

Agenda item 2.b

Report to:	Board of Directors	Date: 3 March 2022
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 January 2022 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**

- **CARING:** 1) FFT (Friends and Family Test): The Inpatients positive experience rate increased from 98.6% (December) to 99.5% (January). The participation rate however decreased from 35.6% (December) to 28.5% (January). The Outpatients positive experience rate increased from 97.7% (December) to 98.5% (January). Participation rate has decreased from 13.2% (December) to 12.2% (January). 2) Number of written complaints per 1000 staff WTE is a benchmark figure based on the NHS Model Health System to enable national benchmarking. We remain in green at 2.5. The data from Model Health System continues to demonstrate we are in the lowest quartile for national comparison.
- **PEOPLE, MANAGEMENT & CULTURE:** Medical appraisal continues on a very positive trajectory moving from 49% in August to 75% in January 2022. Non medical appraisal rates have also risen in the last month as expected as we return to normal and managers are being asked to refocus on appraisals and mandatory training for their staff. To support managers we have developed a streamlined appraisal process which is being tested prior to a launch in late February/early March 2022.
- **FINANCE:** 1) The YTD position is reported against the Trust's H1 and H2 2021/22 plan and shows a surplus of £4m which is £1.5m favourable to plan. Recognition of YTD income earned through the Elective Recovery Fund (ERF), private patient income over-performance, favourable delivery against the Trust's CIP plan is partially offset by a number of non recurrent items and provisions. 2) CIP is ahead of plan by £1.3m 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. The Trust has £5.4m of pipeline schemes identified against its annual target of £5.4m.

**ADVERSE PERFORMANCE**

- **CARING:** % of complaints responded to - One out of two complaints responded during January 2022 were late. The late response was responded to 2 days outside of current agreed timescale and the complainant was kept informed (more details on page 11).

- **EFFECTIVE:** Capacity Utilisation – Although Respiratory ECMO and the numbers of COVID patients within the hospital gradually decreased in month, high levels of staff absence across the Trust due to sickness and self-isolation persisted. The adverse impact of staff availability was seen across utilisation of the commissioned bed base and treatment functions. Green staffing levels were consistently maintained but to achieve this some theatre and cath lab lists were cancelled and a proportion of the bed base could not be staffed. This is reflected in the poor levels of utilisation of the general and acute bed base, theatres and cath labs and a level of admitted activity which was the lowest since the hospital move.
- **RESPONSIVE:** 1) Diagnostic Performance - Staff absence amongst Radiographers due to vacancies, sickness and self isolation constrained imaging capacity. As part of deployment of business continuity plans, some MRI, nuclear medicine and Dexa bone density imaging were stood down to maintain core imaging modalities. This has impacted adversely on the proportion of elective diagnostic investigations undertaken within 6 weeks of referral. 2) Waiting List Performance - Overall RTT performance has continued it's slow decline due the reduced activity through admitted and ambulatory pathways due to workforce constraints. All patient groups continue to managed on the waiting lists in order of their clinical prioritisation. There has been a slight increase in the overall waiting list size again this month. 2) Cancer Performance - continues to be challenged due to a combination of late referrals, complexity of cases and timely access to PET-CT. Meetings with the CUH delivered PET-CT service and the Cancer Alliance have been increased in frequency to weekly due to the reduced capacity on site with the swap out of the static scanner which began on 24th January. Patients are also being offered appointments at other CA sites with static scanners;
- **PEOPLE, MANAGEMENT & CULTURE:** 1) Trust Vacancy Rate - The Trust vacancy rate continues to deteriorate increasing from 7.87% in December to 8.42%. There has been a notable shift in the labour market both for permanent and temporary staff. We have seen a decline in the number of applicants for roles within the Trust as well as a decline in the quality of applicants. Added to this is the fact that the number of temporary staff available to us either through the bank or through agencies has significantly declined and where agency staff are available Agencies are seeking rates of pay that exceed our cap. A particular challenge is recruiting to Band 5 and HCSW roles given that fewer staff are coming to us through the IR pipeline and job market is seen to be providing higher paid, more attractive alternatives to jobs in health. 2) Absence rates continue to rise above the 3.3% target for the 4th month in a row. In Q3 9314 wte days were lost to sickness absence. The majority of all absence is short term sickness due to covid related illness and general coughs and colds.

## Recommendation

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