Integrated Performance Report
Reporting Period - April 2023

Moorfields Eye Hospital NHS Foundation Trust

Brief Summary of Report

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.

The data within this report represents the submitted performance postion, or a provisional position as of the time of report production, which would be subject to change pending validation and submission

Performance & Information
Delivering quality data to empower the trust

Skills Development Network
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Introduction to 'SPC' and Making Data Count

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in doing so, guides us to take the most appropriate action.

This report uses a modified version of SPC to identify common cause and special cause variations, and assurance against agreed thresholds and targets. The model has been developed by NHS improvement through the 'Making Data Count' team, which uses the icons as described to the right to provide an aggregated view of how each KPI is performing with statistical rigor

Variation					Assurance		
Common cause - no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or higher pressure due to (H)igher or (L)ower values	Special cause showing an increasing trend	Special cause showing an decreasing trend	Inconsistent passing and failing of the target	Variation indicates consistently (P)asssing the target	Variation indicates consistently (F)alling short of the the target

Special Cause Concern - This indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low (L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold. High (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold.

Special Cause Improvement - This indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold. High (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold.

Common Cause Variation - No significant change or evidence of a change in direction, recent performance is within an expected variation

Purple arrows - These are metrics with a change in variation which neither represents an improvement or concern
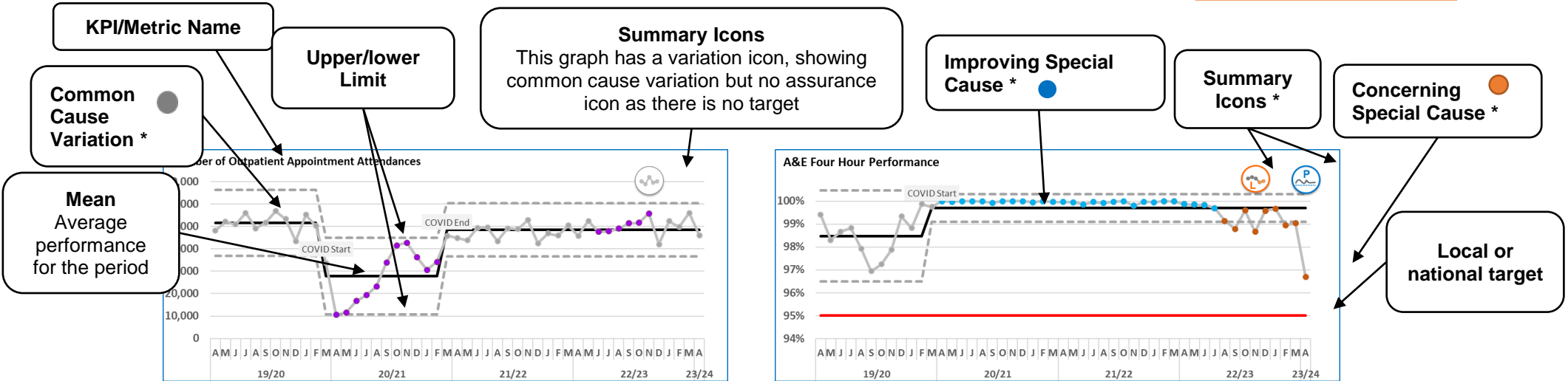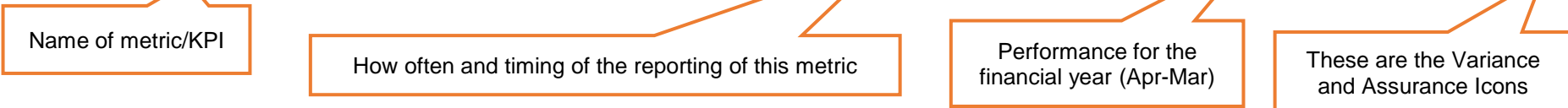
Failing Process (F) - Indicates the metric consistently falls short of the target, and unlikely to ever regularly meet the target without redesign. To be classified as a failing process, either the target would have not been met for a significant period, or the target falls outside the calculated process limits so would only be achieved in exceptional circumstances or due to a change in process.

Capable process (P) - Indicates the metric consistently passes the target, indicating a capable process. To be classified as a capable process, either the target has not been failed for a significant period, or the target falls outside the calculated process limits so would only fail in exceptional circumstances or due to a change in process.

Unreliable Process - This is where a metric will 'flip flop' (pass or fail) the target during a given period due to variation in performance, so is neither deemed to be a 'Failing' or 'Capable' process.

Guide to this Report

Moorfields Eye Hospital NHS Foundation Trust

Name of the lead responsible for the metric

Why this metric is being reported

The national or local target performance is being measured against

Performance for the most recent period

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Cancer 2 week waits - first appointment urgent GP referral	Jon Spencer	Statutory Reporting	Monthly	≥93%	100.0%	100.0%		?

Name of metric/KPI

How often and timing of the reporting of this metric

Performance for the financial year (Apr-Mar)

These are the Variance and Assurance Icons

KPI/Metric Name

Upper/lower Limit

Summary Icons
This graph has a variation icon, showing common cause variation but no assurance icon as there is no target

Improving Special Cause *

Summary Icons *

Concerning Special Cause *

Common Cause Variation *

Mean
Average performance for the period

Local or national target

Number of Outpatient Appointment Attendances

COVID End

COVID Start

A&E Four Hour Performance

COVID Start

Upper/Lower Control Limits: These are control limits of where we would expect the performance to fall between. Where they fall outside these limits, special cause will be highlighted.
Recalculation Periods: Where there has been a known change in process or performance has been affected by external events (e.g. COVID), the control limits and average have been recalculated to provide a better comparison of data against that period.
Further Reading / other resources
The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology.
This includes are number of videos explaining the approach and a series of case studies - these can be accessed via
the following link - https://improvement.nhs.uk/resources/making-data-count

Performance Overview

April 2023		Assurance			
		Capable Process (P)	**Hit and Miss** (?)	**Failing Process** (F)	**No Target**
Variation	**Special Cause - Improvement** (H) (L)	- Total Outpatient FlwUp Activity (% Plan) - Cancer 28 Day Faster Diagnosis Standard - VTE Risk Assessment - NatPSAs breached - Active Commercial Studies - % of patients in research studies - FFT Inpatient Scores (% Positive)	- Total Outpatient Activity (% Plan) - Outpatient First Activity (% Plan)	-	-
	Common Cause	- % Cancer 31 Day Waits (First) - % Cancer 31 Day Waits (Subsequent) - Mixed Sex Accommodation Breaches - Posterior Capsular Rupture rates - MRSA Bacteraemias Cases - Clostridium Difficile Cases - E. Coli Cases - MSSA Rate - cases - Summary Hospital Mortality Indicator - Serious Incidents open after 60 days - A&E Inpatient Scores (% Positive) - Outpatient Inpatient Scores (% Positive) - FFT Inpatient Scores (% Positive) - % Complaints Acknowledged Within 3 days	* See Next Page	- 52 Week RTT Incomplete Breaches - Average Call Waiting Time - Appraisal Compliance - Staff Sickness (Month Figure)	* See Next Page
	Special Cause- Concern (H) (L)	- A&E Four Hour Performance	- Recruitment to NIHR portfolio studies	- IG Training Compliance - Staff Sickness (Rolling Annual Figure)	- OP Journey Times - Diagnostic FtF - Commercial Trading Unit Position
	Special Cause - Increasing Trending (↑)	- No. of A&E Arrivals - No. of A&E Four Hour Breaches - No. of Theatre Emergency Admissions			
	Special Cause - Decreasing Trending (↓)	-			

Performance Overview

Common Cause & Hit and Miss	Common Cause (No Target)
- % Cancer 2 Week Waits - % Cancer 14 Day Target - % Diagnostic waiting times less than 6w - Average Call Abandonment Rate - Emergency readmissions in 28d (ex. VR) - Occurrence of any Never events - Theatre Cancellation Rate (Non-Medical) - Non-medical cancelled 28 day breaches - % Complaints Responses Within 25 days - % FoI Requests within 20 Days - % SARs Requests within 28 Days	- 18 Week RTT Incomplete Performance - RTT Incomplete Pathways Over 18 Weeks - Number of Incidents open after 28 days - OP Journey Times - Non-Diagnostic FtF - Overall financial performance - Proportion of Temporary Staff - No. of Outpatient Attendances - No. of Outpatient First Attendances - No. of Outpatient Flw Up Attendances - No. of Referrals Received - No. of Theatre Admissions - No. of Theatre Elective Day Admissions - No. of Theatre Elective Inpatient Adm.

Executive Summary

During the month of May, the level of outpatient first and elective activity both exceeded the plan that we have agreed with our commissioners at 108.5% and 101.7% respectively. Outpatient follow up activity spiked in month so that the Trust could prevent a backlog of patients being created, however a number of actions are in place to ensure that where appropriate, patients do not receive unnecessary follow up appointments.

The number of patients waiting over 52 weeks for their treatment has remained at 11 due to a combination of the Trust's willingness to provide mutual aid to other NHS partners, waiting list validation and a limited gap in capacity within the Paediatric Service in the South Division. Specific actions are being taken to address the second and third issues including the provision of additional training for administration staff and the approval of an additional consultant position in the south

A&E four hour performance remains consistently above 95%, however performance has declined since August 2022 due to a reduced number of trainees being allocated to the service during that intake. As a result of this, the service is therefore more reliant on temporary staff to undertake out of hour duties and it has been increasingly difficult to fill all of these vacant shifts. Mitigating actions are being taken to address this including sending shifts out in advance, reviewing the rates of pay for locums and increasing the pool of locum doctors.

The average call waiting time performance has improved in April but remains just above the target. The actions which were set out in January remain the key areas of focus and performance in May is seeing a further improvement which should allow the service to meet the target this month.

The median outpatient journey time for diagnostic face to face appointments is rising. Although this is being investigated further, it is believed that this is due to an increased staff turnover and vacancy rates within key services. A rolling recruitment plan is in place to address these issues and further analysis will be undertaken over the next month to identify any further drivers behind this rise.

Although there has been a small in month improvement in appraisal and information governance compliance, these metrics continue to be escalated to the divisions and corporate leads on a weekly basis, with support from the Chief Operating Officer and Director of Workforce and OD. Reminders and detailed reports continue to be issues to all teams on a regular basis and training sessions are being offered which fit round clinical requirements.

The Employee Relations (ER) team are working closely with line managers to manage complex long-term sickness cases. A more targeted approach is now being adopted in which areas with higher rates are identified and provided with additional support and trends behind the reasons for staff being sick are identified and acted on.

The total number of patients being recruited to NIHR portfolio adopted studies has fallen because it previously included the highly successful COVID-19 studies which have now stopped. This appears to show a decreasing recruitment rate however, it does demonstrate the significant contribution which we were able to make during the very difficult COVID-19 period.

We are seeing a steady increase in our active commercial study portfolio since the COVID-19 period, including the maintenance of a healthy number of active commercial studies. These studies are not only crucial for generating financial income but also for providing our patients with access to the latest innovative treatments and therapies.

Our aim to have 2% of our patient population involved in a research study has been achieved since restarting research after COVID-19. This reflects our emphasis and investment in patient, public involvement and engagement as part of our National Institute for Health and Care Research (NIHR) Biomedical Research Centre (BRC) strategy.

Deliver (Activity vs Plan) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Elective Activity - % of Phased Plan	Jon Spencer	23/24 Planning Guidance	Monthly	≥100%	101.7%	101.7%		?
Total Outpatient Activity - % of Phased Plan	Jon Spencer	Internal Requirement	Monthly	≥100%	111.4%	111.4%	H	?
Outpatient First Appointment Activity - % of Phased Plan	Jon Spencer	Internal Requirement	Monthly	≥100%	108.5%	108.5%	H	?
Outpatient Follow Up Appointment Activity - % of Phased Plan	Jon Spencer	23/24 Planning Guidance	Monthly	≥85%	112.2%	112.2%	H	P

Deliver (Activity vs Plan) - Graphs (1)
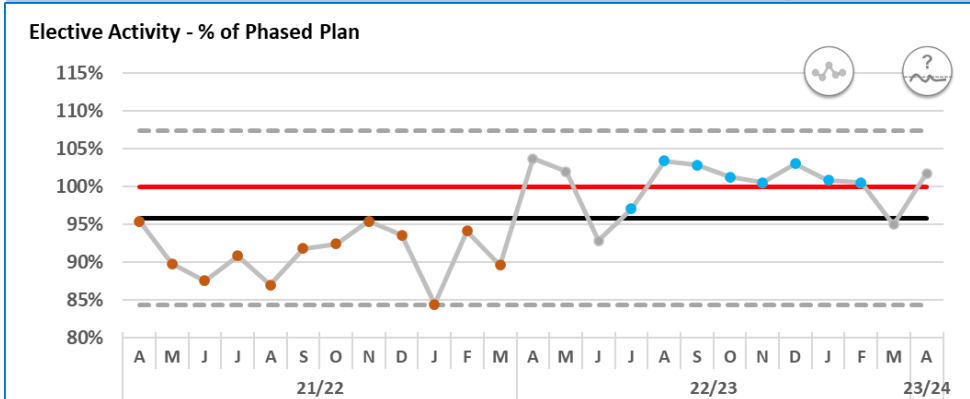
Elective Activity - % of Phased Plan

This metric is showing common cause variation and that the current process may not meet the target consistently
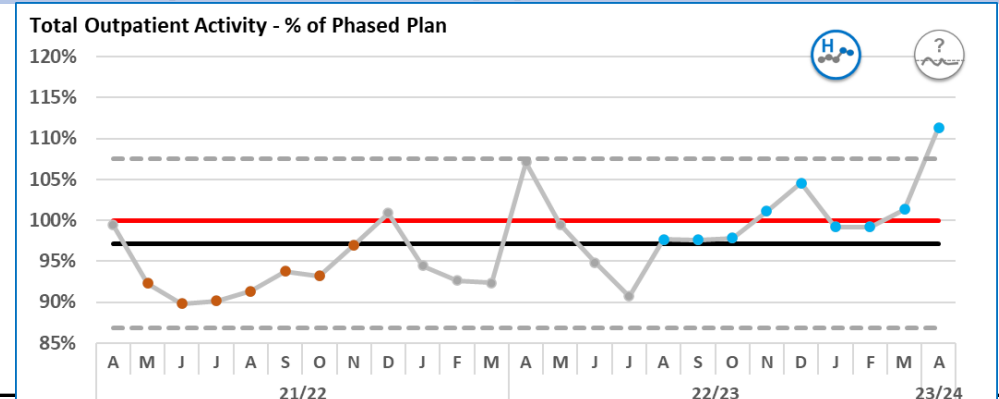
Total Outpatient Activity - % of Phased Plan

This metric is showing special cause improvement and that the current process may not meet the target consistently
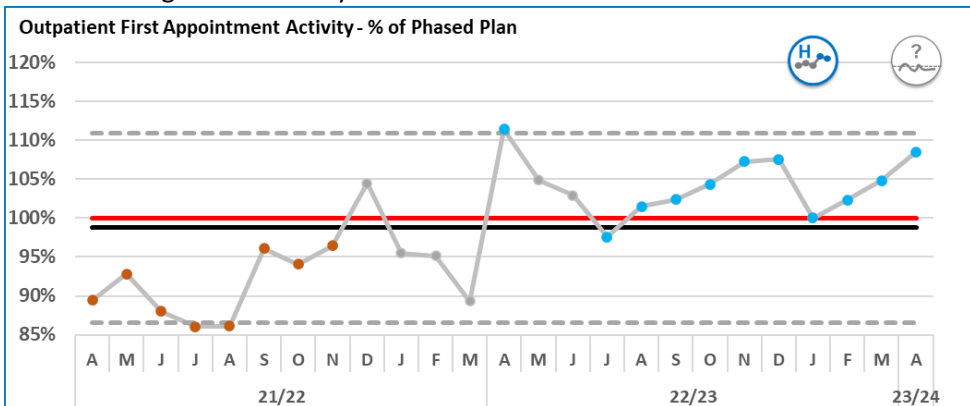
Outpatient First Appointment Activity - % of Phased Plan

This metric is showing special cause improvement and that the current process may not meet the target consistently
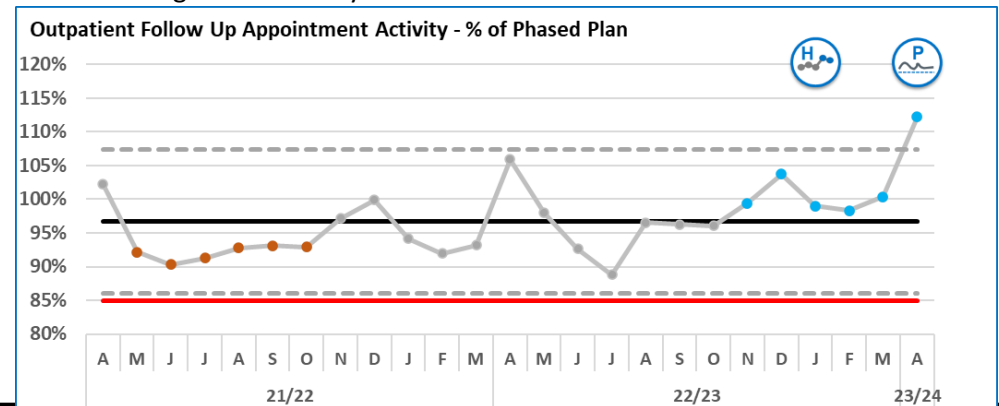
Outpatient Follow Up Appointment Activity - % of Phased Plan

This metric is showing special cause improvement and that the current process will consistently pass the target

Outpatient Follow-up Appointment Activity - % of Phased Plan. Overperformance consists of outpatient follow-ups and outpatient follow-ups with procedure.

Action: (1) Where clinically appropriate divisions to continue to reduce follow-up activity (2) Divisions to continue to increase follow-up with procedure activity (3) QlikSense report to be produced to create a follow-up with procedure report to ensure daily monitoring (4) ERF Income Monitoring Group to meet monthly to monitor associated income and ensure follow-up activity is appropriately reduced.

Action Review Date: May 2023   *Action Lead:*   Kathryn Lennon

Deliver (Access Performance) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Cancer 2 week waits - first appointment urgent GP referral	Jon Spencer	Statutory Reporting	Monthly	≥93%	100.0%	100.0%	(variation icon)	?
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Jon Spencer	Statutory Reporting	Monthly	≥93%	93.9%	93.9%	(variation icon)	?
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Jon Spencer	Statutory Reporting	Monthly	≥96%	100.0%	100.0%	(variation icon)	P
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	Jon Spencer	Statutory Reporting	Monthly	≥94%	100.0%	100.0%	(variation icon)	P
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Jon Spencer	23/24 Planning Guidance	Monthly	≥85%	n/a	n/a		
Cancer 28 Day Faster Diagnosis Standard	Jon Spencer	23/24 Planning Guidance	Monthly	≥75%	100.0%	100.0%	H	P
18 Week RTT Incomplete Performance	Jon Spencer	Statutory Reporting	Monthly	No Target Set	80.4%	80.4%	(variation icon)	
RTT Incomplete Pathways Over 18 Weeks	Jon Spencer	Internal Requirement	Monthly	≤ Previous Mth.	n/a	7277	(variation icon)	
52 Week RTT Incomplete Breaches	Jon Spencer	23/24 Planning Guidance	Monthly	Zero Breaches	11	11	(variation icon)	F
A&E Four Hour Performance	Jon Spencer	23/24 Planning Guidance	Monthly	≥95%	96.7%	96.7%	L	P
Percentage of Diagnostic waiting times less than 6 weeks	Jon Spencer	23/24 Planning Guidance	Monthly	≥99%	99.3%	99.3%	(variation icon)	?

Deliver (Access Performance) - Graphs (1)
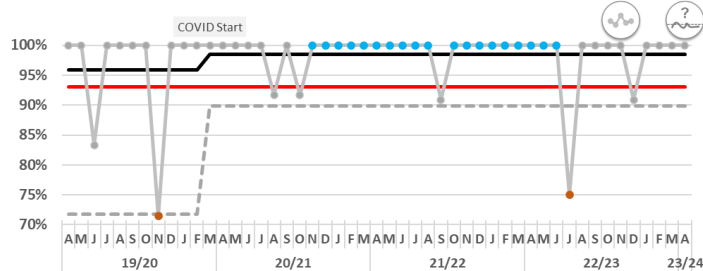
Cancer 2 week waits - first appointment urgent GP referral

This metric is showing common cause variation and that the current process may not meet the target consistently
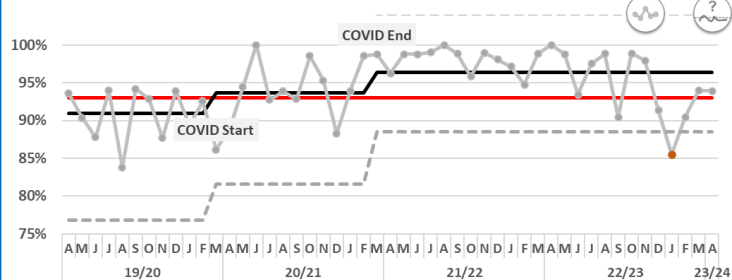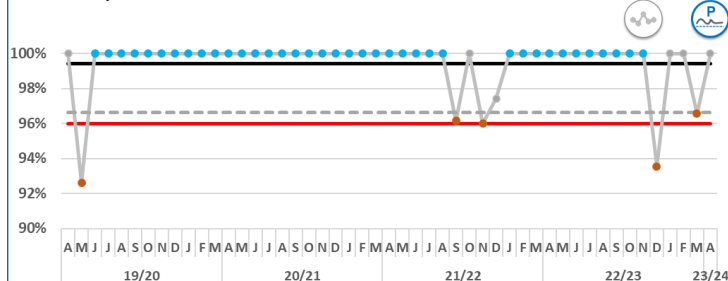

Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)

This metric is showing common cause variation and that the current process may not meet the target consistently
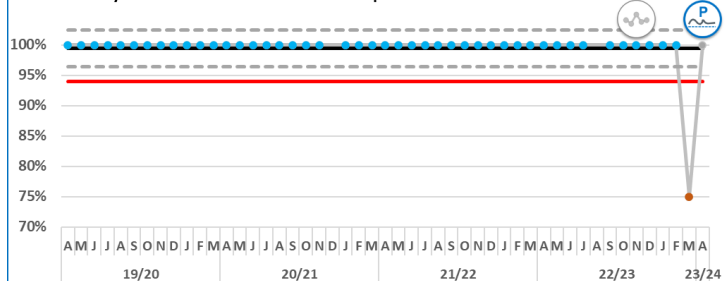

Cancer 31 day waits - Decision to Treat to First Definitive Treatment

This metric is showing common cause variation and that the current process will consistently pass the target

Cancer 31 day waits - Decision to Treat to Subsequent Treatment

This metric is showing common cause variation and that the current process will consistently pass the target

Deliver (Access Performance) - Graphs (2)
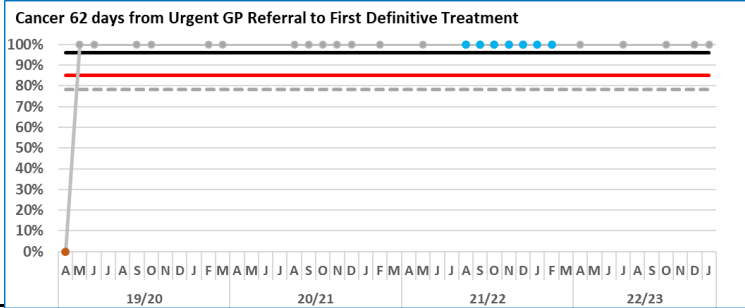
Cancer 62 days from Urgent GP Referral to First Definitive Treatment

Data for reporting period not available

No 62 Day Cases Reported for April 2023 - there have been no 62 Day Cases since January 2023

Action Review Date:	n/a	*Action Lead:*	n/a
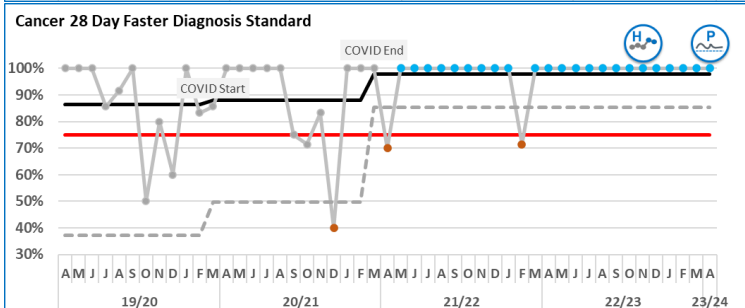
Cancer 28 Day Faster Diagnosis Standard

This metric is showing special cause improvement and that the current process will consistently pass the target
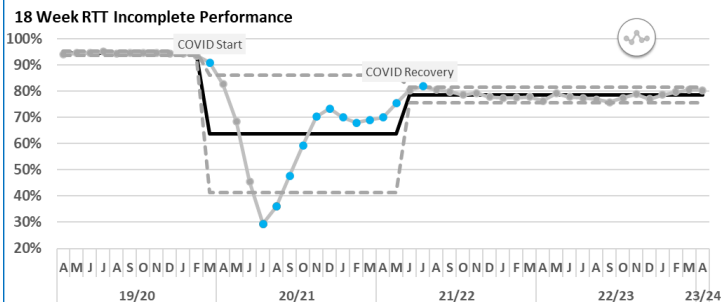
18 Week RTT Incomplete Performance

This metric is showing common cause variation
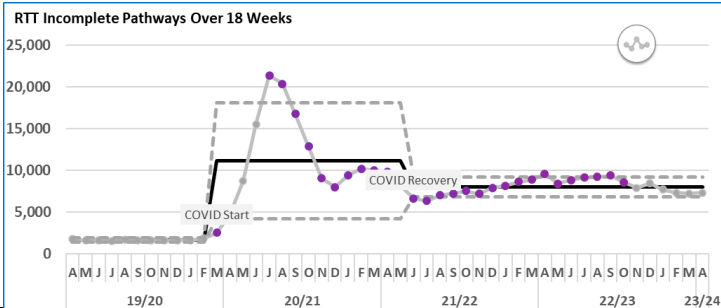
RTT Incomplete Pathways Over 18 Weeks

This metric is showing common cause variation
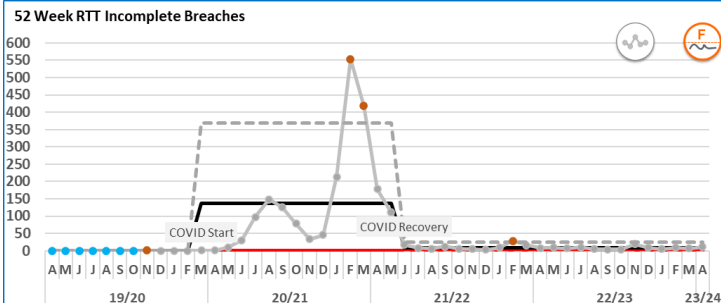
52 Week RTT Incomplete Breaches

This metric is showing common cause variation with the current process unlikely to achieve the target

52 week RTT incomplete due to: long waiting mutual aid patients received into the organisaiton at over 52 weeks; patients identified through validation, where an incorrect RTT code has been previously applied; capacity issues in Paediatrics (South Division).
Action agreed:
(1) Mutual aid will continue to be delivered, patients are seen and treated as promptly as possible.
(2) RTT and pathway training is being reviewed and gap analysis completed
(3) Paediatric business case approved. Consultant locum job plans now agreed. Capacity will increase on appointment. Patients clinically prioritised into available capacity.

Action Review Date: May 2023   *Action Lead:*   Kathryn Lennon / Divisional Leads

Deliver (Access Performance) - Graphs (4)

A&E Four Hour Performance
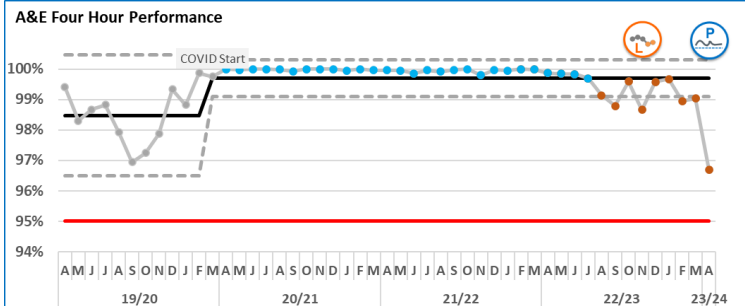
A&E Four Hour Performance

This metric is showing special cause concern however the current process will consistently pass the target

A&E four-hour performance remains consistently above 95%. The decline in performance since August '22 is driven by a reduced number of trainees allocated since the August intake. In addition, of those allocated, several are unable to perform out-of-hours on call duties. As such, there is an increased reliance for locum cover, with the service experiencing reduced uptake of these shifts (secondary to currently having a smaller pool of staff to draw upon and some citing current rates of pay).

To mitigate: (1) Ad hoc locum shifts are sent out in advance and regularly to cover rota gaps; (2) Current locum pay rates are being reviewed; (3) The service is increasing its pool of locum doctors and also recruiting to vacant sessions on a fixed term basis for more consistent cover.

Action Review Date:	May 2023	**Action Lead:**	Jeet Virdee

Percentage of Diagnostic waiting times less than 6 weeks
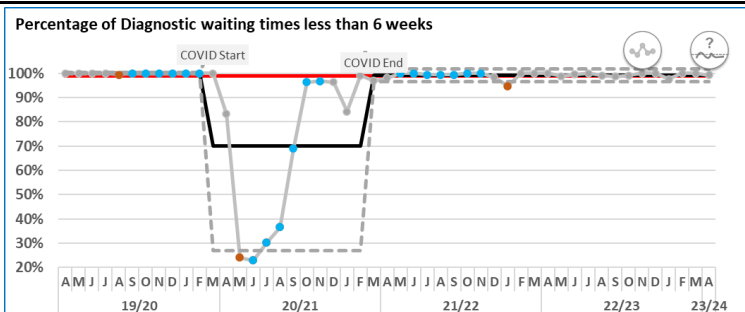
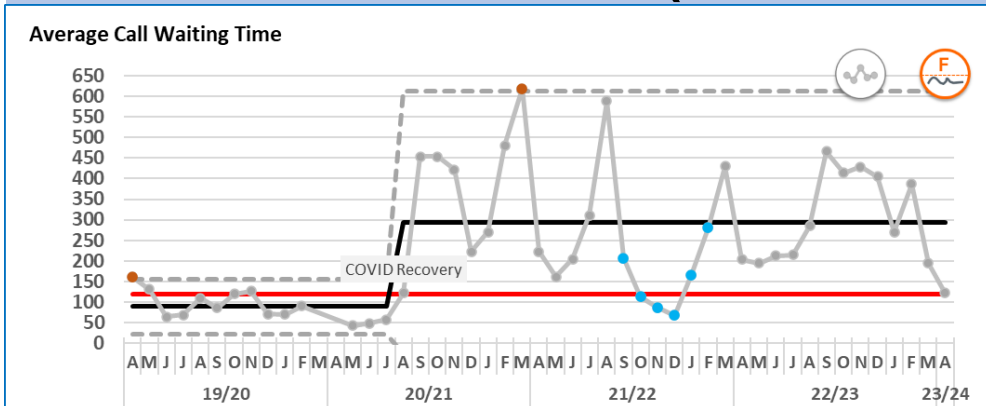**Percentage of Diagnostic waiting times less than 6 weeks**

This metric is showing common cause variation and that the current process may not meet the target consistently

Deliver (Call Centre and Clinical) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Average Call Waiting Time	Jon Spencer	Internal Requirement	Monthly	≤ 2 Mins (120 Sec)	n/a	122		?
Average Call Abandonment Rate	Jon Spencer	Internal Requirement	Monthly	≤15%	8.1%	8.1%		?
Mixed Sex Accommodation Breaches	Sheila Adam	Statutory Reporting	Monthly	Zero Breaches	0	0		P
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Jon Spencer	Internal Requirement	Monthly	≤ 2.67%	n/a	0.00%		?
VTE Risk Assessment	Jon Spencer	Statutory Reporting	Monthly	≥95%	99.6%	99.6%	H	?
Posterior Capsular Rupture rates (Cataract Operations Only)	Jon Spencer	Statutory Reporting	Monthly	≤1.95%	0.81%	0.81%		P
Endopthalmitis Rates - Aggregate Score	Sheila Adam	Internal Requirement	Quarterly	Zero Non-Compliant	n/a	Due June 23		
MRSA Bacteraemias Cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		P
Clostridium Difficile Cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		P
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		P
MSSA Rate - cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		P

Average Call Waiting Time

Average Call Abandonment Rate

Average Call Waiting Time

This metric is showing common cause variation with the current process unlikely to achieve the target
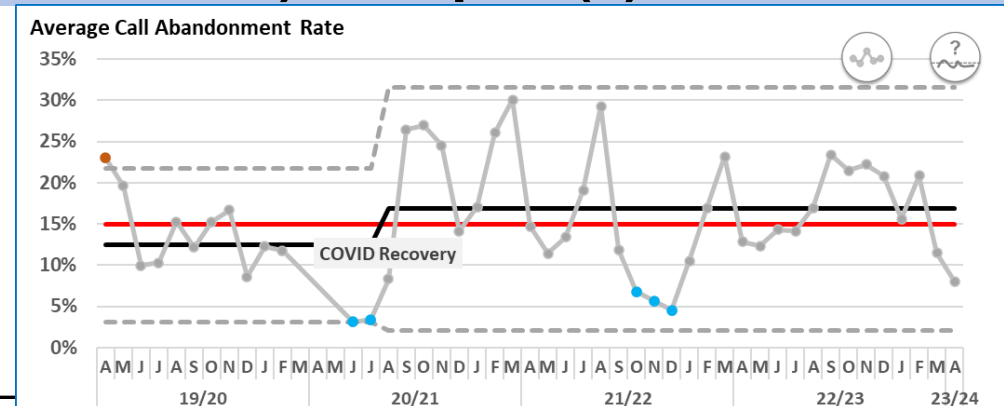
Average Call Abandonment Rate

This metric is showing common cause variation and that the current process may not meet the target consistently

Average Call Waiting Time - Improvement in performance in April through improvement plan in place.

Actions:

(1) Recruitment to supervisor vacancies to improve support and oversight

(2) Rolling recruitment in place and long and short term sickness monitoring on-going

(3) Defined escalation points to improve oversight of performance

(4) Demand and capacity exercise to identify workforce requirement for sustained improvement in performance

(5) RPA project scope and timelines agreed but on hold due to RPA resource limitations and discussions required to progress.

(6) Web assist functionality to be introduced to reduce call volumes.

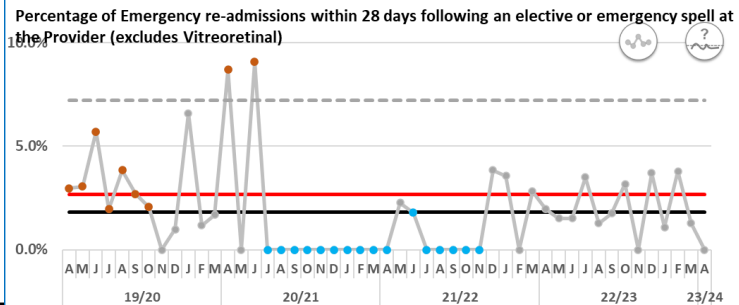*Action Review Date:*   May 2023   *Action Lead:*   Anoju Devi
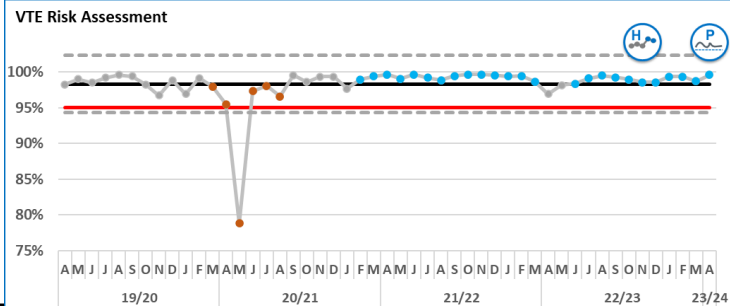
Mixed Sex Accommodation Breaches

No Graph Generated, No breaches since June 2017

This metric is showing common cause variation and that the current process will consistently pass the target

Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)

% Emergency re-admissions within 28 days (excludes Vitreoretinal)

This metric is showing common cause variation and that the current process may not meet the target consistently

VTE Risk Assessment

VTE Risk Assessment

This metric is showing special cause improvement and that the current process will consistently pass the target

Posterior Capsular Rupture rates (Cataract Operations Only)
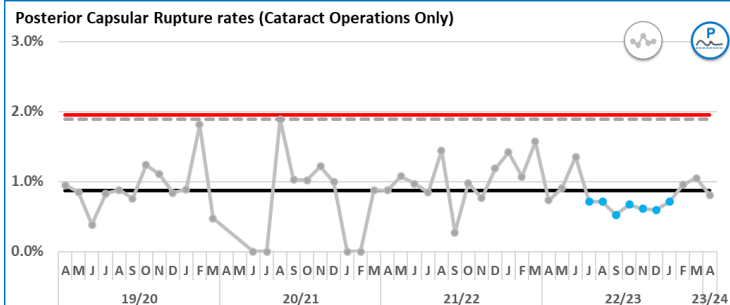
Posterior Capsular Rupture rates (Cataract Operations Only)

This metric is showing common cause variation and that the current process will consistently pass the target
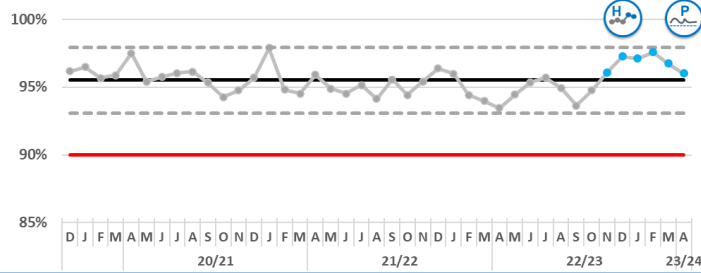
Graph Format to be Confirmed as reported Quarterly	**Endopthalmitis Rates - Aggregate Score** Data for reporting period not available
No Graph Generated, No cases reported since at least April 17	**MRSA Bacteraemias Cases** This metric is showing common cause variation and that the current process will consistently pass the target
No Graph Generated, No cases reported since at least April 17	**Clostridium Difficile Cases** This metric is showing common cause variation and that the current process will consistently pass the target
No Graph Generated, No cases reported since at least April 17	**Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases** This metric is showing common cause variation and that the current process will consistently pass the target
No Graph Generated, No cases reported since at least April 17	**MSSA Rate - cases** This metric is showing common cause variation and that the current process will consistently pass the target

Deliver (Quality and Safety) - Summary

| Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Inpatient Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	96.0%	96.0%	(H)	(P)
A&E Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	91.3%	91.3%		(P)
Outpatient Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	93.0%	93.0%		(P)
Paediatric Scores from Friends and Family Test - % positive	Ian Tombleson	Internal Requirement	Monthly	≥90%	96.1%	96.1%		(P)
Percentage of responses to written complaints sent within 25 days	Ian Tombleson	Internal Requirement	Monthly (Month in Arrears)	≥80%	n/a	72.7%		(?)
Percentage of responses to written complaints acknowledged within 3 days	Ian Tombleson	Internal Requirement	Monthly	≥80%	85.7%	85.7%		(P)
Freedom of Information Requests Responded to Within 20 Days	Ian Tombleson	Statutory Reporting	Monthly (Month in Arrears)	≥90%	n/a	93.9%		(?)
Subject Access Requests (SARs) Responded To Within 28 Days	Ian Tombleson	Statutory Reporting	Monthly (Month in Arrears)	≥90%	n/a	97.6%		(?)

Inpatient Scores from Friends and Family Test - % positive

Inpatient Scores from Friends and Family Test - % positive
This metric is showing special cause improvement and that the current process will consistently pass the target
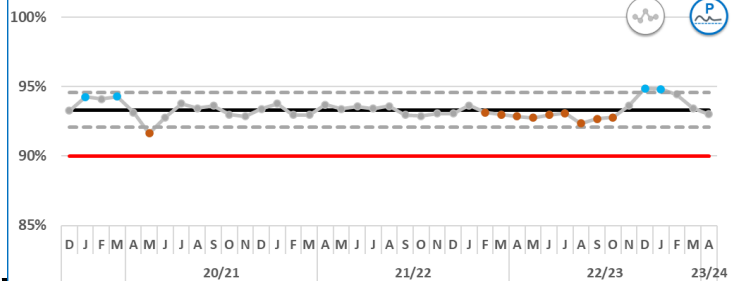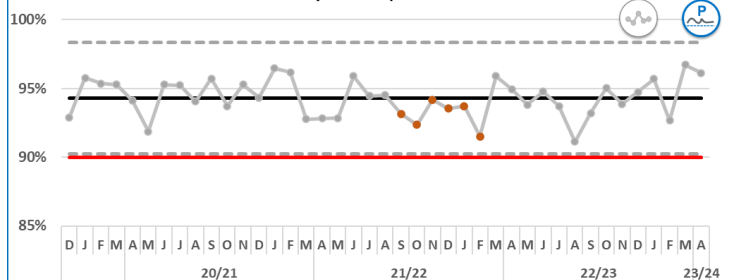
A&E Scores from Friends and Family Test - % positive
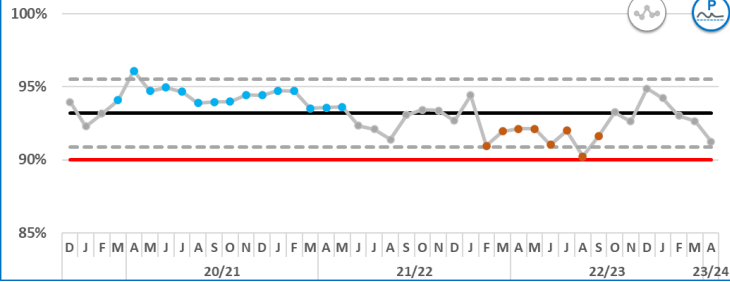
A&E Scores from Friends and Family Test - % positive
This metric is showing common cause variation and that the current process will consistently pass the target

Outpatient Scores from Friends and Family Test - % positive

Outpatient Scores from Friends and Family Test - % positive
This metric is showing common cause variation and that the current process will consistently pass the target

Paediatric Scores from Friends and Family Test - % positive

Paediatric Scores from Friends and Family Test - % positive
This metric is showing common cause variation and that the current process will consistently pass the target

Deliver (Quality and Safety) - Graphs (2)
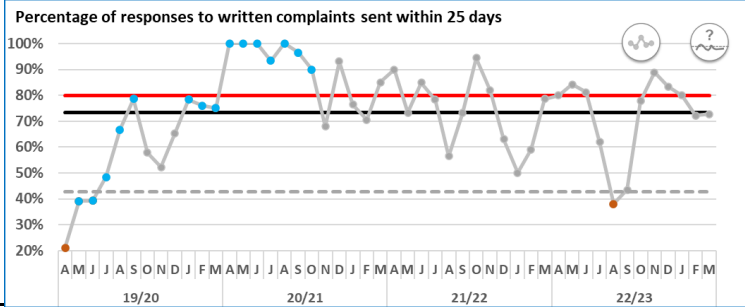
Percentage of responses to written complaints sent within 25 days
This metric is showing common cause variation and that the current process may not meet the target consistently
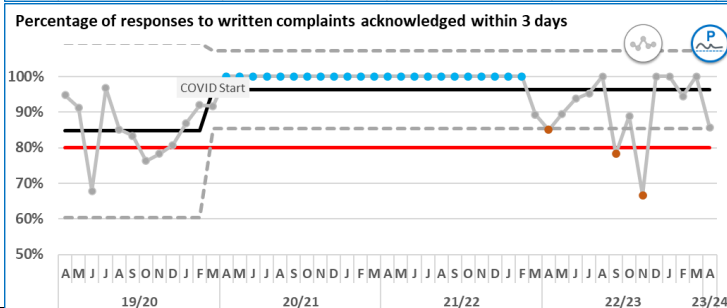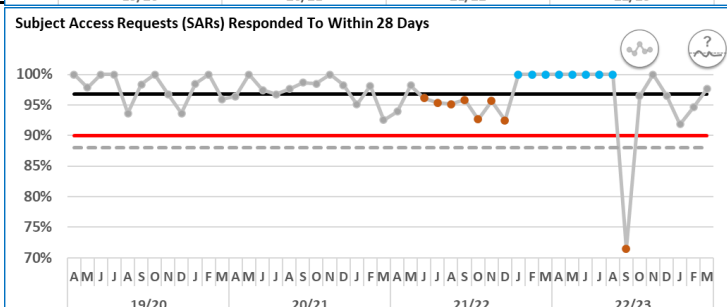

Percentage of responses to written complaints acknowledged within 3 days
This metric is showing common cause variation and that the current process will consistently pass the target
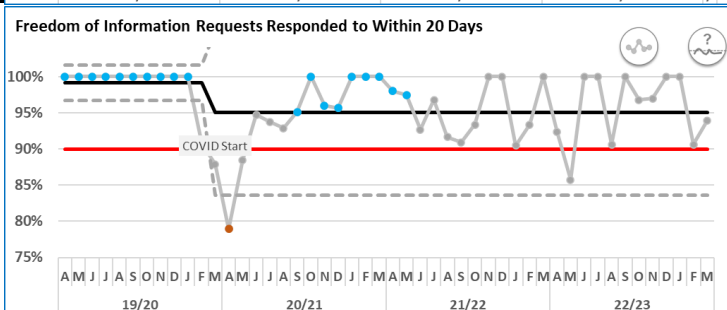
Freedom of Information Requests Responded to Within 20 Days
This metric is showing common cause variation and that the current process may not meet the target consistently

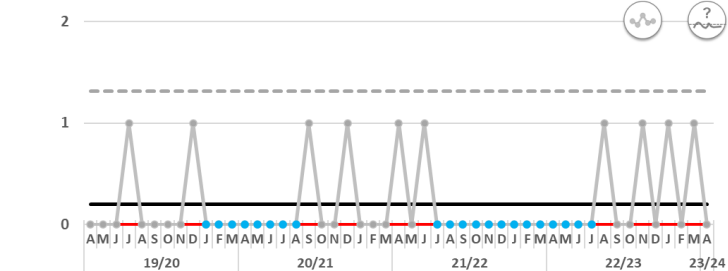**Subject Access Requests (SARs) Responded To Within 28 Days**
This metric is showing common cause variation and that the current process may not meet the target consistently

Deliver (Incident Reporting) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Occurrence of any Never events	Sheila Adam	Statutory Reporting	Monthly	Zero Events	0	0		?
Summary Hospital Mortality Indicator	Sheila Adam	NHS Oversight Framework	Monthly	No Target Set	0	0		P
National Patient Safety Alerts (NatPSAs) breached	Sheila Adam	NHS Oversight Framework	Monthly	Zero Alerts	n/a	0	L	P
Number of Serious Incidents remaining open after 60 days	Sheila Adam	Statutory Reporting	Monthly	Zero Cases	0	0		P
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Sheila Adam	Internal Requirement	Monthly	No Target Set	n/a	205		

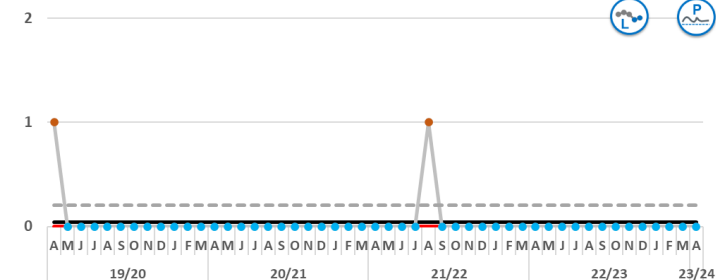# Deliver (Incident Reporting) - Graphs (1)

Occurrence of any Never events

Occurrence of any Never events
This metric is showing common cause variation and that the current process may not meet the target consistently
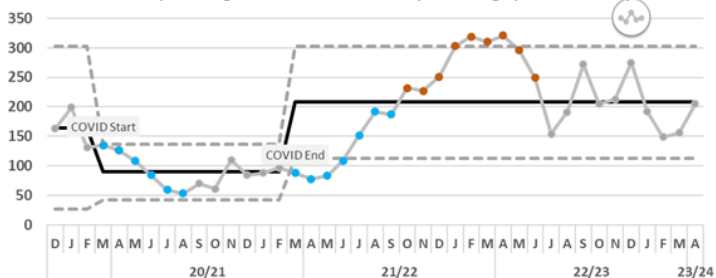

National Patient Safety Alerts (NatPSAs) breached

Number of Serious Incidents remaining Open after 60 days
This metric is showing common cause variation and that the current process will consistently pass the target

Number of Incidents (excluding Health Records incidents) remaining open after 28 days

Number of Incidents (excluding Health Records incidents) remaining open after 28 days

This metric is showing common cause variation

No Graph Generated, No cases reported since February 2017

Summary Hospital Mortality Indicator
This metric is showing common cause variation and that the current process will consistently pass the target

No Graph Generated, No cases reported since May 2020

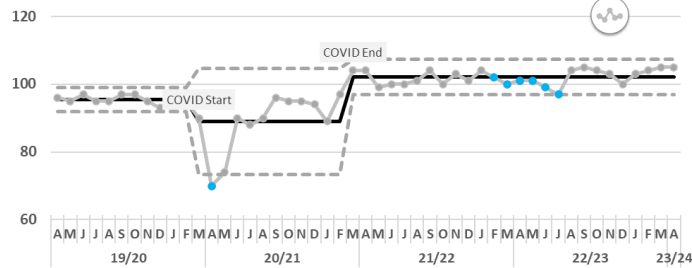**National Patient Safety Alerts (NatPSAs) breached**
This metric is showing special cause improvement and that the current process will consistently pass the target

Sustainability and at Scale - Summary

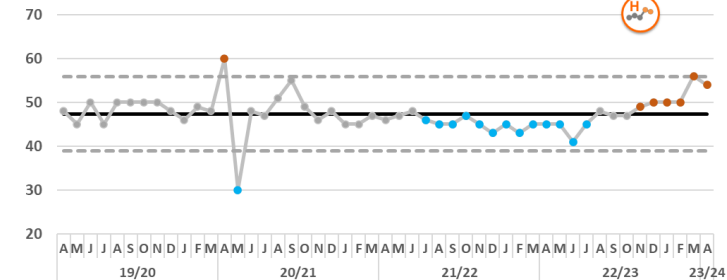| Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	105		
Median Outpatient Journey Times - Diagnostic Face to Face Appointments	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	54	H	
Median Outpatient Journey Times - Virtual TeleMedicine Appointments	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	n/a		
Theatre Cancellation Rate (Non-Medical Cancellations)	Jon Spencer	Statutory Reporting	Monthly	≤0.8%	1.22%	1.22%		?
Number of non-medical cancelled operations not treated within 28 days	Jon Spencer	Statutory Reporting	Monthly	Zero Breaches	3	3		?
Overall financial performance (In Month Var. £m)	Jonathan Wilson	Internal Requirement	Monthly	≥0	0.27	0.27		
Commercial Trading Unit Position (In Month Var. £m)	Jonathan Wilson	Internal Requirement	Monthly	≥0	-0.06	-0.06	L	

Sustainability and at Scale - Graphs (1)

Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments

Median Outpatient Journey Times - Diagnostic Face to Face Appointments

Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments

This metric is showing common cause variation

Median Outpatient Journey Times - Diagnostic Face to Face Appointments

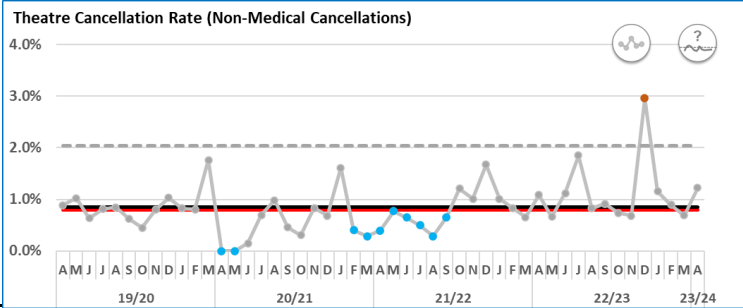This metric is showing special cause concern (increasing rate)

Increasing rate due to staff turnover and vacancy - further work to investigate is required.
(1) Rolling recruitment in place
(2) Divisions to review metric and site level to provide more detail.
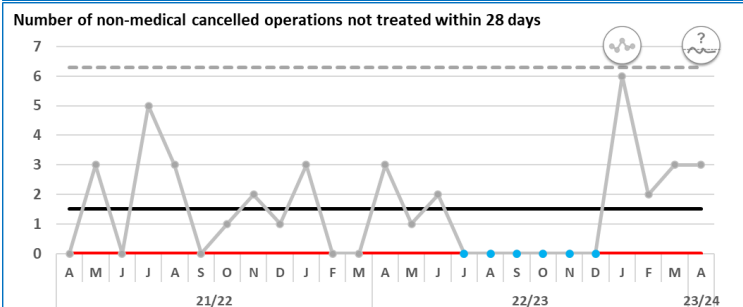
Action Review Date: Jun 2023   *Action Lead:*   Kathryn Lennon

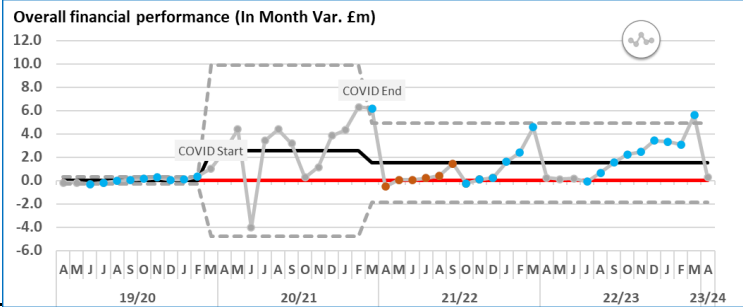**Theatre Cancellation Rate (Non-Medical Cancellations)**

This metric is showing common cause variation and that the current process may not meet the target consistently

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

This metric is showing common cause variation and that the current process may not meet the target consistently
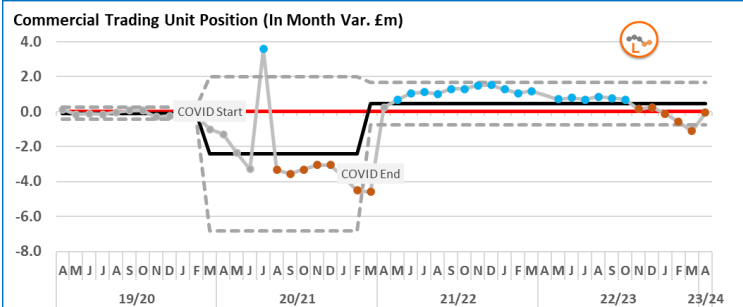
Overall financial performance (In Month Var. £m)

This metric is showing common cause variation

For further narrative, see Finance Report

Action Review Date: *Action Lead:*

Commercial Trading Unit Position (In Month Var. £m)

This metric is showing special cause concern (decreasing rate)

For further narrative, see Finance Report

Action Review Date: *Action Lead:*

Working Together - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Appraisal Compliance	Sandi Drewett	Statutory Reporting	Monthly	≥80%	n/a	71.8%		F
Information Governance Training Compliance	Ian Tombleson	Statutory Reporting	Monthly	≥95%	n/a	90.0%	L	F
Staff Sickness (Month Figure)	Sandi Drewett	23/24 Planning Guidance	Monthly (Month in Arrears)	≤4%	n/a	4.7%		F
Staff Sickness (Rolling Annual Figure)	Sandi Drewett	23/24 Planning Guidance	Monthly (Month in Arrears)	≤4%	n/a	4.7%	H	F
Proportion of Temporary Staff	Sandi Drewett	23/24 Planning Guidance	Monthly	No Target Set	14.5%	14.5%		
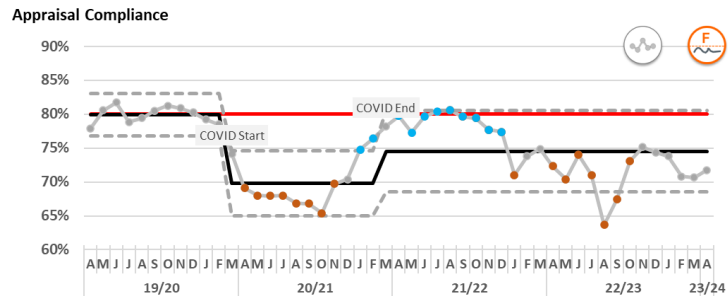
Appraisal Compliance

This metric is showing common cause variation with the current process unlikely to achieve the target

The decline in appraisal compliance continues to be escalated and prioritised with support from the Chief Operating Officer and Director of Workforce and OD, and is being managed divisionally with the support of HR Business Partners. This item remains an agenda item on SMT meetings. Reminders and detailed reports continue to be sent on a regular basis. Training sessions are in offer and "micro" training sessions of 30 minutes. Upon investigation of hotspot areas, the main reason given for non-completion is the inability to release staff and management time.

| *Action Review Date:*	May 2023	*Action Lead:*	Rachele Johnson
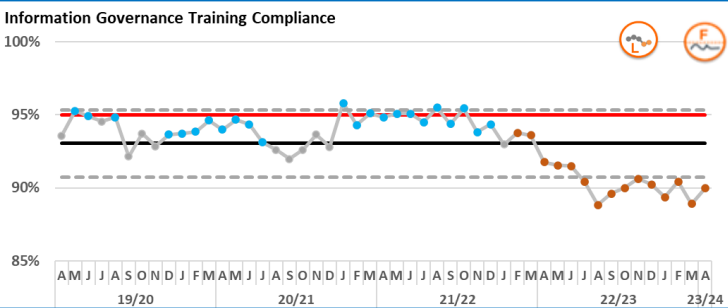
Information Governance Training Compliance

This metric is showing special cause concern and that the current process is unlikely to achieve the target

This concern was escalated to the Mandatory and Statutory Training (MAST) group by the Senior Information Risk Officer (SIRO). MAST agreed that current management practice was not delivering the standard required and proposals for change will be brought to Management Executive.
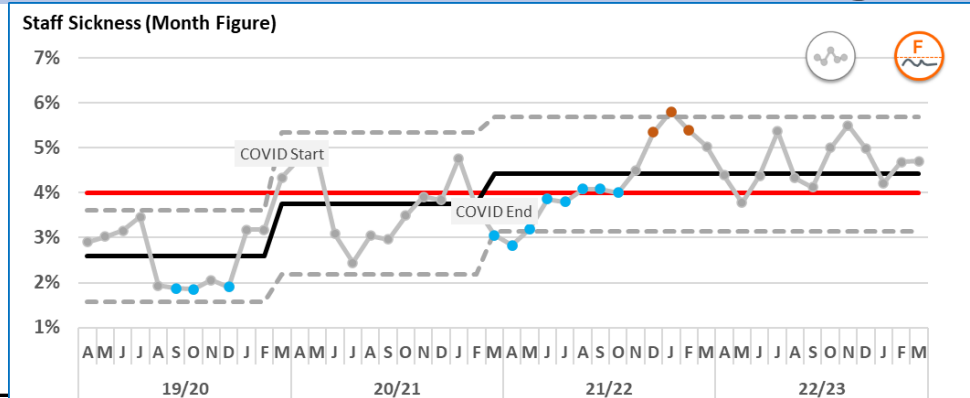
Action Review Date:	Jun 2023	*Action Lead:*	Rachele Johnson
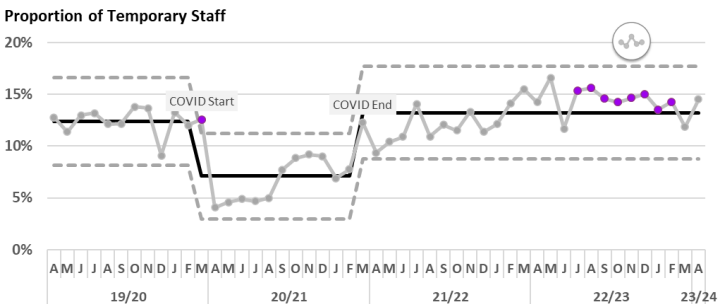
Proportion of Temporary Staff

This metric is showing common cause variation

Staff Sickness (Month Figure)

Staff Sickness (Rolling Annual Figure)

Staff Sickness (Month Figure)

This metric is showing common cause variation with the current process unlikely to achieve the target

Staff Sickness (Rolling Annual Figure)

This metric is showing special cause concern and that the current process is unlikely to achieve the target

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.   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.

There has been an increase in the number of long-term sickness absence (no of cases that will be long standing going forward) due to the nature of the illnesses. Top 3 sickness reasons for last month's reporting were:

- Anxiety/stress/depression/other psychiatric illness (Anxiety/Stress is still the highest days lost sickness reason for the month of Mar 23
- Infection diseases
- Cold, Cough, Flu – Influenza

In addition to the above, there is also quite a few numbers of LTS case that are cancer related; and given the nature of the illness, these need to be managed sensitively and with empathy which indirectly impacts on the data figures.

City Road division has shown overall higher rolling sickness rate that is 5.68% compared to rest of the divisions with highest absence rate in the departments –

- Pre-Operative Assessment -18.68%
- Paeds & Strabs – 10.86%
- Mackellar And Sedgewick Wards – 10.85%

Targeted sickness absence to be delivered by the ER team on these areas highlighted above..

Regular review meetings are being held with staff who are on LTS alongside regular OH referrals as well as staffs and managers being signposted to the Trust's Health and wellbeing initiatives offering holistic support to aid staff recovery and prevention of sickness.

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 which remains at 2.4% to run alongside the formal Sickness Absence provided via Insight. Private division has shown highest 3% short term sickness.
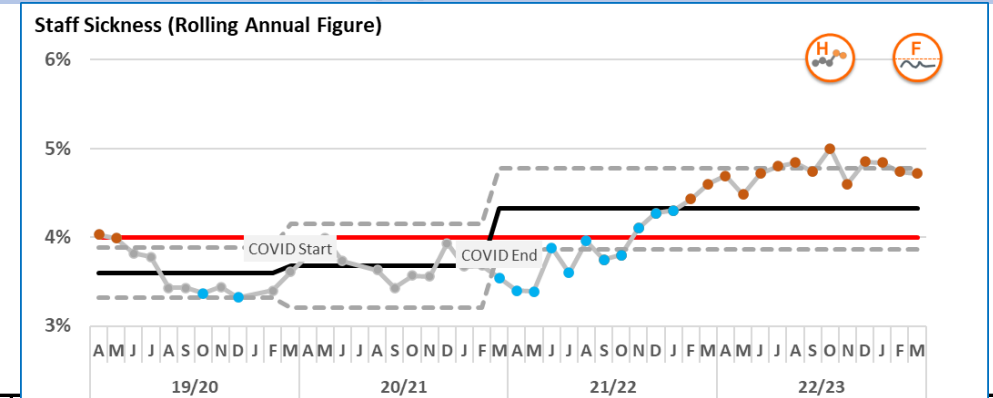
ER surgeries have been set up at the St George's and Croydon sites (1 day each month) offering managers that first line support in managing their sickness absence cases.

Action Review Date: Jun 2023   *Action Lead:*   Jackie Wyse

Discover - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Total patient recruitment to NIHR portfolio adopted studies	Professor Sir Peng Tee Khaw	Internal Requirement	Monthly (Month in Arrears)	≥150	n/a	309	L	?
Active Commercial Studies (Open + Closed to Recruitment in follow up)	Professor Sir Peng Tee Khaw	Internal Requirement	Monthly (Month in Arrears)	≥44	n/a	67	H	P
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Professor Sir Peng Tee Khaw	Internal Requirement	Monthly (Month in Arrears)	≥2%	n/a	5.9%	H	P

Discover - Graphs (1)
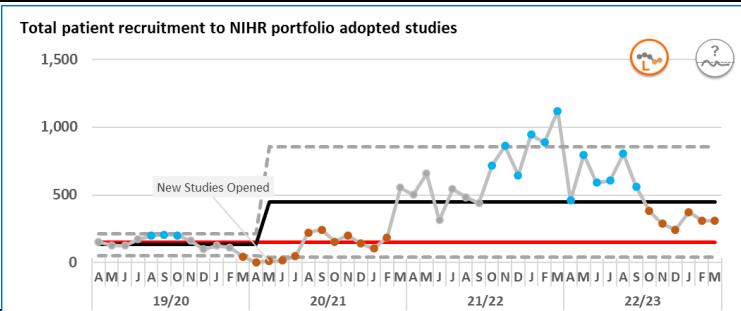
Total patient recruitment to NIHR portfolio adopted studies
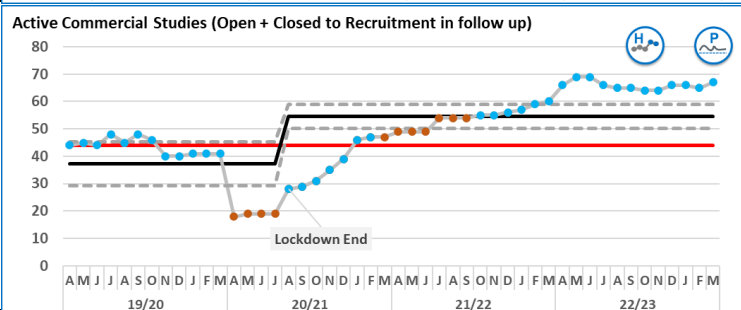
This metric is showing special cause concern and that the current process may not meet the target consistently

This metric shows a fall because it incorporates all the highly successful COVID-19 studies which have now stopped.

This appears to show a decreasing recruitment rate however these covid related studies which were large and relied on large, extra external funding, including the HERCULES and SIREN projects, have now come to an end. This shows that we were able to contribute considerably even during the very difficult COVID-19 period.

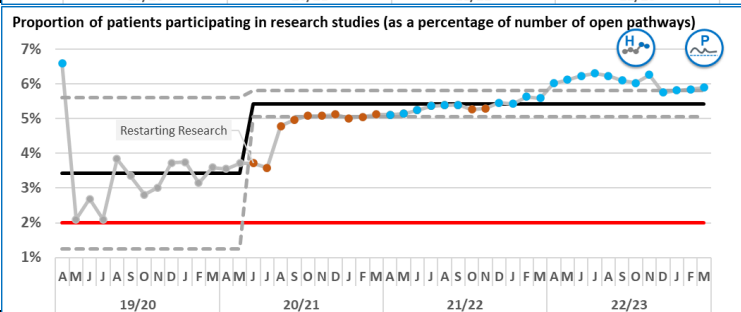| *Action Review Date:*	Jun 2023	*Action Lead:*	Peng Khaw

Active Commercial Studies (Open + Closed to Recruitment in follow up)

This metric is showing special cause improvement and that the current process will consistently pass the target

This metric is showing a consistent, steady increase in our active commercial study portfolio since the COVID-19 period. We have maintained a healthy number of active commercial studies. These studies are not only crucial for generating financial income but also for providing our patients with access to the latest innovative treatments and therapies.

Action Review Date:	Jun 2023	*Action Lead:*	Peng Khaw

Proportion of patients participating in research studies (as a percentage of number of open pathways)

This metric is showing special cause improvement and that the current process will consistently pass the target

Our aim to have 2% of our patient population involved in a research study has been achieved since restarting research after COVID-19. This reflects our emphasis and investment in patient, public involvement and engagement as part of our National Institute for Health and Care Research (NIHR) Biomedical Research Centre (BRC) strategy.

| *Action Review Date:*	Jun 2023	*Action Lead:*	Peng Khaw

Context (Activity) - Summary

| Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Number of A&E Arrivals	Jon Spencer	Internal Requirement	Monthly	No Target Set	6299	6299	⬆	
Number of A&E Four Hour Breaches	Jon Spencer	Internal Requirement	Monthly	No Target Set	199	199	⬆	
Number of Outpatient Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	46080	46080	⬤	
Number of Outpatient First Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	10698	10698	⬤	
Number of Outpatient Follow Up Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	35382	35382	⬤	
Number of Referrals Received	Jon Spencer	Internal Requirement	Monthly	No Target Set	12153	12153	⬤	
Number of Theatre Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	2714	2714	⬤	
Number of Theatre Elective Daycase Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	2406	2406	⬤	
Number of Theatre Elective Inpatient Admission	Jon Spencer	Internal Requirement	Monthly	No Target Set	80	80	⬤	
Number of Theatre Emergency Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	228	228	⬆	

Context (Activity) - Graphs (1)

Number of A&E Arrivals
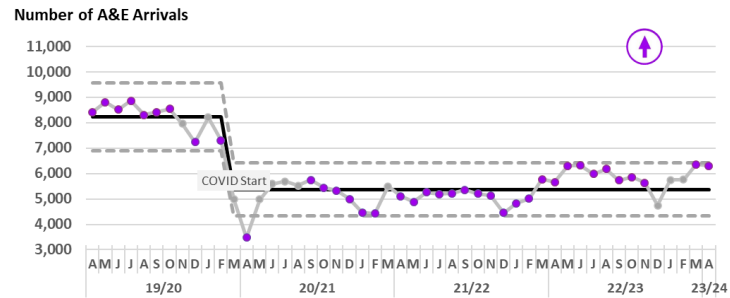
Number of A&E Arrivals

This metric is showing an special cause variation (increasing rate)
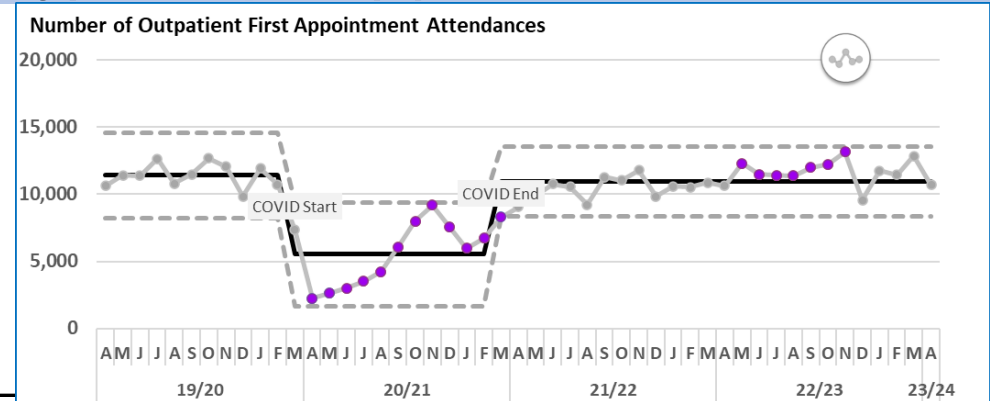
Number of A&E Four Hour Breaches
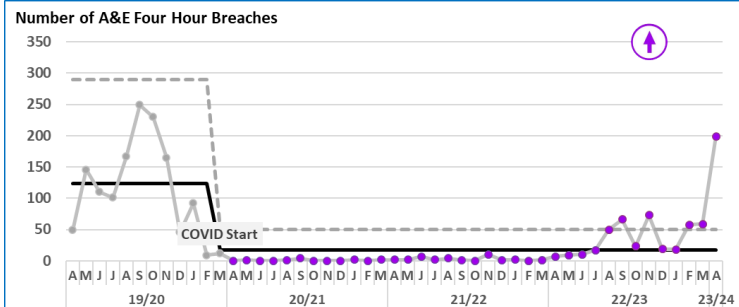
Number of A&E Four Hour Breaches

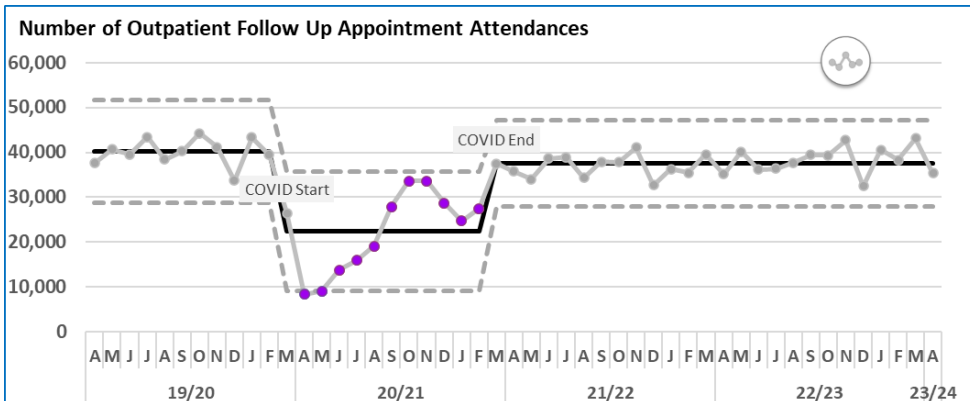This metric is showing an special cause variation (increasing rate)
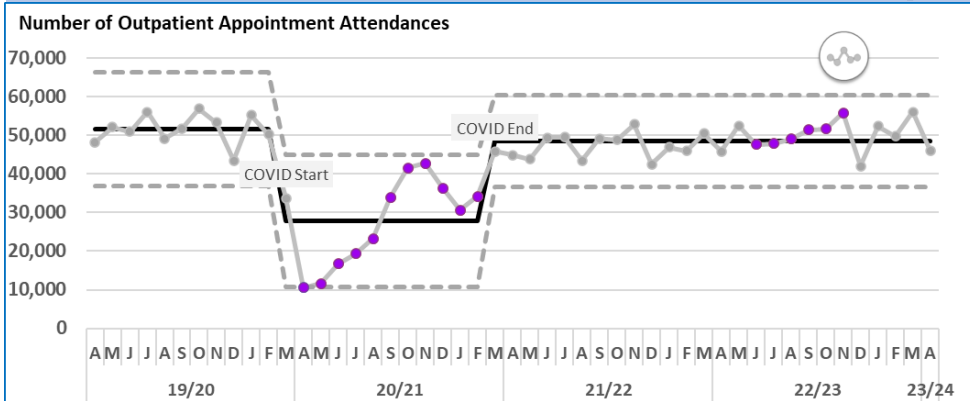
Number of Outpatient Appointment Attendances
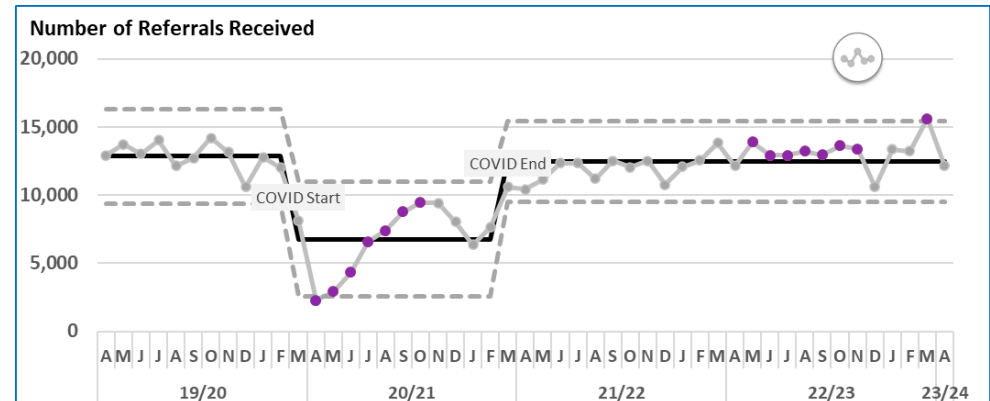
This metric is showing common cause variation

Number of Outpatient First Appointment Attendances

This metric is showing common cause variation

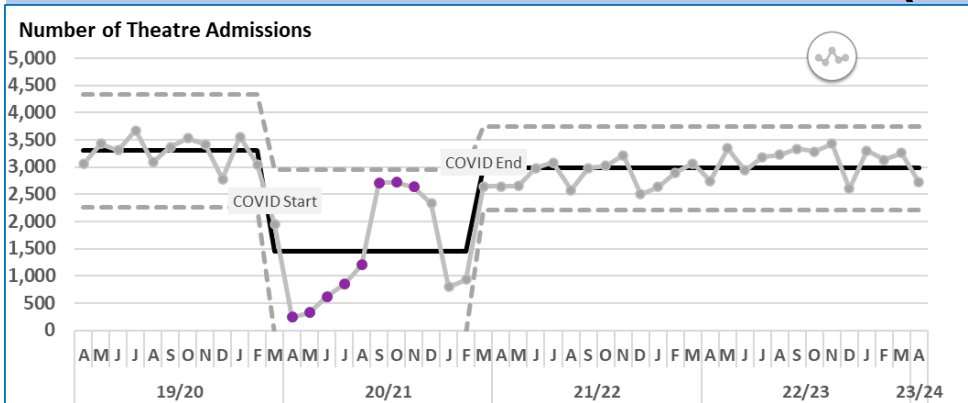**Number of Outpatient Follow Up Appointment Attendances**

This metric is showing common cause variation
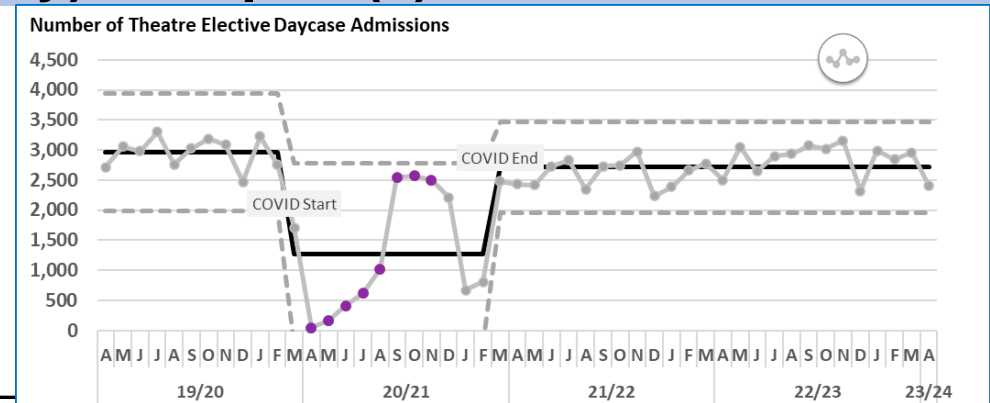
Number of Referrals Received

This metric is showing common cause variation
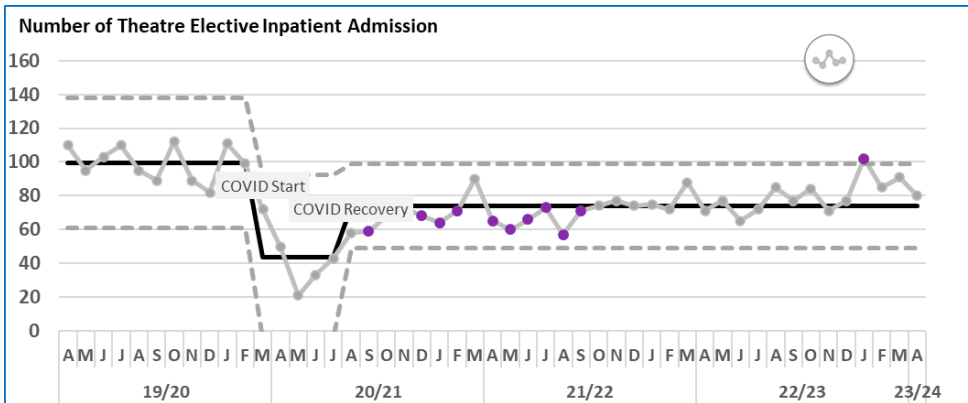
Context (Activity) - Graphs (3)

Number of Theatre Admissions

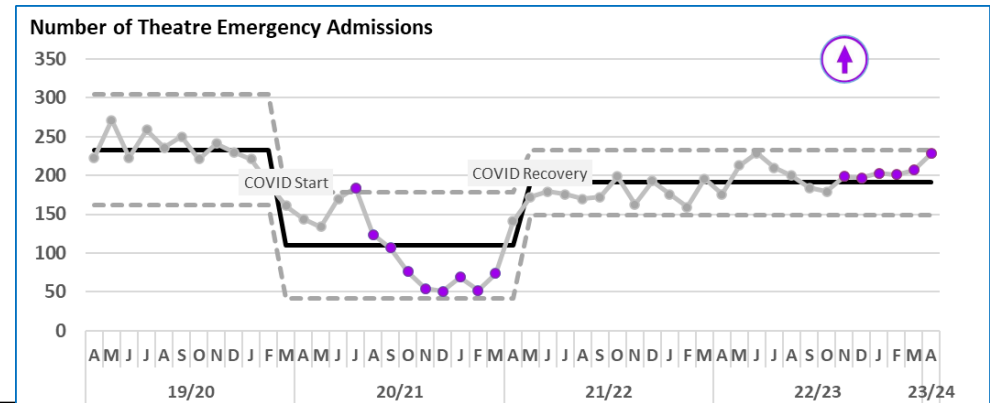This metric is showing common cause variation

Number of Theatre Elective Daycase Admissions

This metric is showing common cause variation

Number of Theatre Elective Inpatient Admission

This metric is showing common cause variation

Number of Theatre Emergency Admissions

This metric is showing an special cause variation (increasing rate)