

Agenda item 2.b

Report to:	Board of Directors	Date: 7 October 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 August 2021 data. Overall the Trust performance rating was Red for the month. There was 1 domain rated as Green (Caring), 1 domains as Amber (Safe) and 4 other domains were rated as Red (Finance, 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 August 2021 is an improved position from the previous month with days amber 89.1% and nights green 92.4% (resulting in an overall rating of amber). All CHPPD areas are green with the exception of two areas in amber (3 South 7.70 CHPPD and Day Ward 5.60 CHPPD, with no indication of impact on nurse sensitive indicators. For example, there are 0 SI's reported to CCG during August; and Falls per 1000 bed days remains green at 2.0 for August.
- **CARING:** All of the dashboard KPI metrics in Caring remained green in August 2021. The number of written complaints per 1000 staff WTE is a benchmark figure based on the NHS Model Hospital to enable national benchmarking. The Trust remained green at 5.9. 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 21.09.2021): Royal Papworth = 9.02, peer group = 11.23, national = 21.11.
- **FINANCE -.** The YTD position is reported against the Trust's H1 2021/22 plan and shows a surplus of £4.3m compared to a planned surplus of £2.4m. The variance is driven by the recognition of YTD income earned through the Elective Recovery Fund (ERF), private patient income over-performance, favourable delivery against the Trust's CIP plan and operational underspends compared to planned levels.

ADVERSE PERFORMANCE

- **EFFECTIVE:** Inpatient Capacity Utilisation – The planned reduction in capacity to facilitate staff to take annual leave was further impacted by higher levels of absence in August than anticipated. This was due to staff sickness and staff needing to self-isolate due to track and trace contact or a household contact testing positive. This reduced bed occupancy against the funded number of general and acute and critical care beds. This also reduced the number of fully staffed theatre and

cath lab sessions which is reflected in the lower levels of utilisation reported this month for both areas. As a consequence, admitted patient care levels fell to the lowest level in three months. Day case activity remains strong, both in Cardiology and Respiratory Medicine. This has supported the overall number of elective cases treated resulting in the in-month plan being exceeded.

- **RESPONSIVE:** 1) Cancer Performance - continues to be impacted by late referral, complexity of cases and access to PET CT. The patients that breached 104 days were referred on 30th July (day 120) and on 25th August (day 88). Harm reviews are being completed for all patients. 2) Waiting list Performance- The number of patients on the waiting list grew in August as a consequence of the reduction in capacity caused by annual leave, sickness and self-isolation. Cardiology RTT recovery in August slowed following a number of cath lab closures and a reduction in elective activity. This was in response to an increase in emergency demand, a number of staffing challenges across radiology and supporting overall staff wellbeing by encouraging annual leave. Cardiac Surgery RTT marginally improved, but this was due to an increase in the overall size of the waiting list rather than a reduction in the number of patients breaching 18weeks. Respiratory has maintained its RTT position primarily due to the number of patients being seen through an outpatient or ambulatory setting. 3) Theatre cancellations & 28-day rebook following cancellation - As a consequence of constrained capacity, particularly in critical care, theatre cancellations in month have again risen. Critical care capacity was constrained by high levels of ECMO activity (10-12 cases daily), high levels of emergency activity and high levels of staff absence.
- **PEOPLE, MANAGEMENT & CULTURE** 1) Total turnover increased significantly in August to 24.1% which is the highest rate since April 2019. There were leavers spread across all departments of the Trust including corporate and clinical areas with no particular spikes in any one area. More details are provided in Key Actions on the following slide. There is no particular theme from the reasons for leaving although there has been a higher number of staff leaving for overseas destinations over the last 4 months. 2) The total Trust vacancy rate remained above KPI at 7.3%. The registered nurse vacancy rate remained below KPI at 2.2%. 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.
- **FINANCE:** The Trust fell short of the national activity targets in August: this was in the context of growing COVID-19 numbers and lower levels of backfill than expected for staff leave. This has given rise to a lower than plan underlying spend position in month. This continues to be partly offset by a number of non-recurrent items of spend which are considered one-off.

Recommendation

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