

## Agenda item 2.b

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| Report to:                                 | Board of Directors  | Date: 3 November 2022 |
| Report from:                               | Executive Directors   |                       |
| Principal Objective/<br>Strategy and Title | <b>GOVERNANCE<br/>Papworth Integrated Performance Report (PIPR)</b> |                       |
| Board Assurance<br>Framework Entries       | <b>BAF – multiple as included in the report</b>                     |                       |
| Regulatory Requirement                     | <b>Regulator licensing and Regulator requirements</b>               |                       |
| Equality Considerations                    | <b>Equality has been considered but none believed to apply</b>      |                       |
| Key Risks                                  | <b>Non-compliance resulting in financial penalties</b>              |                       |
| For:                                       | <b>Information</b>  |                       |

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 September 2022 data. Overall the Trust performance rating was Amber for the month. There were 2 domains rated as Green (Caring and Finance), 1 domain rated as Amber (Safe) and 3 domains were rated as Red (Effective, Responsive and PM&C). The domain representing Cambridgeshire and Peterborough ICB metrics is not currently RAG rated.

### FAVOURABLE PERFORMANCE

- **CARING:** 1) FFT (Friends and Family Test): The Positive Experience for Inpatients remains high at 100% and above our 95% target. Participation Rate had a slight decrease from 44.4% in August 2022 to 42.8% in September 2022. For Outpatients the positive Experience rate was 98.2% (September 2022) and above our 95% target. Participation rate had a slight decrease from 13.7% in August 2022 to 12.4% in September 2022. 2) Complaints – The number of written complaints per 1000 staff WTE is a benchmark figure based on the NHS Model Health System to enable national benchmarking. It remains green (5.1), following a reduction in the number of complaints received in September to 2. The data from Model Health System continues to demonstrate we are in the lowest quartile for national comparison.
- **FINANCE:** The Trust's annual plan was agreed as part of the ICS planning submission in June 2022 and set a breakeven plan for the 2022/23 year. Year to date (YTD), the financial position is favourable to plan by c£2.7m with a reported surplus of £2.8m against a planned surplus of £0.1m.

### ADVERSE PERFORMANCE

- **SAFE:** Safer staffing: The reported RN fill rate for September was 81% for daytime and 84% for night time. Throughout September on 5 North and 5 South, unfilled shifts from temporary staffing equated to 12 WTEs due to increasing number of vacancies which was mitigated with redeployed staff from across the Trust. See page 9 for more details;
- **EFFECTIVE:** 1) Bed Occupancy and Capacity Utilisation - Utilisation of the 36 commissioned critical care beds has remained consistently within the target range despite the constraint on elective operating. This is due to a number of long staying patients under the transplant service and high levels of demand for emergency surgery. The increase in critical care length of stay also reflects this shift. The utilisation of ward beds remains constrained by the reduction in operating capacity and the embedded clinical change of some Respiratory patients to day case treatments. The underutilisation has supported safer staffing on the surgical floor as there are significant challenges with staffing due to vacancies and sickness. The overall utilisation masks the high levels of occupancy within the Cardiology bed base but the additional

Cardiology beds, commissioned through this years budget setting as part of seasonal planning, have opened as of 1st September. Utilisation of theatres remains constrained by vacancies and sickness and this is being managed through the Theatres Transformation programme. 2) Activity recovery - Admitted patient care and Outpatient activity remains constrained by vacancy and sickness and this month sickness within the booking teams. This has particularly impacted on the booking of Respiratory patients into the available Outpatient capacity.

- **RESPONSIVE:** 1) Diagnostic Performance: Imaging performance against the 6 week access standard has been impacted by an issue with the new PACS system. This was caused by a supplier error for which they have admitted liability, rather than a implementation error that could have been foreseen. The issue was resolved in October but is likely to also have an impact on month 7 performance. 2) Waiting List Management: The number of patients on open pathways continues to grow in size for all specialities. This is reflected in the growth in numbers of patients on both RTT and non-RTT pathways and the consistent decline in RTT performance. There have been 5 cardiac surgery patients who have waited in excess of 52 weeks, 4 of whom breached in month. All have planned dates for surgery 3) Cancer Performance: There were 5 patients treated on a 62-day pathway in month of which 4 breached. One patient required additional tests with delays for results, another patient DNA'd appointments and delayed while undecided about treatment options, one patient required pacemaker at DGH prior to surgery and the final breach was due to patient choice to delay PET. There have also been four breaches of the 31 one day standard. One breach was caused by an incorrect referral pathway being used, two breaches were due to patient choice and the final patient elected to wait for a specific surgeon to return from leave. Harm reviews are underway on all four patients.
- **PEOPLE, MANAGEMENT & CULTURE:** 1) Turnover: increased significantly in September with 48 (44.4 WTE) leavers which equates to 28.1%. This is the highest number of leavers we have experienced in one month. 2) Sickness absence reduced in September as Covid rates reduced but remains over our KPI and higher than normal for this time of year. The spotlight on page 21 focuses on long term absence which is over the KPI and has been consistently for the last 12 months. 3) IPR rates: We continue to struggle to improve IPR rates with areas still experiencing constraints on releasing staff for appraisals in sufficient numbers to recover the backlog of overdue appraisals.

## Recommendation

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