

Agenda item 2b

Report to:	Board of Directors	Date: 1 November 2018
Report from:	Executive Directors	
Principal Objective/ Strategy and Title	<b>GOVERNANCE</b> <b>Papworth Integrated Performance Report (PIPR)</b>	
Board Assurance Framework Entries	FSRA BAF (Unable to maintain financial, operational and clinical sustainability) [BAF references: 678, 833, 835, 838, 846, 852, 877, 882, 1427]	
Regulatory Requirement	Regulator licensing and Regulator requirements	
Equality Considerations	Equality has been considered but none believed to apply	
Key Risks	Non-compliance resulting in financial penalties	
For:	Information	

The Trust has committed to the development of an Integrated Performance Report (IPR) to support the Board in the measurement, analysis and challenge of the organisation, in line with national guidance and sector best practice.

**September 2018/19 Performance highlights:**

This report represents the September 2018 data: Overall the Trust performance has remained at a **Red** rating for the month. There are four domains rated as Red performance (Effective, Responsive, People Management & Culture and Finance), two domains rated as Amber (Safe, and Transformation) and one as green (Caring).

**Favourable performance**

- **Caring** – The Caring domain remains green in September. The Friends and Family Test score for both inpatients and outpatients remains very positive at 98%.
- **Responsive** – 1) RTT - The Trust's RTT position regarding breach reductions continues to improve with the actions and booking focus that are in place. The waiting list size has reduced in line with the national guidance. 2) Theatre cancellations - There were 37 theatre cancellations in month 6, the lowest number in 2018/19. Theatre utilisation was high at 92.04%.
- **People Management & Culture** - 1) Non Medical WTE - We were a net gainer in the non-medical workforce by 24.6 WTE. 2) (including Pre-registered) decreased to 4.6% (29.9 wte). We have a large cohort of PRP staff (64 wte) who are working towards gaining registration.
- **Finance** - The Trust's year to date position is favourable to the refreshed plan by £0.01m with a deficit of £3.94m.

**Adverse performance**

- **Safe** – 1) Safer Staffing - both day and night rate are showing an improved position in September when compared to August but remain above target. 2) Serious Incidents - There have been two reported during the month of Sep 2018. Patient one was a grade 4 pressure ulcer on a very sick patient in Critical Care (this remains under investigation; early indications are that there were no lapses in care); Patient two was a PPCI patient who wasn't initially accepted onto the pathway, and sadly later died, this is currently being investigated as part of the SI process.
- **Caring** – Complaints - During September, there has been an increase in formal complaints, showing this indicator above threshold. Overall (over the 12 month period) the number of complaints received remains green and below the threshold.
- **Effective** – 1) Bed occupancy - For the 5th month in succession safer staffing for day and night has fallen below the 90-100% target and is red. Wards beds, as part of the mitigation to ensure patient safety have been temporarily paused. 2) Admitted patient care is below target but this is partially due to undertaking longer more complex cases, e.g. ablation.
- **Responsive** – Cancer waits - The August 62 Day performance was finalised at 71.4 % with the new 38 day rules. This would have been 100% under the old rules, and was due to the allocation of 1 patient to the Trust. September has seen smaller numbers of patients, the current prediction is 100% for 62 day and 31 day.
- **People Management & Culture** – 1) Turnover increased to 23.0%. Nursing turnover increased to 27.9% from 13.9% in Aug. There were 14.6 wte nurse leavers in Sep. 2) The Trust vacancy rate increased to 13.3%. This is as a result of a further increase in budgeted establishment in September. 3) Total IPR compliance decreased to 85.3%. and medical to 88.7%. We are working on recovering the non-medical position by working with managers to identify forward plans for booking IPRs and by focusing on teams with the lowest compliance rates.

**Recommendation**

The Trust Board are requested to **note** the contents of the report.