Papworth Integrated Performance Report (PIPR)
Summary version
April 2020

May 2020

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
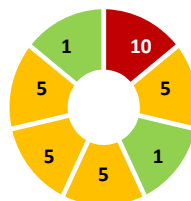
Overall Report Scoring

- **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 2018 (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	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Trend
Cardiac Surgery	205	158	199	182	148	24	
Cardiology	731	659	695	695	561	231	
ECMO (days)	64	29	78	72	155	459	
ITU (COVID)	0	0	0	0	0	50	
PTE operations	18	19	16	17	12	0	
RSSC	636	518	656	607	400	40	
Thoracic Medicine	448	360	441	562	447	80	
Thoracic surgery (exc PTE)	78	73	80	66	80	73	
Transplant/VAD	22	15	22	45	178	19	
Total Inpatients	**2,202**	**1,831**	**2,187**	**2,246**	**1,981**	**976**	
Outpatient Attendances	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**Trend**
Cardiac Surgery	543	480	491	429	413	199	
Cardiology	3,384	2,884	3,657	3,170	2,981	1,991	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	1,839	1,426	2,081	1,802	1,808	278	
Thoracic Medicine	2,108	1,921	2,318	2,106	1,960	1,058	
Thoracic surgery (exc PTE)	94	74	92	89	70	110	
Transplant/VAD	293	282	333	284	177	224	
Total Outpatients	**8,261**	**7,067**	**8,972**	**7,880**	**7,409**	**3,860**	

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)

- Jan to Mar average
- April
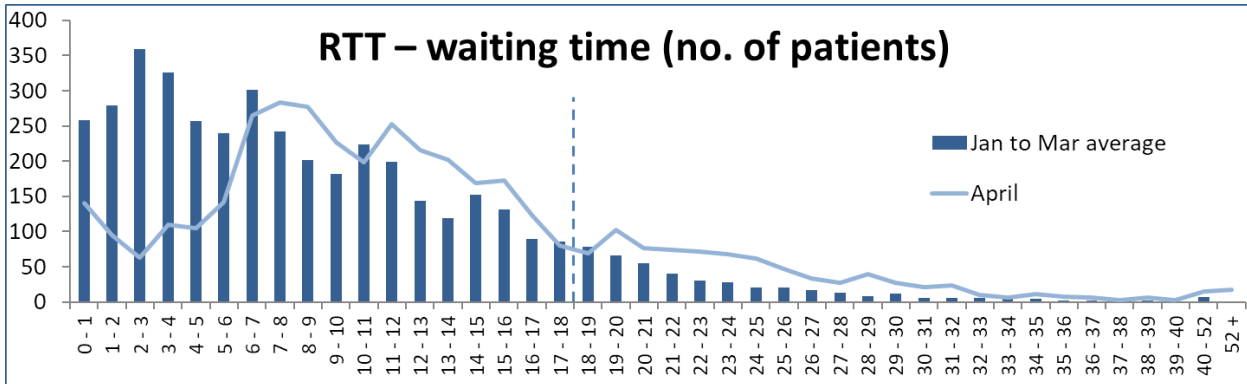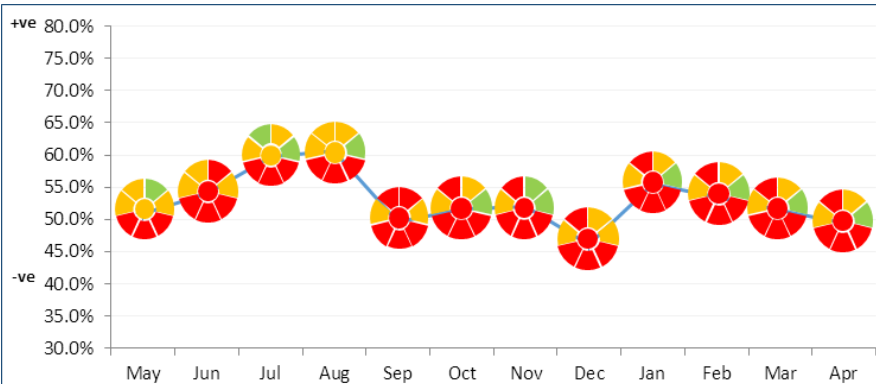
At a glance – Balanced scorecard

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Safe*	Never Events	Apr-19	3	0	0	0		
	Moderate harm incidents and above as % of total PSIs reported	Apr-19	3	3%	0.00%	0.00%		
	Number of C.Diff cases (sanctioned) year to date	Apr-19	5	5 pa	0	0		
	High impact interventions	Apr-19	3	97%	94.40%	94.40%		
	Falls per 1000 bed days	Apr-19	3	4	1.86	1.86		
	Sepsis - % patients screened and treated (Quarterly)	Apr-19	New	90%	-	-		
	Safer Staffing CHPPD – 5 North	Apr-19	3	7.8	11.2	11.2		
	Safer Staffing CHPPD – 5 South	Apr-19	3	7.8	21.8	21.8		
	Safer Staffing CHPPD – 4 North/South	Apr-19	3	7.8	13.0	13.0		
	Safer Staffing CHPPD – 3 North	Apr-19	3	7.8	36.4	36.4		
	Safer Staffing CHPPD – 3 South	Apr-19	3	7.8	13.2	13.2		
	Safer Staffing CHPPD – Day Ward	Apr-19	3	6	Closed - COVID	Closed - COVID		
	Safer Staffing CHPPD – Critical Care	Apr-19	3	32.9	42.6	42.6		
Effective	Bed Occupancy (excluding CCA and sleep lab)	Apr-19	4	85% (Green 80%-90%)	26.90%	26.90%		
	CCA bed occupancy	Apr-19	3	85% (Green 80%-90%)	93.60%	93.60%		
	Admitted Patient Care (elective and non-elective)	Apr-19	4	1896 (current month)	976	976		
	Cardiac surgery mortality EuroSCORE	Apr-19	3	3%	2.29%	2.29%		
	Same Day Admissions – Cardiac (eligible patients)	Apr-19	4	50%	0.00%	0.00%		
	Same Day Admissions - Thoracic (eligible patients)	Apr-19	4	40%	28.07%	28.07%		
	Theatre Utilisation	Apr-19	3	85%	25.5%	25.5%		
Responsive	% diagnostics waiting less than 6 weeks	Apr-19	3	99%	97.72%	97.72%		
	18 weeks RTT (combined)	Apr-19	3	92%	79.06%	79.06%		
	Number of patients on waiting list	Apr-19	3	3343	3950	3950		
	52 week RTT breaches	Apr-19	3	0	17	17		
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Apr-19	3	85%	53.80%	69.10%		
	31 days cancer waits*	Apr-19	3	96%	100.00%	95.60%		
	Theatre cancellations in month	Apr-19	3	30	9	9		
	% of IHU surgery performed < 7 days of medically fit for surgery	Apr-19	4	95%	64.00%	64.00%		

		Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Caring	FFT score- Inpatients	Apr-19	4	95%	97.50%	97.50%		
	FFT score - Outpatients	Apr-19	2	95%	No data COVID	No data COVID		
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Apr-19	New	12.6	8.3			
	Mixed sex accommodation breaches	Apr-19	New	0	0	0		
	% of complaints responded to within agreed timescales	Apr-19	4	100%	100.00%	100.00%		
People Management & Culture	Voluntary Turnover %	Apr-19	3	15.0%	11.7%	11.7%		
	Vacancy rate as % of budget	Apr-19	4	5.5%	8.2%			
	% of staff with a current IPR	Apr-19	3	90%	81.21%			
	% Medical Appraisals	Apr-19	3	90%	78.29%			
	Mandatory training %	Apr-19	3	90%	84.25%	84.25%		
	% sickness absence	Apr-19	3	3.50%	4.84%	4.84%		
Finance	Year to date EBITDA surplus/(deficit) £000s	Apr-19	5	£(303)k	£1,322k			
	Year to date surplus/(deficit) exc land sale £000s	Apr-19	5	£(1,770)k	£(39)k			
	Cash Position at month end £000s	Apr-19	5	£25,350k	£31,151k			
	Use of Resources rating	Apr-19	5	3	n/a	n/a		
	Capital Expenditure YTD £000s	Apr-19	5	£268k	£414k			
	In month Clinical Income £000s	Apr-19	5	£12557k	£13,263k	£13,263k		
	CIP – actual achievement YTD - £000s	Apr-19	4	£0	£0k	£0k		
	CIP – Target identified YTD £000s	Apr-19	4	£200k	£0k	£0k		
Transformation	CIP – project delivery	Apr-19	4					→
	Digital programme delivery on track	Apr-19	3					→
	Hospital Optimisation	Apr-19	3					→
	Cambridge Transition Programme	Apr-19	3					→
	HLRI – Construction delivery on track	Apr-19	3					→
	HLRI – Occupational planning on track	Apr-19	3					→
	Research and Development Strategy – overall progress	Apr-19	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	Number of C.Diff cases (sanctioned) year to date	5	5	0	0	0		
	Monitoring C.Diff (toxin positive)	5	Monitor only	0	0	1		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	79.06%		87.13%		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%	53.80%	53.80%	91.7%		Current month provisional as going through verification process. Data is after reallocations
VTE	Number of patients assessed for VTE on admission	3	95%	100.00%		96.9%		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	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Status since last month
Safe	Safer staffing and Monitor's Agency Price cap	742	JR	6	Yes	12	12	12	12	12	12	12	↔
Safe	Potential for cyber breach and data loss	1021	AR	3	Yes	15	20	20	20	20	20	20	↔
Safe	Optimisation of the EPR systems	1787	JR	6	Yes	12	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	16	16	16	16	16	16	↔
Safe	Unable to recruit number of staff with the required skills/experience	1854	OM	8	Yes	20	20	20	20	20	20	20	↔
Effective	Delivery of Efficiency Challenges - CIP Board approved	841	EM	12	Yes	20	20	20	20	20	20	20	↔
Effective	Delivery of Efficiency Challenges - CIP targets	843	EM	12	In progress	20	20	20	20	20	20	20	↔
Effective	Hospital Optimisation	2249	JR	10	In progress	15	15	15	15	15	15	15	↔
Effective	Super Surge COVID19	2572	JR	6	In progress	-	-	-	-	-	12	12	↔
People Manag. & Cult.	Failure to release staff to undertake educational activity due to workload	684	JR	To be discussed at Execs	Yes	9	9	9	9	9	9	12	↑
People Manag. & Cult.	Low levels of Staff Engagement	1929	OM	6	In progress	16	16	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	9	↔
Finance	Failure to meet cardiac and cancer waiting targets	678	EM	12	Yes	16	16	16	16	16	16	16	↔
Finance	Income Growth - activity transfers	865	EM	12	In progress	20	16	16	16	16	16	16	↔
Finance	Master Development and control plans - sale value	873	TG	10	Yes	20	25	25	20	20	20	20	↔
Finance	Master Development and control plans - sales dates	874	TG	10	Yes	15	15	15	15	15	15	15	↔
Finance	Current Trading Impacts - Consultant Job Plans	2146	TG	10	In progress	15	15	15	15	15	15	15	↔
Finance	Efficiency assumptions	2163	TG	12	In progress	15	15	15	15	15	15	15	↔

Safe: Performance summary

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

Report Author: *Deputy Chief Nurse / Assistant*

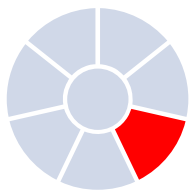|		Data Quality	Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Dashboard KPIs	Never Events	3	0	0	0	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	0.30%	1.70%	0.97%	0.38%	0.50%	0.00%
	Number of C.Diff cases (sanctioned)	5	5 in year	0	1	0	0	0	0
	High impact interventions	3	97.0%	99.2%	99.2%	98.4%	95.6%	100.0%	94.4%
	Falls per 1000 bed days	3	<4	2.1	1.9	1.9	2.5	2.9	1.9
	Sepsis - % patients screened and treated (Quarterly)	New	90.0%	-	81.20%	-	-	Await data	-
	Safer Staffing CHPPD – 5 North	3	>7.8	n/a	n/a	n/a	n/a	n/a	11.20
	Safer Staffing CHPPD – 5 South	3	>7.8	n/a	n/a	n/a	n/a	n/a	21.80
	Safer Staffing CHPPD – 4 North/South	3	>7.8	n/a	n/a	n/a	n/a	n/a	13.00
	Safer Staffing CHPPD – 3 North	3	>7.8	n/a	n/a	n/a	n/a	n/a	36.40
	Safer Staffing CHPPD – 3 South	3	>7.8	n/a	n/a	n/a	n/a	n/a	13.20
	Safer Staffing CHPPD – Day Ward	3	>6	n/a	n/a	n/a	n/a	n/a	Closed - COVID
	Safer Staffing CHPPD – Critical Care	3	>32.9	n/a	n/a	n/a	n/a	n/a	42.60
Additional KPIs	Safer staffing – registered staff day	3	90-100%	86.0%	82.2%	84.5%	86.9%	78.1%	54.9%
	Safer staffing – registered staff night			92.4%	87.1%	92.7%	92.7%	84.0%	62.6%
	Number of Papworth acquired PU (grade 2 and above)	4	<4	2	2	2	0	2	4
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	3	0	0	1	0	1	0	0
	E coli bacteraemia	3	Monitor only	2	1	0	0	0	1
	Klebsiella bacteraemia	3	Monitor only	0	1	0	2	0	5
	Pseudomonas bacteraemia	3	Monitor only	0	0	2	1	0	0
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	1	4	3	1	1	0
	Monitoring C.Diff (toxin positive)	5	Monitor only	0	5	0	1	0	0

Caring: Performance summary

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

Report Author: *Deputy Chief Nurse / Assistant*

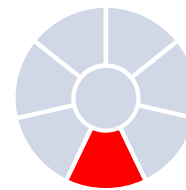|		Data Quality	Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Dashboard KPIs	FFT score- Inpatients	4	95%	96.6%	97.6%	98.5%	97.6%	97.6%	97.5%
	FFT score - Outpatients	2	95%	95.0%	93.1%	95.1%	96.6%	97.3%	No data COVID
	Mixed sex accommodation breaches	New	0	0	0	0	0	0	0
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	New	12.6	12.5	9.1	9.5	8.4	9.5	8.3
	% 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)	4	4	2	0	1	n/a
	Number of complaints (12 month rolling average)	4	5 and below	5.6	5.8	6.3	5.5	6.1	5.8
	Direct Care Time - No of Wards with DCT> 40% (new site)	3	6	-	4	-	-	3	-
	Number of complaints	4	5	6	6	6	4	8	4
	Number of recorded compliments	4	500	764	658	693	708	472	138
	Supportive and Palliative Care Team – number of referrals (quarterly)	3	0	n/a	n/a	n/a	n/a	55	-
	Supportive and Palliative Care Team – reason for referral (last days of life) (quarterly)	3	0	n/a	n/a	n/a	n/a	0	-
	Supportive and Palliative Care Team – number of contacts generated (quarterly)	3	Monitor only	n/a	n/a	n/a	n/a	595	-

Effective: Performance summary

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

		Data Quality	Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	79.8%	69.7%	71.4%	71.6%	55.5%	26.9%
	CCA bed occupancy	3	85% (Green 80%90%)	94.2%	75.6%	85.6%	86.6%	74.8%	93.6%
	Admitted Patient Care (elective and non-elective)	4	1896 (current month)	2202	1831	2187	2246	2044	976
	Cardiac surgery mortality EuroSCORE	3	<3%	2.58%	2.49%	2.54%	2.40%	2.74%	2.29%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	32.10%	46.15%	38.36%	35.11%	30.23%	0.00%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	40.39%	39.62%	37.50%	16.67%	25.49%	28.07%
	Theatre Utilisation	3	85%	78.14%	76.83%	80.63%	75.92%	78.05%	25.52%
Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	3	8.20	9.84	8.91	8.69	7.92	8.78	9.84
	Length of stay – Cardiac Elective – valves (days)	3	9.70	9.65	10.05	9.73	8.68	10.10	45.37
	Cath Lab Utilisation 1-5 (including 15 min Turn Around Times)	3	90%	n/a	n/a	n/a	n/a	n/a	n/a
	Cath Lab Utilisation 6 (including 15 min Turn Around Times) *	3	70%	n/a	n/a	n/a	n/a	n/a	n/a
	Cath Lab Utilisation 1-6 at New Papworth (including 15 min Turn Around Times)	3	90%	84%	80%	83%	85%	84%	84%
	CCA length of stay (LOS) (hours) - mean	3	Monitor only	107	123	116	140	78	316
	CCA LOS (hours) - median	3	Monitor only	44	45	44	35	30	211
	Length of Stay – combined (excl. Day cases) days	3	Monitor only	5.09	5.44	5.36	5.08	5.69	8.37
	% Day cases	3	Monitor only	60.18%	60.79%	62.10%	60.36%	60.83%	68.21%

* 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* **Report Author:** *Deputy Director of Operations*

		Data Quality	Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	99.84%	99.44%	99.65%	99.70%	99.44%	97.72%
	18 weeks RTT (combined)*	3	92%	91.60%	91.17%	91.52%	90.78%	87.13%	79.06%
	Number of patients on waiting list	3	3,343	4121	4155	4198	4239	4228	3950
	52 week RTT breaches	3	0	1	1	0	0	0	17
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	3	85%	40.0%	66.7%	87.5%	100.0%	87.5%	53.8%
	31 days cancer waits *	3	96%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Theatre cancellations in month	3	30	69	68	64	68	31	9
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	68.00%	27.00%	59.00%	62.00%	76.00%	64.00%
Additional KPIs	18 weeks RTT (cardiology)	3	92%	96.93%	96.63%	96.41%	94.68%	90.27%	82.64%
	18 weeks RTT (Cardiac surgery)	3	92%	76.49%	76.22%	77.96%	76.50%	74.48%	66.45%
	18 weeks RTT (Respiratory)	3	92%	92.53%	91.95%	92.18%	91.94%	88.32%	80.62%
	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%	97.30%	100.00%	100.00%	100.00%	100.00%	100.00%
	% patients rebooked within 28 days of last minute cancellation	3	100%	87.10%	74.60%	71.43%	77.78%	77.50%	54.17%
	Outpatient DNA rate	4	9%	8.83%	9.19%	8.85%	7.76%	7.88%	3.17%
	Urgent operations cancelled for a second time (New 19/20)	New	0	5	4	5	8	0	0
	Total cancellations (New 19/20)	New	tbc	60	39	43	36	25	9
	% of IHU surgery performed < 10 days of medically fit for surgery	4	95%	98.00%	66.00%	74.00%	88.00%	89.00%	82.00%

* 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	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Dashboard KPIs	Voluntary Turnover %	3	15.0%	12.87%	16.73%	17.25%	14.05%	9.10%	11.70%
	Vacancy rate as % of budget	4	5.50%	10.43%	10.55%	11.13%	10.97%	9.42%	8.19%
	% of staff with a current IPR	3	90%	87.57%	87.67%	87.55%	87.71%	84.99%	81.21%
	% Medical Appraisals	3	90%	88.03%	89.57%	92.73%	95.45%	83.04%	78.29%
	Mandatory training %	3	90.00%	80.99%	81.60%	82.16%	84.25%	84.71%	84.25%
	% sickness absence	3	3.5%	3.96%	4.31%	4.45%	4.09%	5.93%	4.84%
Additional KPIs	FFT – recommend as place to work	3	63.0%	n/a	n/a	n/a	n/a	n/a	n/a
	FFT – recommend as place for treatment	3	80%	n/a	n/a	n/a	n/a	n/a	n/a
	Registered nurse vacancies rate (**including** pre-registered nurses)	3	5.0%	8.04%	9.55%	11.14%	9.86%	8.04%	6.30%
	Registered nursing vacancy WTE (**including** pre-registered nurses)			56.75	68.62	80.34	70.2	57.24	44.83
	Registered nurse vacancies rate (**excluding** pre-registered nurses)	2	5.00%	9.81%	10.94%	12.25%	10.78%	9.31%	7.60%
	Registered nursing vacancy WTE (**excluding** pre-registered nurses)			69.25	78.62	88.34	76.7	66.24	54.33
	Unregistered nurse vacancies WTE (**including** pre-registered nurses)	3	10.00%	41.94	38.75	35.43	36.18	31.06	29.57
	Unregistered nursing vacancy rate (**including** pre-registered nurses)			15.88%	14.38%	13.31%	13.47%	11.57%	11.00%
	Unregistered nursing vacancy rate (**excluding** pre-registered nurses)	3	12.00%	20.61%	18.09%	16.31%	15.89%	14.92%	14.55%
	Long term sickness absence %	3	0.80%	1.02%	1.21%	1.01%	0.95%	0.78%	1.56%
	Short term sickness absence	3	2.70%	2.94%	3.10%	3.45%	3.13%	5.14%	3.28%
	Agency Usage (wte) Monitor only	3	Monitor only	58.5	48.8	57.4	53.5	46.0	30.8
	Bank Usage (wte) monitor only	3	Monitor only	55.7	57.0	62.1	57.6	61.7	58.2
	Overtime usage (wte) monitor only	3	Monitor only	44.7	31.9	44.1	50.6	50.6	77.5
	Turnover - Non medical starters	3	Monitor only	60.0	4.8	34.6	31.2	56.9	9.0
	Turnover - Non medical leavers	3	Monitor only	18.8	21.3	24.9	20.0	14.1	16.8
	Agency spend as % of salary bill	4	2.96%	4.56%	3.44%	4.62%	3.24%	2.83%	2.82%

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	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Dashboard KPIs	CIP – project delivery	4		Red	Red	Red	Red	Red	Red
	Digital programme delivery on track	3		Amber	Amber	Amber	Amber	Amber	Amber
	Hospital Optimisation *	3		Amber	Amber	Amber	Amber	Amber	Amber
	Cambridge Transition Programme *	3		Amber	Amber	Amber	Amber	Amber	Amber
	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

Finance: Performance summary

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

		Data Quality	Target	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Dashboard KPIs	Year to date EBITDA surplus/(deficit) £000s	5	£(303)k	£7,624k	£8,483k	£10,923k	£12,914k	£14,343k	£1,322k
	Year to date surplus/(deficit) exc land sale £000s	5	£(1,770)k	£(1,263)k	£(87)k	£978k	£1,589k	£2,326k	£(39)k
	Cash Position at month end £000s	5	£25,350k	£14,801k	£16,906k	£15,703k	£20,930k	£16,650k	£31,151k
	Use of Resources rating*	5	3	3	3	3	3	3	n/a
	Capital Expenditure YTD £000s	5	£1,650k pa (20/21)	£2,350k	£2,374k	£2,504k	£2,694k	£3,632k	£414k
	In month Clinical Income £000s	5	£12557k (current month)	£12,436k	£11,705k	£13,433k	£12,425k	£14,588k	£13,263k
	CIP – actual achievement YTD - £000s	4	£0k	£535k	£832k	£894k	£975k	£1,037k	£0k
	CIP – Target identified YTD £000s	4	£3,994k pa	£914k	£1,160k	£1,407k	£1,654k	£1,900k	£0k
Additional KPIs	Debtors > 90 days overdue	4	10%	32.7%	26.0%	27.8%	28.8%	18.1%	27.9%
	Capital Service Rating (New 19/20)	5	4	4	4	3	3	2	3
	Liquidity rating (New 19/20)	5	2	2	1	1	1	1	1
	I&E Margin rating (New 19/20)	5	1	3	2	2	1	1	2
	I&E Margin: Distance from financial plan (New 19/20)*	5	1	4	4	4	4	4	n/a

* Due to the temporary suspension of the operational planning process in 2020/21 due to COVID the Trust has been unable to evaluate the Use of Resources rating Dashboard KPI or the I&E Margin: Distance from Financial plan additional KPI.