

Agenda item 2b

Report to:	Performance Committee	Date: 4 July 2019
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: 843, 858, 873, 2145, 2146, 2147, 2148, 2149, 2163, 2164, 2165, 2166, 2213]	
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.

**May 2019/20 Performance highlights:**

This report represents the May 2019 data: Overall the Trust has maintained an **Amber** performance rating for the month. There are three domains rated as Red performance (Effective, Responsive and People, Management & Culture), three domains rated as Amber (Caring, Transformation and Finance) and one as Green (Safe).

**Favourable performance**

- **SAFE:** Safer Staffing - The safe staffing fill rate for registered nurses is green (90.8% days; 96.1% nights). In some wards, days and nights fall short of the desired 90% fill rate that the Trust targets, however Care Hours Per Patient Day (CHPPD) levels in these areas remain healthy (a full breakdown is shown on 'Spotlight On' (for Safe). Overall (as shown in the KPIs) the CHPPD indicator remains healthy and in the green at 15.9 for wards and 43.4 for Critical Care.
- **RESPONSIVE:** RTT - Cardiology reached the RTT standard in February 2019 and has sustained it for four consecutive months in spite of reduced capacity over the hospital move period. On this basis Cardiology has moved out of recovery and returned to business as usual.
- **PEOPLE, MANAGEMENT & CULTURE:** Sickness absence remained well below the KPI target at 2.5%.
- **FINANCE:** The Trust's year to date (YTD) position is a deficit of £1.4m on both a Control Total basis excl. land sale and a net basis. This is favourable to plan by £0.9m.

**Adverse performance**

- **CARING:** FFT (Friends and Family Test - remains green for inpatients (96.6%), however has dropped to 88.4% in May for Outpatients. It is thought that this is linked to settling in during the move and will continue to be closely monitored. The Outpatients Sister and team are working to return the results to their norm and are being very responsive to patient feedback. Recent FFT has seen an improvement in feedback and results. The Spotlight On slide looks at FFT in more detail, including benchmarking with other organisations.
- **EFFECTIVE:** 1) Bed occupancy and activity - The reduction in bed occupancy on the wards and Critical Care relates to closing of beds over the cutover period of the move. The reduction in activity over the ramp down period was in line with plan but recovery to normal levels of activity has been slower than expected due staffing concerns. Recovery of activity levels and bedding in new ways of working is the focus of the newly launched Hospital Optimisation Project described in the spotlight in this section. 2) Same Day Admissions - Thoracic's SDA partly recovered performance, however our performance overall has been affected by the ramp down process and the reduction in pre-assessment, over the move period which lead to a number of additional patients having to be admitted the night before surgery. Work continues on our clinical criteria and we have now added this to Lorenzo to support booking and pre-assessment teams. This work is being picked up through our Same Day Admission Task and Finish Group.
- **RESPONSIVE:** 1) RTT - Surgery saw a further decline in M2 of our RTT performance, however the service still remains ahead of trajectory by 2.01%. The reduction is a direct result of the restriction of capacity as part of the ramp down plans, ongoing staffing issues and bed closures, high numbers of cancellations and ongoing demands for the prioritisation of IHU patients. 2) Theatre cancellations - there were 46 theatre cancellations in May. 8 were due the lack of availability of ward beds with 6 cases cancelled for emergency activity. Ward bed capacity was directly impacted by a reduced bed base due to the transition to the new hospital at the beginning of the month.
- **PEOPLE, MANAGEMENT & CULTURE:** Total IPR compliance - reduced to 86.9%, below the 90% KPI. It has been challenging for managers to release time for appraisals during the move period and in the immediate period post-move.
- **TRANSFORMATION:** CIP - The service improvement programme is Red with £1.4m currently identified and an overall CIP target for 2019/20 is £5.1m. To date we have a pipeline of £1.77m all of these schemes are being progressed with anticipated signoff and approvals to be completed by the end of June.

**Recommendation**

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