

Agenda item 2.b

Report to:	Board of Directors	Date: 9 June 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.

2022/23 Performance highlights:

This report represents the April 2022 data. Overall the Trust performance rating was Red for the month. There was 1 domains rated as Green (Caring), 1 domain rated as Amber (caring) and 4 domains were rated as Red (Effective, Responsive, PM&C and Finance). The domain representing Cambridgeshire and Peterborough ICS metrics is not currently RAG rated.

FAVOURABLE PERFORMANCE

- **SAFE:** Safe Staffing - The Registered Nurse fill rate for April 2022 is an improved position from the previous month. It shows days in green at 91.0% and nights in amber at 88.2% (showing an overall amber position). For CHPPD: there are no areas are in red and two in amber: 5N = 9.30 and 5S = 9.50. There is no indication at the time of writing, of this impacting on quality and safety;
- **CARING:** FFT (Friends and Family Test) - The inpatients positive Experience rate has remained at high level of 99.1% in April 2022 (participation rate 20.9%). Outpatients and the Outpatients positive experience rate has also remained the same in April 2022 at 97.0% (participation rate of 11.6%);
- **EFFECTIVE:** Utilisation of Cath labs and Theatres - The Productivity Project in Theatres and Cath labs continues and Is now in it's final month and it is anticipated that the benefit of the project will be seen in month 2 activity levels. The Critical Care Transformation project is also progressing well with 32 beds consistently available throughout April and 33 beds available in May. Outpatient recovery continues to be strong in spite the fewer number of actual patients seen in month. This is due to fewer working days in April;
- **RESPONSIVE:** 1) Diagnostic Performance - Overall Diagnostic performance remains strong, largely reflecting overachievement in the big imaging modalities of CT and MRI. The Trust continues to deliver cardiac CT on behalf of CUH as an on-going mutual aid initiative. ECHO remains extremely challenged however with significant staffing gaps which are partially filled by agency staff. Nationally there is an issue with insufficient ECHO trained staff and although recruitment is on-going, this issue is unlikely to be resolved quickly. 2) IHU performance - IHU performance improved against the 7 day standard and achieved 100% against the 10 day standard and the backlog of cases caused by a surge in demand in January and February has now been addressed with the number of cases in the pipeline reduced to a more manageable level.

ADVERSE PERFORMANCE

- **SAFE:** Surgical Site Infection (SSI) - this is a new section on PIPR for April 2022 onwards. The Key performance challenges slide expands on this in further detail; following the PIPR Safe 2021/22 M10 report, which also included a 'Spotlight On' SSI. The threshold ("target") for CABG infections is taken from national benchmarking data, set at 2.7%. For Q4 (2021/22) the RPH result was 8.61% (n = 18). The threshold ("target") for Valve infections has been calculated as the average of the previous reporting year (this is because an individual % threshold value is not available for only Valve infections), set at 2.7%. For Q4 (2021/22) the RPH result was 4.35% (n = 6).
- **EFFECTIVE:** Utilisation of Cath labs and Theatres - The latest COVID surge continued through the first half of April, peaking over the Easter bank holiday weekend. This meant that month 1 was a month of two halves with the first half plagued by cancellations due to staff or patients testing positive for COVID or presenting with symptoms, and the second half in which sickness levels revert to closer to the seasonal norm. The former and the impact of two bank holidays in month adversely impacted on utilisation of treatment functions and the bed base. The lower level of utilisation of our facilities in the first part of the month is reflected in the lower volume of month admitted patients when measured against the 104% of 2019/2020 activity set as a target in the 2022/23 Operational plan;
- **RESPONSIVE:** 1) Waiting List Management - There was a further deterioration in RTT performance this month at a Trust aggregate level, however, there was a positive movement in Respiratory RTT performance due to an increased number of CPAP new starters. This reflects the speciality temporarily switching some of it's bed capacity to day case CPAP capacity to address a backlog in patients waiting to start CPAP while waiting for devices to be available. There is now a steady supply of devices both for new starters and to support the Philips device recall programme. The number of 52 week breaches increased to 7 in April and all patients are awaiting Cardiac Surgery. One patient has chosen to delay their treatment but all 7 either have dates for admission planned or have a planned outpatient or diagnostic appointment. There are no patients with a waiting time at risk of breaching 104 weeks or 78 weeks. 2) Cancer Waiting Times - Cancer performance remains a challenge due to a combination of late referrals, patients needing more than one diagnostic and discussion in the MDT and in increase in the number of referrals in to the Trust, particularly in early stage referrals requiring biopsy;
- **PEOPLE, MANAGEMENT & CULTURE:** 1) Turnover - remains over our target of 14% and we are experiencing a 6 month turnover average of 16.62% . It follows that with high rates of turnover and a very challenging job market there will be rising vacancy rates with such vacancies being unfilled for extended periods. This is a challenging time for the NHS in general to recruit and retain staff and the turnover and vacancy rates are broadly similar across other acute sector in the East of England. 2) Vacancy rates- our HCSW vacancy rate remains a concern with 57.14 vacancies at the end of April and we have been running with an average of 51 vacancies in this staff group for 6 months. We have had some success recently as we have opened up again to hosting recruitment events on the hospital site and through these we were able to make offers 17 HCSW roles in March and 12 more recently in May. So whilst this vacancy rate is high we have 42 recruits in the pipeline and have another event in June;
- **FINANCE:** 1) The Trust submitted a full year plan of £7.9m (£7.3m on a control total basis) which has been agreed as part of the C&P ICS submission. 2) CIP - The Trust has a CIP plan of £5.8m. The Trust has £4.0m of pipeline schemes identified against this annual target and is currently working to close the gap.

Recommendation

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