

Agenda item 2.b

Report to:	Board of Directors	Date: 1 September 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 July 2022 data. Overall the Trust performance rating was Amber for the month. There were 3 domains rated as Amber (Safe, Caring and Finance) and 3 domains were rated as Red (Effective, Responsive and PM&C). The domain representing Cambridgeshire and Peterborough ICS metrics is not currently RAG rated.

FAVOURABLE PERFORMANCE

- **CARING:** FFT (Friends and Family Test): In summary; Inpatients: The Positive Experience rate has increased in July 2022 (99.2%) compared to 98.7% in June 2022. Participation Rate has increased from 42.5% in June 2022 to 45.6% in July 2022. Outpatients: Positive Experience rate has increased slightly to 97.5% (July 2022) compared to 97.2% (June 2022). Participation rate has increased from 11.1% in June 2022 to 13.3% in July 2022;
- **RESPONSIVE:** Diagnostic Waiting Times - Although still not meeting the national standard, this month has seen a return to the underlying trend of improving performance against the national standard of patients receiving their investigation within 6 weeks of referral. This was achieved in a month where the team safely migrated to a new PACS reporting system. There was some reduction in reporting capacity while the PACS system was tested and the team are working to address the small backlog of reporting that has resulted;
- **FINANCE:** The Trust YTD financial position as at July is favourable to the final plan by £1.4m with a reported surplus of £1.5m against a planned surplus of £0.1m. The Trust continues to deliver well against the financial recovery plan and has released a £1.3m provision against non achievement of the Q1 Elective Recovery Support Funding.

ADVERSE PERFORMANCE

- **SAFE:** 1) Safer Staffing - The reported RN fill rate for July was 88% for daytime and 83% for night time. Throughout July there was unused bed capacity, RN fill rate matched ward/department patient numbers. This can be validated by the green position of CHPPD across all areas 2) Compliance with High Impact Intervention audits improved slightly in July. Work is continuing to improve compliance with all HII as part of the ongoing IPC improvement work;
- **CARING:** Number of written complaints per 1000 staff WTE is a benchmark figure based on the NHS Model Health System to enable national benchmarking. This metric was introduced to PIPR in the 2020/21 reporting year and it is the second time we have been red (13.4), although this number has fallen

compared to last month. The data from Model Health System continues to demonstrate we are in the lowest quartile for national comparison;

- **EFFECTIVE:** Bed Occupancy and Capacity Utilisation - Low levels of occupancy of the general and acute bed base has been predominantly driven by consistently high levels of empty beds on the surgical floor. This is has been caused by constrained theatre capacity as a result of staffing shortages in the scrub and ODP teams. The decision of many in these teams to withdraw from overtime has reduced elective operating capacity by circa 20%. There are a number of actions that are being undertaken to address staff concerns regarding workload and these include fast tracking recruitment to vacancies, reviewing out of hours provision and rostering and reviewing training and competency framework arrangements. Across the Cardiology and Respiratory bed base bed occupancy has remained high, although higher levels of sickness that usual for this time of year has required a daily adjustment of rosters to move staff from one area to another to mitigate safer staffing. Staff sickness has also impacted on cath lab activity with both short term sickness in the Consultant, cath lab nursing team and Radiographer team impacting on elective activity. A valuable metal theft incident on the night of 17th July resulted in damage to the pipework associated with the Trust's Oxygen storage facility. The Trust responded quickly to mitigate any risk to patients and to effect a repair but it was necessary to cancel all planned activity for patients with a dependence on oxygen on Monday 18th July. This event reduced utilisation of theatre, cath labs and the bed base for a 24 hour period.
- **RESPONSIVE:** 1) Waiting List Management - Despite the teams efforts and focus on waiting list management there has been a further reduction in RTT performance this month. This is mainly due to reduced theatre capacity, staff sickness, increased patient non-attendance within Respiratory Medicine and the oxygen supply incident on 18th July. 2) IHU Performance - The flow of In House Urgent patients has been affected with the lack of theatre staff due to annual leave, sickness and other leave, and patients being medically fit for surgery. There has been a focused approach to mutual aid within the system to take IHU cases from system partners to free capacity. 3) Cancer performance continues to be impacted by late referral, complexity of cases and access to PET CT.
- There were 13 patients who exceeded 104 days on their pathway with 7 of them being carried over from June on prolonged pathways as well as 2 very late referrals, 1 on day 193 and another on day 128. Route cause and harm reviews completed;
- **PEOPLE, MANAGEMENT & CULTURE:** 1) Turnover - After tracking below the KPI for May and June there was a sharp rise in turnover in July bringing turnover back to the levels we have been experiencing over the last 12 months. In July there were 38.28 wte leavers, the majority of these were nurses (11.28wte) followed by admin staff (8.77). Please see the spotlight on feature (page 21) for more detail. 2) Sickness absence - remains higher than our KPI again this month driven in part by the higher than normal levels of long term sickness but during July we experienced a significant spike in covid related absence.

Recommendation

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