# Royal Papworth Hospital NHS Foundation Trust

Report to:	Trust Board	Date: 6 February 2020
Report from:	Executive Directors	
Principal Objective/	GOVERNANCE	
Strategy and Title	Papworth Integrated Performance Report (PIPR)	
Board Assurance	FSRA BAF (Unable to maintain financial, operational and clinical sustainability)	
Framework Entries	[BAF references: 843, 858, 873, 2145, 2146, 2147, 2148, 2149, 2163, 2164, 2165,	
	2166, 2213]	
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.

## December 2019/20 Performance highlights:

This report represents the December 2019 data. Overall the Trust performance rating was RED for the month. There were three domains rated as Amber (Safe, Caring and Transformation) and four domains rated as Red performance (Effective, Responsive and People, Management & Culture and Finance).

### Favourable performance

**CARING:** 1) FFT (Friends and Family Test): remains green for Inpatients (97.6%) 2) Direct Care Time: there has been a further increase in overall Direct Care Time this quarter at 48% (previous quarter was 42.7%).

**FINANCE:** The Trust's year to date (YTD) position is a deficit of £2.0m on a Control Total basis excl. land sale, which is favourable to plan by £0.06m. However, as the main site land sale was planned to complete in August and other property sales in November (generating a profit of £11.6m) the net position is £9.7m adverse to plan when these items are included.

**PEOPLE, MANAGEMENT & CULTURE:** Temporary staff reduced significantly in December, with reductions in agency and overtime used. New controls on temporary staffing were introduced at the start of November but it is too soon to say whether the reduction is as a consequence of these controls or natural variation and/or the improving vacancy rate.

#### Adverse performance

**SAFE:** 1) The safe staffing fill rate for registered nurses has moved to red on days (82.2%) and amber for nights (87.1%); placing safe staffing red overall. This fill rate reflects that there were some closed beds as part of planned reduction in specialist activity over the Christmas period. In addition to that, not all the beds are currently being used while we wait for increased staffing, however the staffing roster templates assume all beds are in use resulting in a fill rate below 90%. We also use Care Hours Per Patient Day (CHPPD) as another measure to monitor safe staffing. This takes into account patient numbers against staff numbers; and CHPPD levels in these areas remain healthy. 2) The Trust reported one SI during December related to delayed treatment of incidental Mesothelioma findings. This remains under investigation. 3) The number of C.Diff cases sanctioned (i.e. counted against our trajectory) so far this reporting year, is one against a threshold of 11. During December 5 patients isolated toxin positive for C.difficile and more information on the actions being taken is included on the Safe section of this report.

**CARING:** FFT (Friends and Family Test) - remains green for Inpatients (97.6%) although has unfortunately dipped back into the red for Outpatients (93.1%) The Spotlight On slide looks at Friends and Family Test in more detail including benchmarking for information.

**EFFECTIVE:** 1) Bed Occupancy - has decreased as Critical Care beds continue to be closed on a daily basis as a consequence of poor rostering and vacancies, and the lack of availability of temporary staff over the Christmas period. Addressing the effectiveness of Critical Care rostering remains the Trust's prime focus at present. 2) Admitted Patient Care activity and Theatre utilisation - Activity recovery has been hampered this month by the constrained capacity in Critical Care. This has driven cancellations to 68 in month, and adversely impacted on theatre utilisation as theatres have been put on hold or stood idle on a number of occasions.

**RESPONSIVE:** 1) The aggregate RTT position in December was 91.09%. Cardiac Surgery RTT performance in month has slightly declined to 75.41% and remains under trajectory. Multiple factors including CCA staffing, closed CCA beds, and delays in start times due to stepdown constraints and a high number of cancellations are having a negative impact on performance. A revised trajectory is being modelled. 2) Inhouse urgent - From a total of 41 IHU surgeries carried out throughout December 19, only 51% had surgery completed within 10 days. (27% within 7days). This was a direct effect of the reduction in critical care beds and reduction in IHU slots due to restrictions on theatre lists and bank holidays in month.

**TRANSFORMATION:** Service Improvement/Cost Improvement delivery is Red with £2.32m of the overall CIP target for 2019/20 of £5.11m still to be identified. To date we have a pipeline of £0.911m that is in the process of validation and sign off. There are further schemes just being validated that will be progressed as soon as possible. CIP planning for 2020/21 is detailed in the Transformation spotlight section.

**FINANCE:** Clinical Income - £2.3m adverse to plan YTD after Guaranteed Income Contract (GIC) protection, due to lower activity of 6.2% in outpatients, 6.0% in inpatient and day case activity and lower levels of Private Patient income (7.1%). Without the GIC protection, the Trust's income position would be £4.0m adverse to plan YTD.

### Recommendation

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