

Agenda item 2b

Report to:	Trust Board	Date: 28 March 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.

February 2018/19 Performance highlights:

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

Favourable performance

- **Safe:** The Safe domain remains green in February. The overall safe staffing fill rate for registered nurses is green for nights (96.1%) and just under the 90% green threshold for days (88.3%). 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.
- **Caring:** This month Caring has returned to a green rating from amber. This is because the number of complaints (12 month moving average) is back in green. There are also very positive Friends and Family Test scores which are covered in more detail in the Spotlight On section for Caring.
- **Responsive: RTT** - Cardiology have achieved the 92% RTT standard a month ahead of trajectory with a further reduction in breaches and waiting list size. Short term changes in scheduling throughout the flu outbreak enabled patients to be treated that minimally impacted the bed pool post procedure. Cardiac Surgery's RTT performance remains ahead of trajectory with a further reduction in breaches. This was in spite of the 56 cancellations of elective activity and an inability to schedule further elective activity throughout the 3 week Flu outbreak period. A further cancellation of activity was noted due to the closure of Theatre 5 due a airflow failure.
- **Finance:** The Trust's year to date position is a deficit of £7.42m, favourable against the plan by £3.39m. Finance: The Trust's year to date position is a deficit of £7.50m, favourable against the plan by £1.17m.

Adverse performance

- **Effective:** Theatre Utilisation - Performance was down by over 22% against the January performance. This was due to the cancellation of nearly all elective activity over the 3 week period of Flu related closures and a further airflow failure in theatre 5.
- **Responsive:** 1) RTT - Respiratory RTT performance has dipped, this is being addressed through a focus on booking and capacity being fully utilised. 2) Theatre cancellations - There were 56 theatre cancellations in month – whilst this seemed to indicate an improvement from the January position it is noted that this is not truly reflective of overall position as all elective scheduling was placed on hold due to the Flu outbreak. This is reflected in the low theatre utilisation figure.
- **People, Management & Culture:** 1) Turnover - We were a net loser of staff by 6.4 wte in February. 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 March and April with the expectation, based on the pipeline, that this will improve in May 2019. 2) Sickness absence increased to 4.48%. This was directly related to the flu outbreak in February.
- **Finance:** Clinical income is below plan by £1.95m, this comprises an adverse variance resulting from lower than planned NHS activity of 2,623 (11.2%) inpatient/day cases equating to £4.71m, partially mitigated by a favourable complexity case mix of £3.00m and a combination of other favourable items totalling £0.06m, to give an underlying net clinical income position which is behind plan by £1.65m.

Recommendation

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