NHS
Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR)
# June 2019

July 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	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Trend
Cardiac Surgery	212	136	189	176	175	187	
Cardiology	759	640	762	617	591	576	
ECMO	11	14	6	38	52	76	
PTE operations	20	8	22	13	13	14	
RSSC	545	477	529	537	361	563	
Thoracic Medicine	421	380	412	380	380	399	
Thoracic surgery (exc PTE)	90	48	70	67	59	60	
Transplant/VAD	64	49	56	45	40	37	
Total Inpatients	**2,122**	**1,752**	**2,046**	**1,873**	**1,671**	**1,912**	
Outpatient Attendances	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Trend**
Cardiac Surgery	358	300	305	250	288	268	
Cardiology	3,729	3,442	3,633	2,895	2,522	2,861	
ECMO	0	0	0	0	0	0	
PTE	2	(2)	0	0	0	0	
RSSC	2,240	1,878	2,241	2,019	1,203	1,570	
Thoracic Medicine	2,019	1,802	1,916	1,698	1,661	1,928	
Thoracic surgery (exc PTE)	120	103	111	89	68	87	
Transplant/VAD	370	381	311	324	218	264	
Total Outpatients	**8,838**	**7,904**	**8,517**	**7,275**	**5,960**	**6,978**	

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)
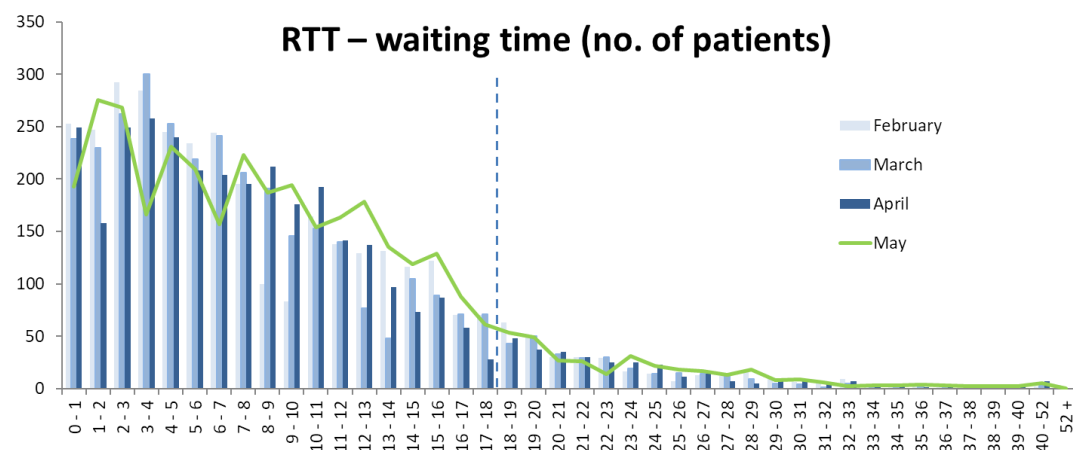
Reading guide

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
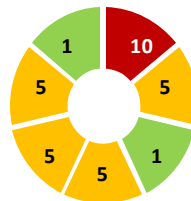
Overall Report Scoring

- **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 - RED

FAVOURABLE PERFORMANCE

EFFECTIVE: Same Day Admission: Cardiac surgery performance against M2 has improved in month as scheduling has been adjusted to place IHU cases at the start of operating lists where possible. The SDA optimisation group are working to improve the information provided to the booking team to support SDA booking. A new ICP is being launched to support this process and we expect to see an improvement in performance from August 19.

RESPONSIVE: Cardiology RTT: Cardiology reached the RTT standard in February 2019 and has sustained performance for five consecutive months. Commissioners have confirmed verbally through the monthly contract meeting that they consider this service recovered. And that the service has returned to business as usual.

PEOPLE, MANAGEMENT & CULTURE: Turnover - decreased to 11.1%. Nursing turnover reduced to 4.9wte leavers and we were a net gainer of registered nurses, admittedly by a small amount, and a net gainer of HSCW staff.

FINANCE: The Trust's year to date (YTD) position is a deficit of £1.7m on both a Control Total basis excl. land sale and a net basis. This is favourable to plan by £0.9m.

ADVERSE PERFORMANCE

SAFE: 1) Never Event / Serious Incident: The Trust has reported 1 Serious Incident in June. This was a retained guide wire in the operating theatre and classified as a Never Event – see key performance challenges for more detail. 2) **Safe Staffing:** The safe staffing fill rate for registered nurses is red (83.6%) for days and green (90.8%) for nights. Not all the beds are being used (while we wait for increased staffing), however the staffing templates on eRoster are appropriately set up for all the beds (therefore the fill rate is short of what is required for a full template). We therefore also use Care Hours Per Patient Day (CHPPD) as another measure to monitor safe staffing. This takes into account patient numbers against staff numbers; and CHPPD levels in these areas remain healthy.

CARING: FFT (Friends and Family Test): remains green for inpatients (97.8%), however has dropped to 85.5% in June for Outpatients. It is thought that this continues to be linked to settling in post move and continues to be closely monitored. The Outpatients team are working hard to return the results to their norm and are being very responsive to patient feedback.
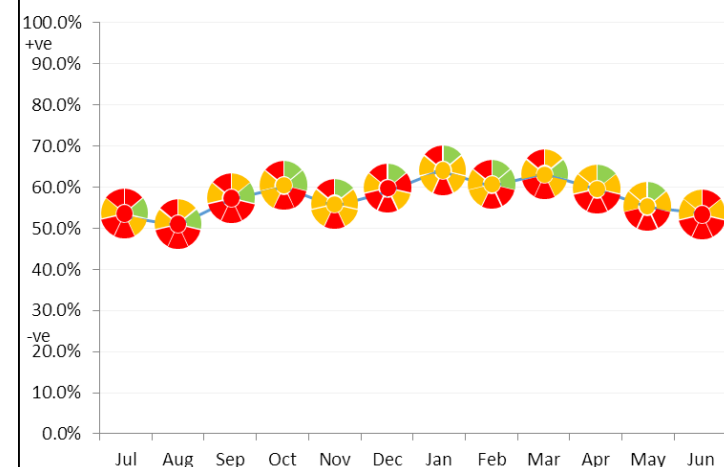
EFFECTIVE: 1) Bed occupancy recovered slightly in June but is well below the expected level post move. This reflects that a number of beds on floor 4 and 5 are on hold or "closed" following adjustments to staffing rosters as a response to staff safety concerns. Critical Care Bed occupancy increased to 90% in June, but this is based on a reduced bed base of 30 beds following interim adjustments to the staffing model. **2) Admitted Patient care activity** has been adversely impacted by bed constraints, with activity levels in excess of 200 hundred cases less than plan. Plans to re-open beds are being monitored through the Hospital Optimisation Group. **3) Theatre utilisation** reduced to 82.29% in month 3, as cancellations increased to 60 as a consequence of the constrained bed base.

RESPONSIVE: Theatre cancellations - Theatre cancellations increased to 60 in month 3, and the top 3 reasons for cancellations were no ward bed being available (13), transplant activity (9) and lack of critical care capacity (7). The full breakdown of cancellations can be found in the Effective section.

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 £1.1m which has improved from last month. £336k of additional schemes should receive sign off in July and further schemes just being validated will be progressed as soon as possible.

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 now relate to finalising payments to suppliers and populating the relevant asset registers. 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 including the first practical stage of the Post Project Evaluation.

At a glance – Balanced scorecard

Category	Metric	Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe*	Safety Thermometer harm free care	Jun-19	4	97%	98.24%	98.96%		
	Never Events	Jun-19	3	0	1	1		
	Moderate harm incidents and above as % of total PSIs reported	Jun-19	3	3%	0.86%	0.96%		
	Safer staffing – registered staff day / Safer staffing – registered staff night	Jun-19	3	90-100%	83.6% (90.8%)	89.33% (93.97%)		
	Number of C.Diff cases (sanctioned) year to date	Jun-19	5	5 pa	0	0		
	High impact interventions	Jun-19	3	97%	99.20%	98.47%		
	Falls per 1000 bed days	Jun-19	3	4	0.1	1.766666667		
	Sepsis - % patients screened and treated (New 19/20)	May-19	New	90%	100.00%	100.00%		
	Ward - Care hours per patient day / Critical Care - Care hours per patient day	Jun-19	3	7.8 (32.9)	11.8 (33)	12.77 (37.8)		
Effective	Bed Occupancy (excluding CCA and sleep lab)	Jun-19	4	85% (Green 80%-90%)	66.60%	66.44%		
	CCA bed occupancy	Jun-19	3	85% (Green 80%-90%)	90.00%	84.78%		
	Admitted Patient Care (elective and non-elective)	Jun-19	4	2148 (current month)	1912	5456		
	Cardiac surgery mortality EuroSCORE	Jun-19	3	3%	2.09%	2.00%		
	Same Day Admissions – Cardiac (eligible patients)	Jun-19	4	50%	40.00%	39.11%		
	Same Day Admissions - Thoracic (eligible patients)	Jun-19	4	40%	24.53%	29.72%		
	Theatre Utilisation	Jun-19	3	85%	82.3%	85.6%		
Responsive	% diagnostics waiting less than 6 weeks	Jun-19	3	99%	99.23%	99.28%		
	18 weeks RTT (combined)	Jun-19	3	92%	89.89%	89.89%		
	Number of patients on waiting list	Jun-19	3	3343	3580	3580		
	52 week RTT breaches	Jun-19	3	0	0	0		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Jun-19	3	85%	66.70%	65.50%		
	31 days cancer waits*	Jun-19	3	96%	90.90%	86.86%		
	Theatre cancellations in month	Jun-19	3	30	60	134		
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	Jun-19	3	95%	29.00%	23.58%		

Category	Metric	Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Caring	FFT score- Inpatients	Jun-19	4	95%	97.80%	97.30%		
	FFT score - Outpatients	Jun-19	2	95%	85.50%	90.60%		
	Number of complaints (12 month rolling average)	Jun-19	4	5.0	5.0			
	Mixed sex accommodation breaches (New 19/20)	Jun-19	New	0	0	0		
	Number of written complaints per 1000 WTE (New 19/20)	Jun-19	New	12.61	10.25	10.25		
	% of complaints responded to within agreed timescales	Jun-19	4	100%	100.00%	89.00%		
People Management & Culture	Voluntary Turnover %	Jun-19	3	15.0%	11.1%	18.8%		
	Vacancy rate as % of budget	Jun-19	4	5.5%	14.1%			
	% of staff with a current IPR	Jun-19	3	90%	88.77%			
	% Medical Appraisals	Jun-19	3	90%	84.91%			
	Mandatory training %	Jun-19	3	90%	74.62%	74.62%		
	% sickness absence	Jun-19	3	3.50%	2.94%	2.52%		
Finance	Year to date EBITDA surplus/(deficit) £000s	Jun-19	5	£(172)k	£670k			
	Year to date surplus/(deficit) £000s	Jun-19	5	£(2,641)k	£(1,706)k			
	Cash Position at month end £000s	Jun-19	5	£9,843k	£17,055k			
	Use of Resources rating	Jun-19	5	3	3	3		
	Capital Expenditure YTD £000s	Jun-19	5	£2,469k	£1,778k			
	In month Clinical Income £000s	Jun-19	5	£12319k	£11,821k	£35,836k		
	CIP – actual achievement YTD - £000s	Jun-19	4	£0	£50k	£50k		
	CIP – Target identified YTD £000s	Jun-19	4	£0k	£0k	£0k		
Transformation	CIP – project delivery	Jun-19	4					→
	Quality improvement programme delivery	Jun-19	New					→
	Digital programme delivery on track	Jun-19	3					→
	New Papworth ORAC - overall progress	Jun-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%	89.89%		90.73%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	90.90%	86.86%	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%	66.70%	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%	92.00%		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
					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	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-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	16	12	12	12	12	12	↔
Safe	BAF CQC Fundamentals of care	744	JR	6	Yes	15	15	15	10	10	10	↔
Safe	Potential for cyber breach and data loss	1021	AR	3	Yes	15	15	15	15	10	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	15	↓
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	25	↑
Effective	Hospital Optimisation	2249	JR	10	In progress	-	-	-	-	15	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	We will not utilise our expertise to 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	20	20	↔
Finance	Current Growth	2148	RC	12	In progress	-	-	-	-	25	25	↔
Finance	Capacity Assumptions	2149	RC	10	In progress	-	-	-	-	15	15	↔
Finance	Efficiency assumptions	2163	RC	12	In progress	-	-	-	-	15	15	↔

Safe
Performance summary

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

6 month performance trends
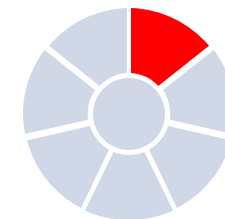
		Data Quality	Target	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Dashboard KPIs	Safety Thermometer harm free care	4	>97%	98.96%	97.22%	99.46%	100.00%	98.64%	98.24%
	Never Events	3	0	0	0	1	0	0	1
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	1.10%	1.20%	2.17%	0.83%	1.20%	0.86%
	Safer staffing – registered staff day	3	90-100%	92.2%	88.3%	87.2%	93.6%	90.8%	83.6%
	Safer staffing – registered staff night			95.3%	96.1%	98.1%	95.0%	96.1%	90.8%
	Number of C.Diff cases (sanctioned)	5	5 in year	0	0	0	0	0	0
	High impact interventions	3	97.0%	99.1%	98.8%	99.0%	97.2%	99.0%	99.2%
	Falls per 1000 bed days	3	<4	3.9	3.2	1.8	2.1	3.1	0.1
	Sepsis - % patients screened and treated (New 19/20)	New	90.0%	-	-	83.3%	-	-	Await data
	Ward - Care hours per patient day	3	>7.8	10.4	11.2	10.1	10.6	15.9	11.8
	Critical care - Care hours per patient day		>32.9	34.3	35.8	34.1	37.0	43.4	33.0
Additional KPIs	Number of Papworth acquired PU (grade 2 and above)	4	<4	2	1	1	0	2	1
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	3	0	2	1	2	2	2	1
	E coli bacteraemia	3	Monitor only	0	0	0	3	0	1
	Klebsiella bacteraemia	3	Monitor only	2	3	0	0	3	1
	Pseudomonas bacteraemia	3	Monitor only	0	0	0	0	1	0
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	2	3	5	2	4	3

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Safe' is **Good** dated 30.06.2019
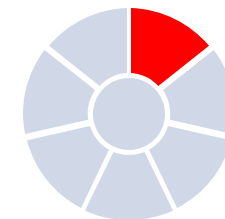
Never Event / Serious Incident: The Trust has reported 1 Serious Incident in June. This was a retained guide wire in the operating theatre and classified as a Never Event – see key performance challenges for more detail.

Safe Staffing: The safe staffing fill rate for registered nurses is red (83.6%) for days and green (90.8%) for nights. In some wards, days and nights fall short of the desired 90% fill rate that we aim for. Not all the beds are being used (while we wait for increased staffing), however the staffing templates on eRoster are appropriately set up for all the beds (therefore the fill rate is short of what is required for a full template).

We therefore also use Care Hours Per Patient Day (CHPPD) as another measure to monitor safe staffing. This takes into account patient numbers against staff numbers; and 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 11.8 for wards and 33.0 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. The eRostering Manager is continuing to work 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 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 Dec 2018 = 100% (33 patients; Q3, 2018/19); Mar 2019 = 83.3% (33 patients; Q4, 2018/19). Completed Jun 2019 (Q1, 2019/20) data was not available at the time of writing this report.

Safe
Key performance challenges

Escalated performance challenges:

The Trust has reported 1 SI in June; A retained guide wire in the operating theatre – this has been classified as a Never Event

SUI-WEB31119	
Brief description of the incident:	Patient being prepared for coronary artery bypass procedure. Central Line placed by Consultant Anaesthetist. Guidewire left in patient in error. Discovered next day by ICU team when reviewing chest x-ray. Confirmed with CT. Patient required unplanned CT and additional unplanned procedure to remove the guide wire
Description of the circumstances leading to the detection of the incident	Guide wire removal; check not completed. Checklist for confirmation of guide wire removal not completed. ODP performing different task at time of line insertion.
Interim Learning / Good Practice	To be increasingly vigilant when normal routine is interrupted. Pause Before You Pull and Stop Before You Drop posters updated and circulated. To be displayed in every theatre. Reminder at 07.30 safety briefing to ensure guidewire insertion line in and out. Consultant has undertaken personal reflection and shared this with Anaesthetic colleagues for immediate shared learning. All anaesthetic trainees have been informed and reminded of policy for central line insertion.

Key risks:

- Potential for patient harm – unplanned additional procedure to remove the wire

- Poor patient experience

- Potential risk of clinical negligence claim

- Poor compliance with require safety processes to prevent the incident

- Possible negative impact on staff morale and confidence

- Reputational risk

Key Actions:

- Immediate actions taken / control measures have been put in place.

- Guide wire subsequently removed percutaneously.

- Immediate sharing of the incident with Anaesthetic colleagues.

- Discussed at Safety Brief for all theatre staff 06/06/2019 and repeated to ensure wide dissemination and sharing.

- Discussed at ICU MDT.

- Full Duty of Candour undertaken with patient.

- Reported to CQC via NRLS upload.

- Reported to NHSI/E Senior Clinical Lead – East Region.

- Reported to CQC locality liaison lead.

Safe
Spotlight on: **Safe Staffing**
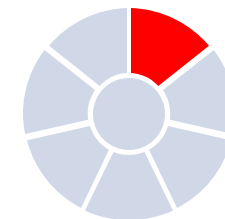
Background

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.

The safe staffing fill rate for registered nurses is red (83.6%) for days and green (90.8%) for nights. There are some individual inpatient areas that remain under the desired 90% fill rate. This is a breakdown of the June 2019 submission data:

Ward name	Day		Night		Care Hours Per Patient Day (CHPPD)	
	Average fill rate - registered nurses/mid wives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/mi dwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Overall
3 NORTH	59.8%	52.1%	83.3%	65.2%	439	10.1
3 SOUTH	96.5%	69.0%	94.4%	119.7%	903	9.9
4 N&S	78.8%	59.0%	99.0%	137.8%	737	10.7
5 NORTH	85.5%	69.2%	94.0%	137.3%	1080	10.2
5 SOUTH	65.8%	49.6%	77.8%	79.2%	442	18.0
CCA	108.2%	54.4%	96.2%	61.6%	872	33.0
Day Ward	90.6%	72.3%				

Comments

Shaded red in the left table; four out of six inpatient areas (3 North; 4 North /South; 5 North and 5 South) are under the 90% fill rate for registered nurses on days; and two also for nights (3 North and 5 South). Although not an inpatient area, Day Ward is included in this report for information.

3 North (days and nights): 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 and HCSW 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 and HCSW vacancies in this area and there is active recruitment in progress.

5 North (days): Where required, beds are temporarily closed in this area in support of safe staffing and skill mix. 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 and HCSW 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 and 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. There are RN and HCSW vacancies in this area and there is active recruitment in progress.

Across the Trust, there is a recruitment pipeline in very active progress led by Lynn Roberts, Head of Resourcing, in partnership with nursing recruitment and the clinical areas. A weekly Recruitment Focus Meeting chaired by the Chief Executive also started 10th July 2019, to support recruitment efforts.

At the time of writing (15.07.2019), June data hasn't been published for the Monthly Scorecard, 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	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Dashboard KPIs	FFT score - Inpatients	4	95%	95.8%	97.0%	95.5%	97.5%	96.6%	97.8%
	FFT score - Outpatients	2	95%	96.3%	98.0%	95.8%	97.9%	88.4%	85.5%
	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	10.0	6.7	7.8	7.8	10.2	10.3
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	67%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 (60% of complaints received)	6	1	5	5	3	tbc
	Number of complaints (12 month rolling average)	4	5 and below	5.5	4.8	4.4	4.5	4.8	5.0
	Direct Care Time - Activity follows completed in quarter	3	100%	-	-	100.0%	-	-	100.0%
	Direct care time	3	40%	-	-	38.7%	-	-	37.7%
	Direct Care Time - Number of wards > 40%	3	100%	-	-	50%	-	-	33%
	Number of complaints	4	5	7	1	6	7	5	6
	Number of recorded compliments	4	500	734	517	652	555	248	483

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Caring' is Outstanding dated 30.06.2019

Publication of CQC's 2018 Inpatient Survey: on the 13th June, the Chief Executive received a letter from the CQC to advise that we are one of the Trusts included in a separate special report, identified as a Trust that performed 'better' than expected compared to other trusts within the survey. This was because a higher proportion of patients responded positively about the care they had received.

FFT (Friends and Family Test): remains green for inpatients (97.8%), however has dropped to 85.5% in June for Outpatients. It is thought that this continues to be linked to settling in post move and continues to be closely monitored. The Outpatients team are working hard to return the results to their norm and are being very responsive to patient feedback. The *Spotlight On* slide looks at FFT in more detail, including benchmarking with other organisations.
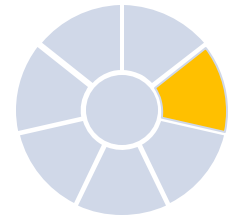
Complaints: the number of formal complaints in month (June 2019) is 6 – details are shown on the *Key Performance Challenges* slide for information. This is 10.3 written complaints per 1000 WTE. Monitoring the Number of written complaints per 1000 WTE is a benchmark figure based on the NHS Model Hospital to enable national benchmarking.
In Model Hospital (most recent quarterly data period is 31.03.2019); the peer median is 12.98 and the national median is 24.46; with a Trust value of 7.69. This places us in the green (lowest 25%) quartile when compared with others.

Direct Care Time: this is the first time reporting this measure at the new Royal Papworth Hospital. As such, we are reporting against six areas instead of eight. Two out of six wards are reporting over 40% Direct Care Time (3 South = 58%; Day Ward = 49%). The other percentages are: 5 North = 27%; 5 South = 32%; 4 North/South = 29%; and 3 North = 31%. In the wards with the lower percentages, some examples of recorded activity that isn't direct patient care include: 'motion' (time spent walking, collecting, returning for example); computer administration; handovers; and leadership duties. We will continue to monitor this as we settle in to our new environment.

Compliments: the number of recorded compliments for June is 483. This is a notable increase from May (where there were 248) and is closer to the number of earlier months. Colleagues across the Trust have recently been 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 and it is therefore encouraging to see this increase for June.

Caring
Key performance challenges

Escalated performance challenges:

The Trust has received six formal complaints in June. A summary is shown in the table below. Of the six, four are Outpatients and two are inpatients.
Looking at the details, there are no clear patterns or themes. One is a Private Patient unhappy with experience; one complaint is regards communication; one is about a delay in receiving results; one is regards care after a new diagnosis (care shared between two Trusts); one is regards problems with appointments/booking; and the final complaint received in June is regarding a complication after a procedure.

Date received	Reference	Speciality	I/O patient	Summary
03/06/2019	Q11920-17F PP	Other	Inpatient	Private Patient unhappy with facilities and experience
07/06/2019	Q11920-19F	Thoracic Services	Outpatient	Letter received via POwWER rep on behalf of patient re concerns regarding her CPAP machine and communication difficulties experienced when trying to contact department
07/06/2019	Q11920-20F	Cardiology	Outpatient	Patient has raised concerns regarding the delay in receiving the results of her CT scan.
18/06/2019	Q11920-23F	Cardiology	Outpatient	Patient unhappy with care and treatment he has received following diagnosis of HF (cardiology care provided at Bedford Hospital and Respiratory care at Papworth Hopsital)
18/06/2019	Q11920-24F	Cardiology	Outpatient	Patient unhappy having received appointment letters - told no appointment on system when attended on 2 occasions.
28/06/2019	Q11920-28F	Cardiology	Inpatient	Pt attended for CTI ablation for typical atrial flutter. Represented the following morning - vascular complication requiring stent of superficial femoral artery. Pt transferred from Royal Papworth to Addenbrookes for vascular treatment. Wishes to gain full understanding of what happened.

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 Poor patient expedience

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. Comments tbc
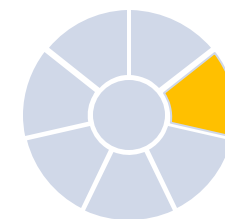
Caring
Spotlight on: Friends and Family Test - Outpatients

Overview:

The Outpatients Friends and Family Test (FFT) Recommendation Rate has dropped again in June. It is thought that this continues to be linked to settling in post move and continues to be closely monitored. The Outpatients team are working hard to return the results to their norm and are being very responsive to patient feedback.

Recommendation rate: 97.9% (April); 88.4% (May); and 85.5% (June). The Outpatient Matron is following up on some key themes where possible, through liaising with Estates; working with Volunteers to increase handing out the FFT; and looking at waiting times for Thoracic patients, which may be linked to being two consultants down currently. Some of the concerns are linked to signage on the roads (to Royal Papworth Hospital) and car parking, which are outside of the remit of the Outpatients leadership team, though are under review with campus partners.

Participation rate increased from 2.4% (April) to 2.7% (May), however has dropped again for June to 1.9%. One of the reasons for the deterioration in the participation rates percentage may be that Radiology was added to Outpatients, mid month, therefore less opportunity for the department to get responses matched to the increased months activity numbers. The Radiology Manager is proactively working with the team to increase response rates in this part of Outpatients.

The two tables below show May and June Outpatients FFT data for information.

May 2019

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%**

June 2019

Ward	Surveys returned	Patients discharged	Participation rate	Recommendation rate
Cardiac	82	3177	2.6%	90%
Thoracic	43	3391	1.3%	72%
Transplant	17	278	6.1%	100%
Radiology	3	933	0.3%	67%
TW	**145**	**7779**	**1.9%**	**85.5%**

The **Highest *Participation* rate** (Outpatients) June 2019 was from Transplant at 6.1% (this is 17 surveys returned out of 278 patients discharged). The highest number of surveys returned was Cardiac, with 82 surveys returned during June (of 3177 patients discharged); giving a participation rate of 2.6%.

The **Highest *Recommendation* rate** (Outpatients) June 2019 was for Transplant at 100%, followed by Cardiac at 90%.

Friends and Family Test (FFT) benchmarking (Inpatients and Outpatients)

For information, these are the latest published FFT % Recommended scores. **The latest national benchmarking data is May 2019** (at the time of writing PIPR 15.07.2019) (therefore the RPH data from the same month is included):

Inpatients
- Liverpool Heart and Chest Hospital NHS Foundation Trust = 100%
- Royal Papworth = 97%
- Royal Brompton and Harefield NHS Foundation Trust = 96%
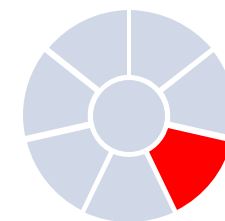- CUH = 96%
- England NHS = 96%
- NWAFT = 95%

Outpatients
- Liverpool Heart and Chest Hospital NHS Foundation Trust = 99%
- Royal Brompton and Harefield NHS Foundation Trust = 98%
- NWAFT = 96%
- CUH = 93%
- England NHS = 93%
- Royal Papworth = 88%

Effective
Performance summary

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

6 month performance trends

		Data Quality	Target	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	78.1%	76.5%	81.0%	74.5%	58.2%	66.6%
	CCA bed occupancy	3	85% (Green 80%90%)	93.1%	89.9%	92.8%	86.3%	78.0%	90.0%
	Admitted Patient Care (elective and non-elective)	4	2148 (current month)	2122	1752	2046	1873	1671	1912
	Cardiac surgery mortality EuroSCORE	3	<3%	1.73%	1.93%	1.88%	1.88%	2.04%	2.09%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	31.18%	30.19%	38.64%	43.53%	33.80%	40.00%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	45.28%	26.67%	43.18%	25.93%	38.71%	24.53%
	Theatre Utilisation	3	85%	86.12%	63.64%	82.79%	89.87%	84.62%	82.29%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	3	8.20	6.88	7.32	8.61	8.16	7.33	7.37
	Length of stay – Cardiac Elective – valves (days)	3	9.70	7.54	9.18	9.04	9.29	10.28	9.89
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	3	90%	89%	82%	93%	82%	79%	n/a
	Cath Lab Utilisation 6 (including 15 min Turn Around Times) *	3	70%	70%	64%	74%	72%	34%	n/a
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	90%	0%	0%	0%	0%	72%	80%
	CCA length of stay (LOS) (hours) - mean	3	Monitor only	112	151	122	125	107	91
	CCA LOS (hours) - median	3	Monitor only	32	46	44	46	47	42
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	5.09	5.13	5.51	5.14	4.68	4.87
	% Day cases	3	Monitor only	58.92%	59.83%	56.98%	56.71%	58.53%	82.29%

* Note - For May 2019 occupancy % for Cath Lab 6 relates to the hybrid catheter lab at New Papworth.

Summary of Performance and Key Messages:
Bed Occupancy
Bed occupancy recovered slightly in June but is well below the expected level post move. This reflects that a number of beds on floor 4 and 5 are on hold or "closed" following adjustments to staffing rosters as a response to staff safety concerns. Critical Care Bed occupancy increased to 90% in June, but this is based on a reduced bed base of 30 beds following interim adjustments to the staffing model. Admitted activity has been adversely impacted by bed constraints, with activity levels in excess of 200 hundred cases less than plan. Plans to re-open beds are being monitored through the Hospital Optimisation Group.

Theatre utilisation
Theatre Utilisation reduced to 82.29% in month 3, as cancellations increased to 60 as a consequence of the constrained bed base.

Cath Lab Utilisation: Work has begun on a number of initiatives to improve Cath lab efficiency now that the Trust is managing the staffing for all six Cath labs. This includes more effective use of the holding bay in terms of reducing the turn around time between patients.

Surgical LOS: CABG elective remains within its threshold with an improvement in LOS of valve cases against M2. The movement in length of stay reflects the case selection as simpler elective cases were selected to support bed closures however more complex long waiting patient where scheduled into June to support backlog in 18 weeks.

SDA: Cardiac surgery performance against M2 has improved in month as scheduling has been adjusted to place IHU cases at the start of operating lists where possible. The SDA optimisation group are working to improve the information provided to the booking team to support SDA booking. A new ICP is being launched to support this process and we expect to see an improvement in performance from August 19

Effective
Key performance challenges
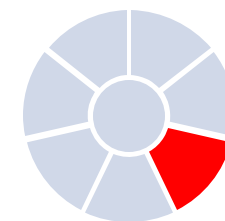
Theatre Cancellations

Cancellation code	Jun-19	Total
1a Patient DNA	1	2
1b Patient refused surgery	0	0
1c Patient unfit	1	9
1d Sub optimal work up	2	2
2a All CCA beds full with CCA patients	7	11
2b No ward bed available to accept transfer from CCA	13	26
2c Delay in repatriation of patient from CCA	0	0
2d No ward bed available	0	0
3a Critical Care	6	8
3b Theatre Staff	0	0
3c Consultant Surgeon	0	1
3d Consultant Anaesthetist	0	0
3e Other	3	3
4a Emergency took time	5	19
4b Transplant took time	9	19
4c ECMO/VAD took time	0	0
4d Additional urgent case added and took slot	3	10
4e Equipment/estate unavailable	2	7
5a Planned case overran	4	14
5b Additional urgent case added and took slot	0	1
5c Overruns delayed start	1	4
6a Scheduling issue	3	5
Total	60	141

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

Top reasons in month:
- **No ward bed available**
- **Transplant took time**
- **All CCA beds full with CCA patients**

Additional activity within theatres and CCA

 23 emergency/urgent procedures went through theatres – combination of transplants, returns to theatre and emergency explorations.
42 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.
92 additional emergency minor procedures also went through theatre.
On **16** occasions, the Theatre or CCA team was called out for retrieval or repatriation of patients.

Cath Lab Cancellations

Cath Lab Cancellations	
Reason	Jun-19
Emergency took time	13
Medical reasons	11
Clerical error	7
Patient did not arrive in time	3
Patient unfit for procedure	5
Cancelled by patient	3
Admitted But Treatment Deferred	0
Equipment Failure	2
Patient DNA	6
Bed Shortage	1
Previous case over ran	4
Procedure no longer required	2
Consultant unavailable	1
Infection control	0
Further tests	0
Various other reasons	6
Grand total	64

Spotlight on: Outpatients and Bookings
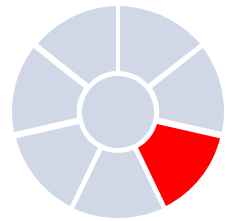
Issue - Outpatient Activity:
- Outpatient activity is 12.6% below plan in month 2
- 13.5% behind the comparator for 2018/19

Contributory factors :
- Withdrawn slots
- Withdrawn slots within clinics that are running
- Template issues
- No access plans for the slots
- No suitable patients ready
- No patients clinically appropriate to bring forward
- Service provides the patient details for the booking team to book
- Clinic cancellations under 6 weeks
- High short notice patient cancellations in some areas

Plan:
- Additional training for outpatient staff, clinical and non clinical – WC 22.07.19
- Effective communication between Booking team and Ops – On going
- Capacity and Demand review – August 2019 (Operational teams)
- Refresh of all available clinic capacity for July - 15.07.19
- Week commencing 15.07.19 review of available capacity in August – 18.07.19
- Weekly refresh of available capacity - Mondays
- Review clinic templates – August (Operational teams)
- No clinic cancellations under 6 week without COO authorisation – Immediate effect
- Robust clinic cancellation process – July 2019
- Compliance of template changes – SOP immediate effect
- Compliance of adhoc clinics – SOP immediate effect
- Overtime to book ahead – Saturday 20.07.19 - 5hrs (staff numbers to be confirmed)

Out-patient booking status as of 12th July 2019:

Templated Activity July (slots)	Withdrawn July (slots)	Booked July (slots)	Available July (slots)
4662	795	2452	1387

* Available slots to book include a large number of slots for nurse led telephone clinics and diagnostics which are not booked in advance on Lorenzo.
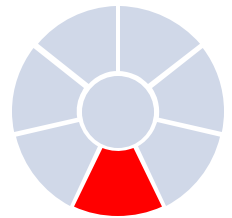
Slot Availability Breakdown July (slots)

Responsive

Performance summary

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

6 month performance trends

		Data Quality	Target	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	99.42%	99.28%	99.31%	99.30%	99.30%	99.23%
	18 weeks RTT (combined)*	3	92%	90.91%	90.35%	90.94%	90.47%	90.28%	89.89%
	Number of patients on waiting list	3	3,343	3401	3370	3343	3274	3472	3580
	52 week RTT breaches	3	0	0	0	0	0	0	0
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)**	3	85%	100.0%	100.0%	80.0%	66.7%	66.7%	66.7%
	31 days cancer waits**	3	96%	100.0%	100.0%	100.0%	84.3%	84.6%	90.9%
	Theatre cancellations in month	3	30	64	56	60	28	46	60
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	3	95%	34.21%	31.25%	19.04%	20.33%	21.42%	29.00%
Additional KPIs	18 weeks RTT (cardiology)*	3	92%	90.75%	92.60%	93.89%	94.72%	93.48%	92.66%
	18 weeks RTT (Cardiac surgery)*	3	92%	75.61%	74.76%	77.20%	73.32%	73.23%	74.78%
	18 weeks RTT (Respiratory)*	3	92%	96.72%	94.52%	94.12%	94.21%	94.65%	93.84%
	62 days cancer waits post re-allocation (old rules)**	3	85%	92.3%	100.0%	100.0%	83.3%	66.7%	66.70%
	Acute Coronary Syndrome 3 day transfer %	3	90%	100.00%	100.00%	100.00%	100.00%	99.33%	100.00%
	Other urgent Cardiology transfer within 5 days %	3	90%	100.00%	100.00%	100.00%	96.55%	100.00%	100.00%
	% patients rebooked within 28 days of last minute cancellation	3	100%	96.55%	75.00%	71.43%	79.07%	54.55%	91.18%
	Outpatient DNA rate	4	9%	8.35%	7.74%	8.02%	8.76%	8.32%	7.18%
	Urgent operations cancelled for a second time (New 19/20)	New	0	0	1	3	0	3	5
	Total cancellations (New 19/20)	New	tbc	50	40	43	19	33	43

** - 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 M 02 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 Recovery

Cardiology RTT: Cardiology reached the RTT standard in February 2019 and has sustained performance for five consecutive months. Commissioners have confirmed verbally through the monthly contract meeting that they consider this service recovered. And that the service has returned to business as usual.

Surgery RTT: Surgery saw an improvement of 1.55% in RTT performance against month 2, with a final position of 74.78%, which remains ahead of trajectory by 3.11%. The recent wave of cancellations have not to date impacted on performance but this is the constrained bed capacity is the biggest risk to delivery of recovery going forward. The focus of recovery of RTT is now primarily focused on Cardiac Surgery.

Respiratory RTT: Adjustments to the waiting list following resolution of the GP CSS issues have not been made as confirmation is awaited from the national RTT team. Once adjustments have been made it is anticipated that performance will improve by approximately 1% and the waiting list size will reduce by approximately 200 patients.

There are currently no 52 week risks in any speciality.

Theatre cancellations

Theatre cancellations increased to 60 in month 3, and the top 3 reasons for cancellations were no ward bed being available (13), transplant activity (9) and lack of critical care capacity (7). The full breakdown of cancellations can be found in the Effective section of this report.

**3 day and 5 day Transfer:** Performance returned to 100% as expected.

IHU Performance: Performance in M3 is slightly better against the 7 day standard at 29%. Performance against the 10 day service improvement project metric increases to 47%.

28 day rebooked performance:

In June, Surgery reported 1 x 28 day rebook breach due to a second cancellation of the same patient. Our final performance for June: 91.18% The number of urgent patients cancelled a second time increase to five due displacement with transplant activity and the constrained bed capacity.

Responsive

Key performance challenge: Surgical RTT Recovery
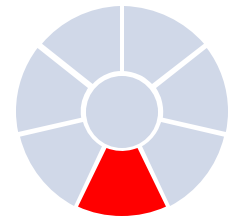
RTT Performance:

Surgical performance RTT performance continues to exceed the our current recovery trajectory in spite of stepdown in surgical elective activity and then the reduction in surgical beds due to a shortage of nursing staff

To achieve the RTT plan of 92% by March 2020 remains a challenge due to a number of influencing factors. To support the delivery of our plan, the surgical directorate has been identified as a primary area of focus for the Trust Optimisation Programme led by the executive team.

The plot of graph 1, shows performance from March 2018 (week 1) to July 2019 (week 68). Since week 56 (April 19) surgery has seen both an increase in the number of patients on our waiting list and the number exceeding 18 weeks since our move to the new campus in May 19 reflective of the reduction in activity and a high level of cancellations.

5 key factors influencing performance.

- Impact of ramp down/move to new campus

- High cancellations (lack of beds/ increase in emergency, transplant and IHU work)

- Bed reduction in Surgery and Critical Care due to ongoing safety concerns raised by staff.

- Launch of PP plus – Data quality and validation of waiting list numbers

- Constraints in administration and booking output.

Key Actions:

- Continue with collaborative working (Ops,CD,HON, nursing CCA and ward) to improve theatre utilisation.

- Provide a weekly forward planning update to executive.

- Continuation of Optimisation work steam projects

- Continue to review and make adjustment between elective and non elective capacity to meet demand.

- Continue waiting list validation work.

- Clinics to be booked 6 weeks in advance to support patient pathway.

Graph 1 trend equations: $y = -2.7195x + 749.84$, $R^2 = 0.4644$; $y = -2.2243x + 294.72$, $R^2 = 0.6559$
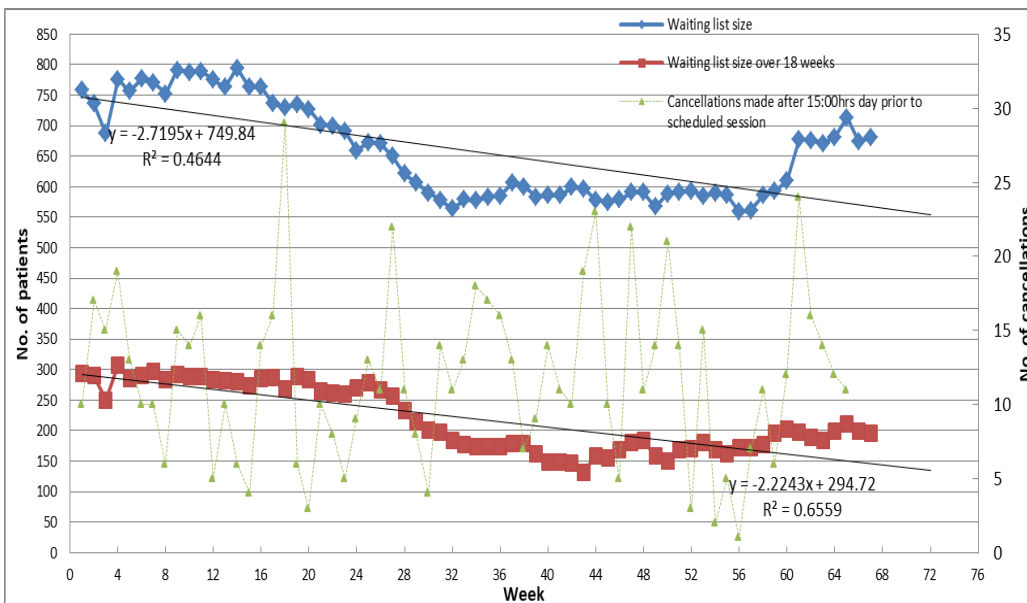
	Cardiology	Surgery	Respiratory Medicine	Overall
Pathways: Plan per Trajectory	1320	600	1350	3270
Pathways: June	1103	674	1803	3580
Variance	-217	74	453	310
Breaches: Plan per Trajectory	100	170	40	310
Breaches: June	81	170	111	362
Variance	-19	0	71	52
Achievement: Plan per Trajectory %	92.42%	71.67%	97.01%	90.52%
Achievement: June %	92.66%	74.78%	93.84%	89.89%
Variance	0.23%	3.11%	-3.17%	-0.63%

Responsive

## Spotlight on: Early review of Day Ward capacity and utilisation.
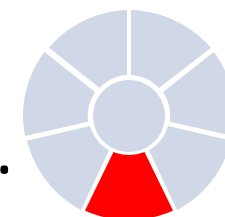
Planning Assumptions:

- Through the gateway process the Day Ward was funded and commissioned to open to 45 admissions per day, the majority of which are Day cases (Approximately 70%) but surgical admissions also managed through the Day ward.

- Day Ward does not have a fixed capacity because of the model of moving patients between trolley beds and chairs. The capacity will depend on how long the patient requires trolley bay recovery for, and what time this is required.

- Prior to moving a model of predicted activity was created with estimated lengths of stay in the trolley bay and lounge area to predict whether activity would fit. The model intended to demonstrate a 'highest case' scenario in terms of patient flow.

Activity Throughput:

Day Ward was the first area of the hospital to open to admissions and the team have been working to settle in and optimise patient flow through the ward.

Day Ward activity varies significantly by day, the mean is 33 admissions with 27 the lowest and 42 the highest over May and June 2019 (excluding the first two weeks of May). This is consistent with the numbers coming through day ward in the later months of 2018/19, although in the first half of 2018/19 average admissions were 38 per day.


Day ward activity by day
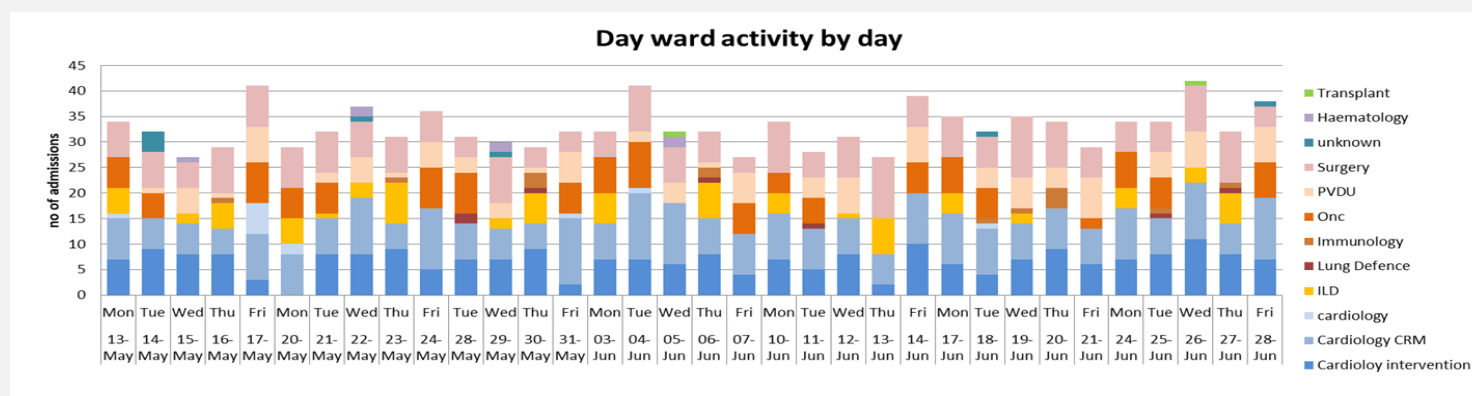
Whilst in theory Day Ward activity is based on a weekly schedule, there is still significant variation within the same weekday and staffing is adjusted accordingly. Possible reasons for differences include:

- Under-booking of lists – PVDU (has improved), ILD (holding capacity until 2nd cons and CUH activity moves over) Lung Defence activity is sporadic.

- Patients needing inpatient facilities rather than day ward (eg side rooms) – might apply to Oncology as activity is high.

- Activity not taking place through Day Ward – cardioversions, TOES, BPA, some R&D capacity. Model overestimating how many cases were likely to be on a list.

Work is underway to attempt to smooth the variation in demand and to further optimise use of the available capacity.

People, Management & Culture
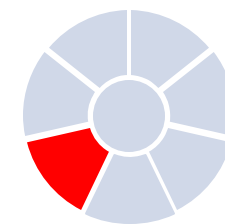
Performance summary

Accountable Executive: *Director of Workforce and Organisational Development* **Report Author:** *HR Manager Workforce*

6 month performance trends

|		Data Quality	Target	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Dashboard KPIs	Voluntary Turnover %	3	15.0%	16.52%	16.64%	22.83%	24.43%	21.23%	11.11%
	Vacancy rate as % of budget	4	5.50%	10.61%	10.59%	11.01%	12.54%	15.17%	14.10%
	% of staff with a current IPR	3	90%	90.69%	90.40%	90.29%	89.06%	87.32%	88.77%
	% Medical Appraisals	3	90%	90.48%	88.46%	90.57%	89.62%	82.08%	84.91%
	Mandatory training %	3	90.00%	89.52%	86.81%	88.70%	72.38%	74.99%	76.50%
	% sickness absence	3	3.5%	3.91%	4.48%	2.26%	2.19%	2.46%	2.94%
Additional KPIs	FFT – recommend as place to work	3	63.0%	53.00%	51.00%	46.00%	57.00%	n/a	n/a
	FFT – recommend as place for treatment	3	80%	88.00%	71.00%	73.00%	80.00%	n/a	n/a
	Registered nurse vacancies rate (**including** pre-registered nurses)	3	5.0%	3.25%	3.32%	4.34%	5.11%	9.81%	10.52%
	Registered nursing vacancy WTE (**including** pre-registered nurses)			n/a	n/a	n/a	33.71	58.39	62.77
	Registered nurse vacancies rate (**excluding** pre-registered nurses)	2	5.00%	9.02%	9.02%	9.50%	9.13%	11.90%	12.09%
	Registered nursing vacancy WTE (**excluding** pre-registered nurses)			59.41	59.38	62.59	60.21	80.39	82.1
	Unregistered nurse vacancies WTE (**including** pre-registered nurses)	3	10.00%	18.65	20.73	28.31	38.23	60.87	62.54
	Unregistered nursing vacancy rate (**including** pre-registered nurses)			8.65%	9.58%	12.89%	17.12%	24.85%	25.45%
	Unregistered nursing vacancy rate (**excluding** pre-registered nurses)	3	12.00%	26.28%	26.90%	28.38%	29.58%	33.83%	33.32%
	Long term sickness absence %	3	0.80%	0.73%	0.00%	0.23%	0.54%	0.34%	0.46%
	Short term sickness absence	3	2.70%	3.18%	4.48%	2.03%	1.85%	2.12%	2.48%
	Agency Usage (wte) Monitor only	3	Monitor only	71.6	72.9	82.3	59.7	53.5	55.2
	Bank Usage (wte) monitor only	3	Monitor only	56.9	51.5	66.3	65.5	47.7	54.7
	Overtime usage (wte) monitor only	3	Monitor only	60.0	59.6	73.6	73.6	51.2	90.7
	Turnover - Non medical starters	3	Monitor only	35.3	17.1	20.7	18.4	28.8	23.6
	Turnover - Non medical leavers	3	Monitor only	22.3	23.5	32.5	34.5	33.6	18.6
	Agency spend as % of salary bill	4	3.06%	5.64%	5.30%	6.62%	6.05%	5.72%	5.83%

Summary of Performance and Key Messages:

Key highlights in June are:

- Total turnover decreased to 11.1% and the annual rate at the end quarter 1 is 15.2%. Nursing turnover reduced to 4.9wte leavers and the annual rate at the end of Q1 is 9.9%. There was also a reduction in the number of HCSW leavers to 2 WTE.
- We were a net gainer of staff by 5 wte in June. We were a net gainer of registered nurses, admittedly by a small amount, and a net gainer of HSCW staff.

- The Trust vacancy rate decreased to 14.1%. Total nurse vacancy rate (inc Pre-registered) increased to 10.5%. Excluding PRP staff the registered nurse vacancy rate increased to 12.1%. There is further information on the nursing pipeline in the Spotlight section.

- Total IPR compliance increased to 88.8%, below the 90% KPI. It has been challenging for managers to release time for appraisals in the immediate period post-move and given the pressure on staffing levels in a number of areas. Nevertheless the Workforce Directorate continue to remind managers of the importance of all staff having the minimum of an annual review and provide support to those areas with low compliance.

- Sickness absence remained well below the KPI at 2.9%.

- Mandatory training compliance continued to improve to 76.5%. The reduction in April was as a result of changes in the requirements in a number of competencies. Progress continues to be made with improving compliance with Equality, Diversity and Inclusivity and Health, Safety and Wellbeing. We are finalising the approach to Safeguarding Level 3 training to meet the new requirements and will be issuing guidance to staff in July. The low level of compliance in Safeguarding Level 3 is pulling down the total aggregate compliance.

- We have moved to conducting a quarterly Pulse Survey and the Q1 survey was undertaken in June. There was a significantly improved response rate of 26%. Further information on the results are provided in Key Performance Challenges slides.

- Temporary staff use increased significantly in June primarily driven by an increase in overtime usage in Critical Care and Surgical Wards. This reflects the gaps in staffing levels in the Surgical Wards and the increased staffing levels being utilised in Critical Care as they adapt their ways of working to the new clinical environment. We are piloting CUH bank workers filling shifts in the hospital.

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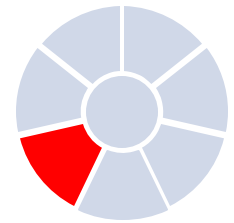
Escalated performance challenges:

- 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. This is significantly impacting our ability to provide the levels of activity required.

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

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

- Staff engagement and well being is negatively impacted as staff adapt to the new ways of working and increased travel time.

- 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 is not able to recruit the numbers of clinical and non-clinical staff to match turnover and meet increases in establishments as a result of new operating models post-move.

- Pay costs in excess of budget as a result of the cost of temporary staffing used to mitigate vacancies.

- Managers are unable to release staff to participate with mandatory training and appraisal reviews because of pressures on staffing levels.

Key actions in month:

Q1 Pulse Survey:

In June we ran the first quarterly staff survey post-move. We had adapted the survey to gain feedback on how they were experiencing the new working environment and arrangements. We asked some key questions about whether staff were having regular one to one with line managers and team meetings, raising concerns, communications and if they knew who the Freedom to Speak up Guardian was. We also asked the standard staff recommender questions.
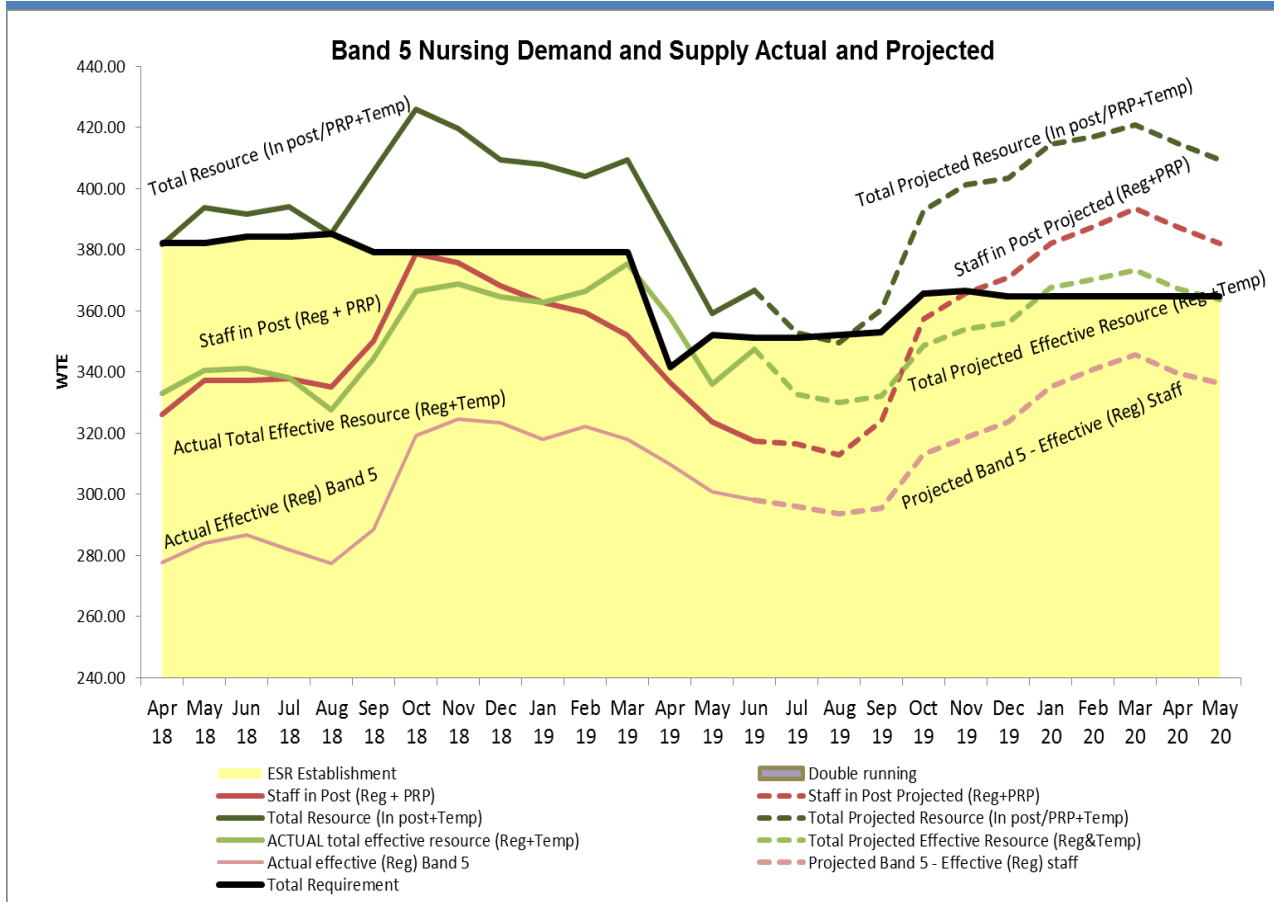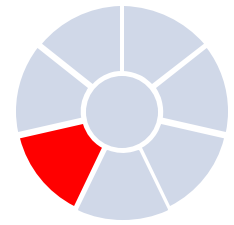
71.5% of staff felt that the move had gone well/was a good experience, 22.75% felt that it had partially gone well and only 5.8% felt it had not gone well and/or was a good experience. 28% of staff said that their journey to work was better than expected with 61% reporting that it was as expected. The staff recommender score as a place to be treated has improved significantly to 91%. This is better than the average for our peer group. The recommender score as a place to work improved to 60.1%. This remains lower than the national average of 63%. The key themes in the free text comments were concerns regarding the hot desking arrangements and working environment in the admin offices, work pressures particularly for administration staff and poor staffing level. A full report will be included in the Director of Workforce and OD report to the Trust Board.

BAME Network Meeting:

The 5Th BAME Network meeting took place in early June. Non-Executive Director, Cynthia Conquest attended and participated. The Network reviewed the revised Annual Leave Policy which had been changed to support staff and managers in requesting and considering requests for long periods of leave. The Network also discussed and agreed how the Trust could implement an approach to disciplinary issues to address any underlying unconscious bias.

People, Management & Culture
Spotlight on: Nurse Recruitment

Band 5 Nursing Demand and Supply Actual and Projected

Chart legend:
- ESR Establishment
- Staff in Post (Reg + PRP)
- Total Resource (In post+Temp)
- ACTUAL total effective resource (Reg+Temp)
- Actual effective (Reg) Band 5
- Total Requirement
- Double running
- Staff in Post Projected (Reg+PRP)
- Total Projected Resource (In post/PRP+Temp)
- Total Projected Effective Resource (Reg&Temp)
- Projected Band 5 - Effective (Reg) staff

- The chart above models the demand ice budgeted establishment for Band 5 nurses and turnover, against the projected pipeline from recruitment activity. At the time of writing this report our pipeline of new recruits had improved to approx. 68. The projections indicate that we will achieve a 5% vacancy rate including PRP staff in October 2019 and excluding PRP staff in March 2020.

- The extensive media coverage, supported by regular recruitment events has created increased interest in Royal Papworth Trust as a place to work. May and June saw an increase in nurse appointments as anticipated post-move, with July holding great promise to follow the trend.

- The 22 June Recruitment Open Day, working in collaboration with Cambridge University Hospitals, was a huge success with 20 healthcare support worker and 7 (of the original 8) nurse offers being processed from that event. There were in excess of 50 contacts to be followed up. A follow up event will be held in Nov this time expanding the event to include all staff groups and OCS.

- One area of nursing which remains challenging to recruit to Respiratory. A specific campaign is being developed for this, which will involve interviewing current staff to determine 'what a great day at work' is like and why they have chosen that area. This will enable a series of videos to be produced to increase understanding of the range of skills and experience that can be gained. Respiratory specific information events will also be promoted. There is also a focus on Theatres as they need to increase their workforce in preparation for the opening of Theatre 6

- The recent Nursing Apprenticeship advert received 100 applications and 45 have been shortlisted for joint interviews with Anglia Ruskin University to be held in July. There are 25 vacancies which will be evenly distributed across the wards and departments.

- We will continue with our very proactive approach to attraction.

- We have also seen an increase in the number of applications and appointments to HCSW roles.

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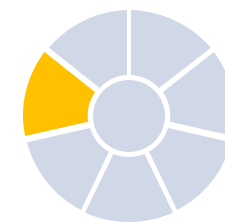
Accountable Executive: *Chief Operating Officer / Chief Finance Officer*   **Report Author:** *Project Director/Deputy Project Director/SIP Programme Manager*

	KPI	Data Quality	Target	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Dashboard KPIs	CIP – project delivery	4		Amber	Amber	Amber	Red	Red	Red
	Quality improvement programme delivery	New					Amber	Amber	Amber
	Digital programme delivery on track	3		Amber	Amber	Amber	Amber	Amber	Amber
	New Papworth ORAC - overall progress	4		Amber	Amber	Green	Green	Green	Green
Additional KPIs	PFI, Equipping & Estates - Design & Construction	3		Amber	Amber	Green	Green	Green	Green
	PFI, Equipping & Estates - Equipping	3		Amber	Amber	Green	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	Green	Green	Green	Green	Green
	Operational readiness - DORACS Clinical Delivery	3		Amber	Amber	Green	Green	Green	Green
	Operational readiness - DORACS Clinical Support	3		Green	Green	Green	Green	Green	Green
	Operational readiness - DORACS Office Policy	3		Amber	Green	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	Green	Green	Green	Green
	Workforce & Communications - Workforce Planning	3		Red	Amber	Green	Green	Green	Green
	ICT - ICT & Telecoms	3		Amber	Amber	Amber	Green	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 near completion for those elements of the project that have longevity beyond the end July 2019 e.g. resource booking system, car parking. The Stage 2 of the post project evaluation is near completion and is 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 now relate to finalising payments to suppliers and populating the relevant asset registers. 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 including the first practical stage of the Post Project Evaluation.

CTP: The LMB construction is complete and staff are under going consultation ahead of the service transfer date of 01/08/2019. 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 approved.
- **£0.1m** Is the agreed target for the Pathology Corporate project

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 £1.1m (which has improved from last month)** schemes are being progressed that have just missed this months deadline with anticipated signoff next week of schemes to the value of £346K (£336k 19/20 & £10k 20/21). There are further schemes just being validated that will be progressed as soon as possible.

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

Total outstanding still to be identified = £2.58m

Transformation
Key performance challenges
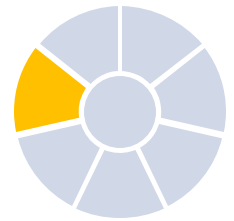
Escalated challenges	**Key Risks**	**Key Actions**

NPH Construction/Operational Readiness
1. Workforce – recruitment;
2. Effective pathology IT connectivity between RPH and CUH.

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.

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;
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. **Two year operational plan**

2. **Lorenzo Benefits**

3. **Lorenzo Benefit - realisation**

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 £2.54m;

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.

Service Improvement (SIP/CIP):

1. There is a pipeline of £1.176m awaiting validation and further work to identify schemes is on going with all directorates and departments. 3 additional corporate schemes will commence 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
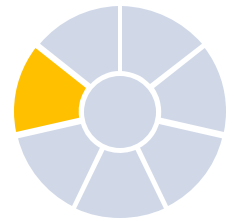
**Monthly RAG rating**

Summary of performance in figures:

PROGRESS REPORT - Confidence Assessments

Workstream	Lead	JAN	FEB	MAR	APR	MAY	JUN	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. As individual Work Streams complete, they are indicated as such by being shown in blue.

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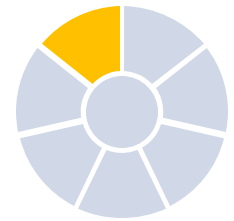
Finance
Performance summary

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

6 month performance trends

		Data Quality	Target	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Dashboard KPIs	Year to date EBITDA surplus/(deficit) £000s	5	£(172)k	£(612)k	£(71)k	£(1,371)k	£7k	£164k	£670k
	Year to date surplus/(deficit) £000s	5	£(2,641)k	£(7,495)k	£(7,421)k	£(10,235)k	£(767)k	£(1,478)k	£(1,706)k
	Cash Position at month end £000s	5	£9,843k	£26,047k	£25,363k	£22,719k	£14,220k	£18,779k	£17,055k
	Use of Resources rating	5	3	3	3	3	3	3	3
	Capital Expenditure YTD £000s	5	£3,799k pa (19/20)	£14,658k	£15,862k	£20,743k	£826k	£1,518k	£1,778k
	In month Clinical Income £000s	5	£12319k (current month)	£13,329k	£11,868k	£13,147k	£12,338k	£11,677k	£11,821k
	CIP – actual achievement YTD - £000s	4	£0k	£5,608k	£6,041k	£7,367k	£0k	£33k	£50k
	CIP – Target identified YTD £000s	4	£5,113k pa	£7,361k	£8,516k	£9,423k	£0k	£0k	£0k
Additional KPIs	Debtors > 90 days overdue	4	10%	32.4%	30.4%	27.5%	19.8%	40.7%	31.5%
	Capital Service Rating (New 19/20)	5	4	4	4	4	4	4	4
	Liquidity rating (New 19/20)	5	4	2	2	4	4	3	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 £1.7m on both a Control Total basis excl. land sale and a net basis. This is favourable to plan by £0.9m, driven by:

EBITDA is £0.5m favourable to plan year to date (EBITDA margin 1.61% favourable). This comprises:

i. **Clinical income** £1.1m adverse to plan after Guaranteed Income Contract (GIC) protection, due to lower activity of 11.5% in Outpatients, 11.0% in Inpatient and day case activity and lower levels of Private Patient income. This has resulted in the GIC contributing £2.2m, £0.7m more than planned.

ii. **Pay expenditure** to date is in line with planned levels. There is a substantive cost favourable variance driven by 271 WTEs vacancies, which is offset by temporary staffing costs totalling £2.7m. This remains an area of concern when compared to the activity delivered.

iii. **Non pay expenditure** is £0.5m favourable to plan in month and £2.6m year to date. This YTD position is driven by lower expenditure on clinical supplies due to activity levels and central procurement of defibs, non-utilisation of contingency reserves £0.7m, PFI contract volume adjustments / performance deductions of £0.2m and old site decommissioning and new site project costs of £0.3m.

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 £5.1m target). £0.4m of new schemes have progressed, these are assessed as high risk until fully approved and a further £0.8m are being worked up in the CIP pipeline.

Non-operating items are ahead of plan due to the interest income received as a result of the favourable cash position and reductions in depreciation.

In-month the Trust had a deficit of £0.2m, £0.06m favourable to plan. Staffing levels are above the comparable 2018/19 period, however, activity represents a 6.6% decrease compared to the average Q4 2018/19 run rate, indicating a significant loss of productivity following the move.

The **underlying position** after non-recurrent and normalising items have been removed, is a deficit of £3.5m year to date, deficit of £1.3m in-month. The key adjustments include FRF/PSF funding of £2.3m, PFI transition funding £1.0m and New Papworth Hospital Programme expenditure £0.7m.
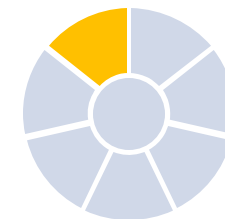
Forecast year end position remains in line with the planned control total break-even position, however, risk in regard to CIP and activity levels must be addressed to ensure its delivery.

Capital expenditure is £0.7m lower than plan year to date, relating to the timing of small works and blood fridges (£0.4m) and ongoing replacement underspends (£0.3m). The Trust has also reforecast its CDEL in line with an NHSI request linked to the land sale. This does not effect the overall capital programme, however, the programme has been reduced in month by £0.2m due to the national capital challenge to the local STP.

Cash is £7.2m favourable due to lower capital expenditure and 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	June Score	May 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	25	20	⬆	
	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 £15m 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	20	⬆	
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	5	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	6	6	↔	
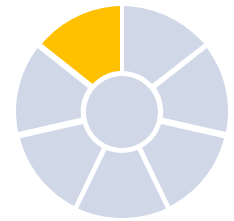
Finance
Spotlight on Directorate financial performance

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%	£(0.2) / -13.6%		(850) / -9.3%	£0.1 / 5.5%	£(0.6) / -14.7%		(3,092) / -11.5%	2	↑
Clinical support services	£0.0 / .1%	£(0.5) / -4.1%	(220) / -10.6%	(850) / -9.3%	£0.1 / 1.2%	£(1.1) / -3.1%	(655) / -11.%	(3,092) / -11.5%	2	↑
Cardiology	£0.3 / 5.3%	£(0.6) / -18.4%	(178) / -24.7%	(640) / -18.3%	£0.3 / 6.3%	£(1.5) / -18.8%	(408) / -19.6%	(1,927) / -18.7%	2	↑
Surgery and transplant	£0.1 / 1.9%	£(0.2) / -4.3%	16 / 4.9%	(56) / -7.1%	£0.0 / .%	£(0.2) / -7.3%	22 / 2.3%	(257) / -11.2%	3	↑
Thoracic / respiratory	£(0.0) / -.1%	£0.1 / 2.5%	(58) / -5.7%	(77) / -2.1%	£0.0 / .9%	£(0.0) / -5.8%	(269) / -9.3%	(525) / -4.9%	2	↑
Nursing - Corporate	£0.0 / .1%	£(0.5) / -4.1%			£0.0 / 3.8%	£(1.1) / -3.1%			3	●
R&D	£(0.0) / -43.2%				£(0.1) / -206.4%				2	↓
Digital	£0.1 / 8.7%				£0.1 / 9.1%				4	↓
Estates & facilities	£(0.1) / -3.7%				£0.2 / 4.5%				4	●
Other	£0.2 / 4.5%				£1.2 / 22.2%				4	↓

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

Directorate performance – key headlines

Adverse performance

Ambulatory – total outpatient activity was behind plan this month, by £0.2m, representing activity which is 13.6% lower than plan. Net cost for the directorate however is close to planned levels, with £0.03m favourable position, due to lower pay costs, with 22.07 WTE vacancies in month, which is a proportionately lower reduction than the decrease in activity.

Clinical Support Services – total expenditure was underspent against plan by £0.01m in the month, due to the Q1 recharge of Radiography related activity provided to R&D directorate during this period. There remains high levels of vacancies, currently 65.95 WTE, however the associated favourable pay variance is more than consumed by bank, agency and overtime expenditure.

Cardiology – total expenditure was lower than plan by £0.27m, driven by clinical devices and consumables. Vacancies of 13.09 WTE continue to provide an underlying favourable pay variance, of £0.05m YTD, however bank, agency and overtime costs of £0.33m result in a net pay overspend of £0.28m. Clinical activity remains behind plan, although activity levels and resultant income was higher this month, driven by both Pacemaker and Cardiology Other activity. Year to date income was £0.56m adverse, increasing adverse YTD activity of £1.50m.

Surgery / Transplant – the in month favourable position, as a result of no long term VAD device implants this month, has returned total expenditure back to plan YTD. Expenditure levels reported are high however, due to 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 the YTD day case activity.

Thoracic – Increased activity in PDVU and Oncology this month has returned the YTD income position back to plan. YTD expenditure also remains ahead of plan, by £0.04m, due to reduced clinical consumable expenditure. There is an underlying favourable pay position generated by the 54.45 WTE's although this is being consumed by the level of temporary staffing utilised to deliver services.

R&D – the adverse variance of £0.10m 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 £0.13m underspend YTD. Excluding this, the directorate has an underlying adverse variance of £0.13m, driven by 10.05 WTEs over establishment levels compared to plan.

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