Papworth Integrated Performance Report (PIPR)
Summary version December 2020

January 2021

Reading guide

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 score card (Transformation; Finance; Safe; Effective; Caring; Responsive; People, Management and Culture)

Key

KPI 'RAG' Ratings

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

Assessment rating	Description
Green	Performance meets or exceeds the set target with little risk of missing the target in future periods
Amber	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
Red	The Trust is missing the target by more than 1% unless explicitly stated otherwise

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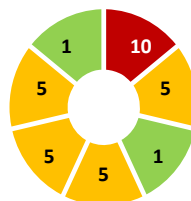
Overall Report Scoring
- **Red =** 4 or more red KPI categories
- **Amber =** Up to 3 red categories
- **Green =** No reds and 3 or less amber

Trend graphs

	Within the balanced scorecard, each KPI has a trend graph which summarises performance against target from April 2019 (where data is available)

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.

Rating	Description
5	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.
4	High level of confidence in the quality or reported data, but limited formal mechanisms to provide assurance of completeness and accuracy of reported information.
3	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.
2	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.
1	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.

Trust performance summary

Overall Trust rating - RED

Context - 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:
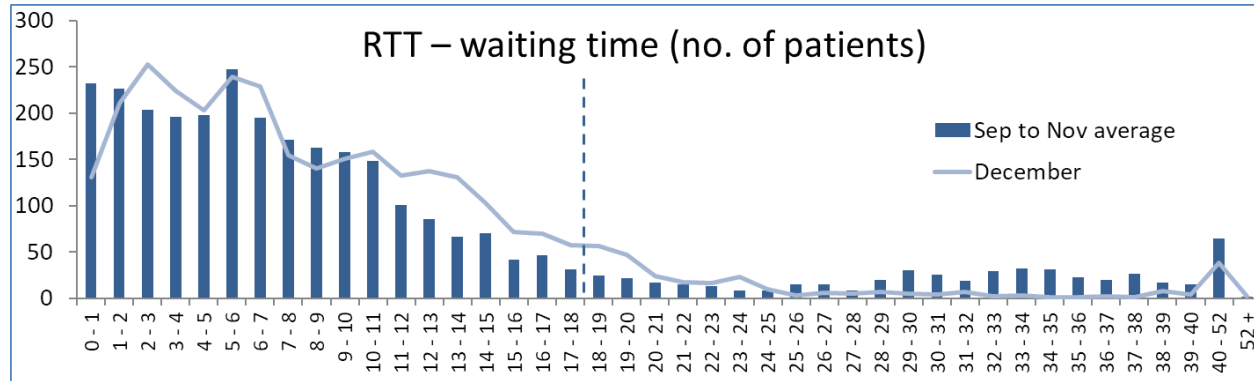

Inpatient Episodes	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Trend
Cardiac Surgery	151	177	187	188	162	135	
Cardiology	611	553	620	627	604	522	
ECMO (days)	111	107	92	147	228	393	
ITU (COVID)	1	(2)	1	2	(2)	10	
PTE operations	17	13	19	17	17	9	
RSSC	413	450	618	601	621	538	
Thoracic Medicine	198	203	264	305	283	272	
Thoracic surgery (exc PTE)	65	61	57	59	68	56	
Transplant/VAD	45	38	43	40	40	53	
Total Inpatients	**1,612**	**1,600**	**1,901**	**1,986**	**2,021**	**1,988**	

Outpatient Attendances	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Trend
Cardiac Surgery	558	562	661	615	617	576	
Cardiology	2,864	2,966	4,060	3,811	3,832	3,492	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	1,476	1,138	1,858	1,661	1,824	1,430	
Thoracic Medicine	2,044	1,688	2,061	1,870	2,129	2,005	
Thoracic surgery (exc PTE)	103	69	85	77	101	87	
Transplant/VAD	266	269	323	282	328	248	
Total Outpatients	**7,311**	**6,692**	**9,048**	**8,316**	**8,831**	**7,838**	

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.

RTT – waiting time (no. of patients)

Category	Metric	Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe	Never Events	Dec-20	3	0	0	0		trend
	Moderate harm incidents and above as % of total PSIs reported	Dec-20	3	3%	1.30%	1.46%		trend
	Number of Papworth acquired PU (grade 2 and above)	Dec-20	4	35 pa	2	15		trend
	High impact interventions	Dec-20	3	97%	98.90%	98.22%		trend
	Falls per 1000 bed days	Dec-20	3	4	1.9	3.2		trend
	Sepsis - % patients screened and treated (Quarterly)	Dec-20	New	90%	Await data	Await data		trend
	Safer Staffing CHPPD – 5 North	Dec-20	3	7.8	11.3	10.4		trend
	Safer Staffing CHPPD – 5 South	Dec-20	3	7.8	11.6	12.5		trend
	Safer Staffing CHPPD – 4 North/South	Dec-20	3	7.8	10.4	10.2		trend
	Safer Staffing CHPPD – 3 North	Dec-20	3	7.8	10.9	13.0		trend
	Safer Staffing CHPPD – 3 South	Dec-20	3	7.8	11.0	10.8		trend
	Safer Staffing CHPPD – Day Ward	Dec-20	3	6	10.1	10.1		trend
	Safer Staffing CHPPD – Critical Care	Dec-20	3	32.9	40.0	38.4		trend
Effective	Bed Occupancy (excluding CCA and sleep lab)	Dec-20	4	85% (Green 80%-90%)	64.90%	55.59%	(red)	trend
	CCA bed occupancy	Dec-20	3	85% (Green 80%-90%)	94.00%	85.13%		trend
	Admitted Patient Care (elective and non-elective)	Dec-20	4	1568 (current month)	1677	14363		trend
	Cardiac surgery mortality (Crude)	Dec-20	3	3%	3.17%	3.13%		trend
	Same Day Admissions – Cardiac (eligible patients)	Dec-20	4	50%	29.55%	42.32%		trend
	Same Day Admissions - Thoracic (eligible patients)	Dec-20	4	40%	13.95%	20.29%		trend
	Theatre Utilisation	Dec-20	3	85%	87.5%	65.7%	(red)	trend
Responsive	% diagnostics waiting less than 6 weeks	Dec-20	3	99%	98.69%	97.23%	(green)	trend
	18 weeks RTT (combined)	Dec-20	3	92%	90.55%	90.55%	(red)	trend
	Number of patients on waiting list	Dec-20	3	3343	3089	3089		trend
	52 week RTT breaches	Dec-20	3	0	2	59		trend
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Dec-20	3	85%	100.00%	66.70%		trend
	31 days cancer waits*	Dec-20	3	96%	100.00%	100.00%		trend
	104 days cancer wait breaches*	Dec-20	3	0%	1	5	(red)	trend
	Theatre cancellations in month	Dec-20	3	30	24	22	(red)	trend
	% of IHU surgery performed < 7 days of medically fit for surgery	Dec-20	4	95%	80.00%	76.11%		trend

Category	Metric	Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Caring	FFT score- Inpatients	Dec-20	4	95%	99.60%	98.61%		trend
	FFT score - Outpatients	Dec-20	2	95%	100.00%	100.00%		trend
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Dec-20	New	12.6	3.5			trend
	Mixed sex accommodation breaches	Dec-20	New	0	0	0		trend
	% of complaints responded to within agreed timescales	Dec-20	4	100%	100.00%	100.00%		trend
People Management & Culture	Voluntary Turnover %	Dec-20	3	15.0%	13.5%	10.8%		trend
	Vacancy rate as % of budget	Dec-20	4	5.5%	4.7%		(red)	trend
	% of staff with a current IPR	Dec-20	3	90%	73.09%			trend
	% Medical Appraisals	Dec-20	3	90%	n/a			trend
	Mandatory training %	Dec-20	3	90%	88.27%	85.38%	(red)	trend
	% sickness absence	Dec-20	3	3.50%	3.77%	3.60%		trend
Finance	Year to date EBITDA surplus/(deficit) £000s	Dec-20	5	£9,461k	£12,551k			trend
	Year to date surplus/(deficit) exc land sale £000s	Dec-20	5	£(434)k	£2,490k			trend
	Cash Position at month end £000s	Dec-20	5	£47,829k	£56,648k			trend
	Use of Resources rating	Dec-20	5	3	n/a	n/a		trend
	Capital Expenditure YTD £000s	Dec-20	5	£3,070k	£2,659k			trend
	In month Clinical Income £000s	Dec-20	5	£21741k	£19,347k	£138,210k		trend
	CIP – actual achievement YTD - £000s	Dec-20	4	£0	£2,904k	£2,904k		trend
	CIP – Target identified YTD £000s	Dec-20	4	£1,520k	£1,520k	£1,520k		trend
Transformation	CIP – project delivery	Dec-20	4	(green)	(red)	(red)		→
	Digital programme delivery on track	Dec-20	3	(green)	(red)	(red)		→
	Hospital Optimisation	Dec-20	3	(green)	(grey)	(grey)		→
	Working with our Partners	Dec-20	3	(green)	(green)	(green)	(amber)	→
	HLRI – Construction delivery on track	Dec-20	3	(green)	(green)	(green)		→
	HLRI – Occupational planning on track	Dec-20	3	(green)	(green)	(green)		→
	Research and Development Strategy – overall progress	Dec-20	3	(green)	(amber)			→
	Living with COVID	Dec-20	3	(green)	(green)			→

* 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

NHSI Targets	Measure	Data Quality	NHSI Target	Month	YTD	Previous quarter	Forecast	Comments
C. Difficile	Monitoring C.Diff (toxin positive)	5	11	1	4	2		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	90.55%	61.63%			Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	100.00%	100.00%	100.0%		Current month provisional as going through verification process.
	31 Day Wait for 2nd or Subsequent Treatment - surgery	3	94%	100.00%	100.00%	100.0%		Current month provisional as going through verification process.
	62 Day Wait for 1st Treatment	3	85%	100.00%	66.70%	66.67%		Current month provisional as going through verification process. Data is after reallocations
	104 days cancer wait breaches	3	0	1	5	1		
VTE	Number of patients assessed for VTE on admission	3	95%	96.60%	98.9%			Clinical Governance are reviewing data quality regards this metric with Lorenzo
Finance	Use of resources rating	5	3	n/a	n/a	3	3	Unable to evaluate the UoR rating due to temporary suspension of operational planning.

2. 2020/21 CQUIN*

	Scheme	Total Available 20/21 *		Achievement						Comments	RAG status
				Q1	Q2	Q3	Q4	2020/21			
		£000s	%	£000s	£000s	£000s	£000s	£000s	%		
NHSE	Scheme 1	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 2	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 3	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 4	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	NHSE	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**		
C&P CCG (& Associates)	Scheme 1	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 2	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 3	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 4	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 5	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	C&P CCG (& Associates)	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**		
Trust Total		**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**	**tbc**		

* Due to the temporary suspension of the operational planning process in 2020/21 due to COVID the Trust does not currently have agreed CQUIN schemes with commissioners.

Board Assurance Framework risks (above risk appetite)

| PIPR Category	Title	Ref	Mgmt Contact	Risk Appetite	BAF with Datix action plan	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Status since last month
Safe	Safer staffing and Monitor's Agency Price cap	742	JR	6	Yes	12	12	12	12	12	12	↔
Safe	Potential for cyber breach and data loss	1021	AR	3	Yes	20	16	16	16	20	20	↔
Safe	Optimisation of the EPR systems	1787	JR	6	Yes	8	8	8	8	8	8	↔
Safe	Turnover in excess of target and will increase as a result of the move	1853	OM	8	Yes	16	12	9	15	15	15	↔
Safe	Unable to recruit number of staff with the required skills/experience	1854	OM	8	Yes	20	12	12	15	15	15	↔
Effective	Delivery of Efficiency Challenges - CIP Board approved	841	EM	12	Yes	20	20	20	20	20	20	↔
Effective	Delivery of Efficiency Challenges - CIP targets	843	EM	12	In progress	20	20	20	20	20	20	↔
Effective	Super Surge COVID19	2572	JR	6	In progress	8	8	8	8	8	8	↔
People Manag. & Cult.	Failure to release staff to undertake educational activity due to workload	684	IG	8	Yes	9	9	9	9	9	12	↑
People Manag. & Cult.	Low levels of Staff Engagement	1929	OM	4	In progress	8	8	8	16	16	16	↔
Transformation	We will not utilise our expertise to influence local strategy for cardiology	1162	EM	8	Yes	9	9	9	9	9	9	↔
Finance	Failure to meet cardiac and cancer waiting targets	678	EM	12	Yes	16	16	16	16	16	16	↔
Finance	Current Trading Impacts - Consultant Job Plans	2146	TG	10	In progress	15	15	15	15	15	15	↔
Finance	Cash risk from increase COVID expenditure	2541	TG	6	In progress	12	12	12	9	9	9	↔

Safe: Performance summary

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

Report Author: *Deputy Chief Nurse / Assistant*

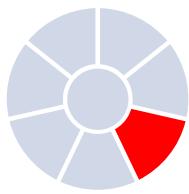|		Data Quality	Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Dashboard KPIs	Never Events	3	0	0	0	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	1.60%	2.80%	2.86%	0.99%	0.30%	1.30%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	0	0	1	2	3	2
	High impact interventions	3	97.0%	97.8%	98.6%	98.6%	98.7%	99.3%	98.9%
	Falls per 1000 bed days	3	<4	2.4	3.8	2.1	2.9	4.7	1.9
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	-	-	89.40%	-	-	Await data
	Safer Staffing CHPPD – 5 North	3	>7.8	10.20	10.00	11.10	10.50	10.00	11.30
	Safer Staffing CHPPD – 5 South	3	>7.8	11.40	10.70	10.00	10.30	11.00	11.60
	Safer Staffing CHPPD – 4 North/South	3	>7.8	9.50	11.10	9.70	9.60	10.10	10.40
	Safer Staffing CHPPD – 3 North	3	>7.8	12.00	10.90	10.20	10.50	16.00	10.90
	Safer Staffing CHPPD – 3 South	3	>7.8	9.00	10.80	10.90	10.80	10.25	11.00
	Safer Staffing CHPPD – Day Ward	3	>6	14.64	15.39	12.38	13.35	12.82	10.05
	Safer Staffing CHPPD – Critical Care	3	>32.9	40.10	36.00	36.10	38.10	39.00	40.00
Additional KPIs	Safer staffing – registered staff day	3	90-100%	84.4%	84.5%	88.6%	88.9%	91.3%	94.2%
	Safer staffing – registered staff night			90.5%	91.2%	93.5%	94.6%	97.8%	99.5%
	MRSA bacteremia	3	0	0	0	0	0	0	1
	Number of serious incidents reported to commissioners in month	3	0	1	1	3	3	0	0
	E coli bacteraemia	3	Monitor only	1	1	0	0	0	2
	Klebsiella bacteraemia	3	Monitor only	0	0	1	1	4	2
	Pseudomonas bacteraemia	3	Monitor only	0	0	0	1	1	2
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	3	7	7	3	1	3
	Monitoring C.Diff (toxin positive)	5	Ceiling pa of 11	1	0	0	0	0	1
COVID Additional KPIs	PPE: Number of days stock of FFP3 Masks	New	Monitor only	31	39	82	235	249	257
	PPE: Number of days stock of Surgical Masks	New	Monitor only	175	199	241	79	29	33
	PPE: Number of days stock of Gloves	New	Monitor only	350	428	387	57	75	32
	PPE: Number of days stock of Aprons	New	Monitor only	74	45	36	21	35	16
	Nosocomial C-19 infections 8-14 days after hospital admission	New	Monitor only	0	0	0	0	0	0
	Nosocomial C-19 infections 15 or more days after hospital admission	New	Monitor only	0	0	0	0	0	0
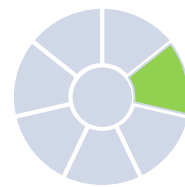
Caring: Performance summary

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

Report Author: *Deputy Chief Nurse / Assistant*

		Data Quality	Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Dashboard KPIs	FFT score- Inpatients	4	95%	98.5%	99.4%	99.7%	99.4%	99.2%	99.6%
	FFT score - Outpatients	2	95%	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%
	Mixed sex accommodation breaches	New	0	0	0	0	0	0	0
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	New	12.6	4.6	4.6	5.0	4.0	4.5	3.5
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	100%	100%	100%
Additional KPIs	Number of complaints upheld / part upheld	4	3 (60% of complaints received)	3	1	2	0	0	TBC
	Number of complaints (12 month rolling average)	4	5 and below	5.3	4.9	4.3	4.1	3.8	3.4
	Number of complaints	4	5	4	1	5	2	2	3
	Number of recorded compliments	4	500	417	662	465	834	660	503
	Supportive and Palliative Care Team – number of referrals (quarterly)	3	0	-	-	82	-	-	81
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	3	0	-	-	2	-	-	4
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	3	Monitor only	-	-	949	-	-	1100
COVID Additional KPIs	Bereavement Follow-Up Service: Number of follow-up letters sent out (quarterly)	New	Monitor only	-	-	37	-	-	43
	Bereavement Follow-Up Service: Number of follow-ups requested (quarterly)	New	Monitor only	-	-	5	-	-	6
	Complaints (specific to Covid-19)	New	Monitor only	0	0	0	0	0	0

Effective: Performance summary

Accountable Executive: *Chief Operating Officer* **Report Author:** *Deputy Directors of Operations*

		Data Quality	Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	61.2%	64.0%	67.9%	69.7%	69.4%	64.9%
	CCA bed occupancy	3	85% (Green 80%90%)	76.3%	84.4%	83.6%	84.0%	91.2%	94.0%
	Admitted Patient Care (elective and non-elective)	4	1568 (current month)	1612	1600	1901	1986	1858	1677
	Cardiac surgery mortality (Crude)	3	<3%	3.27%	3.21%	2.90%	2.92%	3.09%	3.17%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	54.64%	37.63%	39.50%	38.05%	30.26%	29.55%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	20.45%	13.33%	17.65%	17.39%	24.00%	13.95%
	Theatre Utilisation	3	85%	66.93%	76.57%	82.92%	85.11%	78.05%	87.52%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	3	8.20	8.01	8.57	8.37	8.04	9.55	8.01
	Length of stay – Cardiac Elective – valves (days)	3	9.70	8.68	9.56	10.09	8.79	8.54	10.16
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	90%	77%	80%	85%	83%	79%	71%
	CCA length of stay (LOS) (hours) - mean	3	Monitor only	144	136	94	98	128	138
	CCA LOS (hours) - median	3	Monitor only	44	45	36	44	48	41
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	5.71	5.39	5.11	5.21	5.37	5.33
	% Day cases	3	Monitor only	54.98%	53.28%	56.34%	59.18%	61.01%	58.98%
COVID Additional KPIs	Confirmed C-19 patients on ACC (average)	New	Monitor only	4.3	2.4	0.1	3.0	8.1	14.3
	Confirmed C-19 patients on other wards (average)	New	Monitor only	1.5	0.0	0.0	0.0	0.3	2.5
	C-19 patients discharged	New	Monitor only	5	1	0	1	4	11
	Number of C-19 patients on ECMO (average)	New	Monitor only	3.7	2.1	0.1	3.0	8.1	14.1
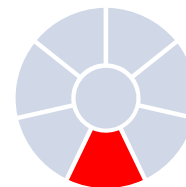
Responsive: Performance summary

Accountable Executive: *Chief Operating Officer* **Report Author:** *Deputy Director of Operations*

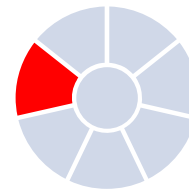|		Data Quality	Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	90.59%	97.63%	98.79%	99.24%	98.92%	98.69%
	18 weeks RTT (combined)	3	92%	50.41%	60.43%	74.06%	86.26%	91.17%	90.55%
	Number of patients on waiting list	3	3,343	3259	3086	3046	3136	3182	3089
	52 week RTT breaches	3	0	4	6	2	3	1	2
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	3	85%	100.0%	66.7%	33.0%	100.0%	100.0%	100.0%
	31 days cancer waits*	3	96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	104 days cancer wait breaches*	3	0	0	0	1	0	1	1
	Theatre cancellations in month	3	30	16	23	21	42	40	24
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	68.00%	66.00%	63.00%	68.00%	83.00%	80.00%
Additional KPIs	18 weeks RTT (cardiology)	3	92%	72.35%	84.02%	92.34%	96.59%	95.73%	93.18%
	18 weeks RTT (Cardiac surgery)	3	92%	53.79%	54.85%	65.88%	71.43%	78.21%	80.72%
	18 weeks RTT (Respiratory)	3	92%	32.53%	43.75%	61.06%	81.42%	91.04%	91.26%
	Acute Coronary Syndrome 3 day transfer %	3	90%	100.00%	99.00%	100.00%	100.00%	100.00%	100.00%
	Other urgent Cardiology transfer within 5 days %	3	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	% patients rebooked within 28 days of last minute cancellation	3	100%	100.00%	100.00%	100.00%	100.00%	100.00%	94.74%
	Outpatient DNA rate	4	9%	3.77%	3.21%	4.11%	4.43%	4.67%	5.22%
	Urgent operations cancelled for a second time (New 19/20)	New	0	0	0	0	0	0	0
	Total cancellations (New 19/20)	New	tbc	11	9	9	19	20	10
	% of IHU surgery performed <10 days of medically fit for surgery	4	95%	89.00%	83.00%	83.00%	92.00%	91.00%	100.00%
COVID Additional KPIs	C-19 referrals	New	Monitor only	n/a	n/a	n/a	n/a	n/a	n/a
	C-19 Patient LoS YTD	New	Monitor only	23.1	30.0	25.9	25.5	24.3	21.9
	Deaths as % of total Covid-19 positive patients YTD	New	Monitor only	17.7%	17.7%	17.6%	16.9%	18.5%	19.4%

* Note - latest month of 62 day and 31 cancer wait metric is still being validated

People, Management & Culture: Performance summary

Accountable Executive: Director of Workforce and Organisational Development
*Report Author:* HR Manager Workforce

	Data Quality	Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Dashboard KPIs								
Voluntary Turnover %	3	15.0%	10.12%	14.66%	13.71%	14.36%	4.96%	13.45%
Vacancy rate as % of budget	4	5.50%	7.20%	7.79%	7.70%	7.17%	5.50%	4.65%
% of staff with a current IPR	3	90%	69.44%	64.04%	69.41%	71.59%	73.00%	73.09%
% Medical Appraisals	3	90%	n/a	n/a	n/a	n/a	n/a	n/a
Mandatory training %	3	90.00%	82.97%	84.64%	86.34%	87.24%	87.62%	88.27%
% sickness absence	3	3.5%	3.46%	3.38%	3.64%	3.40%	3.28%	3.77%
Additional KPIs								
FFT – recommend as place to work	3	63.0%	n/a	n/a	70.00%	n/a	n/a	N/A
FFT – recommend as place for treatment	3	80%	n/a	n/a	77.92%	n/a	n/a	N/A
Registered nurse vacancies rate (**including** pre-registered nurses)	3	5.0%	5.34%	5.24%	6.21%	3.89%	2.05%	1.70%
Registered nursing vacancy WTE (**including** pre-registered nurses)			37.79	37.11	44.93	28.16	14.85	12.26
Registered nurse vacancies rate (**excluding** pre-registered nurses)	2	5.00%	5.62%	5.67%	6.97%	5.06%	4.13%	4.26%
Registered nursing vacancy WTE (**excluding** pre-registered nurses)			39.79	40.11	50.43	36.66	29.85	30.76
Unregistered nurse vacancies WTE (**including** pre-registered nurses)	3	10.00%	32.90	29.82	34.87	32.99	26.90	22.62
Unregistered nursing vacancy rate (**including** pre-registered nurses)			12.70%	11.51%	12.97%	12.35%	10.07%	8.47%
Unregistered nursing vacancy rate (**excluding** pre-registered nurses)	3	12.00%	14.05%	12.86%	15.03%	15.53%	14.74%	15.39%
Long term sickness absence %	3	0.80%	1.61%	1.70%	1.68%	1.43%	1.27%	1.85%
Short term sickness absence	3	2.70%	1.85%	1.68%	1.96%	1.98%	2.01%	1.92%
Agency Usage (wte) Monitor only	3	Monitor only	40.5	50.9	51.7	50.6	42.3	33.8
Bank Usage (wte) monitor only	3	Monitor only	82.6	75.8	64.8	60.8	62.7	61.2
Overtime usage (wte) monitor only	3	Monitor only	50.7	52.2	51.2	59.3	57.1	51.6
Turnover - Non medical starters	3	Monitor only	24.0	13.0	53.2	39.2	37.4	8.5
Turnover - Non medical leavers	3	Monitor only	15.0	17.5	23.0	22.6	7.3	22.3
Agency spend as % of salary bill	4	3.01%	2.46%	4.25%	3.43%	3.12%	2.69%	2.03%
COVID Additional KPIs								
Covid-19 related absences: Clinical Staff	New	Monitor only	75.0	45.7	45.9	32.6	40.9	44.5
Covid-19 related absences: Non-Clinical Staff	New	Monitor only	74.4	42.1	31.2	32.2	31.6	29.7
Staff Tested for COVID	New	Monitor only	12	1	34	24	24	17

Transformation: Performance summary

Accountable Executive: Chief Operating Officer / Chief Finance Officer
Report Author: Director of Strategic Projects/SIP Programme Manager/AD Estates & Facilities

	Data Quality	Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Dashboard KPIs								
CIP – project delivery	4		Red	Red	Red	Red	Red	Red
Digital programme delivery on track	3		Red	Red	Red	Red	Red	Red
Hospital Optimisation	3		Amber	Green	n/a	n/a	n/a	n/a
Working with our Partners *	3		Green	Green	Green	Green	Green	Green
HLRI – Construction delivery on track	3		Green	Green	Green	Green	Green	Green
HLRI – Occupational planning on track	3		Green	Green	Green	Green	Green	Green
Research and Development Strategy – overall progress	3		Amber	Amber	Amber	Amber	Amber	Amber
Living with COVID **	3		Green	Green	Green	Green	Green	Green

* - Metric previously named Cambridge Transition Programme. ** - New metric from July 2020
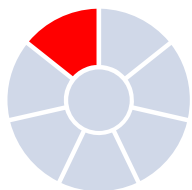
Finance: Performance summary

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

	Data Quality	Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Dashboard KPIs **								
Year to date EBITDA surplus/(deficit) £000s	5	£9,461k	£5,116k	£6,385k	£7,481k	£8,491k	£10,113k	£12,551k
Year to date surplus/(deficit) exc land sale £000s	5	£(434)k	£(111)k	£(112)k	£(151)k	£(672)k	£1,390k	£2,490k
Cash Position at month end £000s	5	£47,829k	£32,051k	£39,172k	£42,281k	£43,729k	£54,159k	£56,648k
Use of Resources rating*	5	3	n/a	n/a	n/a	n/a	n/a	n/a
Capital Expenditure YTD £000s	5	£3070 YTD	£1,768k	£1,942k	£2,129k	£2,228k	£2,402k	£2,659k
In month Clinical Income £000s*	5	£21741k (current month)	£13,248k	£13,551k	£15,371k	£16,249k	£20,137k	£19,347k
CIP – actual achievement YTD - £000s	4	£0k	£0k	£0k	£0k	£330k	£2,144k	£2,904k
CIP – Target identified YTD £000s	4	£3,800k pa	£0k	£0k	£0k	£190k	£760k	£1,520k
Additional KPIs **								
Debtors > 90 days overdue	4	10%	76.8%	44.1%	63.7%	50.2%	54.9%	56.2%
Capital Service Rating	5	4	2	2	2	3	3	3
Liquidity rating	5	2	1	1	1	1	1	1
I&E Margin rating	5	1	1	1	1	1	1	1
I&E Margin: Distance from financial plan*	5	1	n/a	n/a	n/a	n/a	n/a	n/a

* Note - Clinical Income is shown above based on the M7-M12 plan submitted to NHSI/E. At this time NHSI/E aggregated top-up and COVID-19 income into the clinical income figure. This was a change in approach from the M1-6 framework. The Finance Report allocates this income to "Other Operating Income" to reflect the nature of the funding, and therefore will show a slightly different split to the table above. This is classification only and the performance message remains the same.