



Moorfields
Eye Hospital
NHS Foundation Trust



Agenda item 08
Integrated performance report
Board of directors
21 March 2023



Report to Trust Board							
Report Title	Integrated Performance Report - February 2023						
Report from	Jon Spencer - Chief Operating Officer						
Prepared by	Performance And Information Department						
Previously discussed at	Trust Management Committee / Management Executive						
Attachments							
Brief Summary of Report							
<p>The Integrated Performance Report highlights a series of metrics regarded as Key Indicators of Trust Performance and cover a variety of organisational activities within Operations, Quality and Safety, Workforce, Finance, Research, Commercial and Private Patients . The report uses a number of mechanisms to put performance into context, showing achievement against target, in comparison to previous periods and as a trend. The report also identifies additional information and Remedial Action Plans for KPIs falling short of target and requiring improvement.</p>							
<u>Executive Summary</u>							
<p>During the month of February elective and outpatient first activity levels remained just above the level delivered in 2019/20 at 100.1% and 101.1% respectively. Activity levels were again impacted by industrial action on transport networks but were also lower than previous months due to staffing shortages in hotspot areas such as the technician workforce at Brent Cross and the administration team in the Booking Centre. Work is underway to address these staffing shortages and to identify areas in which capacity can be increased through productivity and growth initiatives.</p> <p>Outpatient follow up activity has decreased to 97% which is currently a sustainable level to maintain an appropriate level of patients requiring a follow up appointment. As anticipated, following the Christmas period, referral levels have risen back a level of 107.8% of the level seen in 2019/20. The number of patients being seen through a face to face appointment in our A&E has also increased but only to 70% of the level seen prior to Covid.</p> <p>The Trust breached the 14 day cancer target predominantly due to a number of patients choosing to delay their appointment beyond the initial one offered to them. In February there were 9 patients who had waited over 52 weeks for their treatment. The drivers behind this included patients being identified through validation of the waiting list, being delayed for operational reasons or being unfit to undertake their treatment.</p> <p>The number of patients waiting over 18 weeks for their treatment has reduced for two months in a row leaving 7,282 in February. Work is underway to predict when this backlog of patients will all be treated but it is anticipated that this will occur towards the end of the next financial year.</p> <p>Following an improvement in the performance against the average call waiting time and call abandonment metrics in January, the Trust saw a deterioration in performance against both targets in February. The actions which were previously outlined to the Board in January continue to be worked on and now appear to be delivering a significant improvement in performance through the first two weeks of March.</p> <p>Although there was an improvement in the theatre cancellation rate and number of patients who were not rebooked within 28 days, further work is needed to prevent the operational issues which are causing these breaches and to get the Trust back to the positive performance which was achieved prior to the Christmas period.</p> <p>Compliance against the appraisal target has slipped further to 70.8%. This is believed to be due to conflicting priorities over the past few weeks, however a more detailed report will now be generated and taken to divisional performance reviews to identify all individuals who have yet to have an appraisal over the past 12 months, so that the reasons behind this can be identified.</p>							
Action Required/Recommendation							
The report is primarily for information purposes but will inform discussion regarding how the Trust is performing against its key organisational measures. This may in turn generate subsequent action.							
For Assurance	X	For decision		For discussion		To Note	

Context - Overall Activity - February 2023

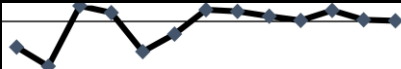

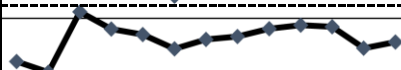
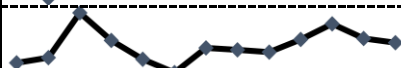
		February 2023	19/20 Mth 1-11 Average	Year To Date
Accident & Emergency	A&E Arrivals (All Type 2)	5,754	8,230	63,682
	Number of 4 hour breaches	58	124	345
Outpatient Activity	Number of Referrals Received	12,530	11,628	129,770
	Total Attendances	49,187	50,447	540,762
	First Appointment Attendances	11,311	11,055	126,195
	Follow Up (Subsequent) Attendances	37,876	39,391	414,567
	% Appointments Undertaken Virtually	6.2%	0.2%	6.4%
Admission Activity	Total Admissions	3,115	3,081	34,347
	Day Case Elective Admissions	2,834	2,747	31,285
	Inpatient Elective Admissions	86	99	885
	Non-Elective (Emergency) Admissions	195	235	2,177

These figures are not subject to any finance or commissioning business logic. They present all activity, whether chargeable or not. Activity versus agreed financial plan is shown on the following page.

Activity Vs. Plan
February 2023
Operational Metrics

'Phased Plan' will take into account the number of working days over that period, representing variance against the financial activity plan rather than an average weekly position. Targets to be confirmed as financial planning and recovery targets and initiatives are established.

This represents a comparison of activity (attendances (face to face and virtual), admissions), not financial figures - These are presented in the Finance Report.

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Current Period	13 Month Series
Elective Activity - % of Phased Plan	Monthly	≥100%	G		100.1%	
Total Outpatient Activity - % of Phased Plan	Monthly	≥100%	R	3	97.9%	
Outpatient First Appointment Activity - % of Phased Plan	Monthly	≥110%	A	3	101.1%	
Outpatient Follow Up Appointment Activity - % of Phased Plan	Monthly	≥85%	G		97.0%	

Remedial Action Plan - February 2023



Outpatient First Appointment Activity - % of Phased Plan

Amber	Target	≥110%		Current Period Overview	Whilst not achieving the threshold, Performance was slightly above average showing no recent trends, and is within its expected variation				
	YTD	Previous Period	Current Period						
	104.1%	98.9%	101.1%						
City Road	North	South	Other						
101.7%	102.6%	99.2%	n/a						
Domain	Activity vs. Plan			Responsible Director	Jon Spencer	Lead Manager	Divisional Managers		
Previously Identified Issues				Previous Action Plan(s) to Improve			Target Date	Status	
North division: 114% of 19/20 M1-9. Staffing shortages at Brent Cross (techs and cataract fellow) in January meant reduced capacity.				Escalation to OCSS to help with tech staffing through a look across the organisation regarding risk. Agency tech staffing secured with February start.			April 2023	In Progress (Update)	
City Road: 99% achieved against 2019-20 baseline, anticipate this reaching 100% once uncashed appointments are reconciled. Restricted by (1) Rail strikes; (2) Clinic slots underutilised secondary to scheduling delays in the Booking Centre. 300+ slots lost; (3) Additional activity resulting from planned service developments and TIF bids delayed in line with approval process				Activity related to service developments has commenced in February, although one component is now delayed until March due to Estates timelines. Ongoing work with the booking centre to ensure all new patient slots are utilised. New reporting with additional granularity now available to monitor output. City Road teams assisting with new patient bookings where feasible.			February 2023	In Progress (Update)	
South Division: 101.6% achieved against 2019-20 baseline. Impacted by (1) Rail strikes, (2) clinical related sickness leading to patient cancellations				Clinics being overbooked to accommodate for clinics where DNA's are likely. Reviewing options for bespoke DNA software to be rolled-out.			March 2023	In Progress (Update)	
Reasons for Current Underperformance				Action Plan(s) to Improve Performance			Target Date		
City Road: 102% achieved against 2019-20 baseline, anticipate this reaching 104% once uncashed appointments are reconciled. Restricted by (1) Rail strikes; (2) Clinic slots underutilised secondary to referral case mix (insufficient patients for MR asynchronous pathway) and scheduling delays in the booking centre; (3) Additional activity resulting from planned service developments and TIF bids delayed in line with approval process				Activity related to service developments commenced in February, although one component delayed until March due to Estates timelines. MR service has reviewed scrutiny practice to assure of appropriate allocation of patients to clinics. Ongoing work with the booking centre to ensure all new patient slots are utilised. New reporting with additional granularity being brought into routine use by the booking centre team. City Road teams continue to assist with new patient bookings where feasible.			March 2023		
North division: 111% of 19/20 M1-10. Staffing shortages at Brent Cross has reduced capacity.				Temporary tech staff undergoing training			April 2023		
South Division: 99.2% achieved against 2019-20 baseline. Impacted by (1) clinical related sickness (2) Annual leave, particularly related to the Croydon directorate, within the Adnexal and Cataract services - 6 cases below activity plan				Activity related to service developments have been put forward via business planning, which should lead to enhanced resilience within the service, as well as an already approved business case which includes consultant level Cataract support			April 2023		

Service Excellence (Ambitions)







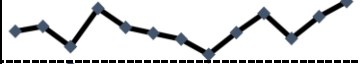
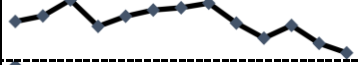
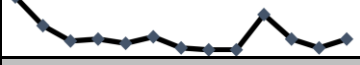

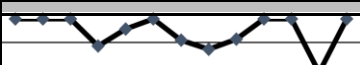
February 2023

Operational Metrics

* Figures Provisional for February 2023

** RTT Figures Provisional for February 2023. 18 Week RTT Performance rating will be re-introduced once initial recovery plan has been completed.

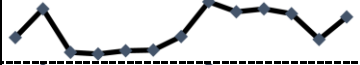
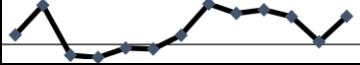


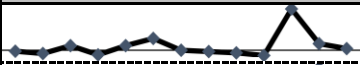





*** Median Clinic Journey Time Metrics and targets in development. These will be reviewed on a continuous basis as data quality improves, particularly for Virtual TeleMedicine Appointments.

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Cancer 2 week waits - first appointment urgent GP referral	Monthly	≥93%	G		100.0%	100.0%		97.2%
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Monthly	≥93%	R	6	85.5%	90.5%		95.1%
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Monthly	≥96%	G		100.0%	100.0%		99.3%
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	Monthly	≥94%	G		100.0%	100.0%		100.0%
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Monthly	≥85%			100.0%	n/a		100.0%
Cancer 28 Day Faster Diagnosis Standard	Monthly	≥75%	G		100.0%	100.0%		100.0%
18 Week RTT Incomplete Performance **	Monthly	≥92%			78.6%	79.7%		77.6%
RTT Incomplete Pathways Over 18 Weeks **	Monthly	≤ Previous Mth.	G		7692	7282		
52 Week RTT Incomplete Breaches **	Monthly	Zero Breaches	R	7	5	9		90
A&E Four Hour Performance	Monthly	≥95%	G		99.7%	99.0%		99.4%
Percentage of Diagnostic waiting times less than 6 weeks *	Monthly	≥99%	G		97.7%	100.0%		99.4%

Where issued for a metric, the page number of the Remedial Action Plan (RAP) can be found in column 'RAP Pg'

Service Excellence (Ambitions)

February 2023

Operational Metrics								
Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Average Call Waiting Time	Monthly	≤ 2 Mins (120 Sec)	R	8	270	387		
Average Call Abandonment Rate	Monthly	≤15%	R	9	15.6%	20.9%		17.6%
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments ***	Monthly	< 102 Mins			103	104		101
Median Outpatient Journey Times - Diagnostic Face to Face Appointments ***	Monthly	< 45 Mins			50	50		45
Median Outpatient Journey Times - Virtual TeleMedicine Appointments ***	Monthly	< 67 Mins			<i>Under Review</i>			
Theatre Cancellation Rate (Non-Medical Cancellations)	Monthly	≤0.8%	R	10	1.15%	0.89%		1.04%
Number of non-medical cancelled operations not treated within 28 days	Monthly	Zero Breaches	R	11	6	2		14
Mixed Sex Accommodation Breaches	Monthly	Zero Breaches	G		0	0		0
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Monthly (Rolling 3 Months)	≤ 2.67%	G		1.77%	1.96%		
VTE Risk Assessment	Monthly	≥95%	G		98.2%	98.9%		98.2%
Posterior Capsular Rupture rates (Cataract Operations Only)	Monthly	≤1.95%	G		0.71%	0.95%		0.77%

Remedial Action Plan - February 2023



Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)

Red	Target	≥93%		Current Period Overview	The threshold was not achieved, with performance slightly below average showing no recent trends. It is within it's expected variation				
	YTD	Previous Period	Current Period						
	95.1%	85.5%	90.5%						
City Road	North	South	Other						
90.5%	n/a	n/a	n/a						
Domain	Service Excellence (Ambitions)		Responsible Director	Jon Spencer		Lead Manager	Tim Reynolds		
Previously Identified Issues				Previous Action Plan(s) to Improve			Target Date	Status	
No Outstanding Issues or Actions									
Reasons for Current Underperformance				Action Plan(s) to Improve Performance			Target Date		
8 breaches to the standard in February. 7 were as a result of patient choice. 1 was due to a late diversion from the VR service at scrutiny. By the time the referral entered the Oncology workflow, the breach was inevitable.				Pathway in place where clinical staff contact patients who choose to book beyond booking window to ensure patients are aware of the reason that a referral is urgent and discuss bringing forward. Service will work with the booking centre team to ensure discussions with patients are being conducted in line with policy.			March 2023		

Remedial Action Plan - February 2023

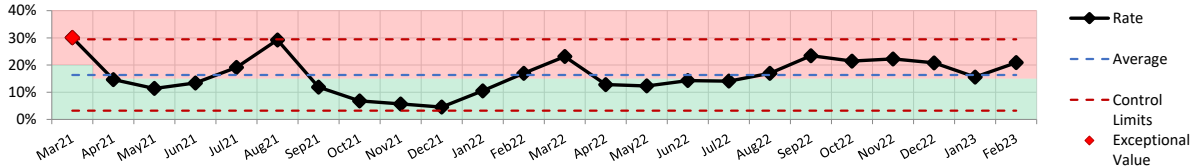


52 Week RTT Incomplete Breaches

Red	Target			Zero Breaches	Current Period Overview	Whilst not achieving the threshold, Performance was slightly below average showing no recent trends. It is within its expected variation				
	YTD	Previous Period	Current Period							
	90	5	9							
City Road	North	South	Other							
0	0	9	n/a							
Domain	Service Excellence (Ambitions)			Responsible Director	Jon Spencer		Lead Manager	Divisional Managers		
Previously Identified Issues					Previous Action Plan(s) to Improve			Target Date	Status	
St Georges's patient (waiting 104+ weeks) was booked to January but was unwell and chose to reschedule their TCI to the End of Feb. A second patient was a patient found through validation and is due to be treated in Feb					Ensure TCI goes ahead			February 2023	Complete	
One highly complex patient had surgery cancelled in November due to an overrun on a previous case in theatre. The consultant has now reviewed and altered the planned surgery which will be undertaken in March. One due to the internal referral incident raised in November. Surgery was booked for 26th January but cancelled due to patient illness. Treatment now planned on 28th February. Patient declined earlier dates.					Ensure TCI goes ahead			March 2023	Complete	
One due to a failed transfer of a referral from Ealing. Patient had surgery on 10th February.					The processes in place have been reviewed by the MEH North and Access divisions and are responding to the related complaint. The City Road team ensured the patient was urgently reviewed and treated as soon as they were made aware.			February 2023	Complete	
Reasons for Current Underperformance					Action Plan(s) to Improve Performance			Target Date		
City Road had a single 52-week breach at the end of February. The patient was listed for surgery under the VR service at St George's at 57 weeks but required transfer to City Road theatres. The patient was initially identified via routine RTT validation.					The TCI date was agreed with the clinical team when listing in MEH South. Subsequent offers of earlier dates by the City Road team have been declined by the patient.			March 2023		
A number of long waiters were discovered due to an error in managing KPI 22 (patients without a follow-up booked) in South Division. Once added to the RTT PTL, patients were quickly dated and will be resolved within March 2023. This had been raised as an incident and is being investigated accordingly.					Additional training given and further investigations to be done.			March 2023		

Remedial Action Plan - February 2023

Average Call Abandonment Rate

Red	Target	≤15%	Current Period Overview	The threshold was not achieved, with performance above average showing no recent trends, and is within it's expected variation	
	YTD	Previous Period	Current Period		
	17.6%	15.6%	20.9%		
City Road	North	South	Other		
n/a	n/a	n/a	n/a		

Domain	Service Excellence (Ambitions)	Responsible Director	Jon Spencer	Lead Manager	Anoju Devi
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Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
<p>Challenges recruiting bank and substantive staff Long and short term sickness absence Time required to train new recruits</p>	<p>Long and short term sickness management with HR support- review of sickness rates and onward actions needed. Interviews for substantive recruitment completed- x1 WTE recruited and to start in coming weeks. Ongoing rolling recruitment in place. Sustained improvement in call volumes noted with introduction of new process to manage patient email inbox - turnaround time reduced from 5-10 working days to 24-48 hours. WebAssist functionality to be introduced- providing reduction in call volumes (estimated at 3667 per month), improved patient experience, clear audit trail of patient queries with reporting, and clearer signposting of patient queries RPA cancellation- estimated to reduce phone calls by approx 258 calls per month from patients requesting discharge or following up on a DrDoctor cancellation Demand and capacity review underway to determine establishment levels required and the skill mix. RPA demographics- estimated to reduce phone calls by approx 73 calls per month from patients requesting to update their information Timelines for RPA projects to be confirmed but currently on hold. Ongoing deep dive of patient call reasons and actions continue to be taken to signpost patients/address inefficiencies that may be generating phone calls Ongoing review of impact of above actions and the data of call volumes received outside of operating hours to understand whether opening hours should be extended- not required at present A number of staff and patient experience actions including repeating patient satisfaction survey, the development of a L&D pathway for staff, and establishing a working group</p>	<p>March 2023</p>	<p>In Progress (Update)</p>

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
<p>Trust wide Netcall outage- residual impact across the week leading to >300 additional inbound calls Long and short term sickness absence Challenges recruiting bank staff</p>	<ul style="list-style-type: none"> - Additional actions to improve performance --- Recruitment of B4/5 supervisor --- Defined escalation points to improve daily oversight of performance - Long and short term sickness management with HR support- review of sickness rates and onward actions needed. Ongoing rolling recruitment in place. - Sustained improvement in call volumes noted with introduction of new process to manage patient email inbox - turnaround time reduced from 5-10 working days to 24-48 hours. - WebAssist functionality to be introduced- providing reduction in call volumes (estimated at 3667 per month), improved patient experience, clear audit trail of patient queries with reporting, and clearer signposting of patient queries - RPA cancellation- estimated to reduce phone calls by approx 258 calls per month from patients requesting discharge or following up on a DrDoctor cancellation - Demand and capacity review to determine establishment levels required and the skill mix. - RPA demographics- estimated to reduce phone calls by approx 73 calls per month from patients requesting to update their information - Timelines for RPA projects to be confirmed but currently on hold. - Ongoing deep dive of patient call reasons and actions continue to be taken to signpost patients/address inefficiencies that may be generating phone calls - Ongoing review of impact of above actions and the data of call volumes received outside of operating hours to understand whether opening hours should be extended- not required at present - A number of staff and patient experience actions including repeating patient satisfaction survey, the development of a L&D pathway for staff, and establishing a working group 	<p>April 2023</p>

Remedial Action Plan - February 2023

Average Call Waiting Time

Red		Target	≤ 2 Mins (120 Sec)	Current Period Overview	The threshold was not achieved, with performance above average showing no recent trends, and is within it's expected variation
	YTD	Previous Period	Current Period		
	n/a	270	387		
City Road	North	South	Other		
n/a	n/a	n/a	n/a		

Domain	Service Excellence (Ambitions)	Responsible Director	Jon Spencer	Lead Manager	Anoju Devi
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Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
<p>Challenges recruiting bank and substantive staff</p> <p>Long and short term sickness absence</p> <p>Time required to train new recruits</p>	<p>Long and short term sickness management with HR support- review of sickness rates and onward actions needed. Interviews for substantive recruitment completed- x1 WTE recruited and to start in coming weeks. Ongoing rolling recruitment in place.</p> <p>Sustained improvement in call volumes noted with introduction of new process to manage patient email inbox - turnaround time reduced from 5-10 working days to 24-48 hours.</p> <p>WebAssist functionality to be introduced- providing reduction in call volumes (estimated at 3667 per month), improved patient experience, clear audit trail of patient queries with reporting, and clearer signposting of patient queries</p> <p>RPA cancellation- estimated to reduce phone calls by approx 258 calls per month from patients requesting discharge or following up on a DrDoctor cancellation</p> <p>Demand and capacity review underway to determine establishment levels required and the skill mix.</p> <p>RPA demographics- estimated to reduce phone calls by approx 73 calls per month from patients requesting to update their information</p> <p>Timelines for RPA projects to be confirmed but currently on hold.</p> <p>Ongoing deep dive of patient call reasons and actions continue to be taken to signpost patients/address inefficiencies that may be generating phone calls</p> <p>Ongoing review of impact of above actions and the data of call volumes received outside of operating hours to understand whether opening hours should be extended- not required at present</p> <p>A number of staff and patient experience actions including repeating patient satisfaction survey, the development of a L&D pathway for staff, and establishing a working group</p>	March 2023	

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
<p>Trust wide Netcall outage- residual impact across the week leading to >300 additional inbound calls</p> <p>Long and short term sickness absence</p> <p>Challenges recruiting bank staff</p>	<ul style="list-style-type: none"> - Additional actions to improve performance --- Recruitment of B4/5 supervisor --- Defined escalation points to improve daily oversight of performance - Long and short term sickness management with HR support- review of sickness rates and onward actions needed. Ongoing rolling recruitment in place. - Sustained improvement in call volumes noted with introduction of new process to manage patient email inbox - turnaround time reduced from 5-10 working days to 24-48 hours. - WebAssist functionality to be introduced- providing reduction in call volumes (estimated at 3667 per month), improved patient experience, clear audit trail of patient queries with reporting, and clearer signposting of patient queries - RPA cancellation- estimated to reduce phone calls by approx 258 calls per month from patients requesting discharge or following up on a DrDoctor cancellation - Demand and capacity review to determine establishment levels required and the skill mix. - RPA demographics- estimated to reduce phone calls by approx 73 calls per month from patients requesting to update their information - Timelines for RPA projects to be confirmed but currently on hold. - Ongoing deep dive of patient call reasons and actions continue to be taken to signpost patients/address inefficiencies that may be generating phone calls - Ongoing review of impact of above actions and the data of call volumes received outside of operating hours to understand whether opening hours should be extended- not required at present - A number of staff and patient experience actions including repeating patient satisfaction survey, the development of a L&D pathway for staff, and establishing a working group 	April 2023

Remedial Action Plan - February 2023



Theatre Cancellation Rate (Non-Medical Cancellations)

Red	Target	≤0.8%		Current Period Overview	The threshold was not achieved, with performance slightly above average but showing a recent downward trend. It is within its expected variation				
	YTD	Previous Period	Current Period						
	1.04%	1.15%	0.89%						
City Road	North	South	Other						
0.84%	0.42%	1.92%	n/a						
Domain	Service Excellence (Ambitions)		Responsible Director	Jon Spencer		Lead Manager	Jack Wooding		
Previously Identified Issues				Previous Action Plan(s) to Improve			Target Date	Status	
No Outstanding Issues or Actions									
Reasons for Current Underperformance				Action Plan(s) to Improve Performance			Target Date		
The Hospital Non-Medical cancellation rate for South Division was 1.92%. The main themes include administrative booking errors, transport related issues, equipment stock related issues.				Cases discussed with relevant teams, and patients have been provided with new dates for surgery			March 2023		

Remedial Action Plan - February 2023



Number of non-medical cancelled operations not treated within 28 days

Red	Target		Zero Breaches	Current Period Overview	The threshold was not achieved, with performance above average showing no recent trends, and is within it's expected variation		
	YTD	Previous Period	Current Period				
	14	6	2				
City Road	North	South	Other				
0	2	0	n/a				
Domain	Service Excellence (Ambitions)		Responsible Director	Jon Spencer		Lead Manager	Natalie O'Shea
Previously Identified Issues			Previous Action Plan(s) to Improve			Target Date	Status
No Outstanding Issues or Actions							
Reasons for Current Underperformance			Action Plan(s) to Improve Performance			Target Date	
North division: Patient A: TCI booked within breach however DNA due to transport not arriving.			Trust wide improvement work with transport provider DHL. Reporting as incidents and sharing experiences at Divisonal Performance meetings for Exec support.				



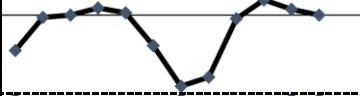


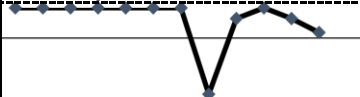

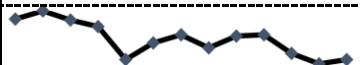


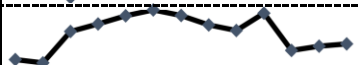
Service Excellence (Ambitions)

February 2023

Quality and Safety Metrics								
Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Occurrence of any Never events	Monthly	Zero Events	G		1	0		3
Endophthalmitis Rates - Aggregate Score	Quarterly	Zero Non-Compliant			0			
MRSA Bacteraemias Cases	Monthly	Zero Cases	G		0	0		0
Clostridium Difficile Cases	Monthly	Zero Cases	G		0	0		0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Monthly	Zero Cases	G		0	0		0
MSSA Rate - cases	Monthly	Zero Cases	G		0	0		0
Inpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		97.1%	97.6%		95.5%
A&E Scores from Friends and Family Test - % positive	Monthly	≥90%	G		94.2%	93.0%		92.4%
Outpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		94.8%	94.5%		93.4%
Paediatric Scores from Friends and Family Test - % positive	Monthly	≥90%	G		95.7%	92.7%		94.0%

Service Excellence (Ambitions)

February 2023

Quality and Safety Metrics								
Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Summary Hospital Mortality Indicator	Monthly	Zero Cases	G		0	0		0
National Patient Safety Alerts (NatPSAs) breached	Monthly	Zero Alerts	G		0	0		
Percentage of responses to written complaints sent within 25 days	Monthly (Month in Arrears)	≥80%	G		83.3%	80.0%		69.9%
Percentage of responses to written complaints acknowledged within 3 days	Monthly	≥80%	G		100.0%	94.4%		89.6%
Freedom of Information Requests Responded to Within 20 Days	Monthly (Month in Arrears)	≥90%	G		100.0%	100.0%		96.8%
Subject Access Requests (SARs) Responded To Within 28 Days	Monthly (Month in Arrears)	≥90%	G		96.5%	91.9%		95.3%
Number of Serious Incidents remaining open after 60 days	Monthly	Zero Cases	G		0	0		0
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Monthly	TBC			146	161		
Research Metrics								
Percentage of Commercial Research Projects Achieving Time and Target	Monthly	≥65%	A	14	62.5%	62.5%		66.7%
Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	Monthly	≥1800			5300	5320		35321
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Monthly	≥2%	G		5.8%	5.8%		

Remedial Action Plan - February 2023



Percentage of Commercial Research Projects Achieving Time and Target

Amber	Target	≥65%	Current Period Overview	The threshold was not achieved, with performance slightly below average showing no recent trends. It is within its expected variation		
YTD	Previous Period	Current Period				
City Road	North	South	Other			
n/a	n/a	n/a	n/a			
Domain	Infrastructure & Culture (Enablers)		Responsible Director	Professor Sir Peng Tee Khaw	Lead Manager	Declan Flanagan
Previously Identified Issues			Previous Action Plan(s) to Improve		Target Date	Status
<p>3 studies were met their recruitment targets and 2 multicentre studies failed to reach their recruitment target giving us a 60% success rate against a target of 65% for the reporting period 1st October 2021 to 30th September 2022</p> <p>Study 1. This study which opened to recruitment on 17.05.2021 with a recruitment target of 6 recruited one patient who had to be withdrawn for clinical reasons.</p> <p>Study 2 which opened on 10.02.2022 recruited 3 patients against a target of 24</p> <p>The sponsor terminated both studies at all sites including Moorfields so we did not have the opportunity to meet our recruitment targets.</p> <p>Both studies were sponsored and funded by one commercial company. Early in both studies we were informed that because of the failure of some of their study drugs to achieve the expected outcomes the company decided to prioritise other trials in different fields and terminate some of their studies including the 2 Moorfields studies.</p> <p>We have been reimbursed for all expenses incurred so far, as have the patients and have worked with the company to fully inform the patients concerned. The patients have been informed that the studies were halted for commercial reasons by the company and not for safety reasons.</p> <p>3 patients who had started treatment on one of the trials are being considered for another similar trial with the same sponsor. This other trial was previously only running in North America but is now being extended to the UK.</p>			<p>3 studies were met their recruitment targets and 2 multicentre studies failed to reach their recruitment target giving us a 60% success rate against a target of 65% for the reporting period 1st October 2021 to 30th September 2022</p> <p>Study 1. This study which opened to recruitment on 17.05.2021 with a recruitment target of 6 recruited one patient who had to be withdrawn for clinical reasons.</p> <p>Study 2 which opened on 10.02.2022 recruited 3 patients against a target of 24</p> <p>The sponsor terminated both studies at all sites including Moorfields so we did not have the opportunity to meet our recruitment targets.</p> <p>Both studies were sponsored and funded by one commercial company. Early in both studies we were informed that because of the failure of some of their study drugs to achieve the expected outcomes the company decided to prioritise other trials in different fields and terminate some of their studies including the 2 Moorfields studies.</p> <p>We have been reimbursed for all expenses incurred so far, as have the patients and have worked with the company to fully inform the patients concerned. The patients have been informed that the studies were halted for commercial reasons by the company and not for safety reasons.</p> <p>3 patients who had started treatment on one of the trials are being considered for another similar trial with the same sponsor. This other trial was previously only running in North America but is now being extended to the UK.</p>		No Further Action Required	In Progress (No Update)
Reasons for Current Underperformance			Action Plan(s) to Improve Performance		Target Date	
No Further Issues or Actions						



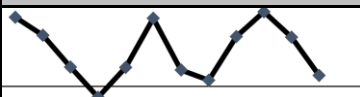
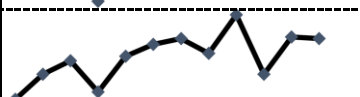


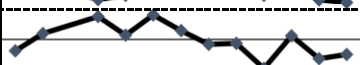
People (Enablers)

February 2023

Workforce and Financial Metrics

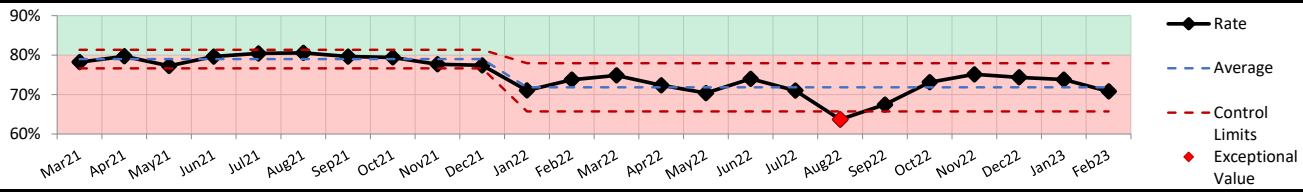
* Staff Sickness (Month Figure) added to report to show sickness trend. Remedial Action Plan produced for Rolling Sickness rate covering both monthly and 'rolling annual' figures.

** For narrative, see finance report

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Workforce Metrics								
Appraisal Compliance	Monthly	≥80%	R	16	73.8%	70.8%		
Information Governance Training Compliance	Monthly	≥95%	A	17	89.4%	90.4%		
Staff Sickness (Month Figure) *	Monthly (Month in Arrears)	≤4%	G		5.0%	4.2%		
Staff Sickness (Rolling Annual Figure)	Monthly (Month in Arrears)	≤4%	A	18	4.8%	4.8%		
Proportion of Temporary Staff	Monthly	RAG as per Spend	G		13.5%	14.3%		14.5%
Financial Metrics								
Overall financial performance (In Month Var. £m)	Monthly	≥0	G		-0.12	-0.24		3.08
Commercial Trading Unit Position (In Month Var. £m)	Monthly	≥0	R	**	-0.36	-0.28		-0.58

Remedial Action Plan - February 2023

Appraisal Compliance

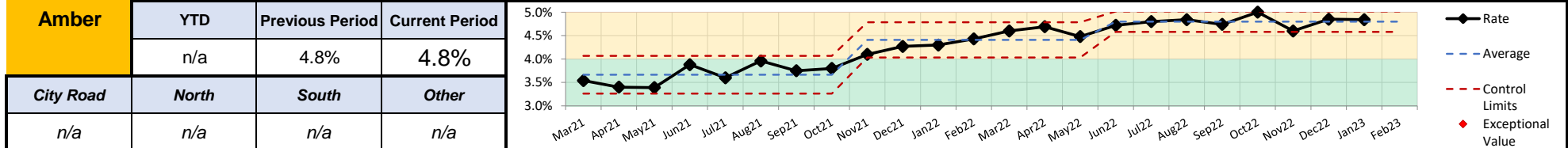
Red	Target	≥80%		Current Period Overview	The threshold was not achieved, with performance slightly below average and showing an downward trend. It is within it's expected variation				
	YTD	Previous Period	Current Period						
	n/a	73.8%	70.8%						
City Road	North	South	Other						
n/a	n/a	n/a	n/a						
Domain	People (Enablers)			Responsible Director	Sandi Drewett	Lead Manager	Sharon Montaque		
Previously Identified Issues				Previous Action Plan(s) to Improve			Target Date	Status	
Managers completion of appraisals and education of how to use the on-line 'Perform' appraisal system.				The appraisal action plan is on- going and has seen good progress. Weekly reports remain in place and the L&D team will actively contact HRBPs to offer dedicated time to review reports with line managers. An appraisal training session focussed on having a meaningful performance conversation continues to be offered to all line managers on a rolling basis. Compliance continues to be included on Senior Management Team agendas and performance meetings, monitoring and escalation to be continued. Continue to send non-compliance reminders to managers and signposting staff to complete the achievement review e-learning module as a useful guide, prior to undertaking an appraisal.			February 2023	In Progress (Update)	
							Trust wide comms plan to be implemented.		
Reasons for Current Underperformance				Action Plan(s) to Improve Performance			Target Date		
Managers completion of appraisals and education of how to use the on-line 'Perform' appraisal system.				The decline in appraisal compliance has been escalated to the Chief Operating Officer, who suggests a new report be produced for managers to be accountable by division. It is recommended to take low compliance to board to be discussed at board level. We continue to actively chase managers who have appraisals outstanding.			March 2023		
							Trust wide comms plan to be implemented.		

Remedial Action Plan - February 2023



Staff Sickness (Rolling Annual Figure) (Month in Arrears)

Amber	Target	≤4%	Current Period Overview	The threshold was not achieved, with performance slightly above average showing no recent trends, and is within it's expected variation
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Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
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<p>Short-term sickness absence remains the main driver for sickness levels primarily due to infectious disease Covid-19 / Self Isolation sickness. There are also some long-standing, long-term absences, some of which are due to long Covid.</p>	<p>The Employee Relations (ER) team continue to work closely with Line Managers in managing complex long-term sickness cases. Some LTS cases have been closed following the staff's return to work, following the last reporting cycle.</p> <p>Targeted sickness absence training continues to be delivered by the ER team , to those hot spot service line areas within the Trust with high short term sickness absence rates to run alongside the formal Sickness Absence Training (a Managing People Relations module) provided via Insight.</p> <p>Focus continues to be placed on all the LTS cases in facilitating the staff members concerned returning to work as soon as possible; equally so on those staff members who are no longer in receipt of sick pay. Where this is not possible, staff members will be supported under the Trust's Sickness Absence Policy.</p>	<p>February 2023</p>	<p>In Progress (Update)</p>
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Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
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<p>Short-term sickness absence remains the main driver for sickness levels primarily due to infectious disease Covid-19 / Self Isolation sickness. There are also some long-standing, long-term absences, some of which are due to long Covid.</p>	<p>The Employee Relations (ER) team continues working closely with Line Managers to manage complex long-term sickness cases. Some LTS cases have been closed following staff returning to work</p> <p>Targeted sickness absence training modules are also being delivered by the ER team , to those hot spot service line areas within the Trust with high short-term sickness absence rates to run alongside the formal Sickness Absence provided via Insight. Staff and managers will be signposted to the Health and wellbeing initiatives to offer holistic support to aid staff recovery and prevention of sickness.</p> <p>Focus continues to be placed on all the LTS cases in facilitating the staff members concerned to return to work as soon as possible; equally so on those staff members who are no longer receiving sick pay. Where this is impossible, staff members will be supported to progress to initiate the appropriate action under the Trust's Sickness Absence Policy.</p>	<p>March 2023</p>
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Remedial Action Plan - February 2023



Information Governance Training Compliance

Amber	Target	≥95%		Current Period Overview	Whilst not achieving the threshold, Performance was slightly above average showing no recent trends, and is within it's expected variation				
	YTD	Previous Period	Current Period						
	n/a	89.4%	90.4%						
City Road	North	South	Other						
n/a	n/a	n/a	n/a						
Domain	People (Enablers)			Responsible Director	Ian Tombleson		Lead Manager	Jonathan Mckee	
Previously Identified Issues				Previous Action Plan(s) to Improve			Target Date	Status	
Systems issues identified previously remain unresolved, continuing to contribute to variation. At this time of year a larger number of staff need to update their compliance and therefore the sensitivity is greater, increasing compliance variation.				Continue work to fix systems issues. Further encouragement to staff through email reminders and at senior management team meetings. Monthly performance normally rebalances and improves in April/May. IG will monitor performance tightly and escalate as necessary.			May 2023	In Progress (Update)	
Reasons for Current Underperformance				Action Plan(s) to Improve Performance			Target Date		
Line managers need to ensure that their staff have completed this mandatory training. Trusts that are most successful in achieving this target tend to have a leadership team that is very active in monitoring performance at divisional level and also have sanctions for non-completers.				The MAST Group will be invited to consider potential sanctions for on-going non-compliance			May 2023		