The activity table and RTT waiting time curve below sets out the context for the operational performance of the Trust and should be used to support constructive challenge from the committee:

<table>
<thead>
<tr>
<th>Inpatient Episodes</th>
<th>Sep-19</th>
<th>Oct-19</th>
<th>Nov-19</th>
<th>Dec-19</th>
<th>Jan-20</th>
<th>Feb-20</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Surgery</td>
<td>195</td>
<td>211</td>
<td>205</td>
<td>158</td>
<td>199</td>
<td>182</td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>672</td>
<td>755</td>
<td>731</td>
<td>659</td>
<td>695</td>
<td>693</td>
<td></td>
</tr>
<tr>
<td>ECMO</td>
<td>46</td>
<td>66</td>
<td>64</td>
<td>29</td>
<td>78</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>PTE operations</td>
<td>20</td>
<td>22</td>
<td>18</td>
<td>19</td>
<td>16</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>RSSC</td>
<td>617</td>
<td>662</td>
<td>636</td>
<td>518</td>
<td>656</td>
<td>607</td>
<td></td>
</tr>
<tr>
<td>Thoracic Medicine</td>
<td>440</td>
<td>479</td>
<td>448</td>
<td>360</td>
<td>441</td>
<td>431</td>
<td></td>
</tr>
<tr>
<td>Thoracic surgery (exc PTE)</td>
<td>70</td>
<td>79</td>
<td>78</td>
<td>73</td>
<td>80</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td>Transplant/VAD</td>
<td>45</td>
<td>20</td>
<td>22</td>
<td>15</td>
<td>22</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Total Inpatients</td>
<td>2,105</td>
<td>2,294</td>
<td>2,202</td>
<td>1,831</td>
<td>2,187</td>
<td>2,113</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient Attendances</th>
<th>Sep-19</th>
<th>Oct-19</th>
<th>Nov-19</th>
<th>Dec-19</th>
<th>Jan-20</th>
<th>Feb-20</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Surgery</td>
<td>476</td>
<td>652</td>
<td>543</td>
<td>480</td>
<td>491</td>
<td>429</td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>3,263</td>
<td>3,754</td>
<td>3,384</td>
<td>2,884</td>
<td>3,657</td>
<td>3,170</td>
<td></td>
</tr>
<tr>
<td>ECMO</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>PTE</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>RSSC</td>
<td>1,748</td>
<td>1,741</td>
<td>1,839</td>
<td>1,426</td>
<td>2,081</td>
<td>1,802</td>
<td></td>
</tr>
<tr>
<td>Thoracic Medicine</td>
<td>1,792</td>
<td>2,111</td>
<td>2,108</td>
<td>1,921</td>
<td>2,318</td>
<td>2,106</td>
<td></td>
</tr>
<tr>
<td>Thoracic surgery (exc PTE)</td>
<td>101</td>
<td>105</td>
<td>94</td>
<td>74</td>
<td>92</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>Transplant/VAD</td>
<td>344</td>
<td>344</td>
<td>293</td>
<td>282</td>
<td>333</td>
<td>284</td>
<td></td>
</tr>
<tr>
<td>Total Outpatients</td>
<td>7,724</td>
<td>8,707</td>
<td>8,261</td>
<td>7,067</td>
<td>8,972</td>
<td>7,880</td>
<td></td>
</tr>
</tbody>
</table>

Note 1 - activity figures include Private patients and exclude unbundled radiology scan activity and ALK test activity;
Note 2 - from May 2019 ECMO activity shows billed days in months (previously billed episodes);
Note 3 - Inpatient episodes include planned procedures not carried out.
The Papworth Integrated Performance Report (PIPR) is designed to provide the Board with a balanced summary of the Trust’s performance within all key areas of operation on a monthly basis. To achieve this, the Trust has identified the Board level Key Performance Indicators ("KPIs") within each category, which are considered to drive the overall performance of the Trust, which are contained within this report with performance assessed over time. The report highlights key areas of improvement or concern, enabling the Board to identify those areas that require the most consideration. As such, this report is not designed to replace the need for more detailed reporting on key areas of performance, and therefore detailed reporting will be provided to the Board to accompany the PIPR where requested by the Board or Executive Management, or where there is a significant performance challenge or concern.

- **‘At a glance’ section** – this includes a ‘balanced scorecard’ showing performance against those KPIs considered the most important measures of the Trust’s performance as agreed by the Board. The second dashboard includes performance against those indicators set by the Trust’s regulators and reported externally.
- **Performance Summaries** – these provides a more detailed summary of key areas of performance improvement or concern for each of the categories included within the balanced scorecard (Transformation; Finance; Safe; Effective; Caring; Responsive; People, Management and Culture)

### Key

#### Data Quality Indicator

The data quality ratings for each of the KPIs included within the ‘at a glance’ section of this report are defined as follows. It should be noted that the assessment for each of the reported KPI’s is based on the views and judgement of the business owner for that KPI, and has not been subject to formal risk assessment, testing or validation. The Trust will consider development of a data quality assurance framework to provide greater clarity around quality of underlying data.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>High level of confidence in the quality of reported data. Data captured electronically in a reliable and auditable system and reported with limited manual manipulation with a full audit trail retained. Sufficient monitoring mechanisms in place to provide management insight over accuracy of reported data, supported by recent internal or external audits.</td>
</tr>
<tr>
<td>4</td>
<td>High level of confidence in the quality or reported data, but limited formal mechanisms to provide assurance of completeness and accuracy of reported information.</td>
</tr>
<tr>
<td>3</td>
<td>Moderate level of confidence in the quality of reported data, for example due to challenges within the processes to input or extract data such as considerable need for manual manipulation of information. These could effect the assurance of the reported figures but no significant known issues exist.</td>
</tr>
<tr>
<td>2</td>
<td>Lower level of confidence in the quality of reported data due to known or suspected issues, including the results of assurance activity including internal and external audits. These issues are likely to impact the completeness and accuracy of the reported data and therefore performance should be triangulated with other sources before being used to make decisions.</td>
</tr>
<tr>
<td>1</td>
<td>Low level of confidence in the reported data due to known issues within the input, processing or reporting of that data. The issues are likely to have resulted in significant misstatement of the reported performance and therefore should not be used to make decisions.</td>
</tr>
</tbody>
</table>

### KPI ‘RAG’ Ratings

The ‘RAG’ ratings for each of the individual KPIs included within this report are defined as follows:

<table>
<thead>
<tr>
<th>Assessment rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>Performance meets or exceeds the set target with little risk of missing the target in future periods</td>
</tr>
<tr>
<td>Amber</td>
<td>Current performance is 1) Within 1% of the set target (above or below target) unless explicitly stated otherwise or 2) Performance trend analysis indicates that the Trust is at risk of missing the target in future periods</td>
</tr>
<tr>
<td>Red</td>
<td>The Trust is missing the target by more than 1% unless explicitly stated otherwise</td>
</tr>
</tbody>
</table>

### Overall Scoring within a Category

Each category within the Balanced scorecard is given an overall RAG rating based on the rating of the KPIs within the category that appear on the balance scorecard (page 4).

- **Red (10 points)** = 2 or more red KPIs within the category
- **Amber (5 points)** = 1 red KPI rating within the category
- **Green (1)** = No reds and 1 amber or less within the category

### Overall Report Scoring

- **Red** = 4 or more red KPI categories
- **Amber** = Up to 3 red categories
- **Green** = No reds and 3 or less amber

### Trend graphs

Within the balanced scorecard, each KPI has a trend graph which summarises performance against target from April 2018 (where data is available)
Trust performance summary

A summary version of the PIPR has been produced for February 2020. This includes the latest dashboard KPI and additional KPI metric information but excludes the performance summary, key challenges and spotlight narratives. Whilst the maintenance of clinical, operational and financial control and stewardship of the Trust remains critical during the NHS response to COVID-19 routine reporting to Committees is currently constrained by the requirement to devote maximum operational effort and resources to the COVID-19 readiness and response. The reporting flexibilities exercised have been taken at the discretion of the Trust Executive.

FAVOURABLE PERFORMANCE
SAFE: The safe staffing fill rate for registered nurses has returned to amber on days (86.9%), and remained green on nights (92.7%); showing safe staffing as amber overall on PIPR.
CARING: 1) FFT (Friends and Family Test): remains green for Inpatients at 97.6%. Outpatients has remained green at 96.6% which is a further improvement on the previous month (95.1%). In summary for February 2020: Inpatients: The Recommendation Rate has decreased from 98.5% (Jan) to 97.6% (Feb). The Participation Rate shows a slight decrease from 37.5% (Jan) to 37.3% (Feb). Outpatients: The Recommendation Rate has increased from 95.1% (Jan) to 96.6% (Feb). Participation has also increased from 4.7% (Jan) to 7.3% (Feb). 2) Complaints: the number of formal complaints in month 4 was 4. This is a reduction on previous months. The written complaints per 1000 WTE (which is taken from a three month rolling period) is 8.4 which remains in green and is a further improvement on the previous month. 100% of complaints continue to be responded to within the agreed timescales.
FINANCE: The Trust’s year to date (YTD) position is a deficit of £0.2m on a Control Total basis excl. land sale, this is favourable to plan by £0.5m. The old site land sale was planned to complete in August and other property sales in November, generating planned profits of £11.6m, the net position is £9.3m adverse to plan when the actual property sale transactions are included. The Trust continues to forecast delivery of the £15.5m control total at year end excluding land sale profits and to deliver a net surplus of £2.2m when including land sales and FRF/PSF.

ADVERSE PERFORMANCE
EFFICIENT: 1) Bed Occupancy - Bed occupancy continues to be lower than target due to reduced levels of surgical throughput as a consequence of Critical Care capacity constraints. Critical Care occupancy this month is calculated against 33 beds open as per the recovery plan. CCA Trajectory has been shared and is being monitored through the Critical care intervention meeting. 2) Activity & Utilisation - Theatre Utilisation declined which was 75.92%. This is due to the number of patients being cancelled the day before and on the day, meaning a reduction in scheduled Surgery. Overall patients cancelled within 48 hrs of being scheduled was 81. The increased number of Emergency activity has impacted the Scheduled elective activity. 3) Surgeries SDA rates declined in month due to an increase in the number of cancellations both on the day and prospective cancellations made the day before admission due to capacity constraints. There were also 7 patients in month who were admitted on the day, cancelled and then operated the following so as a result are no longer SDA.
RESPONSIVE: Cardiac Surgery RTT - Performance in month has declined to 76.50 % following an increase in cancellations this month, The low theatre utilisation due to the multiple factors relating to CCA staffing, closed CCA beds, delays in start times due to stepdown constraints and a high number of cancellations are all contributing to a negative position.
TRANSFORMATION: 2020 CIP planning: As a result of the activities in February across all directorates the result so far is: Total potential schemes have increased from £4.86m to £5.586m, total CIP schemes have increased from £2.69m to 2.89m and total other SIP schemes to £1.62m.
FINANCE: £1.4m adverse to plan YTD after Guaranteed Income Contract (GIC) protection, due to lower activity of 4.7% in outpatients, 5.1% in inpatient / day case activity and lower levels of Private Patient income (6.4%). Activity performance has resulted in YTD GIC protection of £1.6m, £1.0m more than planned for this stage of the year. Without the GIC protection, the Trust’s income position would be £3.0m adverse to plan YTD.
### At a glance – Balanced scorecard

#### Safety Thermometer: Harm Free Care
- Feb-20: 4
  - 97%: Safety Thermometer harm free care
  - Current month score: 97.75%
  - YTD Actual: 99.24%
  - Forecast YE: 97.26%

#### Never Events
- Feb-20: New
  - Inpatients: 12.6
  - Outpatients: 8.4

#### Data Quality Plan
- Feb-20: 3
  - New never accommodation breaches (New 19/20): 0
  - New never accommodation breaches (New 19/20): 0

#### Monthly reported on Data Quality Plan
- Feb-20: 3
  - Current month score: 78%
  - YTD Actual: 78%
  - Forecast YE: 78%

#### Month reported on Data Quality Plan
- Feb-20: 4
  - New never accommodation breaches (New 19/20): 0
  - New never accommodation breaches (New 19/20): 0

#### Patient Safety
- Feb-20: 3
  - Never Events: 0
  - Never Events: 1

#### Performance Management & Culture
- Feb-20: 3
  - People Management & Culture: 11.0%
  - Effective: 95.45%
  - Responsive: £2,694k
  - Effective: £2,694k
  - Responsive: 4.09%

#### Finance
- Feb-20: 5
  - Year-to-date EBITDA surplus/(deficit): £12,425k
  - Year-to-date EBITDA surplus/(deficit): £12,425k
  - Capital Expenditure YTD: £2,694k
  - Capital Expenditure YTD: £2,694k

#### Transformation
- Feb-20: 3
  - Cambridge Transition Programme
  - HLRI – Construction delivery on track
  - HLRI – Occupational planning on track

---

*Latest month of 62 day and 31 cancer wait metric is still being validated*
## At a glance – Externally reported / regulatory standards

### 1. NHS Improvement Compliance Framework

<table>
<thead>
<tr>
<th>NHSI Targets</th>
<th>Measure</th>
<th>Data Quality</th>
<th>NHSI Target</th>
<th>Month</th>
<th>YTD</th>
<th>Previous quarter</th>
<th>Forecast</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Difficile</td>
<td>Number of C.Diff cases (sanctioned) year to date</td>
<td>5</td>
<td>11</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring C.Diff (toxin positive)</td>
<td>5</td>
<td>Monitor only</td>
<td>1</td>
<td>11</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RTT Waiting Times</td>
<td>% Within 18wks - Incomplete Pathways</td>
<td>4</td>
<td>92%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Monthly measure</td>
</tr>
<tr>
<td>Cancer</td>
<td>31 Day Wait for 1st Treatment</td>
<td>3</td>
<td>96%</td>
<td>95.50%</td>
<td>86.86%</td>
<td>96.7%</td>
<td></td>
<td>Current month provisional as going through verification process.</td>
</tr>
<tr>
<td>Cancer</td>
<td>31 Day Wait for 2nd or Subsequent Treatment - surgery</td>
<td>3</td>
<td>94%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.0%</td>
<td></td>
<td>Current month provisional as going through verification process.</td>
</tr>
<tr>
<td>Cancer</td>
<td>62 Day Wait for 1st Treatment</td>
<td>3</td>
<td>85%</td>
<td>100.00%</td>
<td>69.83%</td>
<td>59.4%</td>
<td></td>
<td>Current month provisional as going through verification process. Data is after reallocations</td>
</tr>
<tr>
<td>VTE</td>
<td>Number of patients assessed for VTE on admission</td>
<td>3</td>
<td>95%</td>
<td>94.94%</td>
<td>96.67%</td>
<td></td>
<td></td>
<td>Clinical Governance are reviewing data quality regards this metric with Lorenzo</td>
</tr>
<tr>
<td>Finance</td>
<td>Use of resources rating</td>
<td>5</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2. 2019/20 CQUIN

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Total Available 19/20</th>
<th>YTD Available</th>
<th>Achievement</th>
<th>Comments</th>
<th>RAG status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000s</td>
<td>%</td>
<td>£000s</td>
<td>Q1</td>
<td>£000s</td>
</tr>
<tr>
<td>GE3 Hospital Medicines Optimisation trigger 5</td>
<td>£73.7k</td>
<td>10%</td>
<td>£36.8k</td>
<td>£18.4k</td>
<td>£18.4k</td>
</tr>
<tr>
<td>Rethinking conversations/Shared decision making</td>
<td>£250.5k</td>
<td>34%</td>
<td>£50.1k</td>
<td>£0.0k</td>
<td>£50.1k</td>
</tr>
<tr>
<td>NSTEMI pathway</td>
<td>£206.3k</td>
<td>28%</td>
<td>£103.1k</td>
<td>£51.6k</td>
<td>£51.6k</td>
</tr>
<tr>
<td>Cardiac Clinical Network</td>
<td>£206.3k</td>
<td>28%</td>
<td>£144.4k</td>
<td>£10.3k</td>
<td>£82.5k</td>
</tr>
<tr>
<td>NHSE</td>
<td>£736.7k</td>
<td>100%</td>
<td>£334.4k</td>
<td>£80.3k</td>
<td>£202.6k</td>
</tr>
<tr>
<td>CCG 2 Staff Flu Vaccinations</td>
<td>£79.1k</td>
<td>20%</td>
<td>£0.0k</td>
<td>£0.0k</td>
<td>£0.0k</td>
</tr>
<tr>
<td>CCG 3a Alcohol &amp; Tobacco - Screening</td>
<td>£79.1k</td>
<td>20%</td>
<td>£39.6k</td>
<td>£19.8k</td>
<td>£19.8k</td>
</tr>
<tr>
<td>CCG 3b Tobacco Brief Advice</td>
<td>£79.1k</td>
<td>20%</td>
<td>£39.6k</td>
<td>£19.8k</td>
<td>£19.8k</td>
</tr>
<tr>
<td>CCG 3c Alcohol Brief Advice</td>
<td>£79.1k</td>
<td>20%</td>
<td>£39.6k</td>
<td>£19.8k</td>
<td>£19.8k</td>
</tr>
<tr>
<td>CCG 7 Three High Impact Actions to Prevent Falls</td>
<td>£79.1k</td>
<td>20%</td>
<td>£39.6k</td>
<td>£19.8k</td>
<td>£19.8k</td>
</tr>
<tr>
<td>C&amp;P CCG (&amp; Associates)</td>
<td>£395.7k</td>
<td>100%</td>
<td>£158.3k</td>
<td>£79.2k</td>
<td>£74.2k</td>
</tr>
<tr>
<td>Trust Total</td>
<td>£1,132.4k</td>
<td>100%</td>
<td>£492.7k</td>
<td>£159.5k</td>
<td>£276.8k</td>
</tr>
</tbody>
</table>

* The Q3 position for NHSE CQUIN compliance is expected to be confirmed in the week beginning 17/02/2020, Q3 compliance for CCG CQUIN is confirmed at 100%.
** The YTD position is inclusive of YTD compliance to Q3 for CCG CQUIN, and YTD compliance to Q2 for NHSE pending final confirmation.
<table>
<thead>
<tr>
<th>PIPR Category</th>
<th>Title</th>
<th>Ref</th>
<th>Mgmt Contact</th>
<th>Risk Appetite</th>
<th>BAF with Datix action plan</th>
<th>Oct-19</th>
<th>Nov-19</th>
<th>Dec-19</th>
<th>Jan-20</th>
<th>Feb-20</th>
<th>Mar-20</th>
<th>Status since last month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>Failure to stay within ceiling trajectories for all HCAI's</td>
<td>675</td>
<td>JR</td>
<td>6</td>
<td>Yes</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>↔</td>
</tr>
<tr>
<td>Safe</td>
<td>Safer staffing and Monitor’s Agency Price cap</td>
<td>742</td>
<td>JR</td>
<td>4</td>
<td>Yes</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>↔</td>
</tr>
<tr>
<td>Safe</td>
<td>Potential for cyber breach and data loss OVERDUE UPDATE</td>
<td>1021</td>
<td>AR</td>
<td>3</td>
<td>Yes</td>
<td>15</td>
<td>15</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>↔</td>
</tr>
<tr>
<td>Safe</td>
<td>Optimisation of the EPR systems OVERDUE UPDATE</td>
<td>1787</td>
<td>JR</td>
<td>6</td>
<td>Yes</td>
<td>12</td>
<td>12</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>↔</td>
</tr>
<tr>
<td>Safe</td>
<td>Turnover in excess of target and will increase as a result of the move OVERDUE UPDATE</td>
<td>1853</td>
<td>OM</td>
<td>6</td>
<td>Yes</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>↔</td>
</tr>
<tr>
<td>Safe</td>
<td>Unable to recruit number of staff with the required skills/experience</td>
<td>1854</td>
<td>OM</td>
<td>6</td>
<td>Yes</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>↔</td>
</tr>
<tr>
<td>Effective</td>
<td>Delivery of Efficiency Challenges - CIP Board approved</td>
<td>841</td>
<td>EM</td>
<td>12</td>
<td>Yes</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>↔</td>
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<tr>
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<td>Delivery of Efficiency Challenges - CIP targets</td>
<td>843</td>
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<td>Current Trading Impacts - Planned Activity</td>
<td>2145</td>
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<td>Hospital Optimisation</td>
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<td>JR</td>
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<td>People Manag. &amp; Cult.</td>
<td>Failure to release staff to undertake educational activity due to workload</td>
<td>684</td>
<td>JR</td>
<td>8</td>
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<td>Transformation</td>
<td>We will not utilise our expertise to influence local strategy for cardiology</td>
<td>1162</td>
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<td>Finance</td>
<td>Failure to meet cardiac and cancer waiting targets</td>
<td>678</td>
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<td>Income Growth - activity transfers</td>
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<td>Finance</td>
<td>Master Development and control plans - sale value</td>
<td>873</td>
<td>RC</td>
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### Safe: Performance summary

**Accountable Executive:** Chief Nurse  
**Director of Quality and Risk**

**Report Author:** Deputy Chief Nurse / Assistant

<table>
<thead>
<tr>
<th>Data Quality</th>
<th>Target</th>
<th>Sep-19</th>
<th>Oct-19</th>
<th>Nov-19</th>
<th>Dec-19</th>
<th>Jan-20</th>
<th>Feb-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Thermometer harm free care</td>
<td>4</td>
<td>&gt;97%</td>
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<td>100.00%</td>
<td>100.00%</td>
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<td>Never Events</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Moderate harm incidents and above as % of total PSIs reported</td>
<td>3</td>
<td>&lt;3%</td>
<td>0.00%</td>
<td>1.86%</td>
<td>0.30%</td>
<td>1.70%</td>
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<td>Safer staffing – registered staff day</td>
<td>3</td>
<td>90-100%</td>
<td>80.0%</td>
<td>83.4%</td>
<td>86.0%</td>
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<td>84.5%</td>
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<tr>
<td>Safer staffing – registered staff night</td>
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<td>90.0%</td>
<td>89.6%</td>
<td>92.4%</td>
<td>87.1%</td>
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<tr>
<td>Number of C Diff cases (sanctioned)</td>
<td>5</td>
<td>11 in year</td>
<td>0</td>
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<td>High impact interventions</td>
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<tr>
<td>Falls per 1000 bed days</td>
<td>3</td>
<td>&lt;4</td>
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<tr>
<td>Sepsis - % patients screened and treated (New 19/20)</td>
<td>New</td>
<td>90.0%</td>
<td>67.00%</td>
<td>-</td>
<td>-</td>
<td>81.20%</td>
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<tr>
<td>Ward - Care hours per patient day</td>
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<td>&gt;7.8</td>
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<td>11.3</td>
<td>10.9</td>
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<td>Critical care - Care hours per patient day</td>
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<td>&gt;32.9</td>
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<td>33.6</td>
<td>33.2</td>
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<td>Number of Papworth acquired PU (grade 2 and above)</td>
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<td>&lt;4</td>
<td>2</td>
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<tr>
<td>MRSA bacteremia</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td>Number of serious incidents reported to commissioners in month</td>
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<td>0</td>
<td>0</td>
<td>3</td>
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<td>E coli bacteremia</td>
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<td>Monitor only</td>
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<td>1</td>
<td>2</td>
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<td>Klebsiella bacteremia</td>
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<td>Pseudomonas bacteremia</td>
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<td>0</td>
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<td>0</td>
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<td>Moderate harm and above incidents reported in month (including SIs)</td>
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<td>Monitor only</td>
<td>0</td>
<td>6</td>
<td>1</td>
<td>4</td>
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### Caring: Performance summary

**Accountable Executive:** Chief Nurse  
**Director of Quality and Risk**

**Report Author:** Deputy Chief Nurse / Assistant

<table>
<thead>
<tr>
<th>Data Quality</th>
<th>Target</th>
<th>Sep-19</th>
<th>Oct-19</th>
<th>Nov-19</th>
<th>Dec-19</th>
<th>Jan-20</th>
<th>Feb-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFT score - Inpatients</td>
<td>4</td>
<td>95%</td>
<td>97.6%</td>
<td>96.1%</td>
<td>96.6%</td>
<td>97.6%</td>
<td>98.5%</td>
</tr>
<tr>
<td>FFT score - Outpatients</td>
<td>2</td>
<td>95%</td>
<td>93.0%</td>
<td>95.0%</td>
<td>95.0%</td>
<td>93.1%</td>
<td>95.1%</td>
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<tr>
<td>Mixed sex accommodation breaches (New 19/20)</td>
<td>New</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Number of written complaints per 1000 WTE (Rolling 3 mnth average)</td>
<td>New</td>
<td>12.6</td>
<td>11.7</td>
<td>12.6</td>
<td>12.5</td>
<td>9.1</td>
<td>9.5</td>
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<tr>
<td>% of complaints responded to within agreed timescales</td>
<td>4</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>Number of complaints upheld / part upheld</td>
<td>4</td>
<td>3 (80% of complaints received)</td>
<td>7</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Number of complaints (12 month rolling average)</td>
<td>4</td>
<td>5 and below</td>
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<td>5.8</td>
<td>5.6</td>
<td>5.8</td>
<td>6.3</td>
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<tr>
<td>Direct Care Time - Activity follows completed in quarter</td>
<td>3</td>
<td>100%</td>
<td>100.0%</td>
<td>-</td>
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<tr>
<td>Direct care time</td>
<td>3</td>
<td>40%</td>
<td>42.7%</td>
<td>-</td>
<td>-</td>
<td>48.0%</td>
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<td>Direct Care Time - No of Wards with DCT&gt; 40% (new site)</td>
<td>3</td>
<td>6</td>
<td>4</td>
<td>-</td>
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<tr>
<td>Number of complaints</td>
<td>4</td>
<td>5</td>
<td>12</td>
<td>5</td>
<td>6</td>
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<tr>
<td>Number of recorded compliments</td>
<td>4</td>
<td>500</td>
<td>965</td>
<td>721</td>
<td>764</td>
<td>658</td>
<td>693</td>
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### Effective: Performance summary

**Accountable Executive: Chief Operating Officer Operations**

<table>
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<tr>
<th>Dashboard KPIs</th>
<th>Data Quality</th>
<th>Target</th>
<th>Sep-19</th>
<th>Oct-19</th>
<th>Nov-19</th>
<th>Dec-19</th>
<th>Jan-20</th>
<th>Feb-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed Occupancy (excluding CCA and sleep lab)</td>
<td>4</td>
<td>85% (Green 80%-90%)</td>
<td>77.7%</td>
<td>84.0%</td>
<td>79.8%</td>
<td>69.7%</td>
<td>71.4%</td>
<td>71.6%</td>
</tr>
<tr>
<td>CCA bed occupancy</td>
<td>3</td>
<td>85% (Green 80%-90%)</td>
<td>89.8%</td>
<td>92.0%</td>
<td>94.2%</td>
<td>75.6%</td>
<td>85.6%</td>
<td>86.6%</td>
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<td>Admitted Patient Care (elective and non-elective)</td>
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<td>22/25 (current month)</td>
<td>2105.2</td>
<td>2294</td>
<td>2202</td>
<td>1831</td>
<td>2187</td>
<td>2113</td>
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<td>Cardiac surgery mortality EuroSCORE</td>
<td>3</td>
<td>&lt;3%</td>
<td>2.56%</td>
<td>2.74%</td>
<td>2.58%</td>
<td>2.49%</td>
<td>2.54%</td>
<td>2.50%</td>
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<tr>
<td>Same Day Admissions – Cardiac (eligible patients)</td>
<td>4</td>
<td>50%</td>
<td>52.58%</td>
<td>47.47%</td>
<td>32.10%</td>
<td>46.15%</td>
<td>36.36%</td>
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<tr>
<td>Same Day Admissions - Thoracic (eligible patients)</td>
<td>4</td>
<td>40%</td>
<td>37.84%</td>
<td>45.45%</td>
<td>40.39%</td>
<td>39.62%</td>
<td>47.50%</td>
<td>16.67%</td>
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<td>Theatre Utilisation</td>
<td>3</td>
<td>85%</td>
<td>88.09%</td>
<td>83.70%</td>
<td>78.14%</td>
<td>76.83%</td>
<td>70.63%</td>
<td>75.92%</td>
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<tr>
<td>Length of stay – Cardiac Elective – CABG (days)</td>
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<td>8.20</td>
<td>7.37</td>
<td>10.13</td>
<td>9.84</td>
<td>8.91</td>
<td>8.69</td>
<td>9.33</td>
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<tr>
<td>Length of stay – Cardiac Elective – valves (days)</td>
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<td>9.70</td>
<td>10.00</td>
<td>9.69</td>
<td>9.65</td>
<td>10.05</td>
<td>9.73</td>
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<td>Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)</td>
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<td>90%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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<td>Cath Lab Utilisation 6 (including 15 min Turn Around Times)*</td>
<td>3</td>
<td>70%</td>
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<tr>
<td>Cath Lab Utilisation 16 at New Papworth (including 15 min Turn Around Times)</td>
<td>3</td>
<td>90%</td>
<td>84%</td>
<td>81%</td>
<td>84%</td>
<td>80%</td>
<td>83%</td>
<td>85%</td>
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<td>CCA length of stay (LOS) (hours) - mean</td>
<td>3</td>
<td>Monitor only</td>
<td>88</td>
<td>93</td>
<td>107</td>
<td>123</td>
<td>116</td>
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<td>CCA LOS (hours) - median</td>
<td>3</td>
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<td>42</td>
<td>40</td>
<td>44</td>
<td>45</td>
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<td>Length of Stay – combined (excl. Day cases) days</td>
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<td>Monitor only</td>
<td>5.10</td>
<td>5.33</td>
<td>5.09</td>
<td>5.48</td>
<td>5.35</td>
<td>5.00</td>
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<tr>
<td>% Day cases</td>
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<td>63.28%</td>
<td>60.29%</td>
<td>60.18%</td>
<td>60.71%</td>
<td>62.12%</td>
<td>60.39%</td>
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*Note - From May 2019 occupancy % for Cath Lab 6 relates to the hybrid catheter lab at New Papworth.

### Responsive: Performance summary

**Accountable Executive: Chief Operating Officer Operations**

<table>
<thead>
<tr>
<th>Dashboard KPIs</th>
<th>Data Quality</th>
<th>Target</th>
<th>Sep-19</th>
<th>Oct-19</th>
<th>Nov-19</th>
<th>Dec-19</th>
<th>Jan-20</th>
<th>Feb-20</th>
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<tbody>
<tr>
<td>% diagnostics waiting less than 6 weeks</td>
<td>3</td>
<td>&gt;99%</td>
<td>99.66%</td>
<td>99.67%</td>
<td>99.84%</td>
<td>99.44%</td>
<td>99.65%</td>
<td>99.70%</td>
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<td>18 weeks RT (combined)*</td>
<td>3</td>
<td>92%</td>
<td>90.68%</td>
<td>91.20%</td>
<td>91.60%</td>
<td>91.17%</td>
<td>91.52%</td>
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<td>Number of patients on waiting list</td>
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<td>3649</td>
<td>4020</td>
<td>4121</td>
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<td>62 days cancer waits post re-allocation (new 38 day IPO rules from Jul18)*</td>
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<td>80.0%</td>
<td>71.4%</td>
<td>40.0%</td>
<td>66.7%</td>
<td>87.5%</td>
<td>100.0%</td>
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<tr>
<td>31 days cancer waits*</td>
<td>3</td>
<td>96%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>90.0%</td>
<td>100.0%</td>
<td>93.3%</td>
<td>95.5%</td>
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<td>Theatre cancellations in month</td>
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<td>30</td>
<td>42</td>
<td>52</td>
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<td>68</td>
<td>64</td>
<td>68</td>
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<tr>
<td>% of IHU surgery performed +7 days of medically fit for surgery</td>
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<td>95%</td>
<td>43.00%</td>
<td>68.00%</td>
<td>68.00%</td>
<td>27.00%</td>
<td>59.00%</td>
<td>62.00%</td>
</tr>
<tr>
<td>18 weeks RT (cardiology)</td>
<td>3</td>
<td>92%</td>
<td>96.28%</td>
<td>96.96%</td>
<td>96.93%</td>
<td>96.63%</td>
<td>96.41%</td>
<td>94.68%</td>
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<tr>
<td>18 weeks RT (Cardiac surgery)</td>
<td>3</td>
<td>92%</td>
<td>78.14%</td>
<td>76.07%</td>
<td>76.49%</td>
<td>76.22%</td>
<td>77.96%</td>
<td>76.50%</td>
</tr>
<tr>
<td>18 weeks RT (Respiratory)</td>
<td>3</td>
<td>92%</td>
<td>91.49%</td>
<td>92.04%</td>
<td>92.53%</td>
<td>91.95%</td>
<td>92.18%</td>
<td>91.94%</td>
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<tr>
<td>62 days cancer waits post re-allocation (old rules)**</td>
<td>3</td>
<td>85%</td>
<td>85.7%</td>
<td>60.0%</td>
<td>40.0%</td>
<td>77.3%</td>
<td>87.5%</td>
<td>100.0%</td>
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<tr>
<td>Acute Coronary Syndrome 3 day transfer %</td>
<td>3</td>
<td>90%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
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<tr>
<td>Other urgent Cardiology transfer within 5 days %</td>
<td>3</td>
<td>90%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>97.30%</td>
<td>100.00%</td>
<td>100.00%</td>
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<tr>
<td>% patients rebooked within 28 days of last minute cancellation</td>
<td>3</td>
<td>100%</td>
<td>95.24%</td>
<td>92.86%</td>
<td>87.10%</td>
<td>74.60%</td>
<td>71.43%</td>
<td>77.78%</td>
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<tr>
<td>Outpatient DNA rate</td>
<td>4</td>
<td>9%</td>
<td>9.01%</td>
<td>8.52%</td>
<td>8.83%</td>
<td>9.19%</td>
<td>8.85%</td>
<td>7.76%</td>
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<tr>
<td>Urgent operations cancelled for a second time (New 19/20)</td>
<td>New</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td></td>
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<tr>
<td>Total cancellations (New 19/20)</td>
<td>New</td>
<td>tbc</td>
<td>25</td>
<td>31</td>
<td>60</td>
<td>39</td>
<td>43</td>
<td>36</td>
</tr>
<tr>
<td>% of IHU surgery performed +10 days of medically fit for surgery</td>
<td>4</td>
<td>95%</td>
<td>83.00%</td>
<td>92.00%</td>
<td>98.00%</td>
<td>66.00%</td>
<td>74.00%</td>
<td>88.00%</td>
</tr>
</tbody>
</table>

*Note - latest month of 62 day and 31 cancer wait metrics is still being validated.
### People, Management & Culture: Performance summary

**Accountable Executive:** Director of Workforce and Organisational Development

**Report Author:** HR Manager Workforce

<table>
<thead>
<tr>
<th>Dashboard KPI</th>
<th>Data Quality</th>
<th>Target</th>
<th>Sep-19</th>
<th>Oct-19</th>
<th>Nov-19</th>
<th>Dec-19</th>
<th>Jan-20</th>
<th>Feb-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary Turnover %</td>
<td>3</td>
<td>15.0%</td>
<td>13.59%</td>
<td>11.16%</td>
<td>12.87%</td>
<td>16.73%</td>
<td>17.25%</td>
<td>14.05%</td>
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<tr>
<td>Vacancy rate as % of budget</td>
<td>4</td>
<td>5.50%</td>
<td>11.18%</td>
<td>11.54%</td>
<td>10.43%</td>
<td>10.55%</td>
<td>11.13%</td>
<td>10.97%</td>
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<tr>
<td>% of staff with a current IPR</td>
<td>3</td>
<td>90%</td>
<td>87.29%</td>
<td>87.74%</td>
<td>87.57%</td>
<td>87.67%</td>
<td>87.55%</td>
<td>87.71%</td>
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<td>% Medical Appraisals</td>
<td>3</td>
<td>90%</td>
<td>89.74%</td>
<td>87.74%</td>
<td>88.03%</td>
<td>89.57%</td>
<td>92.73%</td>
<td>95.45%</td>
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<tr>
<td>Mandatory training %</td>
<td>3</td>
<td>90.00%</td>
<td>80.19%</td>
<td>82.26%</td>
<td>80.99%</td>
<td>81.60%</td>
<td>82.16%</td>
<td>84.25%</td>
</tr>
<tr>
<td>% sickness absence</td>
<td>3</td>
<td>3.5%</td>
<td>3.61%</td>
<td>4.17%</td>
<td>3.96%</td>
<td>4.31%</td>
<td>4.45%</td>
<td>4.09%</td>
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<table>
<thead>
<tr>
<th>Additional KPI</th>
<th>Data Quality</th>
<th>Target</th>
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<th>Nov-19</th>
<th>Dec-19</th>
<th>Jan-20</th>
<th>Feb-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFT – recommend as place to work</td>
<td>3</td>
<td>63.0%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>FFT – recommend as place for treatment</td>
<td>3</td>
<td>80%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>Registered nurse vacancies rate (including pre-registered nurses)</td>
<td>3</td>
<td>5.0%</td>
<td>8.15%</td>
<td>10.47%</td>
<td>8.04%</td>
<td>9.55%</td>
<td>11.14%</td>
<td>9.85%</td>
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<tr>
<td>Registered nursing vacancy WTE (including pre-registered nurses)</td>
<td></td>
<td></td>
<td>53.48</td>
<td>73.91</td>
<td>56.75</td>
<td>68.62</td>
<td>80.34</td>
<td>70.2</td>
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<tr>
<td>Registered nurse vacancies rate (excluding pre-registered nurses)</td>
<td>2</td>
<td>5.00%</td>
<td>10.90%</td>
<td>13.14%</td>
<td>9.81%</td>
<td>10.94%</td>
<td>12.25%</td>
<td>10.78%</td>
</tr>
<tr>
<td>Registered nursing vacancy WTE (excluding pre-registered nurses)</td>
<td></td>
<td></td>
<td>74.15</td>
<td>92.74</td>
<td>69.25</td>
<td>78.62</td>
<td>88.34</td>
<td>76.7</td>
</tr>
<tr>
<td>Unregistered nurse vacancies WTE (including pre-registered nurses)</td>
<td>3</td>
<td>10.00%</td>
<td>44.95</td>
<td>49.18</td>
<td>41.94</td>
<td>38.75</td>
<td>35.43</td>
<td>36.18</td>
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<tr>
<td>Unregistered nursing vacancy rate (including pre-registered nurses)</td>
<td></td>
<td></td>
<td>18.29%</td>
<td>18.62%</td>
<td>19.46%</td>
<td>14.38%</td>
<td>13.31%</td>
<td>13.47%</td>
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<tr>
<td>Unregistered nursing vacancy rate (excluding pre-registered nurses)</td>
<td>3</td>
<td>12.00%</td>
<td>25.89%</td>
<td>25.75%</td>
<td>20.61%</td>
<td>18.09%</td>
<td>16.31%</td>
<td>15.89%</td>
</tr>
<tr>
<td>Long term sickness absence %</td>
<td>3</td>
<td>0.80%</td>
<td>0.56%</td>
<td>1.05%</td>
<td>1.02%</td>
<td>1.21%</td>
<td>1.61%</td>
<td>0.95%</td>
</tr>
<tr>
<td>Short term sickness absence</td>
<td>3</td>
<td>2.70%</td>
<td>3.06%</td>
<td>3.12%</td>
<td>2.94%</td>
<td>3.10%</td>
<td>3.45%</td>
<td>3.17%</td>
</tr>
<tr>
<td>Agency Usage (wte) Monitor only</td>
<td>3</td>
<td>Monitor only</td>
<td>62.5</td>
<td>68.0</td>
<td>58.5</td>
<td>48.8</td>
<td>57.4</td>
<td>53.5</td>
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<tr>
<td>Bank Usage (wte) monitor only</td>
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<td>Monitor only</td>
<td>57.3</td>
<td>60.9</td>
<td>55.7</td>
<td>57.0</td>
<td>62.1</td>
<td>57.6</td>
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<td>Overtime usage (wte) monitor only</td>
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<td>Monitor only</td>
<td>59.6</td>
<td>54.6</td>
<td>44.7</td>
<td>31.9</td>
<td>44.1</td>
<td>50.6</td>
</tr>
<tr>
<td>Turnover - Non medical starters</td>
<td>3</td>
<td>Monitor only</td>
<td>93.4</td>
<td>24.0</td>
<td>60.0</td>
<td>4.8</td>
<td>34.6</td>
<td>31.2</td>
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<tr>
<td>Turnover - Non medical leavers</td>
<td>3</td>
<td>Monitor only</td>
<td>19.3</td>
<td>14.6</td>
<td>18.8</td>
<td>21.3</td>
<td>24.9</td>
<td>20.0</td>
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<tr>
<td>Agency spend as % of salary bill</td>
<td>4</td>
<td>2.79%</td>
<td>4.45%</td>
<td>5.22%</td>
<td>4.36%</td>
<td>3.44%</td>
<td>4.62%</td>
<td>3.24%</td>
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</tbody>
</table>

### Transformation: Performance summary

**Accountable Executive:** Chief Operating Officer / Chief Finance Officer

**Report Author:** Director of Strategic Projects/SIP Programme Manager/AD Estates & Facilities

<table>
<thead>
<tr>
<th>Dashboard KPI</th>
<th>Data Quality</th>
<th>Target</th>
<th>Sep-19</th>
<th>Oct-19</th>
<th>Nov-19</th>
<th>Dec-19</th>
<th>Jan-20</th>
<th>Feb-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIP—project delivery</td>
<td>4</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
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<tr>
<td>Digital programme delivery on track</td>
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<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
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<tr>
<td>New Papworth ORAC - overall progress</td>
<td>4</td>
<td>Complete</td>
<td>Complete</td>
<td>Complete</td>
<td>Complete</td>
<td>Complete</td>
<td>Complete</td>
<td>Complete</td>
</tr>
<tr>
<td>Hospital Optimisation *</td>
<td>3</td>
<td>Green</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
<td>Amber</td>
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<tr>
<td>Cambridge Transition Programme *</td>
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<td>Amber</td>
<td>Amber</td>
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<tr>
<td>HLRI—Construction delivery on track *</td>
<td>3</td>
<td>Green</td>
<td>Green</td>
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<td>Green</td>
<td>Green</td>
<td>Green</td>
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<td>HLRI—Occupational planning on track *</td>
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<td>Green</td>
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<td>Research and Development Strategy – overall progress *</td>
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</table>

* 5 additional draft metrics have been introduced for September 2019 after discussion at SPC to replace the New Papworth ORAC progress Dashboard KPI and additional KPIs.
## Finance: Performance summary

**Accountable Executive:** Chief Finance Officer  
**Report Author:** Deputy Chief Finance Officer

### Data Quality

<table>
<thead>
<tr>
<th>Metric</th>
<th>Data Quality</th>
<th>Target</th>
<th>Sep-19</th>
<th>Oct-19</th>
<th>Nov-19</th>
<th>Dec-19</th>
<th>Jan-20</th>
<th>Feb-20</th>
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</thead>
<tbody>
<tr>
<td>Year to date EBITDA surplus/(deficit) £000s</td>
<td>5</td>
<td>£12,940k</td>
<td>£3,874k</td>
<td>£7,624k</td>
<td>£8,483k</td>
<td>£10,923k</td>
<td>£12,914k</td>
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</tr>
<tr>
<td>Year to date surplus/(deficit) excl land sale £000s</td>
<td>5</td>
<td>£(1,037)k</td>
<td>£(2,490)k</td>
<td>£(1,263)k</td>
<td>£(87)k</td>
<td>£978k</td>
<td>£1,589k</td>
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</tr>
<tr>
<td>Cash Position at month end £000s</td>
<td>5</td>
<td>£11,489k</td>
<td>£15,501k</td>
<td>£13,787k</td>
<td>£14,801k</td>
<td>£16,906k</td>
<td>£15,703k</td>
<td>£20,930k</td>
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### Use of Resources rating

<table>
<thead>
<tr>
<th>Metric</th>
<th>Rating</th>
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<th>Oct-19</th>
<th>Nov-19</th>
<th>Dec-19</th>
<th>Jan-20</th>
<th>Feb-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Expenditure YTD £000s</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
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<tr>
<td>In month Clinical Income £000s</td>
<td>5</td>
<td>£123,191k</td>
<td>£12,174k</td>
<td>£12,379k</td>
<td>£12,436k</td>
<td>£11,705k</td>
<td>£13,433k</td>
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<tr>
<td>CIP – actual achievement YTD - £000s</td>
<td>4</td>
<td>£1,654k</td>
<td>£405k</td>
<td>£436k</td>
<td>£535k</td>
<td>£832k</td>
<td>£894k</td>
</tr>
<tr>
<td>CIP – Target identified YTD £000s</td>
<td>4</td>
<td>£5,113k</td>
<td>£420k</td>
<td>£667k</td>
<td>£914k</td>
<td>£1,160k</td>
<td>£1,407k</td>
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### Additional KPIs

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<th>Metric</th>
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<th>Nov-19</th>
<th>Dec-19</th>
<th>Jan-20</th>
<th>Feb-20</th>
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</thead>
<tbody>
<tr>
<td>Debtors &gt; 90 days overdue</td>
<td>4</td>
<td>10%</td>
<td>46.2%</td>
<td>28.6%</td>
<td>32.7%</td>
<td>26.0%</td>
<td>27.8%</td>
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<tr>
<td>Capital Service Rating (New 19/20)</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Liquidity rating (New 19/20)</td>
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<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
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<tr>
<td>I&amp;E Margin rating (New 19/20)</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<tr>
<td>I&amp;E Margin: Distance from financial plan (New 19/20)</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
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