

Papworth Integrated Performance Report (PIPR) Summary version March 2020

April 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

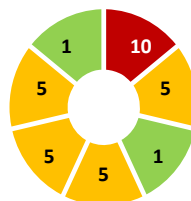
The 'RAG' ratings for each of the individual KPIs included within this report are defined as follows:

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

A summary version of the PIPR has been produced for March 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.

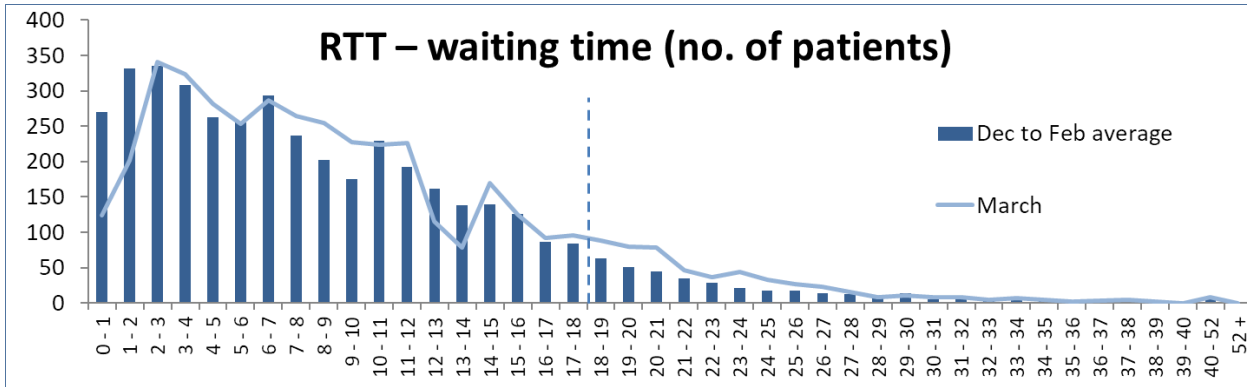
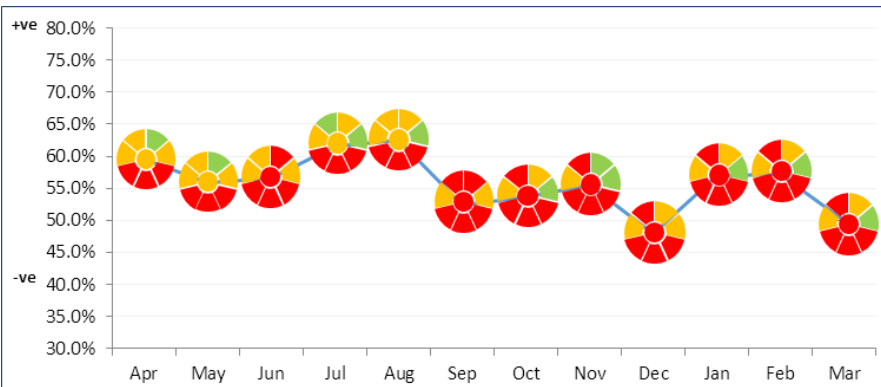
Overall Trust rating - RED

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	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Trend
Cardiac Surgery	211	205	158	199	182	148	
Cardiology	755	731	659	695	695	561	
ECMO	66	64	29	78	72	155	
PTE operations	22	18	19	16	17	75	
RSSC	662	636	518	656	607	400	
Thoracic Medicine	479	448	360	441	562	447	
Thoracic surgery (exc PTE)	79	78	73	80	66	80	
Transplant/VAD	20	22	15	22	45	178	
Total Inpatients	2,294	2,202	1,831	2,187	2,246	2,044	
Outpatient Attendances	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Trend
Cardiac Surgery	652	543	480	491	429	413	
Cardiology	3,754	3,384	2,884	3,657	3,170	2,981	
ECMO	0	0	0	0	0	0	
PTE	0	0	0	0	0	0	
RSSC	1,741	1,839	1,426	2,081	1,802	1,808	
Thoracic Medicine	2,111	2,108	1,921	2,318	2,106	1,960	
Thoracic surgery (exc PTE)	105	94	74	92	89	70	
Transplant/VAD	344	293	282	333	284	177	
Total Outpatients	8,707	8,261	7,067	8,972	7,880	7,409	

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*	Safety Thermometer ham free care	Mar-20	4	97%	97.93%	99.13%	
	Never Events	Mar-20	3	0	0	1	
	Moderate harm incidents and above as % of total PSIs reported	Mar-20	3	3%	0.50%	0.82%	
	Safer staffing – registered staff day Safer staffing – registered staff night	Mar-20	3	90-100%	78.1% (84%)	84.53% (91.07%)	
	Number of C.Diff cases (sanctioned) year to date	Mar-20	5	11 pa	0	1	
	High impact interventions	Mar-20	3	97%	100.00%	98.43%	
	Falls per 1000 bed days	Mar-20	3	4	2.9	1.880833333	
	Sepsis - % patients screened and treated (New 19/20)	Mar-20	New	90%	Await data	Await data	
	Ward - Care hours per patient day Critical Care - Care hours per patient day	Mar-20	3	7.8 (32.9)	14.5 (36.3)	12.36 (35.04)	
Effective	Bed Occupancy (excluding CCA and sleep lab)	Mar-20	4	85% (Green 80%-90%)	55.50%	74.04%	
	CCA bed occupancy	Mar-20	3	85% (Green 80%-90%)	74.80%	86.34%	
	Admitted Patient Care (elective and non-elective)	Mar-20	4	2346 (current month)	1638	24067	
	Cardiac surgery mortality EuroSCORE	Mar-20	3	3%	2.74%	2.39%	
	Same Day Admissions – Cardiac (eligible patients)	Mar-20	4	50%	30.23%	40.93%	
	Same Day Admissions - Thoracic (eligible patients)	Mar-20	4	40%	25.49%	33.89%	
	Theatre Utilisation	Mar-20	3	85%	78.1%	82.5%	
	% diagnostics waiting less than 6 weeks	Mar-20	3	99%	99.44%	99.47%	
Responsive	18 weeks RTT (combined)	Mar-20	3	92%	87.13%	87.13%	
	Number of patients on waiting list	Mar-20	3	3343	4228	4228	
	52 week RTT breaches	Mar-20	3	0	0	4	
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	Mar-20	3	85%	87.50%	69.10%	
	31 days cancer waits*	Mar-20	3	96%	100.00%	95.60%	
	Theatre cancellations in month	Mar-20	3	30	31	636	
	% of IHU surgery performed < 7 days of medically fit for surgery	Mar-20	4	95%	76.00%	45.42%	

* Latest month of 62 day and 31 cancer wait metric is still being validated

	Month reported on	Data Quality	Plan	Current month score	YTD Actual	Forecast YE	Trend
Caring	FFT score- Inpatients	Mar-20	4	95%	97.60%	97.44%	
	FFT score - Outpatients	Mar-20	2	95%	97.30%	93.92%	
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Mar-20	New	12.6	8.9		
	Mixed sex accommodation breaches (New 19/20)	Mar-20	New	0	0	0	
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	Mar-20	New	12.61	8.90	8.90	
People Management & Culture	% of complaints responded to within agreed timescales	Mar-20	4	100%	100.00%	97.25%	
	Voluntary Turnover %	Mar-20	3	15.0%	9.1%	17.7%	
	Vacancy rate as % of budget	Mar-20	4	5.5%	9.4%		
	% of staff with a current IPR	Mar-20	3	90%	84.99%		
	% Medical Appraisals	Mar-20	3	90%	83.04%		
	Mandatory training %	Mar-20	3	90%	79.37%	79.37%	
	% sickness absence	Mar-20	3	3.50%	5.93%	3.66%	
	Year to date EBITDA surplus/(deficit) £000s	Mar-20	5	£15,035k	£14,343k		
	Year to date surplus/(deficit) exc land sale £000s	Mar-20	5	£(392)k	£2,326k		
	Cash Position at month end £000s	Mar-20	5	£9,802k	£16,650k		
Finance	Use of Resources rating	Mar-20	5	3	3	3	
	Capital Expenditure YTD £000s	Mar-20	5	£3,799k	£3,632k		
	In month Clinical Income £000s	Mar-20	5	£12502k	£14,588k	£149,774k	
	CIP – actual achievement YTD - £000s	Mar-20	4	£1,900	£1,037k	£1,037k	
	CIP – Target identified YTD £000s	Mar-20	4	£5,113k	£1,900k	£1,900k	
	CIP – project delivery	Mar-20	4				→
	Digital programme delivery on track	Mar-20	3				→
	Hospital Optimisation	Mar-20	3				→
Transformation	Cambridge Transition Programme	Mar-20	3				→
	HLRI – Construction delivery on track	Mar-20	3				→
	HLRI – Occupational planning on track	Mar-20	3				→
	Research and Development Strategy – overall progress	Mar-20	3				→

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	11	0	1	1		
	Monitoring C.Diff (toxin positive)	5	Monitor only	0	11	6		
RTT Waiting Times	% Within 18wks - Incomplete Pathways	4	92%	87.13%		91.32%		Monthly measure
Cancer	31 Day Wait for 1st Treatment	3	96%	100.00%	95.60%	96.7%		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%	87.50%	69.10%	59.4%		Current month provisional as going through verification process. Data is after reallocations
VTE	Number of patients assessed for VTE on admission	3	95%	95.08%		96.67%		Clinical Governance are reviewing data quality regards this metric with Lorenzo
Finance	Use of resources rating	5	3	3	3	3	3	

2. 2019/20 CQUIN

	Scheme	Total Available 19/20		Achievement					
		£000s	%	Q1	Q2*	Q3	Q4	2019/20	
				£000s	£000s	£000s	£000s	£000s	%
NHSE	GE3 Hospital Medicines Optimisation trigger 5	£73.7k	10%	£18.4k	£18.4k	£18.4k	£18.4k	£73.7k	100%
	Rethinking conversations/Shared decision making	£250.5k	34%	£0.0k	£50.1k	£100.2k	£100.2k	£250.5k	100%
	NSTEMI pathway	£206.3k	28%	£51.6k	£51.6k	£51.6k	£51.6k	£206.3k	100%
	Cardiac Clinical Network	£206.3k	28%	£10.3k	£134.1k	£30.9k	£30.9k	£206.2k	100%
	NHSE	£736.7k	100%	£80.3k	£254.2k	£201.1k	£201.1k	£736.7k	100%
C&P CCG (& Associates)	CCG 2 Staff Flu Vaccinations	£79.1k	20%	£0.0k	£0.0k	£0.0k	£79.1k	£79.1k	100%
	CCG 3a Alcohol & Tobacco - Screening	£79.1k	20%	£19.8k	£19.8k	£19.8k	£19.8k	£79.1k	100%
	CCG 3b Tobacco Brief Advice	£79.1k	20%	£19.8k	£14.8k	£19.8k	£19.8k	£74.2k	94%
	CCG 3c Alcohol Brief Advice	£79.1k	20%	£19.8k	£19.8k	£19.8k	£19.8k	£79.1k	100%
	CCG 7 Three High Impact Actions to Prevent Falls	£79.1k	20%	£19.8k	£19.8k	£19.8k	£19.8k	£79.1k	100%
	C&P CCG (& Associates)	£395.7k	100%	£79.1k	£74.2k	£79.1k	£158.2k	£390.8k	98.8%
Trust Total	£1,132.4k		£159.4k	£328.3k	£280.2k	£359.3k	£1,127.5k	99.6%	

* Please note the Cardiac Network Q2 achievement was confirmed by NHSE at 62% with an agreement that the timeline for achievement of the quarter's outstanding requirements would be extended to year end. Due to COVID 19, national guidance encourages commissioners to agree to achievement in full of CQUIN schemes. The Trust have written to NHSE to confirm full achievement, a confirmation response is awaited. The table above assumes full achievement.

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	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	15	20	20	20	20	20	↔
Safe	Optimisation of the EPR systems	1787	JR	To be discussed at	Yes	12	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	↔
Safe	Unable to recruit number of staff with the required skills/experience	1854	OM	8	Yes	20	20	20	20	20	20	↔
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	Hospital Optimisation	2249	JR	10	In progress	15	15	15	15	15	15	↔
Effective	Super Surge COVID19 NEW	2572	JR	6	In progress	-	-	-	-	-	12	↑
People Manag. & Cult.	Failure to release staff to undertake educational activity due to workload	684	JR	8	Yes	9	9	9	9	9	9	↔
People Manag. & Cult.	Low levels of Staff Engagement	1929	OM	6	In progress	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	↔
Finance	Failure to meet cardiac and cancer waiting targets	678	EM	12	Yes	16	16	16	16	16	16	↔
Finance	Income Growth - activity transfers	865	EM	12	In progress	20	16	16	16	16	16	↔
Finance	Master Development and control plans - sale value	873	TG	10	Yes	20	25	25	20	20	20	↔
Finance	Master Development and control plans - sales dates	874	TG	10	Yes	15	15	15	15	15	15	↔
Finance	Current Trading Impacts - Consultant Job Plans	2146	TG	10	In progress	15	15	15	15	15	15	↔
Finance	Efficiency assumptions	2163	TG	12	In progress	15	15	15	15	15	15	↔

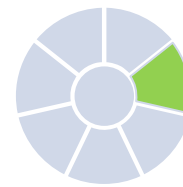


Safe: Performance summary

Accountable Executive: Chief Nurse
Director of Quality and Risk

Report Author: Deputy Chief Nurse / Assistant

	Data Quality	Target	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
Dashboard KPIs	Safety Thermometer harm free care	4	>97%	100.00%	100.00%	100.00%	98.80%	97.75%	97.93%
	Never Events	3	0	0	0	0	0	0	0
	Moderate harm incidents and above as % of total PSIs reported	3	<3%	1.86%	0.30%	1.70%	0.97%	0.38%	0.50%
	Safer staffing – registered staff day	3	90-100%	83.4%	86.0%	82.2%	84.5%	86.9%	78.1%
	Safer staffing – registered staff night	3	90-100%	89.6%	92.4%	87.1%	92.7%	92.7%	84.0%
	Number of C.Diff cases (sanctioned)	5	11 in year	0	0	1	0	0	0
	High impact interventions	3	97.0%	99.0%	99.2%	99.2%	98.4%	95.6%	100.0%
	Falls per 1000 bed days	3	<4	2.3	2.1	1.9	1.9	2.5	2.9
	Sepsis - % patients screened and treated (New 19/20)	New	90.0%	-	-	81.20%	-	-	Await data
	Ward - Care hours per patient day	3	>7.8	11.3	10.9	11.4	12.3	13.1	14.5
Critical care - Care hours per patient day	3	>32.9	33.6	33.2	33.3	33.0	33.3	36.3	
Additional KPIs	Number of Papworth acquired PU (grade 2 and above)	4	<4	2	2	2	2	0	2
	MRSA bacteremia	3	0	0	0	0	0	0	0
	Number of serious incidents reported to commissioners in month	3	0	3	0	1	0	1	0
	E coli bacteraemia	3	Monitor only	1	2	1	0	0	0
	Klebsiella bacteraemia	3	Monitor only	2	0	1	0	2	0
	Pseudomonas bacteraemia	3	Monitor only	0	0	0	2	1	0
	Moderate harm and above incidents reported in month (including SIs)	3	Monitor only	6	1	4	3	1	1
	Monitoring C.Diff (toxin positive)	5	Monitor only	1	0	5	0	1	0

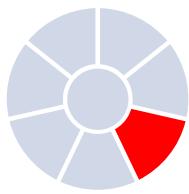


Caring: Performance summary

Accountable Executive: Chief Nurse
Director of Quality and Risk

Report Author: Deputy Chief Nurse / Assistant

	Data Quality	Target	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
Dashboard KPIs	FFT score- Inpatients	4	95%	96.1%	96.6%	97.6%	98.5%	97.6%	97.6%
	FFT score - Outpatients	2	95%	95.0%	95.0%	93.1%	95.1%	96.6%	97.3%
	Mixed sex accommodation breaches (New 19/20)	New	0	0	0	0	0	0	0
	Number of written complaints per 1000 WTE (Rolling 3 mnth average)	New	12.6	12.6	12.5	9.1	9.5	8.4	8.9
	% of complaints responded to within agreed timescales	4	100%	100%	100%	100%	100%	100%	100%
	Number of complaints upheld / part upheld	4	3 (60% of complaints received)	3	4	4	2	0	TBC
	Number of complaints (12 month rolling average)	4	5 and below	5.8	5.6	5.8	6.3	5.5	6.1
Additional KPIs	Direct Care Time - Activity follows completed in quarter	3	100%	-	-	100.0%	-	-	100.0%
	Direct care time	3	40%	-	-	48.0%	-	-	42.8%
	Direct Care Time - No of Wards with DCT> 40% (new site)	3	6	-	-	4	-	-	3
	Number of complaints	4	5	5	6	6	6	4	7
	Number of recorded compliments	4	500	721	764	658	693	708	472



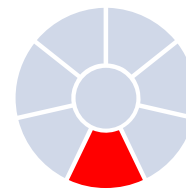
Effective: Performance summary

Accountable Executive: Chief Operating Officer
Operations

Report Author: Deputy Directors of

		Data Quality	Target	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Dashboard KPIs	Bed Occupancy (excluding CCA and sleep lab)	4	85% (Green 80%90%)	84.0%	79.8%	69.7%	71.4%	71.6%	55.5%
	CCA bed occupancy	3	85% (Green 80%90%)	92.0%	94.2%	75.6%	85.6%	86.6%	74.8%
	Admitted Patient Care (elective and non-elective)	4	2346 (current month)	2294	2202	1831	2187	2030	1638
	Cardiac surgery mortality EuroSCORE	3	<3%	2.74%	2.58%	2.49%	2.54%	2.40%	2.74%
	Same Day Admissions – Cardiac (eligible patients)	4	50%	47.47%	32.10%	46.15%	38.36%	35.11%	30.23%
	Same Day Admissions - Thoracic (eligible patients)	4	40%	45.45%	40.39%	39.62%	37.50%	16.67%	25.49%
	Theatre Utilisation	3	85%	83.70%	78.14%	76.83%	80.63%	75.92%	78.05%
	Additional KPIs	Length of stay – Cardiac Elective – CABG (days)	3	8.20	10.13	9.84	8.91	8.69	9.33
Length of stay – Cardiac Elective – valves (days)		3	9.70	9.69	9.65	10.05	9.73	10.27	9.86
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%	81%	84%	80%	83%	89%	84%
CCA length of stay (LOS) (hours) - mean		3	Monitor only	93	107	123	116	140	78
CCA LOS (hours) - median		3	Monitor only	40	44	45	44	35	30
Length of Stay – combined (excl. Day cases) days		3	Monitor only	5.33	5.09	5.48	5.35	5.00	5.69
% Day cases		3	Monitor only	60.29%	60.18%	60.71%	62.12%	60.39%	60.80%

* 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

Report Author: Deputy Director of

		Data Quality	Target	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Dashboard KPIs	% diagnostics waiting less than 6 weeks	3	>99%	99.67%	99.84%	99.44%	99.65%	99.70%	99.44%
	18 weeks RTT (combined)*	3	92%	91.20%	91.60%	91.17%	91.52%	90.78%	87.13%
	Number of patients on waiting list	3	3,343	4020	4121	4155	4198	4239	4228
	52 week RTT breaches	3	0	1	1	1	0	0	0
	62 days cancer waits post re-allocation (new 38 day IPT rules from Jul18)*	3	85%	71.4%	40.0%	66.7%	87.5%	100.0%	87.5%
	31 days cancer waits*	3	96%	100.0%	90.0%	100.0%	100.0%	100.0%	100.0%
	Theatre cancellations in month	3	30	52	69	68	64	68	31
	% of IHU surgery performed < 7 days of medically fit for surgery	4	95%	68.00%	68.00%	27.00%	59.00%	62.00%	76.00%
Additional KPIs	18 weeks RTT (cardiology)	3	92%	96.96%	96.93%	96.63%	96.41%	94.68%	90.27%
	18 weeks RTT (Cardiac surgery)	3	92%	76.07%	76.49%	76.22%	77.96%	76.50%	74.48%
	18 weeks RTT (Respiratory)	3	92%	92.04%	92.53%	91.95%	92.18%	91.94%	88.32%
	62 days cancer waits post re-allocation (old rules)**	3	85%	60.0%	40.0%	77.8%	87.5%	100.0%	87.5%
	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%	97.30%	100.00%	100.00%	100.00%	100.00%
	% patients rebooked within 28 days of last minute cancellation	3	100%	92.86%	87.10%	74.60%	71.43%	77.78%	77.50%
	Outpatient DNA rate	4	9%	8.52%	8.83%	9.19%	8.85%	7.76%	7.88%
	Urgent operations cancelled for a second time (New 19/20)	New	0	2	5	4	5	8	0
	Total cancellations (New 19/20)	New	tbc	31	60	39	43	36	25
% of IHU surgery performed < 10 days of medically fit for surgery	4	95%	92.00%	98.00%	66.00%	74.00%	88.00%	89.00%	

* 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	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
Dashboard KPIs	Voluntary Turnover %	3	15.0%	11.16%	12.87%	16.73%	17.25%	14.05%	9.10%
	Vacancy rate as % of budget	4	5.50%	11.54%	10.43%	10.55%	11.13%	10.97%	9.42%
	% of staff with a current IPR	3	90%	87.74%	87.57%	87.67%	87.55%	87.71%	84.99%
	% Medical Appraisals	3	90%	87.74%	88.03%	89.57%	92.73%	95.45%	83.04%
	Mandatory training %	3	90.00%	82.26%	80.99%	81.60%	82.16%	84.25%	84.71%
	% sickness absence	3	3.5%	4.17%	3.96%	4.31%	4.45%	4.09%	5.93%
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%	10.47%	8.04%	9.55%	11.14%	9.86%	8.04%
	Registered nursing vacancy WTE (including pre-registered nurses)			73.91	56.75	68.62	80.34	70.2	57.24
	Registered nurse vacancies rate (excluding pre-registered nurses)	2	5.00%	13.14%	9.81%	10.94%	12.25%	10.78%	9.31%
	Registered nursing vacancy WTE (excluding pre-registered nurses)			92.74	69.25	78.62	88.34	76.7	66.24
	Unregistered nurse vacancies WTE (including pre-registered nurses)	3	10.00%	49.18	41.94	38.75	35.43	36.18	31.06
	Unregistered nursing vacancy rate (including pre-registered nurses)	3	10.00%	18.62%	15.88%	14.38%	13.31%	13.47%	11.57%
	Unregistered nursing vacancy rate (excluding pre-registered nurses)	3	12.00%	25.75%	20.61%	18.09%	16.31%	15.89%	14.92%
	Long term sickness absence %	3	0.80%	1.05%	1.02%	1.21%	1.01%	0.95%	0.78%
	Short term sickness absence	3	2.70%	3.12%	2.94%	3.10%	3.45%	3.13%	5.14%
	Agency Usage (wte) Monitor only	3	Monitor only	68.0	58.5	48.8	57.4	53.5	46.0
	Bank Usage (wte) monitor only	3	Monitor only	60.9	55.7	57.0	62.1	57.6	61.7
	Overtime usage (wte) monitor only	3	Monitor only	54.6	44.7	31.9	44.1	50.6	50.6
	Turnover - Non medical starters	3	Monitor only	24.0	60.0	4.8	34.6	31.2	56.9
	Turnover - Non medical leavers	3	Monitor only	14.6	18.8	21.3	24.9	20.0	14.1
Agency spend as % of salary bill	4	2.79%	5.22%	4.56%	3.44%	4.62%	3.24%	2.83%	



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	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Dashboard KPIs	CIP – project delivery	4	Red	Red	Red	Red	Red	Red	Red
	Digital programme delivery on track	3	Amber	Amber	Amber	Amber	Amber	Amber	Amber
	New Papworth ORAC - overall progress	4	Complete	Complete	Complete	Complete	Complete	Complete	Complete
	Hospital Optimisation *	3	Green	Amber	Amber	Amber	Amber	Amber	Amber
	Cambridge Transition Programme *	3	Amber	Amber	Amber	Amber	Amber	Amber	Amber
	HLRI – Construction delivery on track *	3	Green	Green	Green	Green	Green	Green	Green
	HLRI – Occupational planning on track *	3	Green	Green	Green	Green	Green	Green	Green
	Research and Development Strategy – overall progress *	3	Amber	Amber	Amber	Amber	Amber	Amber	Amber

* - 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
Officer

Report Author: Deputy Chief Finance Officer

	Data Quality	Target	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
Dashboard KPIs	Year to date EBITDA surplus/(deficit) £000s	5	£15,035k	£5,616k	£7,624k	£8,483k	£10,923k	£12,914k	£14,343k
	Year to date surplus/(deficit) excl land sale £000s	5	£(392)k	£(1,891)k	£(1,263)k	£(87)k	£978k	£1,589k	£2,326k
	Cash Position at month end £000s	5	£9,802k	£13,787k	£14,801k	£16,906k	£15,703k	£20,930k	£16,650k
	Use of Resources rating	5	3	4	3	3	3	3	3
	Capital Expenditure YTD £000s	5	£3,799k pa (19/20)	£2,043k	£2,350k	£2,374k	£2,504k	£2,694k	£3,632k
	In month Clinical Income £000s	5	£12502k (current month)	£12,379k	£12,436k	£11,705k	£13,433k	£12,425k	£14,588k
	CIP – actual achievement YTD - £000s	4	£1,900k	£436k	£535k	£832k	£894k	£975k	£1,037k
	CIP – Target identified YTD £000s	4	£5,113k pa	£667k	£914k	£1,160k	£1,407k	£1,654k	£1,900k
Additional KPIs	Debtors > 90 days overdue	4	10%	28.6%	32.7%	26.0%	27.8%	28.8%	18.1%
	Capital Service Rating (New 19/20)	5	4	4	4	4	3	3	2
	Liquidity rating (New 19/20)	5	2	3	2	1	1	1	1
	I&E Margin rating (New 19/20)	5	1	4	3	2	2	1	1
	I&E Margin: Distance from financial plan (New 19/20)	5	1	4	4	4	4	4	4