

Agenda item 2.b

Report to:	Trust Board	Date: 7 July 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 May 2022 data. Overall, the Trust performance rating was Amber for the month. There was 1 domain rated as Green (Caring), 2 domains rated as Amber (Safe and Effective) and 3 domains were rated as Red (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 May 2022 shows days in green at 92.0% and nights in green at 94.2% (showing an overall green position). For information, the last time fill rate days and nights was green on PIPR was Oct 2021. For CHPPD: there are no areas in red and four in amber: 5N = 8.80; 5S = 8.90; 4NW = 7.40; and 3S = 7.60. RN to patient ratios (monthly average) for May 2022 in these amber areas were: 5N = 1:4.6; 5S = 1:4.7; 4NW = 1:4.9; and 3S = 1:4.4. There is no indication at the time of writing, of this impacting on quality and safety;
- **CARING: FFT (Friends and Family Test)** - Inpatients: The Positive Experience rate has increased in May 2022 to 99.3% from 99.1% in April 2022. Participation Rate has increased from 20.9% (April 2022) to 28.6% (May 2022). Outpatients: Positive Experience rate has also remained the same in May 2022, 97.0%. Participation rate has increased from 11.6% (April 2022) to 13.9% (May 2022). For information: NHS England (latest published data accessed 20.06.2022) is April 2022: Positive Experience rate: 94% (inpatients); and 93% (outpatients);
- **EFFECTIVE: Activity and Utilisation** - May proved to be a much more stable month and with COVID prevalence dropping in the community after Easter, patient DNAs and cancellations and staff sickness returned to the seasonal norm. The Critical Care Transformation programme is on track and delivered 33/34 beds throughout the month as per recovery trajectory and there were no cancellations due to critical care capacity. This meant that utilisation of theatres, cath labs and the general and acute bed base increased across the board and admitted levels of care met the levels described in this year's annual plan;
- **PEOPLE, MANAGEMENT & CULTURE:** 1) Turnover reduced in May to 12.1% which is below our KPI. There were 23 leavers in May and the biggest driver for leavers was lack of opportunities, with approximately a third of leavers giving this as their primary reason for leaving. This is a reoccurring theme and whilst as a relatively small organisation we will have more limited opportunities for staff to

progress their careers wholly within the Trust there is undoubtedly improvements we need to make to supporting staff develop their career within the Trust;

- **FINANCE:** In April the Trust submitted a draft full year plan of £7.9m deficit (£7.3m on a control total basis). The Trust submitted a final plan on the 20th June in resulting in a breakeven position which has been agreed as part of the C&P ICS submission. The Trust YTD financial position as at May is favourable to the draft plan by £0.3m with a reported deficit of £ 0.2m against a planned deficit of £0.5m. The deficit is mainly driven by continued impact of COVID in April and May.

ADVERSE PERFORMANCE

- **SAFE:** Moderate harm and above incidents - there was four moderate harm or above incidents during May 2022 (one of which is the SI). The incidents remain under investigation in partnership with the clinical teams and each will be reported via the QRMG governance process;
- **CARING:** Complaints - We have received 11 new formal complaints during May 2022 and investigations are ongoing. This is slightly above the expected variation of complaints received within the month but overall our number of complaints remain low. We have closed two formal complaints in May 2022. Further information is available on the Caring key performance challenges slide;
- **RESPONSIVE:** 1) Diagnostic Performance - Diagnostic performance dipped by over a percentage point in May as a consequence of staff absence and equipment failures. It is expected that this will be recovered in June based on current activity throughput. The Trust continues to deliver mutual aid for CUH by undertaking some cardiac CT imaging for their patients. 2) Waiting List Management - The waiting list has continued to grow in size across all three specialities in spite of higher activity levels through our treatment functions. Although the proportion of patients waiting over 18 weeks reduced as reflected in improved RTT performance at an aggregate, Cardiology and Cardiac Surgery level, the number of patients waiting over 18 weeks increased from 948 in April to 971 in May. The apparent improvement in RTT performance was driven by higher levels of consultant to consultant referrals which in month has increased the number of patients waiting less than 18 weeks. 3) Cancer Waiting Times - Late referrals, patients needing more than one diagnostic and discussion in the MDT and the number of referrals in to the Trust (particularly in early stage referrals requiring biopsy) continue to impact on our cancer performance;
- **PEOPLE, MANAGEMENT & CULTURE:** 1) Vacancy rate - there was a significant increase in May. The reason for this increase is an increase in budgeted establishments of 66.9 WTE as the 22/23 budgets were updated in ESR. This resulted in an increase in the number of vacant posts from 219 to 291. This increase includes the staffing linked to the additional Cardiology beds on 4 North West. This is a challenging time for the NHS to recruit and retain staff and the turnover and vacancy rates are broadly similar across other acute sector in the East of England. We are facing significant competition within a buoyant job market which is driven by low levels of unemployment and rising pay rates 2) Sickness absence reduced to 4% as levels of Covid absence reduced from the second half of April. This is still over our KPI and higher than normal at this time of the year. Although Covid absence has reduced we have continued to experience approximately 1% covid sickness absence on an ongoing basis.

Recommendation

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