

Agenda item 2b

Report to:	Trust Board	Date: 2 May 2019
Report from:	Executive Directors	
Principal Objective/ Strategy and Title	GOVERNANCE Papworth Integrated Performance Report (PIPR)	
Board Assurance Framework Entries	FSRA BAF (Unable to maintain financial, operational and clinical sustainability) [BAF references: 678, 833, 835, 838, 846, 852, 877, 882, 1427]	
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.

**March 2018/19 Performance highlights:**

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

**Favourable performance**

- **Safe:** Safer Staffing - The overall safe staffing fill rate for registered nurses is green for nights (98.1%) and just under the 90% green threshold for days (87.2%). In some wards, days and nights fall short of the desired 90% fill rate that we aim for, however Care Hours Per Patient Day (CHPPD) levels in these areas remain healthy. Overall (as shown in the KPIs) the CHPPD indicator remains healthy and in the green.
- **Caring:** 1) Friends and Family Test (FFT) - FFT scores for both inpatients and outpatients remain green in March 2019. 2) Complaints - The Trust continues to report 100% of complaints within the agreed timescales and the 12 month average of the number of complaints received reduced in month to 4.4 and remained below the target of 5.
- **Finance:** The Trust's year end (pre-audit) financial position is a deficit of £10.23m, favourable against the plan by £6.79m. On a control total basis, which excludes impairments and the impact of donated assets, the Trust has an operating deficit of £10.33k, which is favourable to the revised Forecast submission by £0.67m.

**Adverse performance**

- **Safe:** Never events - The Trust has reported 2 Serious Incidents in March one of which met the category for a Never Event. Investigations are ongoing and there was no harm to the patient.
- **Effective:** 1) Critical Care Occupancy - CCA occupancy remained above trajectory in month 12. Increased numbers under the highly specialised services (transplant and heart failure, and respiratory ECMO patients) with high cardiology activity contributed to the high levels of bed occupancy. On 12 occasions ward patients remained on CCA overnight, with 11 theatre cancellations due to the lack of ward beds for CCA patients. 2) Theatre Utilisation - Reduced patient flow due to high CCA occupancy, and the lack of ward beds contributed to the lower theatre utilisation percentage in month 12. One day of surgical activity was lost due to an estate issue.
- **Responsive:** 1) RTT remains below the 92% target but Cardiology continue to reduce the total number of patients waiting for treatment and Cardiac Surgery's RTT performance remains ahead of trajectory with a further reduction in breaches. This was in spite of the 60 cancellations in elective activity throughout March. A continual focus on validation is also supporting performance. 2) Theatre cancellations - There were 60 theatre cancellations in month. Bed capacity both in CCA and on the wards was challenging in month with 15 cancellations due to all beds full with CCA patients and a further 11 cancellations due to no availability of ward beds.
- **People, Management & Culture:** Staff Turnover – Total turnover increased to 22.83%. We were a net loser of staff by 11.8 wte in March. There were low numbers of starters across all staff groups. This is linked to the move date in April as new appointees have been reluctant to start this close to the move. The same low in take will happen in April with the expectation, based on the pipeline, that this will improve in May 2019.
- **Finance:** Total clinical income is below plan by £0.28m, this comprises an adverse variance resulting from lower than planned NHS activity of 2,450 (9.7%) inpatient/day cases equating to £3.69m, mitigated by a favourable complexity case mix of £3.82m and a combination of other favourable items totalling £0.19m, to give an underlying net clinical income position for the year which is behind plan by £0.06m.

**Recommendation**

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