with access to their individual compliance record. We continue to discuss the importance of being compliant with mandatory training requirements with managers through the weekly briefing and at Divisional Performance Meetings and with staff via staff comms and at Induction.
- Whilst compliance with Equality and Diversity and Health, Safety and Wellbeing are below 90% there has been a steady improvement since they were introduced in January 19.
- 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.

SAFEGUARDING TRAINING

Competency	Compliance %
Safeguarding Adults - Level 1	93.60%
Safeguarding Adults - Level 2	91.80%
Safeguarding Adults - Level 3	4.14%
Safeguarding Children - Level 1	93.60%
Safeguarding Children - Level 2	92.48%
Safeguarding Children - Level 3	4.42%

Safeguarding Levels 1 and 2 have consistently been above 90%.
Level 3 requirement has recently changed in that more staff are now required to complete this. Previously it was around 50 employees at a compliance of 60%, however now the requirement is over 1000 employees so the compliance has dropped drastically to less than 5% for both adults and children.

Transformation
Performance summary

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

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

Summary of Performance and Key Messages:

Operational Readiness: Transfer to business as usual is underway for those elements of the project that have longevity beyond the end July 2019 e.g. resource booking system, car parking. A lessons learned process is underway whilst the move to the Campus remains fresh and this will contribute to Stage 2 of the post project evaluation due at the end July 2019.

NPH Design, Construction & Enabling Works: Design and construction activities are completed, the building handed over, commissioned for use, occupied and now ramping toward its planned level of activity. Any remaining construction activity relates to Small Works Requests or programmed or reactive maintenance tasks, whilst equipping tasks are predominantly related to agreeing final accounts with suppliers. FM Services have mobilised but not to required standards. Turnaround activities are in place, managed via a Services Remedial Action Plan overseen by the PFI Project Company. Additional resources are being applied to ensure performance improvement. Decommissioning of the former site is in full progress and on target to meet the required vacation dates. Transfer to business as usual has been broadly achieved and project activity is therefore now focused upon closedown tasks.

CTP: The LMB construction remains on plan according to the revised construction dates and a likely service transfer date of 01/08/2019 remains. Work continues to integrate cardiology and respiratory services.

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 work plan 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 £1.77m** all of these schemes are being progressed with anticipated signoff and approvals to be completed by the end of June.

Corporate Projects: Pharmacy, Demand management and Clinical variation will commence June/July.

Total outstanding still to be identified = £3.35m

Transformation
Key performance challenges

Escalated challenges	Key Risks	Key Actions

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 £3.35m;

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;

1. 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 and the move has taken place. The challenge therefore converts from being one specific to a project for relocation to the business as usual issue of on-going recruitment and retention at the new location;

1. 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 £1.77m awaiting validation and further work to identify schemes is on going with all directorates and departments. 3 additional corporate schemes will commence June/July;

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 July 2019 . Issue escalated to the Chief Nurse and Chief Information officer.

Transformation
Spotlight on : New Papworth ORAC progress report

Monthly RAG rating

Summary of performance in figures:

PROGRESS REPORT - Confidence Assessments

Workstream	Lead	DEC	JAN	FEB	MAR	APR	MAY	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 overall green status reflects that only minimal amounts of specific project activity remain, of which the majority relate to either the decommissioning of the now vacant former site or to the formal actions of project closedown and preparation for post project evaluation activities.

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

Finance
Performance summary

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

6 month performance trends
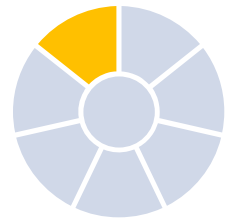
		Data Quality	Target	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Dashboard KPIs	Year to date EBITDA surplus/(deficit) £000s	5	£(704)k	£(894)k	£(612)k	£(71)k	£(1,371)k	£7k	£164k
	Year to date surplus/(deficit) £000s	5	£(2,362)k	£(6,991)k	£(7,495)k	£(7,421)k	£(10,235)k	£(767)k	£(1,478)k
	Cash Position at month end £000s	5	£10,196k	£25,725k	£26,047k	£25,363k	£22,719k	£14,220k	£18,779k
	Use of Resources rating	5	3	3	3	3	3	3	3
	Capital Expenditure YTD £000s	5	£3,799k pa (19/20)	£14,151k	£14,658k	£15,862k	£20,743k	£826k	£1,518k
	In month Clinical Income £000s	5	£12382k (current month)	£11,427k	£13,329k	£11,868k	£13,147k	£12,338k	£11,677k
	CIP – actual achievement YTD - £000s	4	£0k	£4,997k	£5,608k	£6,041k	£7,367k	£0k	£33k
	CIP – Target identified YTD £000s	4	£5,113k pa	£6,445k	£7,361k	£8,516k	£9,423k	£0k	£0k
Additional KPIs	Debtors > 90 days overdue	4	10%	27.4%	32.4%	30.4%	27.5%	19.8%	13.8%
	Capital Service Rating (New 19/20)	5	4	4	4	4	4	4	4
	Liquidity rating (New 19/20)	5	4	2	2	2	4	4	3
	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 £1.4m on both a Control Total basis excl. land sale and a net basis. This is favourable to plan by £0.9m, driven by:

o **EBITDA** is £0.9m favourable to plan year to date, EBITDA margin is 2.4% compared to planned margin levels of (1.8)%. This comprises:
  i. **Clinical income** is £0.6m adverse to plan after Guaranteed Income Contract (GIC) protection. This is due to 12.6% lower Outpatient activity than planned, a reduction of 7.8% Inpatient and day case activity together with lower level of Private Patient income. This has resulted in the GIC contributing £1.8m to the position, £0.4m ahead of plan.
  ii. **Pay expenditure** to date is £0.1m favourable to plan. This is driven by the saving from the 269 WTEs substantive vacancies, almost entirely offset by temporary staffing costs totalling £1.9m, which is an area of concern when compared to the activity delivered.
  iii. **Non pay expenditure** is £1.0m favourable to plan in month and £2.1m year to date. This YTD position is driven by lower expenditure on clinical supplies due to lower than planned activity levels, non-utilisation of contingency reserves totalling £0.5m and £0.6m relating to timing of old site decommissioning costs and new site project costs.
  iv. **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 £3.7m, 73% of the total CIP target.
o **Non-operating items** are ahead of plan due to the interest income received as a result of the favourable cash position.

The year to date **underlying position** is a deficit of £3.15m after non-recurrent and normalising items have been removed. The key adjustments include FRF/PSF funding of £1.54m, PFI transition funding £0.68m and New Papworth Hospital Programme expenditure £0.50m.

Forecast year end position remains in line with the planned control total break-even position, however, risk in regard to CIP and activity levels must be addressed to ensure its delivery.

Capital expenditure is £0.8m lower than plan year to date due to timing of new hospital equipping programme spend and is anticipated to catch up to plan in the coming months.

Cash is £8.6m favourable to plan due to the draw down of the £5.0m bridging loan earlier than planned, together lower capital expenditure and an improved working capital position.

Use of Resources metric is 3 for the month in line with the planned score.

Risk has increased relating to the land sale and level of delivered activity.

Finance
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 .	10	20	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.	10	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.	10	12	12	⬌
	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	20	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	⬌

Finance
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	£0.0 / 1.5%	£(0.3) / -20.9%		(1,792) / -20.2%	£0.1 / 6.7%	£(0.4) / -15.3%		(2,241) / -12.6%	2	↑
Clinical support services	£0.1 / 1.2%	£(0.7) / -5.7%	(190) / -9.8%	(1,792) / -20.2%	£0.1 / 1.5%	£(0.6) / -2.5%	(304) / -7.8%	(2,241) / -12.6%	2	↑
Cardiology	£0.0 / .8%	£(0.6) / -20.%	(87) / -13.2%	(857) / -25.1%	£0.1 / 1.6%	£(0.9) / -18.4%	(219) / -16.1%	(1,286) / -18.8%	2	↑
Surgery and transplant	£0.0 / .9%	£(0.4) / -12.%	37 / 11.9%	(78) / -10.8%	£(0.1) / -2.8%	£(0.1) / -7.5%	42 / 6.6%	(201) / -13.4%	2	↑
Thoracic / respiratory	£0.2 / 6.1%	£(0.2) / -10.1%	(140) / -14.4%	(669) / -18.9%	£0.0 / 1.6%	£(0.1) / -6.4%	(126) / -6.7%	(448) / -6.3%	2	↑
Nursing - Corporate	£0.1 / 7.4%	£(0.7) / -5.7%			£0.0 / 5.7%	£(0.6) / -2.5%			3	●
R&D	£(0.0) / -96.6%				£(0.1) / -240.2%				2	●
Digital	£(0.0) / -1.1%				£0.0 / .6%				4	●
Estates & facilities	£0.1 / 2.%				£0.3 / 11.1%				4	●
Other	£0.7 / 16.8%				£1.0 / 25.6%				4	●

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

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Directorate performance – key headlines

Adverse performance

Ambulatory – total outpatient activity was behind plan this month, by £0.3m, representing activity which is 20.2% lower than plan. Net cost for the directorate remains favourable to plan, by £0.09m, due to lower pay cost, with 23.95 WTE vacancies in month, which is a proportionately lower reduction than the decrease in activity.

Clinical Support Services – total expenditure was underspend against plan by £0.10m in the month, due to activity related ECMO and Critical Care consumables. Current vacancy position of 74.13 WTE and associated favourable pay variance is wholly consumed by bank, agency and overtime expenditure.

Cardiology – total expenditure was lower than plan by £0.03m, driven by clinical devices and consumables. Vacancies of 17.37 WTE continue to provide an underlying favourable pay variance, of £0.06m YTD, however bank, agency and overtime costs of £0.30m result in a net pay overspend of £0.24m. Clinical activity remains behind plan, with further reduction in activity level during May, being £0.57m adverse, increasing adverse YTD activity of £0.94m.

Surgery / Transplant – the YTD 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 during April, and the YTD day case activity.

Thoracic – clinical income was 10.1% below plan in the month, with a £0.21m adverse variance reported, reversing the favourable position achieved in April. YTD income is £0.06m adverse. As a result of reduced activity, YTD expenditure is favourable to plan by £0.04m, driven by reduced clinical consumable expenditure. There is an underlying favourable pay position generated by the 49.20 WTE's although this has been consumed by the level of temporary staffing utilised to deliver services.

R&D – adverse variance of £0.08m is driven by reduced income against plan for office rental, NIHR and CRN income. This position is anticipated to improve in the coming months as funding is received for other planned research projects.

HR – the Trust wide excess travel claims as a result of the move to new hospital remains largely unused, with £0.11m underspend YTD. Excluding this, the directorate has an underlying adverse run rate of £0.03m per month, driven by 9.1 WTEs over establishment levels compared to plan.

Areas with adverse budget variances are being managed via an escalation meeting with the senior finance team.