

Agenda item 2.b

Report to:	Board of Directors	Date: 5 May 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 March 2022 data. Overall the Trust performance rating was Red for the month. There were 2 domains rated as Green (Caring and Finance) and 3 domains were rated as Red (Safe, Effective, Responsive and PM&C). The new domain representing Cambridgeshire and Peterborough ICS metrics is not currently RAG rated.

FAVOURABLE PERFORMANCE

- **CARING:** FFT (Friends and Family Test) – The Inpatients positive experience rate has increased from 98.1% in February to 99.1% in March against the target of 95%. The participation rate has also increased from 25.2% (Feb) to 25.6%;
- **EFFECTIVE:** March saw the highest level of Outpatient activity since before the pandemic and in spite of significant staffing challenges in clinical administration over 11,000 Out-patients appointments were booked, the highest on record. There were a number of short notice cancellations due to consultant sickness and patient uninitiated cancellations due to COVID contact or symptoms but it is clear that Outpatient productivity work is paying dividends. The Meridian supported Productivity Programme in Theatres and Cath labs is now well established and has identified a number of areas of opportunity;
- **RESPONSIVE:** Diagnostic Waiting Lists - Staff sickness in Radiology reduced gradually across the month of March and the team refocused their efforts in addressing diagnostic backlogs. This has resulted in further recovery of diagnostic performance against the DM01 standard.

ADVERSE PERFORMANCE

- **SAFE:** 1) High Impact Interventions - remain in amber at 96.3%. IPC and Audit were in the process in Feb/Mar to transfer to a new digital solution and as 1st April more areas were brought online. It is expected results will return to >97% as required. 2) Care Hours per Patient Day - four areas were in red and one amber. This reflects that although their staffing has remained safe their activity has remained high and on a number of occasions staffing has been challenged because of short notice sickness (often COVID-19 related). 4NW has on occasions had more beds open than commissioned, in order to accommodate the high cardiac activity for patients which has been reviewed as part of annual planning;
- **EFFECTIVE:** Capacity Utilisation – The theme of high levels of staff absence due primarily to COVID continued through March and part way through April. However, all metrics reflect an improving position in terms of productivity and patient throughput for the first month since May 2021;
- **RESPONSIVE:** 1) Open pathways and Waiting List Management - The number of patient on an RTT pathway has stabilised, however patients with on an non-RTT open pathway increased by a further 300 patients. Waiting lists continue to be managed in order of clinical priority. RTT performance continued to decline again this month, with the most noticeable change in Cardiology performance. This was following a number of short notice cancellations in relation to staffing absences caused by COVID. The emergency transfer pathways saw an increase in activity rising by 25% in comparison to M11 requiring conversion of elective lab time to manage demand which has further impacted on the divisions RTT performance in M12. 2) Theatre Cancellations - On the day theatre cancellations increased to 44 this month. The biggest reason for this was that patients were unfit for surgery because of testing positive for COVID or presenting for surgery with COVID symptoms. This also adversely impacted on the 7 day IHU performance standard, with a number of patients testing positive for COVID just prior or on transfer to the Trust. 3) Cancer Waiting Times - continues to be challenged due to a combination of late referrals, patients needing more than one diagnostic and discussion in the MDT and timely access to PET-CT scanning;
- **PEOPLE, MANAGEMENT & CULTURE:** 1) Turnover - at 17.7% is over the 12% KPI again this month. The annual turnover for 21/22 was 16.6%. Anecdotally this is the trend across system partners who all report increased levels of turnover. 2) The Trust vacancy rate increased to 9.2%. 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 particularly in Bands 2-4 as pay rates in retail and hospitality have increased. 3) Absence rates increased further in March driven by increased rates of Covid-19 sick leave combined with normal winter rates of absence. 4) Medical and non-medical appraisal and mandatory training compliance were broadly static. High absence rates impacted on managers ability to release time for appraisals and mandatory training.

Recommendation

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