

Agenda item 2.b

Report to:	Board of Directors	Date: 3 February 2022
Report from:	Executive Directors	
Principal Objective/ Strategy and Title	GOVERNANCE Papworth Integrated Performance Report (PIPR)	
Board Assurance Framework Entries	BAF – multiple as included in the report	
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.

2021/22 Performance highlights:

This report represents the December 2021 data. Overall the Trust performance rating was Amber for the month. There was 1 domain rated as Green (Caring), 2 domains as Amber (Safe, Finance) and 3 other domains were rated as Red (Effective, Responsive and PM&C). The new domain representing Cambridgeshire and Peterborough ICS metrics is not currently RAG rated.

FAVOURABLE PERFORMANCE

- **CARING:** FFT (Friends and Family Test): Inpatients: Positive Experience rate has increased from 98.3% (Nov) to 98.6% (Dec). Participation Rate has increased from 32.1% (Nov) to 35.6% (Dec). Outpatients: Positive Experience rate has increased from 96.8% (Nov) to 97.7% (Dec). Participation rate has increased from 11.7% (Nov) to 13.2% (Dec).
- **EFFECTIVE:** On the 12th December, an instruction came from the regional leadership to all providers to stand up public vaccination hubs, prioritising staffing for these over any non-urgent activity, in advance of Christmas. 7496 vaccinations were delivered through the hub to members of the public, patients and staff.
- **RESPONSIVE:** 1) Diagnostic Performance - The recovery of the 6 week diagnostic standard continued through December and a further offer of mutual aid for cardiac CT has been made to CUH. 2) IHU - As elective surgical admissions have been stepped back due to capacity constraints in critical care, the team have focused on drawing IHU referrals through for treatment. As a consequence, performance against the IHU standards have dramatically improved. The team are now focusing on addressing the lead time between referral and acceptance of cases for surgery. 3) Despite an exceptionally busy month, where emergency referrals for primary PCI have reached an all time high, ACS performance was delivered at 100% against the 3 day standard again this month.
- **FINANCE –** 1) The YTD financial position is reported against the Trust’s H1 and H2 2021/22 plan and shows a surplus of £2.6m which is marginally favourable to plan. Recognition of YTD income earned through the Elective Recovery Fund (ERF), private patient income over-performance, favourable delivery against the Trust’s CIP plan is offset by a number of non recurrent items and provisions. 2) CIP is ahead of plan by £1.6m YTD. This is primarily driven by additional delivery against Pharmacy schemes where cost savings have been achieved by switching to generic brands and reducing usage, non recurrent operational pay underspends as well as savings made on the revaluation of business rates. The Trust has £5.4m of pipeline schemes identified against its annual target of £5.4m.

ADVERSE PERFORMANCE

- **EFFECTIVE:** Capacity Utilisation – Sustained high levels of patients on ECMO and devices in critical care, high levels of emergency demand and higher than usual levels of staff absence across the Trust, constrained capacity and patient flow in December. To deliver the Trust's vaccination hub from 16th December, it was necessary to reduce Outpatient and elective Cath lab activity by circa 15% from this date to the end of December. This resulted in poor utilisation of the general and acute bed base and treatment functions over the month of December and a reduction in admitted patient care. Critical Care utilisation fell back within tolerance, although over a third of available capacity was consistently occupied by patients on EMCO or other extra corporeal devices. High levels of emergency admissions, saw a record number of activations of the primary PCI pathway and ACS referrals which partially compensated for the reduction in elective cardiology activity.
- **RESPONSIVE:** 1) Waiting List Management - In the absence of sufficient capacity to match demand, the waiting list grew again in December and the aggregate RTT performance deteriorated further. This reduction was seen across all three specialities but was most pronounced in Respiratory where a number of patients are waiting to start CPAP due to a lack of devices. Philips are still working through details for the Repair and Replace CPAP programme and have struggled to import the pump priming volume of CPAP devices needed to kick off the programme. All patients continue to be managed on the waiting list in order of their clinical priority status. There are no patients waiting over 104 weeks and 5 patients waiting over 52 weeks, 2 awaiting Cardiology procedures and three awaiting surgery. All have dates for their procedures or treatment in January. 2) Cancer Performance - Cancer performance continues to be challenged due to a combination of late referrals, complexity of cases and timely access to PET-CT. Meetings with The CUH delivered PET-CT service and the Cancer Alliance have been increased in frequency to weekly;
- **PEOPLE, MANAGEMENT & CULTURE:** 1) The total Trust vacancy rate increased and follows a slowly deteriorating trend. In common with other NHS employers we are experiencing reduced quantity and quality of response to non-registered posts. This is as a result of increasing pay rates in other sectors and lower rates of unemployment nationally and locally with increased competition for applicants. 2) Total Sickness absence increased to 4.95% which is a very high level for this Trust at this point in the year. This includes sickness absence relating to COVID but excludes absence linked to self-isolation. Staff absence due to Covid increased substantially in December due to the Omicron variant.

Recommendation

The Board of Directors is requested to **note** the contents of the report.