

Agenda item 2.b

Report to:	Board of Directors	Date: 7 April 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 February 2022 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:** Number of written complaints per 1000 staff WTE - is a benchmark figure based on the NHS Model Health System to enable national benchmarking. We remain in green at 3.0. The data from Model Health System continues to demonstrate we are in the lowest quartile for national comparison;
- **EFFECTIVE:** The numbers of patients seen in Outpatients remained strong despite the fewer working days in month. This was particularly true for follow-up appointments. The Outpatient productivity initiative is well established and as part of resetting expectations and processes across the Trust the monitoring of bookings with up to 6 weeks notice has been reinstated;
- **RESPONSIVE:** This month saw an improvement in diagnostic performance in spite of further Radiographer staffing challenges. Although the national standard has not been met the achievement of 96.68% having access to diagnostic testing within 6 weeks compares favourably to 64.4% of patients across the East of England region;
- **PEOPLE, MANAGEMENT & CULTURE:** Medical appraisal compliance continues to improve. Non medical appraisal rates have improved for the second month as managers try to refocus on appraisals and mandatory training for their staff. This does continue to be challenging as a result of high short term absence due to Covid-19;
- **FINANCE:** 1) The YTD position is reported against the Trust's H1 and H2 2021/22 plan and shows a surplus of £5m which is £2.5m 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 partially offset by a number of non recurrent items and provisions. 2) CIP is ahead of plan by £0.9m 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.

ADVERSE PERFORMANCE

- **SAFE: High Impact Interventions** - the result for Feb 2022 has just tipped into amber at 96.4%. IPC and Audit are reviewing the data and following up with the clinical areas as required.
- **EFFECTIVE: Capacity Utilisation** – Although Respiratory ECMO and the numbers of COVID patients within the hospital have continued to gradually decrease in month, high levels of staff absence across the Trust due to sickness and self-isolation persisted. The adverse impact of staff absence was seen across utilisation of the commissioned bed base and treatment functions. Cardiac surgery activity increased significantly to 131 cases in February, the highest since July of last year. However, short term COVID related sickness in the Radiographer and Cardiology Consultant team meant that some elective cath lab activity had to be deferred. This reduced both the volume of patients treated on an admitted care pathway and on cath lab utilisation. A power problem on the 25th February impacted on the entire days activity in theatres and cath labs with only emergency activity being undertaken resulting in 39 cases being cancelled or deferred;
- **RESPONSIVE:** 1) Elective Waiting Times - Although the size of the elective waiting list has stabilised, insufficient long waiting patients are being treated to prevent further deterioration in performance against the referral to treatment standards, both as an aggregate and at a speciality level. This is because treatment functions have been significantly constrained due to high levels of staff absence and because patients are selected for treatment based on their clinical priority score or P score rather than based on the length of time waiting. 2) Cancer performance continues to be challenged due to a combination of late referrals, patients needing more than one diagnostic and discussion in the MDT and timely access to PET-CT. 3) Theatre cancellations rose sharply in month, largely as a result of increasing prevalence of COVID in the community and patients presenting either with a positive COVID test or having a household contact who has tested positive.
- **PEOPLE, MANAGEMENT & CULTURE:** 1) Turnover - at 15.97% is over the 12% KPI again this month. YTD turnover is 16.6%. There were 25 non-medical leavers of which 13 were registered nurses. We have seen turnover increasing steadily over this financial year. Anecdotally this is the trend across system partners who all report increased levels of turnover. 2) The vacancy rate remained at 8.4%. There has been a notable shift in the labour market both for permanent and temporary staff. We have seen a decline in the number of applicants for roles within the Trust particularly in Bands 2-4 as pay rates in retail and hospitality have increased. 3) Absence rates continued at a high level driven by continued high rates of Covid-19 sick leave combined with normal winter rates of absence. We saw Covid absence reduce in the latter half of February although it has increased again through March.

Recommendation

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