

Agenda item 2b

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| Report to: | Trust Board | Date: 2 August 2018 |
| 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.

June 2018/19 Performance highlights:

This report represents the June 2018 data: Overall the Trust performance has remained as **Amber** rating for the month. There are 2 domains rated as Red performance (Responsive and Finance) and five domains rated as Amber (Safe, Caring, Effective, People Management & Culture and Transformation).

Favourable performance

- **Safe** - Safety thermometer and incident reporting demonstrates that we have provided safe care for June.
- **Caring** – The staff continue to provide the patients with a good experience, however response rates for June remains low at 29% a further 8% decrease for inpatients and 1.6% response rate for outpatients a reduction of 0.9%. See key performance challenges.
- **People, Management & Culture** - Total turnover reduced to 9.95%. Nursing turnover was 7.96 % a reduction from 9.7% in May.
- **Finance** - The Trust's year to date position is a deficit of £1,454k, which is favourable to plan by £48k. Lower clinical income has been offset by reduced operational costs and lower depreciation. However, the Trust is starting to experience increased professional fees and site maintenance costs as a result of the delayed move.

Adverse performance

- **Safe** –1) Safer staffing remains consistently red reflecting the vacancy rate and high maternity figures in Critical Care. The staffing remains vulnerable in cardiology. Daily safety briefings and twice weekly meetings are mitigating the risk to patient safety. 2) All four pressure ulcers are under review with the tissue viability nurse. Prior to scrutiny panel all have been graded as low harm with confirmation of avoidability awaited. 3) The number of actual falls (excluding those that are assisted to the floor) continues to fluctuate. During this month 16 of the 17 falls have resulted in no/low harm. One was recorded as moderate harm due to the patient falling and hitting their head resulting in a small haematoma. A draft RCA report is being finalised and action plan developed.
- **Effective** - Bed occupancy in CCA was impacted by the number of ward patients remaining on the unit who were fit to be discharged to the ward. There were 12 occasions when ward patients stayed overnight on CCA in June.
- **Responsive** – The Trust remains below the 92 % standard. Cardiology failed to deliver the revised approved trajectory. There are several contributing elements, ineffective booking utilisation, break down of cath lab 6 and non-adherence to a new booking strategy. To resolve the RTT there are multiple actions in place including clear adherence to the booking processes, resolution to the cath lab 6 problems, three times weekly review of all actions and trajectory.
- **Finance** – 1) Total clinical income is below plan by £737k, this is a concerning adverse variance with the Trust continuing to experience lower than planned activity of 538 (8.4%) inpatient /day cases equating to an adverse £654k position. 2) Actual year to date CIP achievement of £1,343k is £619k adverse to plan of £1,962k, due to £113k planning gap and an operational delivery gap of £506k from overspends in Pay compared to the Gateway 2 rosters, partially offset by non-recurrent underspends.

Recommendation

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