



Royal Papworth Hospital
NHS Foundation Trust

Papworth Integrated Performance Report (PIPR) July 2019

August 2019



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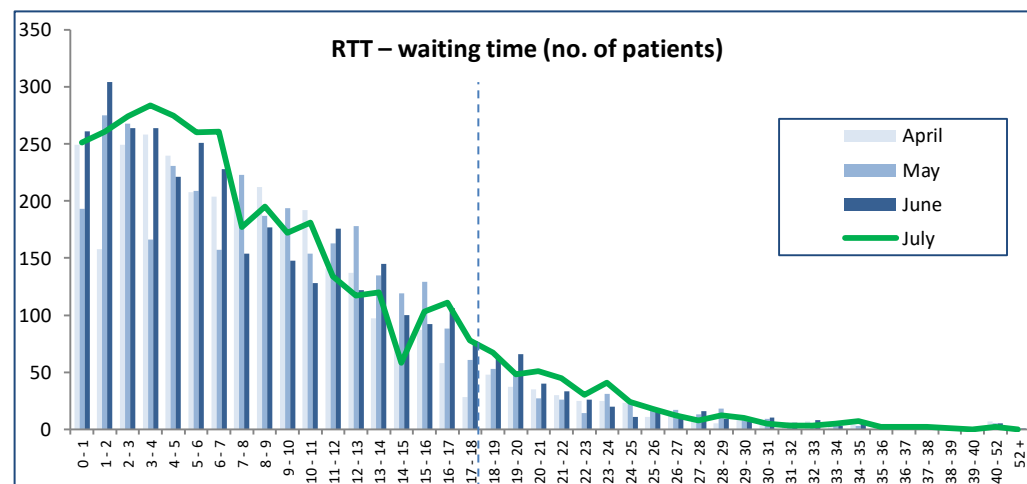
Context:

The activity table 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	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Trend
Cardiac Surgery	136	189	176	175	187	208	
Cardiology	640	762	617	591	576	733	
ECMO	14	6	38	52	76	46	
PTE operations	8	22	13	13	14	14	
RSSC	477	529	537	361	563	596	
Thoracic Medicine	380	412	380	380	399	477	
Thoracic surgery (exc PTE)	48	70	67	59	60	79	
Transplant/VAD	49	56	45	40	37	58	
Total Inpatients	1,752	2,046	1,873	1,671	1,912	2,211	
Outpatient Attendances	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Trend
Cardiac Surgery	300	305	254	359	387	516	
Cardiology	3,442	3,633	3,164	2,698	3,004	3,804	
ECMO	0	0	0	0	0	0	
PTE	(2)	0	0	0	0	0	
RSSC	1,878	2,241	2,063	1,214	1,588	1,737	
Thoracic Medicine	1,802	1,916	1,794	1,708	2,031	2,101	
Thoracic surgery (exc PTE)	103	111	89	68	87	88	
Transplant/VAD	381	311	324	218	264	314	
Total Outpatients	7,904	8,517	7,688	6,265	7,361	8,560	

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 (previously billed episodes)



Reading guide

The Papworth Integrated Performance Report (PIPR) is designed to provide the Board with a balanced summary of the Trust's performance within all key areas of operation on a monthly basis. To achieve this, the Trust has identified the Board level Key Performance Indicators ("KPIs") within each category, which are considered to drive the overall performance of the Trust, which are contained within this report with performance assessed over time. The report highlights key areas of improvement or concern, enabling the Board to identify those areas that require the most consideration. As such, this report is not designed to replace the need for more detailed reporting on key areas of performance, and therefore detailed reporting will be provided to the Board to accompany the PIPR where requested by the Board or Executive Management, or where there is a significant performance challenge or concern.

- **'At a glance' section** – this includes a 'balanced scorecard' showing performance against those KPIs considered the most important measures of the Trust's performance as agreed by the Board. The second dashboard includes performance against those indicators set by the Trust's regulators and reported externally.
- **Performance Summaries** – these provides a more detailed summary of key areas of performance improvement or concern for each of the categories included within the balanced score card (Transformation; Finance; Safe; Effective; Caring; Responsive; People, Management and Culture)

Key

KPI 'RAG' Ratings

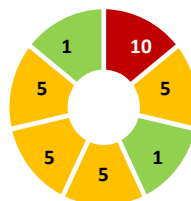
The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

Assessment rating	Description
Green	Performance meets or exceeds the set target with little risk of missing the target in future periods
Amber	Current performance is 1) Within 1% of the set target (above or below target) unless explicitly stated otherwise or 2) Performance trend analysis indicates that the Trust is at risk of missing the target in future periods
Red	The Trust is missing the target by more than 1% unless explicitly stated otherwise

Overall Scoring within a Category

Each category within the Balanced scorecard is given an overall RAG rating based on the rating of the KPIs within the category that appear on the balance scorecard (page 4).

- **Red (10 points)** = 2 or more red KPIs within the category
- **Amber (5 points)** = 1 red KPI rating within the category
- **Green (1)** = No reds and 1 amber or less within the category



Overall Report Scoring

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

Trend graphs



Within the balanced scorecard, each KPI has a trend graph which summarises performance against target from April 2018 (where data is available)

Data Quality Indicator

The data quality ratings for each of the KPIs included within the 'at a glance' section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI's is based on the views and judgement of the business owner for that KPI, and has not been subject to formal risk assessment, testing or validation. The Trust will consider development of a data quality assurance framework to provide greater clarity around quality of underlying data.

Rating	Description
5	High level of confidence in the quality of reported data. Data captured electronically in a reliable and auditable system and reported with limited manual manipulation with a full audit trail retained. Sufficient monitoring mechanisms in place to provide management insight over accuracy of reported data, supported by recent internal or external audits.
4	High level of confidence in the quality or reported data, but limited formal mechanisms to provide assurance of completeness and accuracy of reported information.
3	Moderate level of confidence in the quality of reported data, for example due to challenges within the processes to input or extract data such as considerable need for manual manipulation of information. These could effect the assurance of the reported figures but no significant known issues exist.
2	Lower level of confidence in the quality of reported data due to known or suspected issues, including the results of assurance activity including internal and external audits. These issues are likely to impact the completeness and accuracy of the reported data and therefore performance should be triangulated with other sources before being used to make decisions.
1	Low level of confidence in the reported data due to known issues within the input, processing or reporting of that data. The issues are likely to have resulted in significant misstatement of the reported performance and therefore should not be used to make decisions.

Trust performance summary

Overall Trust rating - **AMBER**

FAVOURABLE PERFORMANCE

CARING: FFT (Friends and Family Test): remains green for inpatients (97.8%). There has been a marked improvement in the Outpatient score for July (95.0%) following some targeted work and actions being taken by the teams in response to the feedback from our service users. Complaints have reduced in month and the number of compliments have increased in month.

EFFECTIVE: Theatre utilisation shows a continued improvement resulting from improved efficiencies. The productive theatre work is ongoing with good engagement from the relevant clinical teams.

PEOPLE, MANAGEMENT & CULTURE: The Trust vacancy rate decreased to 13.57%. Total nurse vacancy rate (inc Pre-registered) decreased to 9.31%. Excluding PRP staff the registered nurse vacancy rate decreased to 11.39%. Sickness absence remained well below the KPI at 2.8%.

FINANCE: The Trust's year to date (YTD) position is a deficit of £2.4m on both a Control Total basis excl. land sale and a net basis. This is favourable to plan by £0.7m. The domain has moved to a Green rated position in month due to the increase in clinical income seen in July.

ADVERSE PERFORMANCE

SAFE: The safe staffing fill rate for registered nurses remains red (83.8%) for days and green (92%) for nights. This is an improved position for both days and 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.

EFFECTIVE: **1) Surgical Euro Score:** whilst surgery remains within the threshold of 3% we have seen a slight increase in mortality over the last 3 months. This is being reviewed in our M&M meetings and no core themes have been attributed to this, other than the increase in the number of patients operated with greater co-morbidities and higher risk of complications. **2) Admitted patient care:** whilst July saw an increase in admitted patient care, activity remains below planned levels and a recovery plan has been developed by operational teams to recovery performance. **3) Same day admissions:** rates increased throughout July but remain below target. Pre-assessment continues to be the limiting factor especially for Thoracic surgery where patients are being turned around very quickly to deliver 31 and 62 day targets.

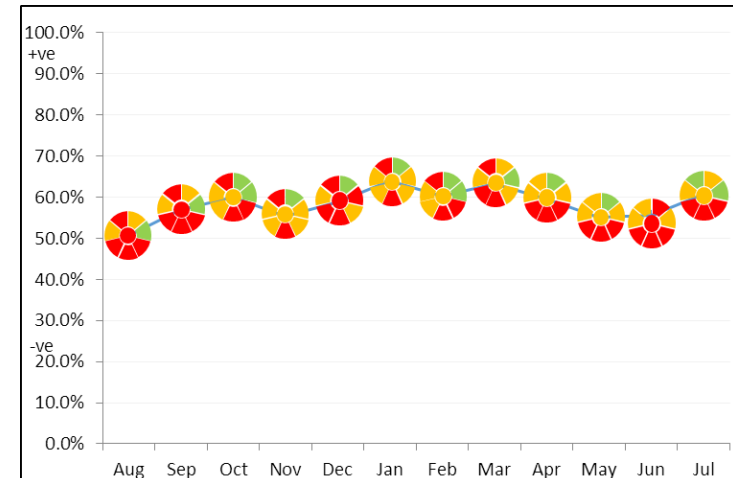
RESPONSIVE: The Trust's aggregate RTT position remains below 92% despite the sustained improvement in Cardiology and Surgical performance. This is because Respiratory RTT performance has deteriorated further and has failed to meet the standard for the first time due to 1) the Respiratory figures containing the GP Community Sleep Study patients that the Trust is managing on behalf of the CCG following the CCG's decision to decommission the service; and 2) capacity constraints driven by nursing shortages and access plan issues have resulted in reduced productivity and patient throughput. In addition, despite sustained improvement, Surgery has delivered performance just below the recovery trajectory where in previous moves performance was ahead of trajectory.

PEOPLE, MANAGEMENT & CULTURE: Total turnover increased to 15.05%; there was an increase in Nursing turnover from July with 6.17 WTE leavers. Mandatory training compliance decreased to 75.54% and remains below target. In addition, overall IPR compliance decreased to 88.3%, below the 90% KPI.

TRANSFORMATION: Service Improvement/Cost Improvement delivery is Red with £2.57m of the overall CIP target for 2019/20 of £5.11m still to be identified. To date there is a pipeline of £0.74m that is in the process of validation and sign off. There are further schemes just being validated that 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. 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 with escalation reports to the Strategic projects Committee if required in the future. Decommissioning of the former site is complete and in month we have announced successful bidders Global Healthcare Real Estate Ltd has bought the land to open a five-star health and wellness village comprising a country club and spa, convalescence and rehabilitation units, villas, and apartments.



At a glance – Balanced scorecard

	Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend			
Safe*	Safety Thermometer harm free care	Jul-19	4	97%	98.78%	98.92%			Caring	FFT score- Inpatients	Jul-19	4	95%	97.70%	97.40%			
	Never Events	Jul-19	3	0	0	1				FFT score - Outpatients	Jul-19	2	95%	95.00%	91.70%			
	Moderate harm incidents and above as % of total PSIs reported	Jul-19	3	3%	0.26%	0.79%				Number of complaints (12 month rolling average)	Jul-19	4	5.0	5.0				
	Safer staffing – registered staff day Safer staffing – registered staff night	Jul-19	3	90-100%	83.8% (92%)	87.12% (93.18%)				Mixed sex accommodation breaches (New 19/20)	Jul-19	New	0	0	0			
	Number of C.Diff cases (sanctioned) year to date	Jul-19	5	11 pa	0	0				Number of written complaints per 1000 WTE (New 19/20)	Jul-19	New	12.61	8.00	8.00			
	High impact interventions	Jul-19	3	97%	99.60%	98.75%				% of complaints responded to within agreed timescales	Jul-19	4	100%	100.00%	91.75%			
	Falls per 1000 bed days	Jul-19	3	4	1.37	1.6675			People Management & Culture	Voluntary Turnover %	Jul-19	3	15.0%	15.1%	17.8%			
	Sepsis - % patients screened and treated (New 19/20)	Jun-19	New	90%	-	100.00%				Vacancy rate as % of budget	Jul-19	4	5.5%	13.6%				
	Ward - Care hours per patient day Critical Care - Care hours per patient day	Jul-19	3	7.8 (32.9)	12.1 (35)	12.6 (37.1)				% of staff with a current IPR	Jul-19	3	90%	88.33%				
Effective	Bed Occupancy (excluding CCA and sleep lab)	Jul-19	4	85% (Green 80%-90%)	69.80%	67.28%				% Medical Appraisals	Jul-19	3	90%	88.89%				
	CCA bed occupancy	Jul-19	3	85% (Green 80%-90%)	85.00%	84.83%				Mandatory training %	Jul-19	3	90%	74.85%	74.85%			
	Admitted Patient Care (elective and non-elective)	Jul-19	4	2325 (current month)	2118	7434			% sickness absence	Jul-19	3	3.50%	2.80%	2.59%				
	Cardiac surgery mortality EuroSCORE	Jul-19	3	3%	2.22%	2.06%			Finance	Year to date EBITDA surplus/(deficit) £000s	Jul-19	5	£692k	£1,330k				
	Same Day Admissions – Cardiac (eligible patients)	Jul-19	4	50%	41.82%	39.79%				Year to date surplus/(deficit) £000s	Jul-19	5	£(3,229)k	£(2,442)k				
	Same Day Admissions - Thoracic (eligible patients)	Jul-19	4	40%	37.93%	31.77%				Cash Position at month end £000s	Jul-19	5	£8,658k	£13,513k				
	Theatre Utilisation	Jul-19	3	85%	86.8%	85.9%				Use of Resources rating	Jul-19	5	3	3	3			
% diagnostics waiting less than 6 weeks	Jul-19	3	99%	99.30%	99.28%			Capital Expenditure YTD £000s		Jul-19	5	£2,616k	£1,972k					
18 weeks RTT (combined)	Jul-19	3	92%	89.27%	88.94%			In month Clinical Income £000s		Jul-19	5	£12617k	£12,598k	£48,434k				
Number of patients on waiting list	Jul-19	3	3343	3725	3725			CIP – actual achievement YTD - £000s		Jul-19	4	£22	£67k	£67k				
52 week RTT breaches	Jul-19	3	0	0	0			CIP – Target identified YTD £000s	Jul-19	4	£22k	£22k	£22k					
62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Jul-19	3	85%	71.40%	65.50%			Transformation	CIP – project delivery	Jul-19	4						→	
31 days cancer waits*	Jul-19	3	96%	100.00%	86.86%				Quality improvement programme delivery	Jul-19	New						→	
Theatre cancellations in month	Jul-19	3	30	56	190				Digital programme delivery on track	Jul-19	3						→	
% of IHU surgery performed < 7 days of acceptance for treatment or transfer	Jul-19	3	95%	25.00%	23.94%				New Papworth ORAC - overall progress	Jul-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	1	3	0		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	88.94%		90.73%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	100.00%	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%	71.40%	67.88%	93.3%		Current month provisional as going through verification process. Data is after reallocations
VTE	Number of patients assessed for VTE on admission	3	95%	93.25%		92.22%		Clinical Governance are reviewing data quality regards this metric with Lorenzo
Finance	Use of resources rating	5	3	3	3	3	3	

2. 2019/20 CQUIN

	Scheme	Total Available 19/20		YTD Available	Achievement		Comments	
		£'k	%		£'k	Q1		YTD
						£'k		£'k
NHSE	GE3 Hospital Medicines Optimisation trigger 5	£73.67	10%	£18.42	-	-	Q1 achievement not yet confirmed	
	Rethinking conversations/Shared decision making	£250.47	34%	£0.00	-	-	Q1 achievement not yet confirmed	
	NSTEMI pathway	£206.27	28%	£51.57	-	-	Q1 achievement not yet confirmed	
	Cardiac Clinical Network	£206.27	28%	£10.31	-	-	Q1 achievement not yet confirmed	
	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	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-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	12	12	12	12	12	12	↔
Safe	BAF CQC Fundamentals of care	744	JR	6	Yes	15	15	10	10	10	10	↔
Safe	Potential for cyber breach and data loss	1021	AR	3	Yes	15	15	15	10	10	15	↑
Safe	Optimisation of the EPR systems	1787	JR	6	Yes	12	12	12	12	12	12	↔
Safe	Turnover in excess of target and will increase as a result of the move	1853	OM	6	Yes	16	16	16	16	16	16	↔
Safe	Unable to recruit number of staff with the required skills/experience	1854	OM	6	Yes	16	16	16	16	16	20	↑
Effective	Delivery of Efficiency Challenges - CIP Board approved	841	EM	12	Yes	20	20	20	20	20	20	↔
Effective	Delivery of Efficiency Challenges - CIP targets	843	EM	12	In progress	20	20	20	20	20	20	↔
Effective	Current Trading	2145	EM	12	In progress	-	-	-	20	25	25	↔
Effective	Hospital Optimisation	2249	JR	10	In progress	-	-	-	15	15	15	↔
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	20	20	20	↔
Finance	Master Development and control plans - sales dates	874	RC	10	Yes	10	10	10	10	10	15	↑
Finance	Current Growth	2148	RC	12	In progress	-	-	-	25	25	25	↔
Finance	Capacity Assumptions	2149	RC	10	In progress	-	-	-	15	15	15	↔
Finance	Efficiency assumptions	2163	RC	10	Discussed at E	-	-	-	15	15	15	↔

Performance summary

Accountable Executive: Chief Nurse
6 month performance trends

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



	Data Quality	Target	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	
Dashboard KPIs	Safety Thermometer harm free care	4	>97%	97.22%	99.46%	100.00%	98.64%	98.24%	98.78%
	Never Events	3	0	0	1	0	0	1	0
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	1.20%	2.17%	0.83%	1.20%	0.86%	0.26%
	Safer staffing – registered staff day	3	90-100%	88.3%	87.2%	93.6%	90.8%	83.6%	83.8%
	Safer staffing – registered staff night			96.1%	98.1%	95.0%	96.1%	90.8%	92.0%
	Number of C.Diff cases (sanctioned)	5	5 in year	0	0	0	0	0	0
	High impact interventions	3	97.0%	98.8%	99.0%	97.2%	99.0%	99.2%	99.6%
	Falls per 1000 bed days	3	<4	3.2	1.8	2.1	3.1	0.1	1.37
	Sepsis - % patients screened and treated (New 19/20)	New	90.0%	-	83.3%	-	-	100.00%	-
	Ward - Care hours per patient day	3	>7.8	11.2	10.1	10.6	15.9	11.8	12.1
Critical care - Care hours per patient day	>32.9		35.8	34.1	37.0	43.4	33.0	35.0	
Additional KPIs	Number of Papworth acquired PU (grade 2 and above)	4	<4	1	1	0	2	1	1
	MRSA bacteraemia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	3	0	1	2	2	2	1	0
	E coli bacteraemia	3	Monitor only	0	0	3	0	1	0
	Klebsiella bacteraemia	3	Monitor only	3	0	0	3	1	1
	Pseudomonas bacteraemia	3	Monitor only	0	0	0	1	0	0
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	3	5	2	4	3	1

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Safe' is Good dated 30.06.2019 (as at 07.08.2019)

Safe Staffing: The safe staffing fill rate for registered nurses remains red (83.8%) for days and green (92%) for nights. This is an improved position for both days and 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, the CHPPD indicator remains healthy and in green at 12.1 for wards and 35.0 for Critical Care. This is also an improvement on the previous month.

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).

Jun 2019 = 100% (13 patients; Q1, 2019/20). This means that the 13 patients who met the criteria for sepsis screening during April, May and June 2019; had their screening completed as required and also had their IV antibiotics given within the hour.



Key performance challenges

Escalated performance challenges:

Clostridium difficile: Clostridium difficile (C.Diff) is bacteria that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics. It can spread easily to others. C. Diff infections are unpleasant and can sometimes cause serious bowel problems, but they can usually be treated with certain antibiotics after Microbiology advice.

Royal Papworth Hospital, July 2019: While the number of C.Diff cases sanctioned (i.e. counted against our trajectory) so far this reporting year, remains zero, we have noticed an increase in C.Diff cases at Royal Papworth Hospital. During July, there has been one *C.Diff toxin positive* and four *C.Diff equivocals*. This is unusual for us.

Definition and information: different tests are performed to detect C.Diff. An *equivocal* result indicates that a toxigenic strain of C.difficile may be present, but toxin production has not been identified. We would treat an *equivocal* result on a patient by patient basis and these do not require a RCA (root cause analysis) and scrutiny panel.

However, all *toxin positive* patients, are always treated with specialist advice from the Consultant Microbiologist, as it is the toxin positive C.Diff that can make some patients very unwell and could potentially contribute to a patients death. Every confirmed *toxin positive* C.Diff has a RCA completed and is discussed at a multi-disciplinary scrutiny panel with the CCG in attendance.

For our July cases, the Infection Control Consultant and team created a time line which has shown none of the patients have actually met directly. However it has been noted that all the patients have been on Critical Care and/or 3 South around about the same time period (June to July 2019). A number of actions have been put in place (see 'Key Actions', right column) and there is increased awareness and vigilance.

Key risks:

- Risk to increase in numbers of patients who are C.Diff toxin positive.
- The maximum number of C.Diff toxin positive patients we can have in any reporting year is 11. There is a risk that this could be reached if we see a rise in C.Diff toxin positive patients, who are then added to our trajectory ('sanctioned'). [C.Diff equivocals are not required to be added to the Trust trajectory].
- Poor experience for patients.
- Increased demand on nursing care hours through increased isolation/barrier nursing.
- Potential financial implications if we exceed our trajectory.

Key Actions:

- Management of patients in line with Trust Procedure (DN226).
- Time line created by Infection Control Consultant and team to look for patterns (this is available to view if required).
- Email notification to Ward Sisters and Infection Prevention and Control Link Nurses 25.07.2019 from the Lead Nurse, Infection Prevention and Control.
- The IPC team providing refresher drop in education sessions surrounding essential Infection Control and hot topics.
- Reiterate the importance of meticulous hand hygiene and environmental cleaning
- Staff urged to highlight and challenge if poor practice witnessed, to ensure high standards of Infection Prevention and Control are maintained.
- Discussed at Sisters Meeting 31 Jul 2019.
- Extraordinary infection control meeting with Matrons, OCS and Infection Prevention and Control held on 30 Jul 2019.
- Liaison and additional training with OCS managers and staff regards cleaning and cleaning standards.
- Following a request from Skanska colleagues, hand hygiene training has been given to Skanska staff.
- RCA as per usual practice for the C.Diff toxin positive patient, which will also go to scrutiny panel as per standard practice.

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 (92%) for nights. This is an improved position from the previous month for both days and nights. There are some individual inpatient areas that remain under the desired 90% fill rate. This is a breakdown of the July 2019 data:

Ward name	Day		Night		Care Hours Per Patient Day (CHPPD)	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Overall
3 NORTH	63.7%	60.7%	85.6%	76.9%	433	11.9
3 SOUTH	97.8%	69.3%	97.9%	138.6%	994	9.6
4 N&S	76.5%	46.4%	97.4%	148.4%	840	8.9
5 NORTH	88.1%	81.8%	89.9%	138.4%	1089	11.0
5 SOUTH	69.2%	54.0%	86.1%	80.5%	467	18.9
CCA	106.2%	55.0%	95.2%	70.1%	858	35.0
Day Ward *	85.1%	64.3%				

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 three also for nights (3 North, 5 North (just under at 89.9%) and 5 South). (Day Ward, note below).

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, including unregistered staff. The Registered Nurse to patient ratio is monitored through the regular daily bed meetings and staffing levels and skill mix are adjusted as required to support patient care. There are RN vacancies in this area and there is active recruitment in progress.

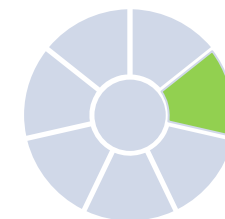
5 North (days and nights): Where required, beds are temporarily closed in this area in support of safe staffing and skill mix. The Registered Nurse to patient ratio is monitored through the regular daily bed meetings and staffing levels and skill mix are adjusted as required to support patient care. 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.

***Day Ward** is included in PIPR for information, however in line with NHS requirements, not reported via NHS Digital as it is not an inpatient area. The updated eRostering template is now in use. The RN 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 and Day Ward activity.

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.

Performance summary



Accountable Executive: Chief Nurse

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

6 month performance trends

	Data Quality	Target	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	
Dashboard KPIs	FFT score - Inpatients	4	95%	97.0%	95.5%	97.5%	96.6%	97.8%	97.7%
	FFT score - Outpatients	2	95%	98.0%	95.8%	97.9%	88.4%	85.5%	95.0%
	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	6.7	7.8	7.8	10.2	10.3	8.0
	% of complaints responded to within agreed timescales	4	100%	100%	100%	67%	100%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 (60% of complaints received)	1	5	5	3	4	tbc
	Number of complaints (12 month rolling average)	4	5 and below	4.8	4.4	4.5	4.8	5.0	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	1	6	7	5	6	3
	Number of recorded compliments	4	500	517	652	555	248	483	648

Summary of Performance and Key Messages:

CQC Model Hospital rating for 'Caring' is Outstanding dated 30.06.2019 (as at 07.08.2019)

FFT (Friends and Family Test): remains green for inpatients (97.8%). There has been a marked improvement in the Outpatient score for July (95.0%) following some targeted work and actions being taken by the teams in response to the feedback from our service users. The Outpatients team continue to work hard to return the results to their norm and are being very responsive to patient feedback, Intentional Rounding in the Outpatients waiting area has commenced in July, which has been very well received by the patients. The *Spotlight On* slide looks at FFT in more detail, including benchmarking with other organisations.

Complaints: the number of formal complaints in month (July 2019) is 3, which is a lower number when compared to the previous month (6). Details of the July complaints are shown on the *Key Performance Challenges* slide for information. This is 8.0 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 (as at 07.08.2019). The *number of complaints (12 month rolling average)* has remains at green (5.0)

Compliments: the number of recorded compliments for July is 648. This is a notable increase from June (where there were 483) and is closer to the number of earlier months. Colleagues across the Trust have 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 July.

Key performance challenges



Escalated performance challenges:

The Trust has received three formal complaints in July. A summary is shown in the table below. Of the three, 2 are Outpatients and one is relating to discharge following in patient care. The complaint raised regarding security of the bank card is unsubstantiated and we are awaiting further details from the patient to further investigate this element of the complaint.

Opened (Date rec'd)	Ref Number	Directorate	Location / Ward	Service Type Inpatient / Outpatient	Summary	Outcome
04/07/2019	Q21920-31F	Cardiology	Day Ward	Inpatient	Patient unhappy at delay in receiving medication to take home and concerns of security of bank card.	Not Upheld
11/07/2019	Q21920-32F	Cardiology	Outpatient	Outpatient	Delay in follow up following ablation in Jan 2017. No further follow up from 24hr tape 2019	Under Invs
19/07/2019	Q21920-35F	Cardiology	Outpatient	Outpatient	Patient is unhappy with experience and treatment in Outpatients	Under Invs

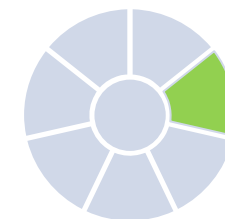
Key risks:

- 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:

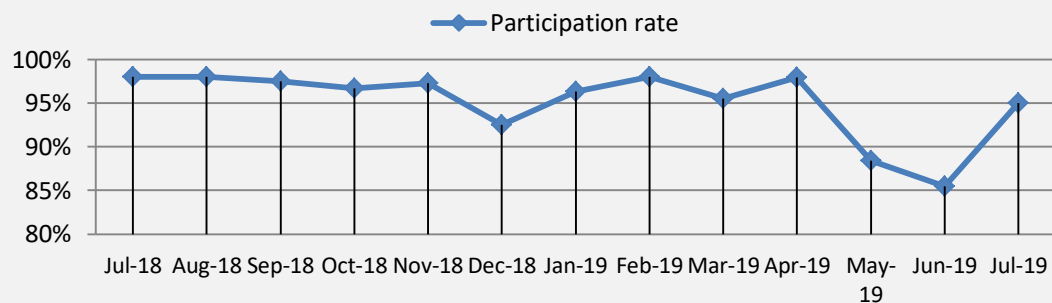
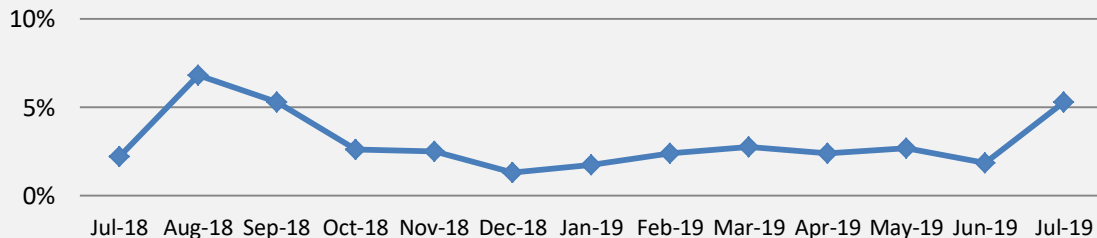
- All complaints are subject to a full investigation. Individual investigations and responses are being prepared.
- Complaints and lessons learned shared at Business Unit and Directorate meetings and Trust wide through the Q&R reports.
- Actions are identified.
- Continued monitoring of further complaints 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

Spotlight on: Friends and Family Test



Overview:

The outpatient FFT recommendation score has recovered in Month to 95% with an improved participation rate of 5.3% .



Promoter Score

Themes of negative comments

Waiting time for appointment – 2-3 hours sited

Car parking charges

Lack of pedestrian crossing

Lack of signage to the hospital

Lack of information on support groups or up and coming events for patient engagement

Possibly have a TV to watch during the waiting period.

Wrong address on letter – old hospital

Number of positive comments	212
Number of negative comments	51

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 June 2019 (at the time of writing PIPR 08.08.2019), therefore the RPH data from the same month is included:

Inpatients

- Liverpool Heart and Chest Hospital NHS Foundation Trust = 100%
- Royal Papworth = 98%
- Royal Brompton and Harefield NHS Foundation Trust = 97%
- CUH = 96%
- England NHS = 96%
- NWAFT = 96%

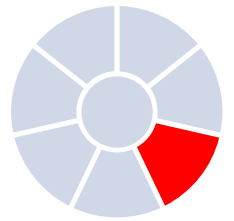
Outpatients

- Liverpool Heart and Chest Hospital NHS Foundation Trust = 100%
- Royal Brompton and Harefield NHS Foundation Trust = 97%
- NWAFT = 96%
- CUH = 93%
- England NHS = 93%
- Royal Papworth = 86%

Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Directors of Operations



6 month performance trends

	Data Quality	Target	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	76.5%	81.0%	74.5%	58.2%	66.6%	69.8%
	CCA bed occupancy	3	85% (Green 80%90%)	89.9%	92.8%	86.3%	78.0%	90.0%	85.0%
	Admitted Patient Care (elective and non-elective)	4	2325 (current month)	1752	2046	1882	1575	1859	2118
	Cardiac surgery mortality EuroSCORE	3	<3%	1.93%	1.88%	1.88%	2.04%	2.09%	2.22%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	30.19%	38.64%	43.53%	33.80%	40.00%	41.82%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	26.67%	43.18%	25.93%	38.71%	24.53%	37.93%
	Theatre Utilisation	3	85%	63.64%	82.79%	89.87%	84.62%	82.29%	86.81%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	3	8.20	7.32	8.61	8.16	7.33	7.37	9.04
	Length of stay – Cardiac Elective – valves (days)	3	9.70	9.18	9.04	9.29	10.28	9.89	10.22
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	3	90%	82%	93%	82%	79%	n/a	n/a
	Cath Lab Utilisation 6 (including 15 min Turn Around Times) *	3	70%	64%	74%	72%	34%	n/a	n/a
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	90%	0%	0%	0%	73%	77%	83%
	CCA length of stay (LOS) (hours) - mean	3	Monitor only	151	122	125	107	91	95
	CCA LOS (hours) - median	3	Monitor only	46	44	46	47	42	42
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	5.13	5.51	5.14	4.69	5.01	4.98
	% Day cases	3	Monitor only	59.83%	56.98%	56.67%	58.60%	56.74%	58.60%

* 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:

CCA bed occupancy dropped in month to 85% following the continued closure of three beds to mitigate safety concerns raised by staff in relation to the design of the new unit and staff sickness.

Ward bed occupancy has improved slightly with the re-opening of 5 beds on 5S. (funded beds remain closed on 5N.

Admitted activity:

The work of the Hospital Optimisation group has begun to have a positive impact on patient throughput, with the highest level of admitted patient care since January 2019, however activity remains plan and continues to be the main focus of operational and clinical teams post move. (See spotlight)

SDA:

There were increases in both Cardiac and Thoracic SDA throughout July as a consequence of actions taken to mitigate closed beds. A pilot for SDA commenced on 1.8.19 and we are seeing an increase in SDA cases due to the introduction of the ICP.

Surgical Euro Score:

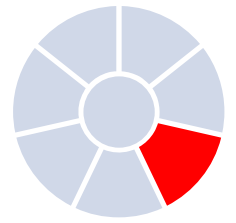
Whilst surgery remains within the threshold of 3% there has been a slight increase in mortality over the last 3 months. This has been reviewed and no core themes have been attributed to this, other than the increase in the number of patients operated with greater co-morbidities and higher risk of complications.

LOS:

Increase in LOS for valve patients to be reviewed as there has been a sustained increase post move. CABG LOS also increase with 4 long staying patients discharged within the month which will have impacted on our performance.

Cath lab and theatre utilisation:

Cath lab and theatre utilisation have improved in month with further work ongoing with a focus on the use of the holding bays. The productive theatre work is ongoing with good engagement from all of the clinical teams



Key performance challenges: cancellations

Theatre Cancellations

Cancellation code	Jul-19	Total
1a Patient DNA	0	2
1b Patient refused surgery	0	0
1c Patient unfit	7	16
1d Sub optimal work up	3	5
2a All CCA beds full with CCA patients	2	13
2b No ward bed available to accept transfer from CCA	2	28
2c Delay in repatriation of patient from CCA	0	0
2d No ward bed available	0	0
3a Critical Care	1	9
3b Theatre Staff	0	0
3c Consultant Surgeon	2	3
3d Consultant Anaesthetist	0	0
3e Other	0	3
4a Emergency took time	13	32
4b Transplant took time	10	26
4c ECMO/VAD took time	0	0
4d Additional urgent case added and took slot	1	11
4e Equipment/estate unavailable	2	9
5a Planned case overran	11	22
5b Additional urgent case added and took slot	0	1
5c Overruns delayed start	1	4
6a Scheduling issue	1	6
Total	56	190

Top reasons in month:

- Emergency took time
- Planned case overran
- Transplant took time

Additional activity within theatres and CCA

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

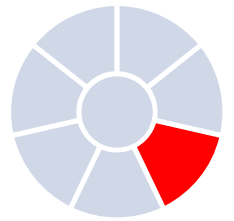
55 patients returned, were admitted to CCA as emergencies or were recovered in CCA following Thoracic surgery. **1** additional elective case was added to the list.

109 additional emergency minor procedures also went through theatre.

On **12** occasions, the Theatre or CCA team was called out for retrieval or repatriation of patients.

Cath Lab Cancellations

Reason	Jul-19	Grand Total
Medical reasons	16	37
Emergency took time	6	29
Clerical error	5	23
Patient DNA	10	16
Cancelled by patient	4	12
Previous case over ran	4	10
Patient unfit for procedure	2	10
Bed Shortage	4	10
Patient did not arrive in time	0	9
Admitted But Treatment Deferred	1	9
Equipment Failure	0	7
Further tests	3	4
Procedure no longer required	0	3
Infection control	2	3
Transport	3	3
Consultant unavailable	0	1
Procedure carried out at another hosp.	1	1
More urgent case	1	1
Procedure changed	1	1
Various other reasons	9	27
Total	72	216



Spotlight on: activity recovery

Escalated performance challenges:

Since the move to the new hospital a number of expected outcomes and deliverables are not being achieved as planned or changes to working practices have not embedded which the overall impact is that the Trust is not delivering against the current operating plan in terms of activity, performance and consequently financially.

Key risks

If the Trust does not deliver a recovery to planned level of activity then,

- Waiting times will increase for patients
- Performance targets such as RTT and IHU will not be met
- The Trust's financial position will be severely adversely affected

Key Actions:

In response to the issues outlined above the Hospital Optimisation Project Group has been established with the prime aim of optimising the use of the new hospital, and delivering the activity and contractual requirements of the Trust. It is primarily focused on identifying issues and problems that affect patient flow, space utilisation, efficiency and capacity and working in a cross directorate way to resolve these issues in a timely manner. It will also provide strategic direction and leadership to the project.

The current focus of the Group is summarised in to the following areas:

- Maximising our utilisation of Outpatients
- Improving access to Pre-assessment and same day admissions
- Booking and Admin processes
- Theatres and Cath Labs: Utilisation including turnaround times/delays
- Day Ward optimisation
- Staffing of CCA and Ward Beds to support activity
- Transplant activity and escalation of activity
- Opening of Theatre 6

Theatre 6

The Theatre 6 project is set to deliver as scheduled on 1st October, delivering a 15% increase in surgical capacity. The key actions to deliver the plan are:

- The environment of theatre 6 is ready for use and has been used for both cardiac surgery and PTE surgery.
- Consultant Surgeon and Anaesthetist staffing rotas are confirmed.
- Successful recruitment of scrub nurses and HCSW in recent months will result in 16 new starters in advance of opening.
- Recruitment of ODPs and SCPs has been more challenging but a raft of mitigations have been put in place to support the teams.
- In the meantime work continues to improve patient flow through theatres so that we achieve the highest possible level of productivity that is possible with the facilities available at present.
- Although Critical Care didn't manage to step up beds to 31 last week, there is confidence that 36 beds will be open by the 1st October as 18 nurses and 15 HCSWs join the Trust over the coming weeks.
- Staffing on level five has remained challenging but there is a number of new starters in the pipeline which will support the opening of ward beds by October.

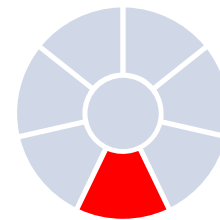
Responsive

Performance summary

Accountable Executive: Chief Operating Officer

Report Author: Deputy Director of Operations

6 month performance trends



	Data Quality	Target	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	99.28%	99.31%	99.30%	99.30%	99.23%	99.30%
	18 weeks RTT (combined)*	3	92%	90.35%	90.94%	90.47%	90.28%	89.89%	89.27%
	Number of patients on waiting list	3	3,343	3370	3343	3274	3472	3580	3725
	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%	80.0%	66.7%	66.7%	66.7%	71.4%
	31 days cancer waits**	3	96%	100.0%	100.0%	84.3%	84.6%	96.0%	100.0%
	Theatre cancellations in month	3	30	56	60	28	46	60	56
	% of IHU surgery performed < 7 days of acceptance for treatment or transfer	3	95%	31.25%	19.04%	20.33%	21.42%	29.00%	25.00%
Additional KPIs	18 weeks RTT (cardiology)*	3	92%	92.60%	93.89%	94.72%	93.48%	92.66%	93.26%
	18 weeks RTT (Cardiac surgery)*	3	92%	74.76%	77.20%	73.32%	73.23%	74.78%	75.20%
	18 weeks RTT (Respiratory)*	3	92%	94.52%	94.12%	94.21%	94.65%	93.84%	91.51%
	62 days cancer waits post re-allocation (old rules)**	3	85%	100.0%	100.0%	83.3%	66.7%	66.70%	71.4%
	Acute Coronary Syndrome 3 day transfer %	3	90%	100.00%	100.00%	100.00%	99.33%	100.00%	100.00%
	Other urgent Cardiology transfer within 5 days %	3	90%	100.00%	100.00%	96.55%	100.00%	100.00%	100.00%
	% patients rebooked within 28 days of last minute cancellation	3	100%	75.00%	71.43%	79.07%	54.55%	97.06%	73.81%
	Outpatient DNA rate	4	9%	7.74%	8.02%	8.76%	8.32%	7.18%	8.75%
	Urgent operations cancelled for a second time (New 19/20)	New	0	1	3	0	3	5	1
	Total cancellations (New 19/20)	New	tbc	40	43	19	33	43	38

Summary of Performance and Key Messages:

RTT Recovery

The Trust's aggregate RTT position remains stubbornly below 92% despite the sustained improvement in Cardiology and Cardiac Surgical performance. This is because Respiratory RTT performance has deteriorated further and has failed to meet the standard for the first time. The reason for this is two fold:

- 1) The Respiratory figures contain the GP Community Sleep Study patients that the Trust is managing on behalf of the CCG following the CCG's decision to decommission the service. This is contributing over 200 patients to the waiting list and 28 breaches of the standard. The project to resolve these patients runs June to September.
- 2) Capacity constraints driven by nursing shortages and access plan issues have resulted in reduced productivity and patient throughput resulting in an increase in the waiting list and a higher number of breaches than planned. Actions are underway to address this position and improve the utilisation of Out-patient clinics under the Hospital optimisation work.

In spite of sustained improvement, Cardiac Surgery has delivered performance just below it's recovery trajectory where in previous months it was ahead of trajectory by approximately 3%. This is because of the reduce activity delivered following the move. Throughput is now increasing and the team are confident that they will deliver to trajectory going forward.

Cancer

Although it is anticipated that July's 62 day performance once confirmed will show an improvement there remain a number of challenges to recovering performance:

- 1) Significant delays to PET scans provided by Cambridge University Hospital (commissioned by Alliance Medical) exceeding the 7 day standard
- 2) Delays in reporting of PETS back through MDT, impacting on diagnosis time.
- 3) Delayed turnaround times of Histopathology due to interim solution that ended 1st August.

Issues and actions to address performance are detailed in the spotlight.

IHU Performance: Still awaiting data

Templates have been adjusted to allow 13-15 slots to be allocated per week to manage IHU activity.

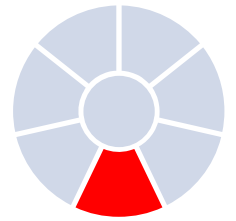
28 day rebooked performance

July saw a deterioration in performance due to a high number of cancellations to accommodate within month, multiple cancellations of previously cancelled patients and limitations in surgical capacity for specific consultants. Team are working hard to allocate within the target, reallocating patients where clinically appropriate to other surgeons.

* - An additional proposed metric for "Patients waiting for six months or longer - % which have been contacted to offer faster treatment at alternative provider" has been proposed for 19/20 but has not been included for M02 as discussions are still ongoing with commissioners and the requirement has not been included in national planning guidance ** Note - latest month of 62 day and 31 cancer wait metric is still being validated

Responsive

Key performance challenge: Surgical RTT Recovery



RTT Performance:

Surgical performance RTT performance continues to exceed the current recovery trajectory in spite of stepdown in surgical elective activity, reduction in surgical beds and an increase in emergency cases

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.

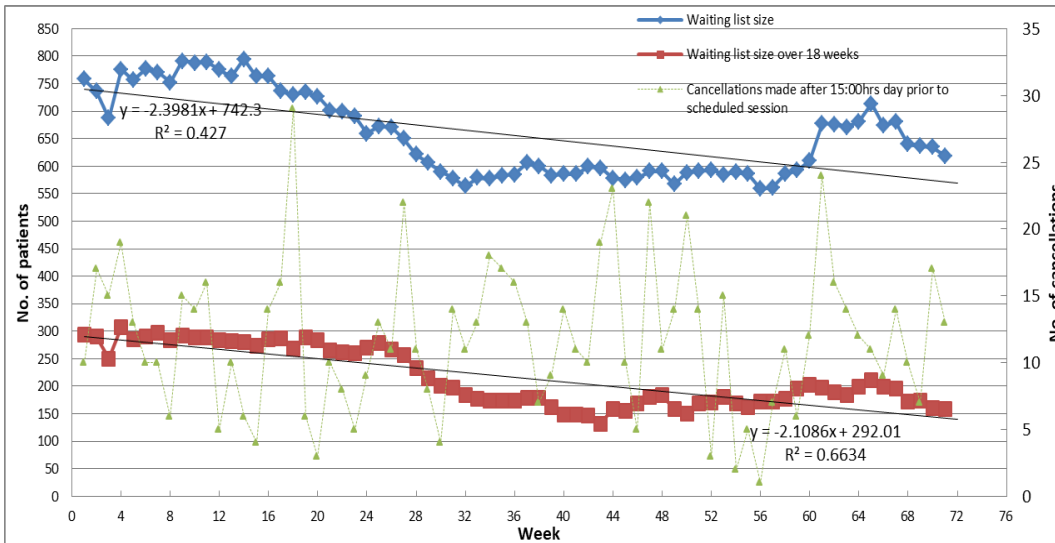
The plot of graph 1, shows performance from March 2018 to end of July 2019. Over the last 6 weeks we have begun to see a steady decrease in the number of patients on our WAL and a decline in the number of patients waiting over 18 weeks.

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.
- Need real time pathway closure on PP + following treatment.

Key Actions:

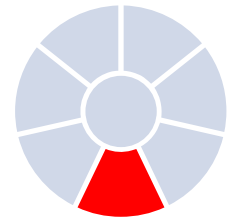
- Continue with collaborative working (Ops,CD,HON, nursing CCA and ward) to improve theatre utilisation.
- Provide a weekly forward planning update to executive.
- Continuation of Optimisation work steam projects
- Continue to review and make adjustment between elective and non elective capacity to meet demand.
- Continue waiting list validation work.
- Clinics to be booked 6 weeks in advance to support patient pathway.



	Cardiology	Surgery	Respiratory Medicine	Overall
Pathways: Plan per Trajectory	1320	600	1350	3270
Pathways: July	1113	629	1968	3710
Variance	-207	29	618	440
Breaches: Plan per Trajectory	90	148	40	278
Breaches: July	75	156	167	398
Variance	-15	8	127	120
Achievement: Plan per Trajectory %	93.18%	75.33%	97.01%	91.50%
Achievement: July %	93.26%	75.20%	91.51%	89.27%
Variance	0.08%	-0.13%	-5.50%	-2.23%

Responsive

Spotlight on: Cancer Performance



Escalated performance challenges:

Between 2018 and 2019 we have seen a decline in both our 62 and 31 day performance, particularly in the most recent Q1 2019/20 with an average performance of 63.1% for 62 day standard and average 88.7% for 31 day.

5 key factors influencing performance:

- Significant delays to PET scans provided by Cambridge University Hospital (commissioned by Alliance Medical) exceeding the 7 day standard
- Delays in reporting of PETS back through MDT, impacting on diagnosis time.
- Delayed turnaround times of Histopathology due interim Histology solution.
- Reduced Surgical capacity at the New Royal Papworth Site
- Late and incomplete referrals received from referring providers causing delay to patient pathways
- Higher than expected levels of referrals and restricted capacity during the hospital move period

	62 day waits									Status
	1. 62 day patients (Urgent GP Referral)			2. 62 day patients (including re-allocations)			3. 62 day patients Consultant Upgrade (post reallocation)			
	Total treated	Breaches	%	Total treated	Breaches	%	Total treated	Breaches	%	
	Target = 85%									
Apr-19	6.0	2.0	66.7%	6.0	2.0	66.7%	3.0	1.0	66.7%	Confirmed
May-19	4.0	2.0	50.0%	4.0	1.5	62.5%	0.5	0.0	100.0%	Confirmed
Jun-19	5.0	2.5	50.0%	5.0	2.0	60.0%	2.5	1.0	60.0%	Confirmed
Q1	15.0	6.5	56.7%	15.0	5.5	63.3%	6.0	2.0	66.7%	Confirmed
Jul-19	3.5	1.5	57.1%	3.5	1.0	71.4%	3.0	0.0	100.0%	Provisional

Forecast:

With the above actions, we have seen some improvement as we approach Q2. For June 2019 we have seen a 96% performance in the 31 day standard, achieving the month, with a forward look for July suggesting a 100% performance (confirmed 03/08/19).

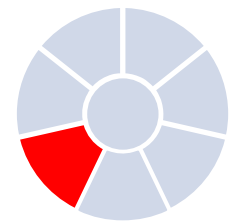
Key Actions:

- Continue to work in collaboration with PET CT administration team to identify areas of improvement in the movement of patients on their pathways, including the use of alternative providers.
- The transfer of Histopathology to CUH on 1st August which has moved as planned, with the added digital review of slides to facilitate early ordering of reflex testing, and we will continue to monitor as per national KPIs
- Increase of theatre capacity moving from 3 days to 4 on the 1st June and are on schedule to move to 5 operating days per week from 1st Oct
- Close tracking of patients in our weekly tracking meetings with any escalation of delays. We will continue to liaise with our referral providers and monitor delays in pathway timings and identify areas of improvement.

	31 day waits									Comments
	4. 31 day patients first treatment only			5. Subsequent (all treatments)			6. Subsequent (surgery only)			
	Total treated	Breaches	%	Total treated	Breaches	%	Total treated	Breaches	%	
	Target = 96%			No target			Target = 94%			
Apr-19	25.5	4.0	84.3%			#DIV/0!			#DIV/0!	Confirmed
May-19	26.0	4.0	84.6%			#DIV/0!			#DIV/0!	Confirmed
Jun-19	25.0	1.0	96.0%			#DIV/0!			#DIV/0!	Confirmed
Q1	76.5	9	88.2%	0	0	#DIV/0!	0	0	#DIV/0!	Confirmed
Jul-19	23.0	0.0	100.0%			#DIV/0!			#DIV/0!	Provisional

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	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	
Dashboard KPIs	Voluntary Turnover %	3	15.0%	16.64%	22.83%	24.43%	21.23%	11.11%	15.05%
	Vacancy rate as % of budget	4	5.50%	10.59%	11.01%	12.54%	15.17%	14.10%	13.57%
	% of staff with a current IPR	3	90%	90.40%	90.29%	89.06%	87.32%	88.77%	88.33%
	% Medical Appraisals	3	90%	88.46%	90.57%	89.62%	82.08%	84.91%	88.89%
	Mandatory training %	3	90.00%	86.81%	88.70%	72.38%	74.99%	76.50%	75.54%
	% sickness absence	3	3.5%	4.48%	2.26%	2.19%	2.46%	2.94%	2.80%
Additional KPIs	FFT – recommend as place to work	3	63.0%	51.00%	46.00%	57.00%	n/a	61.00%	n/a
	FFT – recommend as place for treatment	3	80%	71.00%	73.00%	80.00%	n/a	91.00%	n/a
	Registered nurse vacancies rate (including pre-registered nurses)	3	5.0%	3.32%	4.34%	5.11%	9.81%	10.52%	9.31%
	Registered nursing vacancy WTE (including pre-registered nurses)			n/a	n/a	33.71	58.39	62.77	63.37
	Registered nurse vacancies rate (excluding pre-registered nurses)	2	5.00%	9.02%	9.50%	9.13%	11.90%	12.09%	11.39%
	Registered nursing vacancy WTE (excluding pre-registered nurses)			59.38	62.59	60.21	80.39	82.1	77.54
	Unregistered nurse vacancies WTE (including pre-registered nurses)	3	10.00%	20.73	28.31	38.23	60.87	62.54	64.98
	Unregistered nursing vacancy rate (including pre-registered nurses)			9.58%	12.89%	17.12%	24.85%	25.45%	26.44%
	Unregistered nursing vacancy rate (excluding pre-registered nurses)	3	12.00%	26.90%	28.38%	29.58%	33.83%	33.32%	32.21%
	Long term sickness absence %	3	0.80%	0.00%	0.23%	0.54%	0.34%	0.46%	0.62%
	Short term sickness absence	3	2.70%	4.48%	2.03%	1.85%	2.12%	2.48%	2.18%
	Agency Usage (wte) Monitor only	3	Monitor only	72.9	82.3	59.7	53.5	55.2	71.4
	Bank Usage (wte) monitor only	3	Monitor only	51.5	66.3	65.5	47.7	54.7	65.0
	Overtime usage (wte) monitor only	3	Monitor only	59.6	73.6	73.6	51.2	90.7	58.7
Turnover - Non medical starters	3	Monitor only	17.1	20.7	18.4	28.8	23.6	32.1	
Turnover - Non medical leavers	3	Monitor only	23.5	32.5	34.5	33.6	18.6	28.4	
Agency spend as % of salary bill	4	3.07%	5.30%	6.62%	6.05%	5.72%	5.83%	6.44%	

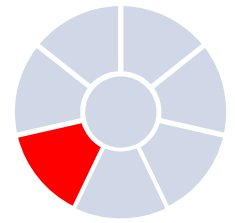
Summary of Performance and Key Messages:

Key highlights in July are:

- Total turnover increased to 15.05%. There was an increase in Nursing turnover from July with 6.17 wte leavers. There was a marginal reduction in the number of HCSW leavers with 1.9 wte leavers.
- We were a net gainer of staff by 3.7 wte in July. We were a net gainer of registered nurses by 2.3 wte and a net gainer of HSCW staff by 6.36 wte.
- The Trust vacancy rate decreased to 13.57%. Total nurse vacancy rate (inc Pre-registered) decreased to 9.31%. Excluding PRP staff the registered nurse vacancy rate decreased to 11.39%.
- Total IPR compliance decreased to 88.3%, below the 90% KPI. It has been challenging for managers to release time for appraisals 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 2.8%.
- Mandatory training compliance decreased to 75.54%. The Spotlight examines mandatory training compliance in more detail.
- Temporary staff use remained at a high level in July. This is primarily driven by high levels of usage in Critical Care, Theatres and the Surgical Wards. This reflects the gaps in staffing levels in the Surgical Wards, Theatres and the increased staffing levels being utilised in Critical Care as they adapt their ways of working to the new clinical environment. We have been using CUH bank workers to fill shifts in the hospital.

People, Management & Culture

Key performance challenges



Escalated performance challenges:

- Turnover remains volatile in the period following the move.
- Nurse vacancy rates 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 on Surgical Wards.
- In a number of areas, in particular Critical Care, have required additional staff, increasing pay costs, as they adapt to the new operating models and working environments .
- 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.
- 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.
- WRES and WDES data indicates that staff from a BAME background and with a disability have a less positive working experience.

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.
- The Trust 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:

Recruitment Pipeline:

We continue to have a positive response for nursing and administrative adverts. The relocation to the Campus, improved transport links and the positive media coverage of the Trust over the last 4 months has contributed to this. The significant increase in recruitment activity has caused an increase in time to hire. Additional temporary resources have been brought into recruitment services. As at the 20 August the pipeline is as follows:

Numbers in the pipeline (241):

B5 nurses – 71

HCSW – 73

Admin & all other staff groups – 97

others, not included in pipeline:

Internal transfers – 47

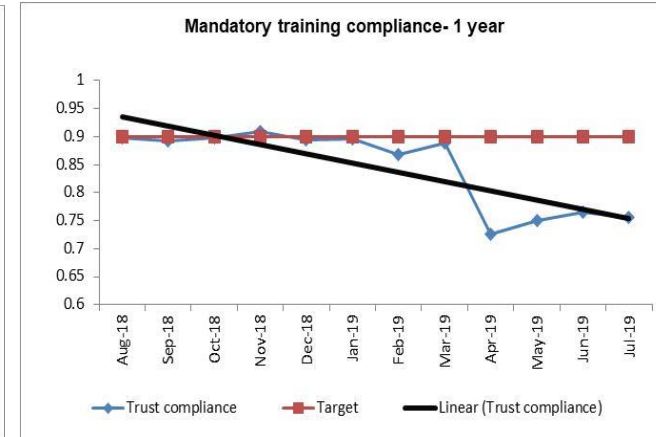
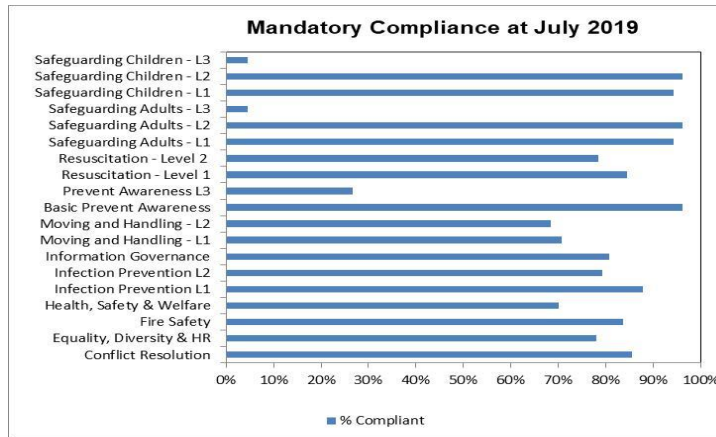
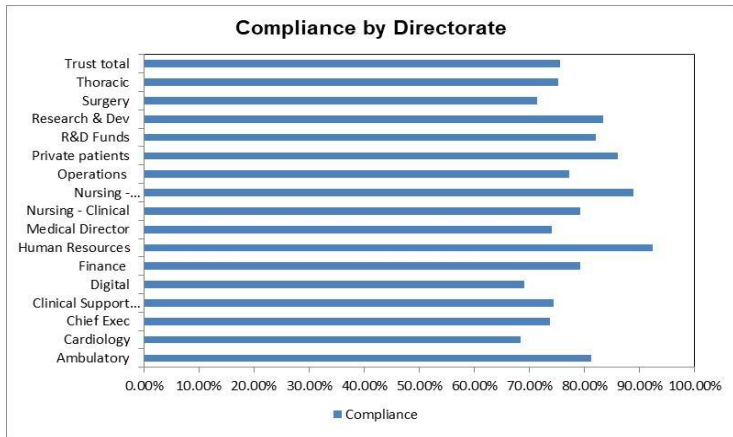
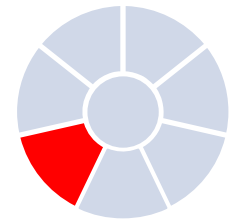
7 temp to permanent role in process (Estates)

Culture and Leadership Programme:

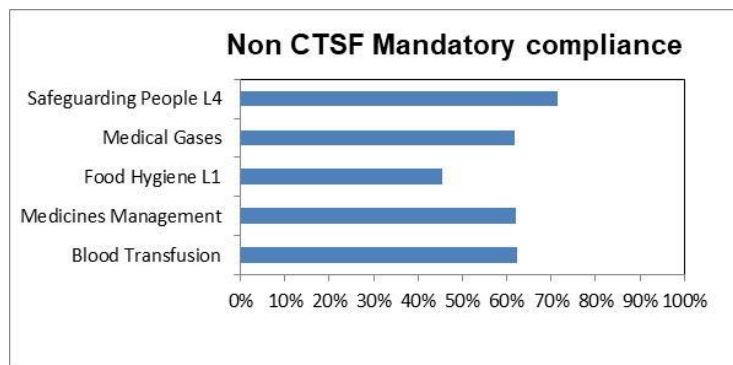
Following the very positive response to the call for volunteers from across the Trust to implement Phase One of the Programme a project plan has been developed and the volunteers organised into 7 workstreams. The workstreams have been receiving training and planning their respective areas of work. Activities such as focus groups, Board interviews and the Leadership Behaviour Survey will commence in September. The workstreams have received support from NHSI which has been very helpful and their lead has feedback that she was impressed at the professional approach of the volunteers.

People, Management & Culture

Spotlight on: Mandatory training compliance



All Trusts are required to ensure that staff undertake mandatory and statutory training that complies with the Core Skills Training Framework (CSTF) competencies and that this training is maintained in line with specified renewal periods. The Trust has set a KPI of 90% compliance. There are also non-CSTF competencies that the Trust has identified as being mandatory for certain staff groups/roles. These are detailed in the table below.



- Mandatory training compliance has been on a downward trend over the last 12 months. This has been as a result of trainer capacity and the competing demands of the familiarisation programme. The significant deterioration in compliance in April was as a result of a change in the requirements for Safeguarding Training. We also introduced the requirement for refresher training in Equality and Diversity and Health, Safety and Wellbeing in order to achieve compliance with the CSTF requirements.
- Following discussion with the CQC during the recent inspection the Safeguarding Committee will review the requirement level set for Safeguarding Level 3. This review is likely to reduce the number of staff who will be required to achieve Level 3 compliance.
- The improvement in compliance with Equality, Diversity and Inclusivity and Health, Safety and Welfare competencies has continued. The Workforce Team continue to provide support and training for staff with accessing ESR to complete their e-learning. There is good engagement with this and Directorates are inviting trainers to attend sessions to train staff.
- We have moved some elements of the Corporate Induction Programme to e-learning and run tutored sessions for new recruits to support them with this. This means that those staff are starting with the knowledge of how to use ESR Self-Service and the e-learning system.
- There was a reduction in total compliance in July from 76.5% to 75.5%. This reduction was as a result of a reduction in compliance with Resuscitation Level 2 and Moving and Handling Level 2. Compliance for medical staff has reduced and there will be further work on understanding why this has happened and rectifying it. There are also significant trainer capacity issues with Moving and Handling training provision. Options for addressing this are being developed and will be considered by the Education Steering Group.
- Once the requirements for Safeguarding Level 3 have been revised we will be in a position to finalise the work to give staff the ability to access their training records on their ESR self-service record and we will be able to provide more granular reporting by directorate and competency.

Transformation

Performance summary



Accountable Executive: Chief Operating Officer / Chief Finance Officer

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

	Data Quality	Target	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Dashboard KPIs	CIP – project delivery	4	Amber	Amber	Red	Red	Red	Red
	Quality improvement programme delivery	New			Amber	Amber	Amber	Amber
	Digital programme delivery on track	3	Amber	Amber	Amber	Amber	Amber	Amber
	New Papworth ORAC - overall progress	4	Amber	Green	Green	Green	Green	Green
Additional KPIs	PFI, Equipping & Estates - Design & Construction	3	Amber	Green	Green	Green	Green	Green
	PFI, Equipping & Estates - Equipping	3	Amber	Green	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	Green	Green	Green	Green	Green	Green
	Operational readiness - DORACS Clinical Delivery	3	Amber	Green	Green	Green	Green	Green
	Operational readiness - DORACS Clinical Support	3	Green	Green	Green	Green	Green	Green
	Operational readiness - DORACS Office Policy	3	Green	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	Green	Green	Green	Green	Green
	Workforce & Communications - Workforce Planning	3	Amber	Green	Green	Green	Green	Green
	ICT - ICT & Telecoms	3	Amber	Amber	Green	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 complete and the Stage 2 of the post project evaluation has been completed and shared.

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.

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 with escalation reports to the Strategic projects Committee if required in the future.

Decommissioning of the former site is complete and in month we have announced successful bidders Global Healthcare Real Estate Ltd has bought the land to open a five-star health and wellness village comprising a country club and spa, convalescence and rehabilitation units, villas, and apartments.

CTP: The Histopathology service successfully transferred to CUH on 1st August 2019. The main focus of the CTP is now the integration cardiology and respiratory services.

Service Improvement (SIP/CIP): Rag Status Red -The overall CIP target for 2019/20 is £5.113m

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 Pharmacy Corporate project and has achieved **£67K** which will be phased and removed from the various budgets in the next months.
- **£0.40m** has been approved and signed off in a mix of schemes and will taken out budgets accordingly
- **£0.071m** was identified from 2018/19 and carried over for 2019/20

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 £0.74m** that is in the process of validation and sign off.

There are further schemes just being validated that will be progressed as soon as possible.

Validated schemes are being signed off now weekly by the Executive Directors

There are a number of schemes/projects that do not qualify as a CIP, but are being progressed as they contribute to **Income generation, Overspend mitigation, Non recurrent or are SIP/Quality schemes.**

The **Length of Stay Projects** are now grouped together as a **Programme** under the Chief Nurse and it will commence in September.

Corporate Projects: Pharmacy, Demand management and Clinical variation are all in progress.

Total outstanding still to be identified = £2.57m

Transformation

Key performance challenges



Escalated challenges

NPH Construction/Operational Readiness NPH

Construction/Operational Readiness:

1. Effective pathology IT connectivity between RPH and CUH.

Service Improvement (SIP/CIP):

1. **Two year operational plan**
2. **Lorenzo Benefits**
3. **Lorenzo Benefit - realisation**

Key Risks

NPH Construction/Operational Readiness:

1. If there is no IT connectivity there will be no facility for electronic pathology results reporting.

Service Improvement (SIP/CIP):

1. If the trust does not identify sufficient schemes to close the gap, then the trusts planned deficit will increase by £2.57m;
2. If the trust cannot increase activity over the agreed plan then the planned cashable benefits will not be available to the trust. This may impact the agreement between the trust and NHS digital.
3. If the baseline for the Private Patient benefits is not valid then the trust will not accrue cashable benefits. This may impact the agreement between the trust and NHS digital.

Key Actions

NPH Construction/Operational Readiness:

1. 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. This is being managed and monitored via the Digital Strategy Board.

Service Improvement (SIP/CIP):

1. There is a pipeline of £0.74m awaiting validation and further work to identify schemes is on going with all directorates and departments. 3 additional corporate schemes have commenced, £0.405m from the pipeline has been approved by the Executive Directors
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 September 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	Workstream Delivery Assessment								Trend
		JAN	FEB	MAR	APR	MAY	JUN	JUL		
PFI, Equipping & Estates	RC									
Design and Construction	NH	Yellow	Yellow	Green	Green	Green	Blue	Blue	=	
Equipping	JMc	Yellow	Yellow	Green	Green	Green	Blue	Blue	↑	
Enablement of New Papworth	AS	Green	Green	Green	Green	Green	Blue	Blue	=	
Retained Estate Enablement	AS	Green	Green	Green	Green	Green	Blue	Blue	=	
Site Sale & Decommissioning	AS	Green	Green	Green	Green	Green	Blue	Blue	=	
Operational Readiness	EM									
CTP - Clinical Services	LC	Green	Green	Green	Green	Green	Blue	Blue	↑	
CTP - Pathology	JP	Yellow	Yellow	Green	Green	Green	Blue	Blue	↑	
DORACs - Clinical Delivery	AG	Yellow	Yellow	Green	Green	Green	Blue	Blue	=	
DORACs - Clinical Support	MM	Green	Green	Green	Green	Green	Blue	Blue	=	
DORACs - Office Policy	AG	Yellow	Yellow	Green	Green	Green	Blue	Blue	=	
Move and Migration	LB	Green	Green	Green	Green	Green	Blue	Blue	=	
Workforce & Communications	OM									
Communications	KW	Green	Green	Green	Green	Green	Blue	Blue	=	
Training & Familiarisation	SHB	Yellow	Yellow	Green	Green	Green	Blue	Blue	=	
Workforce Planning	JS	Red	Yellow	Green	Green	Green	Blue	Blue	=	
Digital	AR									
ICT and Telecoms	MJ	Yellow	Yellow	Yellow	Green	Green	Blue	Blue	=	
Hospital Cutover	RH/JR									
Move Control	JR	Green	Green	Green	Green	Green	Blue	Blue	=	
Overall Project Delivery Rating	HCT	Yellow	Yellow	Green	Green	Green	Blue	Blue	=	

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 sale of the now vacant former site or to formal actions that now have a longer completion date than originally envisaged. The green rated work streams have been reviewed by Project Management Group at its final meeting in August and these tasks have been transferred to business as usual management and monitoring will be undertaken by future reporting to the Strategic Projects Committee.

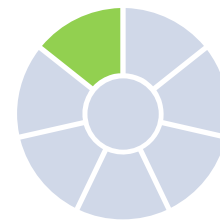
RAG	Criteria Description
Green	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly
Yellow	Successful delivery appears probable however constant attention will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

Performance summary

Accountable Executive: Chief Finance Officer

Report Author: Deputy Chief Finance Officer

6 month performance trends



	Data Quality	Target	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	
Dashboard KPIs	Year to date EBITDA surplus/(deficit) £000s	5	£692k	£(71)k	£(1,371)k	£7k	£164k	£670k	£1,330k
	Year to date surplus/(deficit) £000s	5	£(3,229)k	£(7,421)k	£(10,235)k	£(767)k	£(1,478)k	£(1,706)k	£(2,442)k
	Cash Position at month end £000s	5	£8,658k	£25,363k	£22,719k	£14,220k	£18,779k	£17,055k	£13,513k
	Use of Resources rating	5	3	3	3	3	3	3	3
	Capital Expenditure YTD £000s	5	£3,799k pa (19/20)	£15,862k	£20,743k	£826k	£1,518k	£1,778k	£1,972k
	In month Clinical Income £000s	5	£12617k (current month)	£11,868k	£13,147k	£12,338k	£11,677k	£11,821k	£12,598k
	CIP – actual achievement YTD - £000s	4	£22k	£6,041k	£7,367k	£0k	£33k	£50k	£67k
	CIP – Target identified YTD £000s	4	£5,113k pa	£8,516k	£9,423k	£0k	£0k	£0k	£22k
Additional KPIs	Debtors > 90 days overdue	4	10%	30.4%	27.5%	19.8%	40.7%	31.5%	34.6%
	Capital Service Rating (New 19/20)	5	4	4	4	4	4	4	4
	Liquidity rating (New 19/20)	5	4	2	4	4	3	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 £2.4m on both a Control Total basis excl. land sale and a net basis. This is favourable to plan by £0.7m, driven by:

EBITDA is £0.2m adverse to plan year to date (EBITDA margin 1.10% favourable). This comprises:

- Clinical income** £1.1m adverse to plan after Guaranteed Income Contract (GIC) protection, due to lower activity of 8.70% in Outpatients, 9.30% in Inpatient and day case activity and lower levels of Private Patient income. This has resulted in the GIC contributing £2.1m, £1.0m more than planned.
- Pay expenditure** to date is adverse against plan by £0.3m. There is a substantive cost favourable variance driven by 260 WTEs vacancies, which is offset by temporary staffing costs totalling £3.8m. This continues to be an area of concern when compared to the activity delivered. A series of rapid actions have been designed to prevent this continuing to rise.
- Non pay expenditure** is £0.4m favourable to plan in month and £2.9m 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 £0.9m, PFI contract volume adjustments / performance deductions of £0.3m and old site decommissioning and new site project costs of £0.2m.
- CIP** is in line with plan, with only marginal levels planned until September 2019. There remains a gap of identified schemes signed off through the gateway process of £3.3m (65% of the £5.1m target). £0.4m of new schemes have been fully approved and a further £0.7m 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 £0.7m, £0.14m adverse to plan. Staffing levels are above the comparable 2018/19 period, however, activity represents a 0.9% (6.6% June) decrease compared to the average Q4 2018/19 run rate and a reduction in average inpatient episodes per open bed from 9.47 (June 2018) to 9.39 (June 2019) indicating an improvement in the loss of productivity seen in prior months.

The **underlying position** after non-recurrent and normalising items have been removed, is a deficit of £5.0m year to date, deficit of £1.4m in-month. The key adjustments include FRF/PSF funding of £3.3m, PFI transition funding £1.4m and New Papworth Hospital Programme expenditure £0.7m.

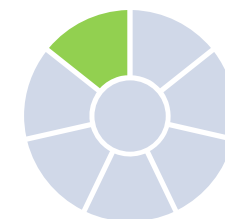
Forecast year end position remains in line with the planned control total break-even position, however, risk in regard to CIP and activity levels must be addressed to ensure its delivery.

Capital expenditure is £0.6m lower than plan year to date, relating to the timing of small works and blood fridges (£0.2m) and ongoing replacement underspends (£0.4m). 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.

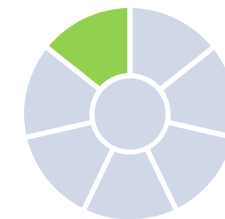
Cash is £4.9m favourable due to lower capital expenditure and improved working capital position.

Use of Resources metric is 3 for the month in line with the planned score. There has been no change in the month to the financial Risks identified.

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	July Score	June 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	25	↔
	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	5	↔
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	↔



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 / .5%	£(0.1) / -4.7%		(113) / -1.1%	£0.1 / 4.6%	£(0.7) / -12.2%		(3,205) / -8.7%	2	●
Clinical support services	£(0.1) / -7%	£(0.0) / -1%	(103) / -4.6%	(113) / -1.1%	£0.0 / .2%	£(1.1) / -2.3%	(758) / -9.3%	(3,205) / -8.7%	2	●
Cardiology	£0.2 / 3.3%	£(0.6) / -18.3%	(100) / -12.8%	(239) / -6.3%	£0.6 / 8%	£(2.1) / -15.7%	(508) / -17.7%	(2,166) / -15.3%	2	●
Surgery and transplant	£(0.1) / -1.6%	£0.3 / 6.9%	35 / 10.1%	53 / 6.1%	£(0.1) / -1.5%	£0.0 / -3.3%	56 / 4.3%	(204) / -6.5%	2	↑
Thoracic / respiratory	£(0.1) / -1.1%	£(0.1) / -2.3%	(109) / -16.4%	(195) / -4.9%	£(0.0) / -5%	£(0.1) / -5.5%	(307) / -7.6%	(721) / -4.9%	2	●
Nursing - Corporate	£0.0 / .6%	£(0.0) / -1%			£0.1 / 3.5%	£(1.1) / -2.3%			3	●
R&D	£(0.0) / -47.8%				£(0.1) / -195.5%				2	●
Digital	£(0.0) / -3.7%				£0.0 / 3.4%				4	●
Estates & facilities	£(0.0) / -6%				£0.1 / 3%				4	●
Other	£0.0 / .4%				£1.3 / 16.8%				4	●

Directorate performance – key headlines

Adverse performance

- **Ambulatory** – total outpatient activity increased this month (20.2% actual income, 18.7% activity), however remained behind planned levels, by £0.07m, representing activity which is 4.7% lower than plan. Net cost for the directorate are underspent YTD, with £0.12m favourable position, due to lower pay costs, with 19.44 WTE vacancies in month.
- **Clinical Support Services** – total expenditure was overspent in the month against plan by £0.12m in the month, due to increased temporary staffing expenditure this month, reducing the YTD favourable position to £0.03m. It is the continued use of bank, agency and overtime against the high levels of vacancies, currently 62.08 WTE which drives the adverse monthly position.
- **Cardiology** – total expenditure was lower than plan by £0.23m, driven by clinical devices and consumables. Vacancies of 12.34 WTE continue to provide an underlying favourable pay variance, of £0.22m YTD, however bank, agency and overtime costs of £0.54m result in a net pay overspend of £0.32m. Clinical activity remains behind plan, although activity levels and resultant income was higher again this month, driven by both EP and Pacemaker activity. In month income was £0.61m adverse, increasing adverse YTD activity of £2.11m.
- **Surgery / Transplant** – the in month adverse position, as a result of additional long term VAD device implants this month, has resulted in total expenditure returning adverse to plan YTD, by £0.10m. Expenditure levels remain high due to the temporary staffing, including overtime being utilised on the wards, which in turn is linked to the improved activity levels reported in inpatient, and the YTD day case activity. Total activity was £0.3m favourable to plan in the month with all areas delivering a favourable activity.
- **Thoracic** – Reduced activity in RSSC inpatients and outpatients this month has returned the YTD income position back below plan, by £0.06m. YTD expenditure also remains adverse to plan, by £0.03m, due to clinical consumable expenditure and provisions against visiting medical staffing invoices due to queries over the level of services provided to NWAFT. There is an underlying favourable pay position due to vacancies of 51.26 WTE's although this is being consumed by temporary staffing in order to deliver services.
- **R&D** – the adverse variance of £0.03m is driven by reduced income against plan for office rental, NIHR and CRN income. This position will 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 £0.18m underspend YTD. Excluding this, the directorate has an underlying adverse variance of £0.15m, driven by 10.24 WTEs over establishment levels compared to plan.
- Areas with adverse budget variances are being managed via an escalation meeting with the senior finance team. A series of rapid control actions have been put in place to mitigate the position.

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