

Agenda item 2.b

Report to:	Board of Directors	Date: 4 November 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 September 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:** Safer Staffing: The RN fill rate for Sep 2021 is an improved position from the previous month with days green 90.0% and nights green 92.8%. The CHPPD thresholds (“targets column”) have been updated from Sep 2021 based on the latest establishment review. All CHPPD areas are green with the exception of 4NW who are just under their green threshold, and 3 South (also just under their green threshold).
- **CARING:** All of the dashboard KPI metrics in Caring remained green in September 2021. Number of written complaints per 1000 staff WTE is a benchmark figure based on the NHS Model Hospital to enable national benchmarking. We remain in green at 3.4. The latest data from Model Hospital demonstrates we are in the lowest quartile for national comparison (note the Model Hospital data period remains Dec 2019; accessed 18.10.2021): Royal Papworth = 9.02, peer group = 11.23, national = 21.11.
- **EFFECTIVE:** Outpatient Performance - Outpatient throughput remains strong with the activity target exceeded again this month. This is most apparent in the level of follow-up patients seen which exceeded the 2019/2020 baseline activity both in months 5 and 6 as clinicians are working to catch-up on overdue follow-up consultations.
Virtual outpatient appointments continue where it is clinically appropriate to do so and the Trust is credited with one of the providers with the highest levels of virtual appointments in the region.
- **RESPONSIVE:** Diagnostic Performance - In spite of Radiographer staffing challenges, a strong recovery of diagnostic performance in September has been delivered. The team continue to support referrals from outside normal referral patterns from organisations where access to diagnostics are causing delays in patient pathways.
- **FINANCE** – 1) The YTD position is reported against the Trust’s H1 2021/22 plan and shows a surplus of £2.5m which is on plan. 2) CIP is ahead of plan by £1.4m 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:** Pressure ulcers - there were three Papworth acquired pressure ulcers during Sep 2021. They have been reviewed by the Nurse Consultant for Tissue Viability. One is a deep tissue injury and two are category 2 ulcers.
- **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 September. This reduced bed occupancy against the funded number of general and acute and critical care beds. Critical Care capacity remained the key constraint to flow, due to high levels of COVID and ECMO demand, delayed repatriations to other providers and staff absence and as a consequence utilisation of theatre and cath lab sessions was sub-optimal. Admitted patient care levels recovered in the later part of the month despite these constraints which reflects the commitment of staff to make the best use of the capacity available. Day case activity remains strong, both in Cardiology and Respiratory Medicine, and this has supported the overall number of elective cases treated resulting the in month plan being exceeded.
- **RESPONSIVE:** 1) Cancer Performance - Cancer performance continues to be impacted by late referrals, complexity of cases and access to PET CT. There were 3 patients that breached their 62 day pathway prior to treatment and that was due to late referrals and patient choice to delay whilst considering their treatment options. 1 of these patients also breached their 31 day target due to needing to self-isolate due to being in contact with a COVID19 positive person whilst they considered their treatment options. There were 5 patients that breached 104 days 2) Waiting list Performance- Cardiology: There has been a decline in Cardiology performance in September ,as anticipated ,following the reduction of elective activity across all cath labs throughout August. This was in response to an increase in emergency demand, number of staffing challenges across radiology and supporting overall staff wellbeing by encouraging annual leave. As activity resumes the focus has been on prioritising patients in order of clinical urgency. Surgery: Constraints on critical care capacity , due to staff absence and high levels of emergency demand, has severely impacted on the number of planned surgical cases treated. This has further reduced RTT performance . As with all specialities, all patients are being treated in order of clinical prioritisation.
- **PEOPLE, MANAGEMENT & CULTURE** 1) Vacancy rate remained above KPI at 7.6%. The registered nurse vacancy rate remained below KPI at 2.8%. This increase in vacancy rates is primarily driven by temporary posts that have been approved as part of 20/21 staffing establishments. These relate to the increase in beds in Critical Care and Cardiology that have been approved to the end of 21/22 pending clarity on 22/23 commissioning/funding arrangements. 2) Sickness - Total Sickness absence remained over KPI at 4.3%. This includes sickness absence relating to COVID but excludes absence linked to self-isolation. There was an increased number of staff contracting COVID during the first weeks of September although this did reduce in the second half of the month. We started to see at the end of September an increase in non-covid absence as seasonal illnesses such as colds started to circulate.

Recommendation

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