

Agenda item 2.b

Report to:	Performance Committee	Date: 2 December 2021
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 October 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

- **SAFE:** 1) Safer Staffing: RN fill rate for Oct 2021 is an improved position from the previous month for days, remaining green at 92.0% (Sep = 90.0%) and nights remaining green at 91.0% (Sep = 92.8%). 2) Sepsis: Quarter 2 shows an improved position at 97%. Of all the patients reviewed in the audit data Jul to Sep 2021 (n = 122), 44 required sepsis screening. Of those, 39 patients should have been given IV antibiotics within the hour. 38 of the 39 patients were given IV antibiotics within the hour (97%). The remaining one patient was given treatment as required, however did not have a sepsis bundle.
- **EFFECTIVE:** Outpatient Performance - Despite staffing shortages in Outpatients, performance remains strong in this area, with the activity on plan in month. There remains a high dependence on virtual clinic which have been facilitated by the extensive rollout of remote monitoring devices during the first wave of the pandemic.
- **RESPONSIVE:** Diagnostic Performance - Although not yet meeting the standard of 99% of diagnostic tests being undertaken within 6 weeks of request, sustained progress has been made in recovering performance against this standard. Two further mutual aid requests have been received by the Trust from system partners for support with CT imaging and Echocardiography. The Radiology team are exploring the potential of delivering some weekend CT waiting list initiatives for CUH and as Echocardiography poses a significant challenge in all three acute providers, **the Trust is leading a piece of work to support productivity improvements in this area across the system.**
- **FINANCE –** 1) The YTD position is reported against the Trust's H1 and draft H2 2021/22 plan and shows a surplus of £2.6m which is marginally favourable to plan. 2) CIP is ahead of plan by £1.9m 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

- **CARING:** FFT (Friends and Family Test): Inpatients positive Experience rate has decreased from 99.2% (Sep) to 97.8% (Oct). For Outpatients positive experience rate has decreased from 97.2% (Sep) to 95.9% (Oct). There are no indications at this stage that correlate with the drop in Positive Experience Rate score for Inpatient or Outpatients, though this will continue to be monitored.
- **EFFECTIVE:** Inpatient Capacity Utilisation – High levels of staff absence, primarily due to sickness and the need to self isolate following household contact with COVID-19, persisted throughout October. This reduced bed occupancy against the funded number of general and acute and critical care beds. In addition ECMO demand remained high, with approximately a third of available capacity utilised to service this need, throughout the month. This has driven higher than ideal levels of occupancy in critical care.
- The low level of occupancy across the general and acute bed base is not consistent across all specialities. The constrained critical care capacity has limited surgical activity so the occupancy on the surgical floor has been consistently low, while the Cardiology and Respiratory bed base have been running very hot. Nursing staff from the surgical floor have **been supporting critical care through a voluntary re-deployment of staff with critical care skills and experience.**
- **RESPONSIVE:** 1) 104 day Cancer breaches - Breaches have increased to 6 in October due to regional delays in referrals, turn around of PET scanning at CUH, two complex pathways and patient choice challenges. The aim from region is to reduce to nil 104 day patients by the 31st March 2022. 2) 52 week breaches - There were 6 breaches in October reported, 4 of which are awaiting surgery but have been scheduled for treatment in November. The remaining two patients are breaches

of greater than 104 weeks, one each in Cardiology and Respiratory. These **breaches were caused by the patients being** lost during the migration to the electronic patient record system. The root cause of the errors which resulted in both pathways being closed is under investigation and a review of other pathways closed at that time is underway. Both patients have been treated and harm reviews undertaken.

- **PEOPLE, MANAGEMENT & CULTURE** 1) Total Sickness absence further increased in October to 5.27% which is a very high level for this Trust. This includes sickness absence relating to COVID but excludes absence linked to self-isolation. The spotlight looks at sickness absence in more detail and provides information on the regional trends. 2) IPR compliance was suspended during both surge periods. Managers were asked to have wellbeing conversations with staff in place of formal IPRs. We resumed the formal IPR process in June 2021 but compliance is not recovering which is due to short-notice covid absence and high levels of activity linked to emergency work and recovery of elective work. The Divisions are working together to develop actions to ensure that all staff have an annual appraisal. It is going to take some time to recover and address the backlog given the pressures on staffing utilisation.

Recommendation

The Performance Committee are requested to **note** the contents of the report.