

# Papworth Integrated Performance Report (PIPR) Summary version February 2021

*March 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

A summary version of the PIPR has been produced for February 2021. 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.

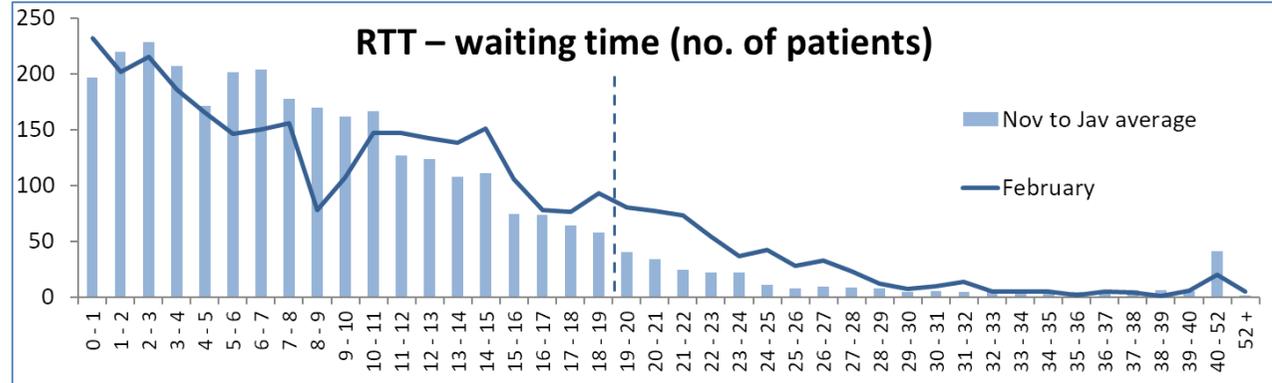
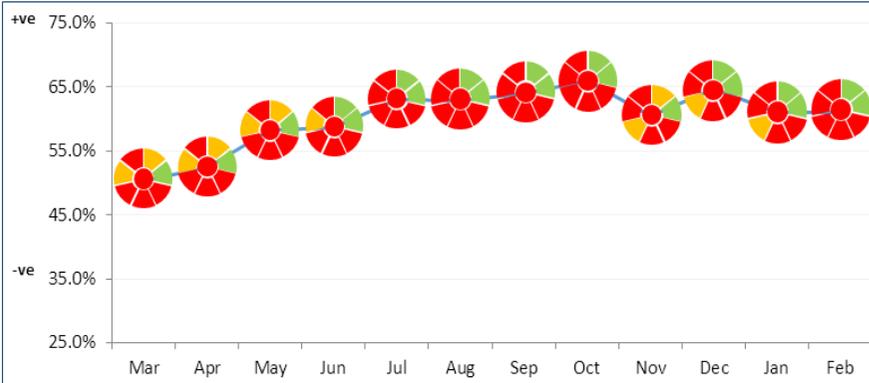
## Overall Trust rating - RED

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	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Trend
Cardiac Surgery	187	188	162	135	62	69	
Cardiology	672	691	678	561	416	408	
ECMO (days)	92	147	228	393	621	699	
ITU (COVID)	1	2	(2)	10	32	(2)	
PTE operations	19	17	17	9	3	2	
RSSC	618	601	621	538	193	225	
Thoracic Medicine	264	304	283	272	115	101	
Thoracic surgery (exc PTE)	57	59	68	56	49	58	
Transplant/VAD	43	40	40	53	29	29	
<b>Total Inpatients</b>	<b>1,953</b>	<b>2,049</b>	<b>2,095</b>	<b>2,027</b>	<b>1,520</b>	<b>1,589</b>	
Outpatient Attendances	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Trend
Cardiac Surgery	661	615	617	576	405	337	
Cardiology	4,060	3,811	3,832	3,492	2,913	2,842	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	1,858	1,661	1,824	1,430	1,129	1,055	
Thoracic Medicine	2,061	1,870	2,129	2,005	1,656	1,603	
Thoracic surgery (exc PTE)	85	77	101	87	89	86	
Transplant/VAD	323	282	328	248	197	175	
<b>Total Outpatients</b>	<b>9,048</b>	<b>8,316</b>	<b>8,831</b>	<b>7,838</b>	<b>6,389</b>	<b>6,098</b>	

**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.



# At a glance – Balanced scorecard

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend	
Safe	Never Events	Feb-21	3	0	0	0			
	Moderate harm incidents and above as % of total PSIs reported	Feb-21	3	3%	0.00%	1.31%			
	Number of Papworth acquired PU (grade 2 and above)	Feb-21	4	35 pa	2	18			
	High impact interventions	Feb-21	3	97%	98.50%	98.14%			
	Falls per 1000 bed days	Feb-21	3	4	2.7	3.2			
	Sepsis - % patients screened and treated (Quarterly)	Feb-21	New	90%	-	0.00%			
	Safer Staffing CHPPD – 5 North	Feb-21	3	7.8	10.3	10.3			
	Safer Staffing CHPPD – 5 South	Feb-21	3	7.8	10.9	12.4			
	Safer Staffing CHPPD – 4 North/South	Feb-21	3	7.8	12.1	10.2			
	Safer Staffing CHPPD – 3 North	Feb-21	3	7.8	18.1	13.6			
	Safer Staffing CHPPD – 3 South	Feb-21	3	7.8	9.9	10.6			
	Safer Staffing CHPPD – Day Ward	Feb-21	3	6	7.7	7.7			
	Safer Staffing CHPPD – Critical Care	Feb-21	3	32.9	39.7	38.8			
	Effective	Bed Occupancy (excluding CCA and sleep lab)	Feb-21	4	85% (Green 80%-90%)	56.90%	56.41%		
CCA bed occupancy		Feb-21	3	85% (Green 80%-90%)	99.40%	87.78%			
Admitted Patient Care (elective and non-elective)		Feb-21	4	1771 (current month)	1589	18330			
Cardiac surgery mortality (Crude)		Feb-21	3	3%	3.23%	3.23%			
Same Day Admissions – Cardiac (eligible patients)		Feb-21	4	50%	34.48%	41.22%			
Same Day Admissions - Thoracic (eligible patients)		Feb-21	4	40%	17.50%	19.18%			
Theatre Utilisation		Feb-21	3	85%	96.6%	68.9%			
Responsive		% diagnostics waiting less than 6 weeks	Feb-21	3	99%	90.03%	95.94%		
	18 weeks RTT (combined)	Feb-21	3	92%	80.36%	80.36%			
	Number of patients on waiting list	Feb-21	3	3343	3263	3263			
	52 week RTT breaches	Feb-21	3	0	5	66			
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Feb-21	3	85%	71.40%	66.70%			
	31 days cancer waits*	Feb-21	3	96%	100.00%	100.00%			
	104 days cancer wait breaches*	Feb-21	3	0%	1	6			
	Theatre cancellations in month	Feb-21	3	30	11	21			
	% of IHU surgery performed < 7 days of medically fit for surgery	Feb-21	4	95%	87.00%	76.27%			
	Caring	FFT score- Inpatients	Feb-21	4	95%	100.00%	98.75%		
FFT score - Outpatients		Feb-21	2	95%	99.30%	99.30%			
Number of written complaints per 1000 WTE (Rolling 3mth average)		Feb-21	New	12.6	6.9				
Mixed sex accommodation breaches		Feb-21	New	0	0	0			
% of complaints responded to within agreed timescales		Feb-21	4	100%	100.00%	100.00%			
People Management & Culture		Voluntary Turnover %	Feb-21	3	15.0%	9.4%	11.1%		
		Vacancy rate as % of budget	Feb-21	4	5.5%	3.9%			
		% of staff with a current IPR	Feb-21	3	90%	68.60%			
		% Medical Appraisals	Feb-21	3	90%	N/A			
		Mandatory training %	Feb-21	3	90%	85.60%	85.57%		
	% sickness absence	Feb-21	3	3.50%	3.39%	3.66%			
Finance	Year to date EBITDA surplus/(deficit) £000s	Feb-21	5	£11,947k	£15,650k				
	Year to date surplus/(deficit) exc land sale £000s	Feb-21	5	£(2,446)k	£1,124k				
	Cash Position at month end £000s	Feb-21	5	£46,937k	£58,884k				
	Use of Resources rating	Feb-21	5	3	n/a	n/a			
	Capital Expenditure YTD £000s	Feb-21	5	£3,545k	£2,867k				
	In month Clinical Income £000s	Feb-21	5	£21755k	£20,446k	£177,381k			
	CIP – actual achievement YTD - £000s	Feb-21	4	£0	£4,230k	£4,230k			
Transformation	CIP – Target identified YTD £000s	Feb-21	4	£2,850k	£2,850k	£2,850k			
	CIP – project delivery	Feb-21	4					→	
	Digital programme delivery on track	Feb-21	3					→	
	Hospital Optimisation	Feb-21	3					→	
	Working with our Partners	Feb-21	3					→	
	HLRI – Construction delivery on track	Feb-21	3					→	
	HLRI – Occupational planning on track	Feb-21	3					→	
	Research and Development Strategy – overall progress	Feb-21	3					→	
	Living with COVID	Feb-21	3					→	

\* 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	0	6	1		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	80.36%		89.33%		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%	71.40%	66.70%	95.2%		Current month provisional as going through verification process. Data is after reallocations
	104 days cancer wait breaches	3	0	1	6	2		
VTE	Number of patients assessed for VTE on admission	3	95%	96.60%		96.6%		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	
		£000s	%	Q1	Q2	Q3	Q4	2020/21				
				£000s	£000s	£000s	£000s	£000s	%			
NHSE	Scheme 1	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 2	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 3	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 4	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	<b>NHSE</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>		<b>tbc</b>
C&P CCG (& Associates)	Scheme 1	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 2	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 3	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 4	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Scheme 5	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	<b>C&amp;P CCG (&amp; Associates)</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>		<b>tbc</b>
<b>Trust Total</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>	<b>tbc</b>		

\* 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	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Status since last month
Safe	Failure to meet safer staffing and Monitor's Agency Price cap	742	IG	6	Yes	12	12	12	12	12	12	↔
Safe	Potential for cyber breach and data loss	1021	AR	3	Yes	16	16	20	20	20	20	↔
Safe	Optimisation of the EPR systems	1787	IG	6	Yes	8	8	8	8	8	8	↔
Safe	Staff turnover in excess of our target level	1853	OM	8	Yes	9	15	15	15	15	15	↔
Safe	Unable to recruit number of staff with the required skills/experience	1854	OM	8	Yes	12	15	15	15	15	15	↔
Effective	Delivery of Efficiency Challenges - CIP Board approved	841	EM	12	Yes	20	20	20	20	20	20	↔
Effective	Super Surge COVID19	2572	JR	6	In progress	8	8	8	8	8	8	↔
People Manag. & Cult.	Low levels of Staff Engagement	1929	OM	4	In progress	8	16	16	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	Achieving financial balance	2829	TG	8	In progress	-	-	-	-	-	12	↑



# Safe: Performance summary

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

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

	Data Quality	Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	
Dashboard KPIs	Never Events	3	0	0	0	0	0	0	
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	2.86%	0.99%	0.30%	1.30%	1.30%	0.00%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	1	2	3	2	1	2
	High impact interventions	3	97.0%	98.6%	98.7%	99.3%	98.9%	97.0%	98.5%
	Falls per 1000 bed days	3	<4	2.1	2.9	4.7	1.9	1.6	2.7
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	89.40%	-	-	Await data	-	-
	Safer Staffing CHPPD – 5 North	3	>7.8	11.10	10.50	10.00	11.30	9.90	10.30
	Safer Staffing CHPPD – 5 South	3	>7.8	10.00	10.30	11.00	11.60	13.10	10.90
	Safer Staffing CHPPD – 4 North/South	3	>7.8	9.70	9.60	10.10	10.40	9.10	12.10
	Safer Staffing CHPPD – 3 North	3	>7.8	10.20	10.50	16.00	10.90	14.80	18.10
	Safer Staffing CHPPD – 3 South	3	>7.8	10.90	10.80	10.25	11.00	9.30	9.90
	Safer Staffing CHPPD – Day Ward	3	>6	12.38	13.35	12.82	10.05	7.29	7.69
Safer Staffing CHPPD – Critical Care	3	>32.9	36.10	38.10	39.00	40.00	41.70	39.70	
Additional KPIs	Safer staffing – registered staff day	3	90-100%	88.6%	88.9%	91.3%	94.2%	82.6%	82.3%
	Safer staffing – registered staff night	3	90-100%	93.5%	94.6%	97.8%	99.5%	85.3%	87.6%
	MRSA bacteraemia	3	0	0	0	0	1	1	0
	Number of serious incidents reported to commissioners in month	3	0	3	3	0	0	0	0
	E coli bacteraemia	3	Monitor only	0	0	0	2	4	3
	Klebsiella bacteraemia	3	Monitor only	1	1	4	2	7	4
	Pseudomonas bacteraemia	3	Monitor only	0	1	1	2	0	1
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	7	3	1	3	2	0
Monitoring C.Diff (toxin positive)	5	Ceiling pa of 11	0	0	0	1	2	0	
COVID Additional KPIs	PPE: Number of days stock of FFP3 Masks	New	Monitor only	82	235	249	257	104	93
	PPE: Number of days stock of Surgical Masks	New	Monitor only	241	79	29	33	85	93
	PPE: Number of days stock of Gloves	New	Monitor only	387	57	75	32	89	51
	PPE: Number of days stock of Aprons	New	Monitor only	36	21	35	16	18	28
	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

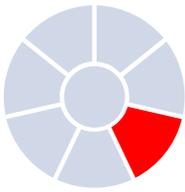


# Caring: Performance summary

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

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

	Data Quality	Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	
Dashboard KPIs	FFT score- Inpatients	4	95%	99.7%	99.4%	99.2%	99.6%	98.8%	100.0%
	FFT score - Outpatients	2	95%	100.0%	100.0%	100.0%	100.0%	99.7%	99.3%
	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	5.0	4.0	4.5	3.0	3.6	6.9
	% 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)	2	0	0	0	3	TBC
	Number of complaints (12 month rolling average)	4	5 and below	4.3	4.1	3.8	3.4	3.6	3.0
	Number of complaints	4	5	5	2	2	2	8	4
	Number of recorded compliments	4	500	465	834	660	503	41	786
	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	-	-
COVID Additional KPIs	Supportive and Palliative Care Team – number of contacts generated (quarterly)	3	Monitor only	949	-	-	1100	-	-
	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	1	0



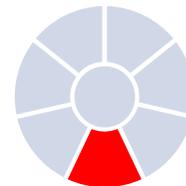
# Effective: Performance summary

**Accountable Executive:** Chief Operating Officer  
**Operations**

**Report Author:** Deputy Directors of

	Data Quality	Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%-90%)	67.9%	69.7%	69.4%	64.9%	63.3%	56.9%
	CCA bed occupancy	3	85% (Green 80%-90%)	83.6%	84.0%	91.2%	94.0%	100.0%	99.4%
	Admitted Patient Care (elective and non-elective)	4	1771 (current month)	1953	2049	2095	2027	1520	1589
	Cardiac surgery mortality (Crude)*	3	<3%	2.90%	2.92%	3.09%	3.17%	3.16%	3.23%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	39.50%	38.05%	30.26%	29.55%	38.10%	34.48%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	17.65%	17.39%	24.00%	13.95%	10.81%	17.50%
	Theatre Utilisation	3	85%	82.92%	85.11%	78.05%	87.52%	70.19%	96.60%
	Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	3	8.20	8.37	8.04	9.55	8.01	8.12
Length of stay – Cardiac Elective – valves (days)		3	9.70	10.09	8.68	8.54	10.16	18.79	9.31
Cath Lab Utilisation 1-6 at New Papworth (Including 15 min Turn Around Times)		3	90%	85%	83%	79%	70%	47%	50%
CCA length of stay (LOS) (hours) - mean		3	Monitor only	94	98	128	138	202	177
CCA LOS (hours) - median		3	Monitor only	36	44	48	41	70	41
Length of Stay – combined (excl. Day cases) days		3	Monitor only	5.11	5.20	5.39	5.36	6.91	6.85
% Day cases		3	Monitor only	56.34%	59.14%	61.26%	59.56%	54.13%	60.65%
COVID Additional KPIs		Confirmed C-19 patients on ACC (average)	New	Monitor only	0.1	3.0	8.1	14.3	35.5
	Confirmed C-19 patients on other wards (average)	New	Monitor only	0.0	0.0	0.3	2.5	20.9	14.5
	C-19 patients discharged	New	Monitor only	0	1	4	11	38	46
	Number of C-19 patients on ECMO (average)	New	Monitor only	0.1	3.0	8.1	14.1	27.2	26.3

\* Note - Cardiac Surgery Mortality latest month is a provisional figure based on discharge data available at the time of reporting



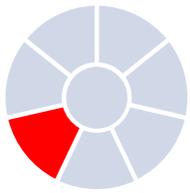
# Responsive: Performance summary

**Accountable Executive:** Chief Operating Officer  
**Operations**

**Report Author:** Deputy Director of

	Data Quality	Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	98.79%	99.24%	98.92%	98.69%	90.23%	90.03%
	18 weeks RTT (combined)	3	92%	74.06%	86.26%	91.17%	90.55%	85.84%	80.36%
	Number of patients on waiting list	3	3,343	3046	3136	3182	3089	3235	3263
	52 week RTT breaches	3	0	2	3	1	2	2	5
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	3	85%	33.0%	100.0%	100.0%	85.7%	38.5%	71.4%
	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	1	0	1	1	0	1
	Theatre cancellations in month	3	30	21	42	40	24	21	11
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	63.00%	68.00%	83.00%	80.00%	67.00%	87.00%
	Additional KPIs	18 weeks RTT (cardiology)	3	92%	92.34%	96.59%	95.73%	93.18%	86.20%
18 weeks RTT (Cardiac surgery)		3	92%	65.88%	71.43%	78.21%	80.72%	77.35%	72.20%
18 weeks RTT (Respiratory)		3	92%	61.06%	81.42%	91.04%	91.26%	88.25%	87.19%
Acute Coronary Syndrome 3 day transfer %		3	90%	100.00%	100.00%	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%	94.74%	33.33%	42.86%
Outpatient DNA rate		4	9%	4.11%	4.43%	4.67%	5.22%	5.55%	5.23%
Urgent operations cancelled for a second time (New 19/20)		New	0	0	0	0	0	0	0
Total cancellations (New 19/20)		New	tbv	9	19	20	10	6	3
% of IHU surgery performed < 10 days of medically fit for surgery		4	95%	83.00%	92.00%	91.00%	100.00%	89.00%	87.00%
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	25.9	25.5	24.3	21.9	19.7	22.7
	Deaths as % of total Covid-19 positive patients YTD	New	Monitor only	17.6%	16.9%	18.5%	19.4%	20.4%	21.1%

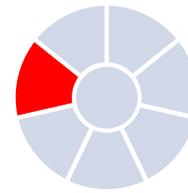
\* Note - latest month of 62 day and 31 cancer wait metric is still being validated



## People, Management & Culture: Performance summary

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

	Data Quality	Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	
Dashboard KPIs	Voluntary Turnover %	3	15.0%	13.71%	14.36%	4.96%	13.45%	14.65%	9.43%
	Vacancy rate as % of budget	4	5.50%	7.70%	7.17%	5.50%	4.65%	5.25%	3.90%
	% of staff with a current IPR	3	90%	69.41%	71.59%	73.00%	73.09%	70.21%	68.60%
	% Medical Appraisals	3	90%	n/a	n/a	n/a	n/a	N/A	N/A
	Mandatory training %	3	90.00%	86.34%	87.24%	87.62%	88.27%	87.28%	85.60%
	% sickness absence	3	3.5%	3.64%	3.40%	3.28%	3.77%	4.39%	3.39%
Additional KPIs	FFT – recommend as place to work	3	63.0%	70.00%	n/a	n/a	N/A	N/A	N/A
	FFT – recommend as place for treatment	3	80%	77.92%	n/a	n/a	N/A	N/A	N/A
	Registered nurse vacancies rate (including pre-registered nurses)	3	5.0%	6.21%	3.89%	2.05%	1.70%	1.98%	0.00%
	Registered nursing vacancy WTE (including pre-registered nurses)			44.93	28.16	14.85	12.26	14.34	0
	Registered nurse vacancies rate (excluding pre-registered nurses)	2	5.00%	6.97%	5.06%	4.13%	4.26%	4.75%	3.07%
	Registered nursing vacancy WTE (excluding pre-registered nurses)			50.43	36.66	29.85	30.76	34.34	21.88
	Unregistered nurse vacancies WTE (including pre-registered nurses)	3	10.00%	34.87	32.99	26.90	22.62	21.64	5.11
	Unregistered nursing vacancy rate (including pre-registered nurses)			12.97%	12.35%	10.07%	8.47%	8.10%	1.93%
	Unregistered nursing vacancy rate (excluding pre-registered nurses)	3	12.00%	15.03%	15.53%	14.74%	15.39%	15.59%	14.22%
	Long term sickness absence %	3	0.80%	1.68%	1.43%	1.27%	1.85%	1.54%	1.56%
	Short term sickness absence	3	2.70%	1.96%	1.98%	2.01%	1.92%	2.84%	1.83%
	Agency Usage (wte) Monitor only	3	Monitor only	51.7	50.6	42.3	33.8	31.6	28.6
	Bank Usage (wte) monitor only	3	Monitor only	64.8	60.8	62.7	61.2	77.1	66.5
	Overtime usage (wte) monitor only	3	Monitor only	51.2	59.3	57.1	51.6	79.6	62.6
	Turnover - Non medical starters	3	Monitor only	53.2	39.2	37.4	8.5	31.7	28.4
Turnover - Non medical leavers	3	Monitor only	23.0	22.6	7.3	22.3	16.6	13.0	
Agency spend as % of salary bill	4	3.01%	3.43%	3.12%	2.69%	2.02%	1.80%	1.43%	
COVID Additional KPIs	Covid-19 related absences: Clinical Staff	New	Monitor only	45.9	32.6	40.9	44.5	83.3	51.1
	Covid-19 related absences: Non-Clinical Staff	New	Monitor only	31.2	32.2	31.6	29.7	41.0	29.3
	Staff Tested for COVID	New	Monitor only	34	24	24	17	24	5



## Transformation: Performance summary

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

	Data Quality	Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
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	n/a	n/a	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



## Finance: Performance summary

**Accountable Executive:** Chief Finance Officer  
Officer

**Report Author:** Deputy Chief Finance Officer

	Data Quality	Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	
Dashboard KPIs **	Year to date EBITDA surplus/(deficit) £000s	5	£11,947k	£7,481k	£8,491k	£10,113k	£12,551k	£13,934k	£15,650k
	Year to date surplus/(deficit) exc land sale £000s	5	£(2,446)k	£(154)k	£(672)k	£(393)k	£707k	£747k	£1,124k
	Cash Position at month end £000s	5	£46,937k	£42,281k	£43,729k	£54,159k	£56,648k	£57,594k	£58,884k
	Use of Resources rating*	5	3	n/a	n/a	n/a	n/a	n/a	n/a
	Capital Expenditure YTD £000s	5	£3545 YTD	£2,129k	£2,228k	£2,402k	£2,659k	£2,788k	£2,867k
	In month Clinical Income £000s*	5	£21755k (current month)	£15,371k	£16,249k	£20,137k	£19,347k	£18,724k	£20,446k
	CIP – actual achievement YTD - £000s	4	£0k	£0k	£330k	£2,144k	£2,904k	£3,664k	£4,230k
	CIP – Target identified YTD £000s	4	£3,800k pa	£0k	£190k	£760k	£1,520k	£2,280k	£2,850k
Additional KPIs **	Debtors > 90 days overdue	4	10%	63.7%	50.2%	54.9%	56.2%	58.6%	28.9%
	Capital Service Rating	5	4	2	3	3	2	2	2
	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.