

Agenda item 2.b

Report to:	Board of Directors	Date: 3 June 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	

1. Background

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.

2. 20/21 Performance highlights:

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

3. Favourable Performance

SAFE: All of the dashboard KPI metrics in Safe are green in April 2021. Safe Staffing - Care Hours Per Patient Day (CHPPD) for all areas during April is green. Staffing establishments are also being reviewed across the Trust, with clinical, operational, workforce and finance involved. Further detail on safe staffing is shown in the Safe Spotlight On slide.

CARING: All of the dashboard KPI metrics in Caring remain green in April 2021. 1) Friends and Family Test – wards and departments are continuing to work to increase FFT participation rates. Good progress has also been made with the use of Digital for FFT: iPads were procured and implementation project started April 2020 (there were some delays due to COVID-19). The inpatient and outpatient launch of iPad surveys started in Dec 2020 and took approx. 2 weeks for full roll out. SMS messaging for outpatients started mid Jan 2021. 2) Complaints - The Trust continues to respond to 100% of complaints within the agreed timescales. Monitoring the number of written complaints per 1000WTE is a benchmark figure based on the NHS Model Hospital to enable national benchmarking. The latest data from Model Hospital demonstrates Papworth is in the lowest quartile for national comparison.

EFFECTIVE: Theatre and Cath Lab Utilisation - The introduction of a dedicated emergency theatre has successfully driven down cancellation rates. The current operating model allows planned activity to proceed in five theatres, uninterrupted by emergency or transplant activity, while the sixth theatre is partially booked with one IHU case, the timing of which can be flexed around any emergency activity. Further work is planned in the coming months to further

enhance productivity. The cath labs have worked dynamically and cross divisionally to improve the use of the cath lab space for all 3 main users. There was consideration to the booking, following IPC guidelines and maximum use of the holding bay to increase the utilisation to 88%. **RESPONSIVE:** Theatre cancellations - there were 18 theatre cancellations in month. The reduction in cancellations has been facilitated by the introduction of an emergency theatre which has a single IHU case scheduled in it each day.

PEOPLE, MANAGEMENT & CULTURE: 1) Vacancy Rate – the total Trust vacancy rate remains below the KPI at 4.3%. Registered nurse vacancy rates have reduced significantly over the last 12 months and at an aggregate Trust level we are over established. 2) Sickness absence - Total Sickness absence remains below the KPI at 3.3%. This includes sickness absence relating to COVID.

FINANCE: The year to date position shows a surplus of £0.3m compared to a planned deficit of £0.2m. The favourable variance is driven by private patient income over-performance, offset by operational expenditure underspends from underpinning productivity and headroom improvements compared to planned levels, resulting in unutilised risk reserves.

4. Adverse Performance

RESPONSIVE: 1) RTT - Surgery saw a further decline in April in RTT performance, due to the restriction on theatre capacity and long staying COVID patients on-going treatment in critical care. 2) 52 week breaches - There has been one Cardiology 52 weeks breach and 11 Surgical 52 week breaches reported for April 21. The surgical breaches are a direct impact of Covid-19, with 5 of these patients with admission dates in May, one who is choosing to delay their treatment and the remainder assigned a P3 status and under regular review.

PEOPLE, MANAGEMENT & CULTURE: 1) Turnover - The KPI target has reduced to 12%. The average turnover in 20/21 was 11% and this revised KPI is in line with turnover rates in other organisations in Cambridge and Peterborough. Total turnover in April 21 was above this KPI at 17.9%. The PM&C Spotlight section has a focus on turnover. 2) Mandatory Training - compliance is slowly improving following a further suspension during the second surge. The majority of mandatory training is now delivered through e-learning platforms. Divisions have been encouraging and supporting staff to resume training and development as part of recovery.

5. Recommendation

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