

Integrated Performance Report

Reporting Period - June 2023

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 position, or a provisional position as of the time of report production, which would be subject to change pending validation and submission

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)assing the target | Variation indicates consistently (F)ailing 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

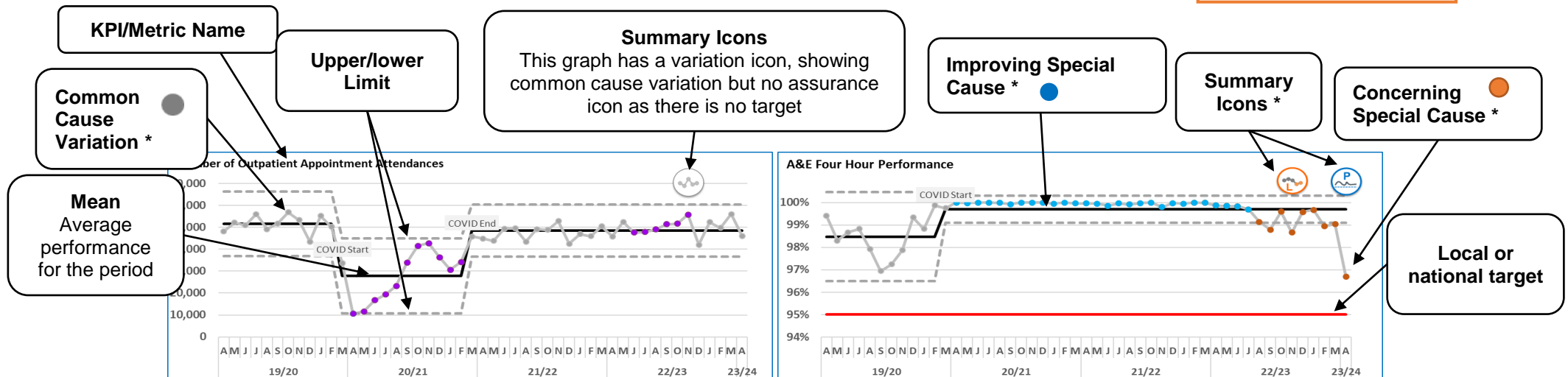
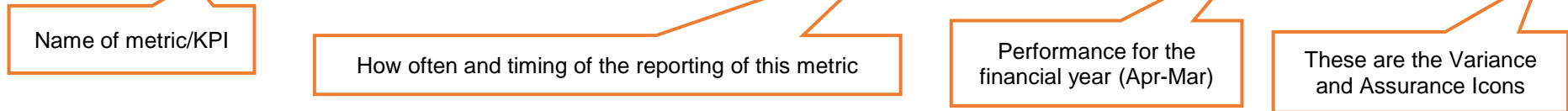
Failing Process (F) - Indicates the metric consistently falls short of the target, and unlikely to ever regularly meet the target without redesign. To be classified as a failing process, either the target would have not been met for a significant period, or the target falls outside the calculated process 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

| 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% | | |











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 a 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>

Jun-23

| Assurance | | | | | | |
|---|---|--|---|---|--|--|
| June 2023 | | Capable Process  | Hit and Miss  | Failing Process  | No Target | |
| Variation | Special Cause - Improvement  | <ul style="list-style-type: none"> - Total Outpatient FlwUp Activity (% Plan) - Cancer 28 Day Faster Diagnosis Standard - VTE Risk Assessment - NatPSAs breached - Active Commercial Studies - % of patients in research studies | <ul style="list-style-type: none"> - Total Outpatient Activity (% Plan) - Outpatient First Activity (% Plan) - % Cancer 2 Week Waits | | | |
| | Common Cause  | <ul style="list-style-type: none"> - A&E Four Hour Performance - Mixed Sex Accommodation Breaches - Posterior Capsular Rupture rates - MRSA Bacteraemias Cases - Clostridium Difficile Cases - E. Coli Cases - MSSA Rate - cases - FFT Inpatient Scores (% Positive) - FFT A&E Scores (% Positive) - FFT Outpatient Scores (% Positive) - FFT Paediatric Scores (% Positive) - % Complaints Acknowledged Within 3 days - % FoI Requests within 20 Days - % SARs Requests within 28 Days - Summary Hospital Mortality Indicator - Recruitment to NIHR portfolio studies | * See Next Page | <ul style="list-style-type: none"> - Appraisal Compliance - IG Training Compliance | * See Next Page | |
| | Special Cause - Concern  | | - % Cancer 14 Day Target | <ul style="list-style-type: none"> - 52 Week RTT Incomplete Breaches - Staff Sickness (Rolling Annual Figure) | <ul style="list-style-type: none"> - OP Journey Times - Non-Diagnostic FtF - OP Journey Times - Diagnostic FtF | |
| | Special Cause - Increasing Trending  | <ul style="list-style-type: none"> - No. of A&E Arrivals - No. of Referrals Received - No. of Theatre Emergency Admissions | | | | |
| Special Cause - Decreasing Trending  | - RTT Incomplete Pathways Over 18 Weeks | | | | | |

Performance Overview

Common Cause & Hit and Miss



- % Diagnostic waiting times less than 6w
- Average Call Waiting Time
- Average Call Abandonment Rate
- Emergency readmissions in 28d (ex. VR)
- % Complaints Responses Within 25 days
- Occurrence of any Never events
- Serious Incidents open after 60 days
- Theatre Cancellation Rate (Non-Medical)
- Non-medical cancelled 28 day breaches
- Staff Sickness (Month Figure)

Common Cause (No Target)



- 18 Week RTT Incomplete Performance
- Number of Incidents open after 28 days
- Overall financial performance
- Commercial Trading Unit Position
- No. of A&E Four Hour Breaches
- No. of Outpatient Attendances
- No. of Outpatient First Attendances
- No. of Outpatient Flw Up Attendances
- No. of Theatre Admissions
- No. of Theatre Elective Day Admissions
- No. of Theatre Elective Inpatient Adm.

Executive Summary

During the month of June the level of elective activity remained ahead of plan at 100.8% (100.4% year to date). It is anticipated that this level of activity should increase further over the coming months as the North and South Division are planning on putting on more weekend theatre lists than they have been able to during the year to date. The level of outpatient first activity dropped just below the plan in month (99.3%), however this remains above plan for the year to date (104.1%).

The number of patients waiting over 52 weeks for their treatment remained high for a second month at 25 patients. This is still predominately due to a limited gap in capacity within the Paediatric Service in the South Division. Additional capacity is still being sought to address this issue, however this has proven to be more difficult to obtain than first thought and has been exacerbated by the closure of services run by Operose which has resulted in increasing number of referrals coming into the Trust in North London. We are working on both a short and longer term plan to address these capacity gaps.

Both of the metrics which measure the median outpatient journey times for face to face appointments are showing decline in performance. The reason for this decline is not fully understood and this is being further investigated.

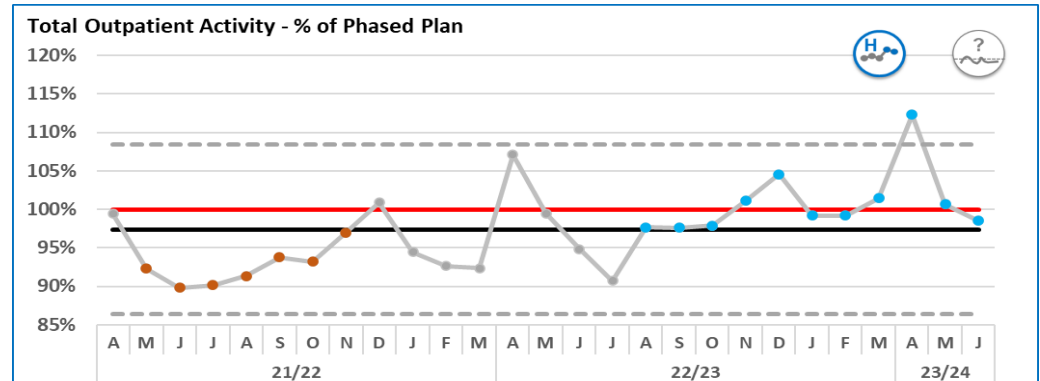
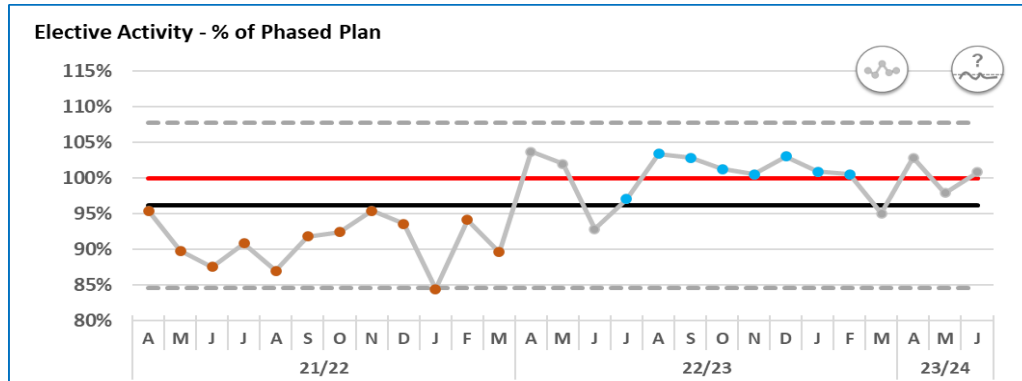
Performance against the 14 day cancer target had been met for the previous three months, however performance deteriorated in June due to insufficient escalation of the patients who were due to breach. Work is ongoing, both to prevent this particular issue and to encourage patients to take up an appointment within their breach date.

The Trust continues to achieve the 95% A&E four hour standard and saw a significant improvement in performance in June. The previous actions which have been highlighted remain in place, with a particular focus on a review of pay rate for ad hoc sessions which are offered in the service.

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% | 100.4% | 100.8% |  |  |
| Total Outpatient Activity - % of Phased Plan | Jon Spencer | Internal Requirement | Monthly | ≥100% | 103.1% | 98.5% |  |  |
| Outpatient First Appointment Activity - % of Phased Plan | Jon Spencer | Internal Requirement | Monthly | ≥100% | 104.1% | 99.3% |  |  |
| Outpatient Follow Up Appointment Activity - % of Phased Plan | Jon Spencer | 23/24 Planning Guidance | Monthly | ≥85% | 102.8% | 98.3% |  |  |

Deliver (Activity vs Plan) - Graphs (1)

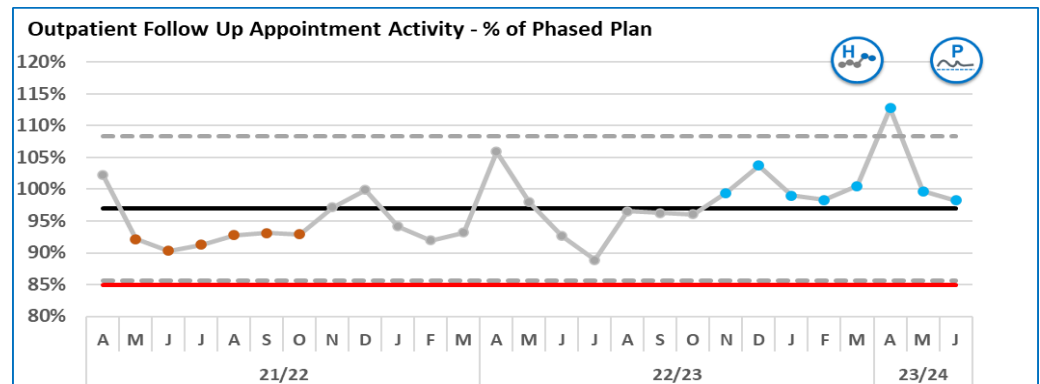
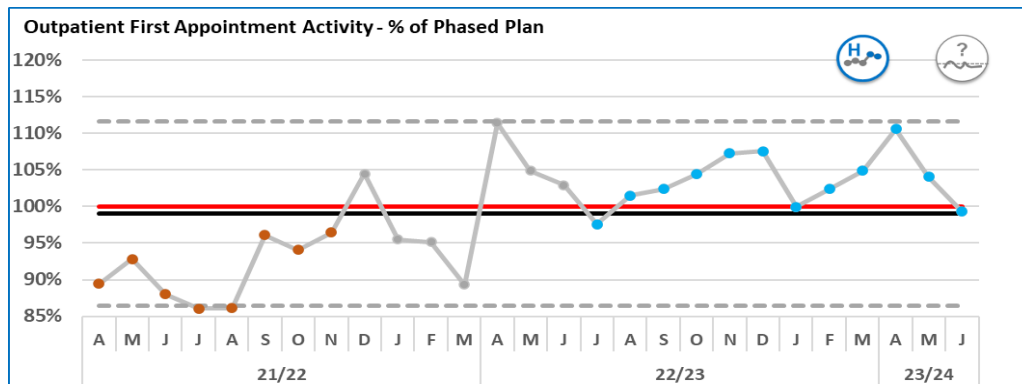


Elective Activity - % of Phased Plan

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 - This is a change from the previous month

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 First Appointment Activity vs. Plan was below plan in June for the first time since Aug 2022. The major drivers are as follows:

- Cataract medical staffing gaps which are due to resolved from August with the appointment of locum consultants.
- Challenges in reaching new patient plan at Stratford and Barking – combination of demand and capacity issues.

Moorfields were represented at the North East GP federation last week to raise awareness of the new site / changes at Barking.

50/week mutual aid requested by Whipps Cross into Stratford. Prioritising recruitment of final Optom review sessions to support this.

Recruitment of additional medical staff in the East through use of vacant budget.


Action Review Date:

Jul 2023

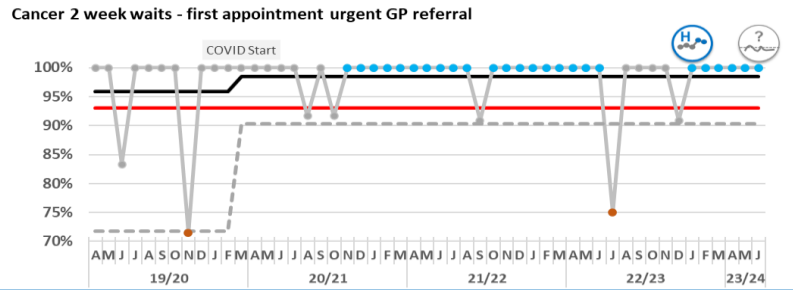
Action Lead:

Divisional Leads

Deliver (Access Performance) - Summary

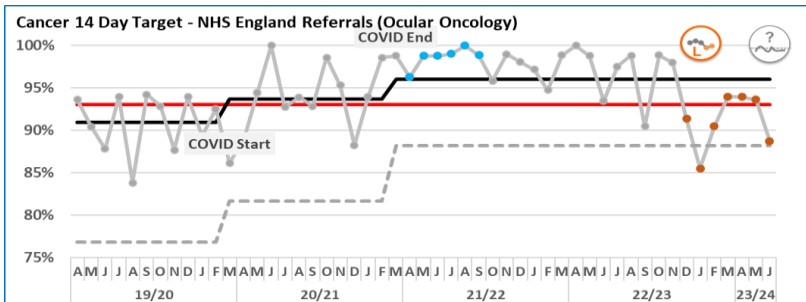
| Metric Description | Metric Lead | Metric Source | Reporting Frequency | Target | Year to Date | Current Period | Variation | Assurance |
|---|-------------|-------------------------|---------------------|-----------------|--------------|----------------|---|---|
| Cancer 2 week waits - first appointment urgent GP referral | Jon Spencer | Statutory Reporting | Monthly | ≥93% | 100.0% | 100.0% |  |  |
| Cancer 14 Day Target - NHS England Referrals (Ocular Oncology) | Jon Spencer | Statutory Reporting | Monthly | ≥93% | 92.1% | 88.7% |  |  |
| Cancer 31 day waits - Decision to Treat to First Definitive Treatment | Jon Spencer | Statutory Reporting | Monthly | ≥96% | 100.0% | n/a | | |
| Cancer 31 day waits - Decision to Treat to Subsequent Treatment | Jon Spencer | Statutory Reporting | Monthly | ≥94% | 100.0% | n/a | | |
| Cancer 62 days from Urgent GP Referral to First Definitive Treatment | Jon Spencer | 23/24 Planning Guidance | Monthly | ≥85% | 100.0% | n/a | | |
| Cancer 28 Day Faster Diagnosis Standard | Jon Spencer | 23/24 Planning Guidance | Monthly | ≥75% | 100.0% | 100.0% |  |  |
| 18 Week RTT Incomplete Performance | Jon Spencer | Statutory Reporting | Monthly | No Target Set | 81.3% | 81.6% |  | |
| RTT Incomplete Pathways Over 18 Weeks | Jon Spencer | Internal Requirement | Monthly | ≤ Previous Mth. | n/a | 6852 |  | |
| 52 Week RTT Incomplete Breaches | Jon Spencer | 23/24 Planning Guidance | Monthly | Zero Breaches | 62 | 25 |  |  |
| A&E Four Hour Performance | Jon Spencer | 23/24 Planning Guidance | Monthly | ≥95% | 97.8% | 99.3% |  |  |
| Percentage of Diagnostic waiting times less than 6 weeks | Jon Spencer | 23/24 Planning Guidance | Monthly | ≥99% | 99.5% | 99.4% |  |  |

Deliver (Access Performance) - Graphs (1)



Cancer 2 week waits - first appointment urgent GP referral

This metric is showing special cause improvement and that the current process may not meet the target consistently - This is a change from the previous month



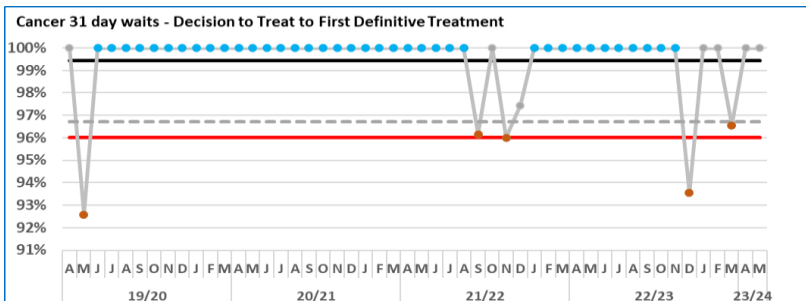
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)

This metric is showing special cause concern and that the current process may not meet the target consistently

National specialist service susceptible to variable 14-day performance secondary to patient choice. The operational standard had been met for the previous three months but performance deteriorated in June due to insufficient escalation of breach scheduling to the service from the Booking Centre. Oncology Service Manager has recently worked with the Booking Centre team to ensure conversations with patients are framed to minimise patient choice breaches, with video consultations being offered to appropriate patients. 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.

Action Review Date: Jul 2023

Action Lead: Tim Reynolds



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

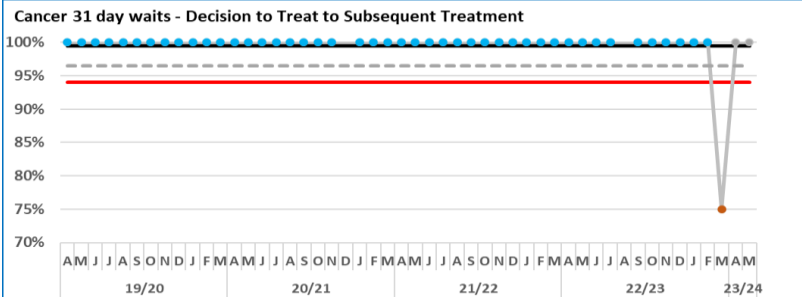
Data for reporting period not available

June 2023 data currently being validated, however provisionally no breaches are expected

Action Review Date:

Action Lead:

Deliver (Access Performance) - Graphs (2)



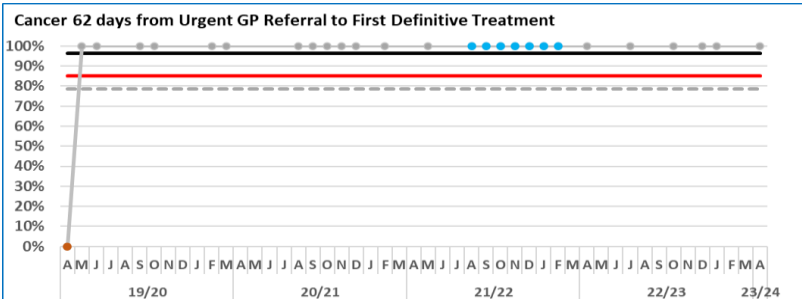
Cancer 31 day waits - Decision to Treat to Subsequent Treatment

Data for reporting period not available

June 2023 data currently being validated, however provisionally no breaches are expected

Action Review Date:

Action Lead:



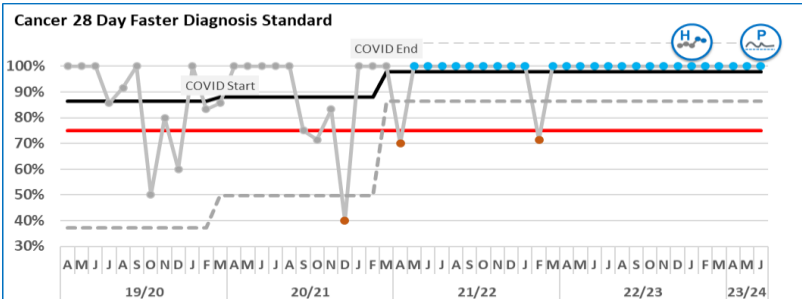
Cancer 62 days from Urgent GP Referral to First Definitive Treatment

Data for reporting period not available

June 2023 data currently being validated, however provisionally no breaches are expected

Action Review Date:

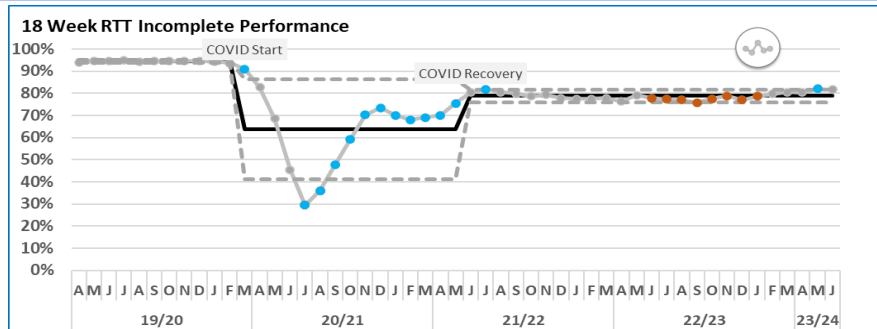
Action Lead:



Cancer 28 Day Faster Diagnosis Standard

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

Deliver (Access Performance) - Graphs (3)



18 Week RTT Incomplete Performance

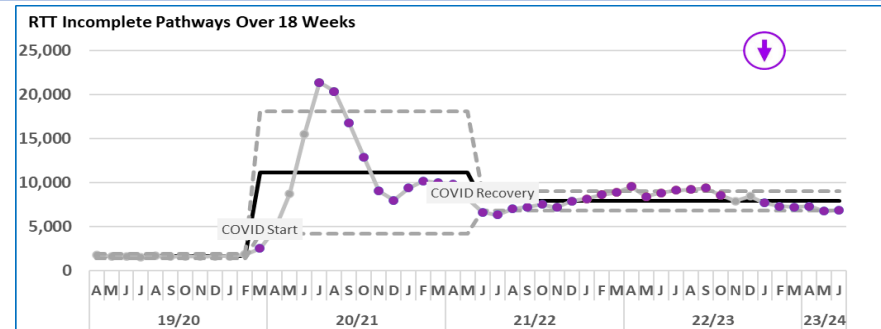
This metric is showing common cause variation - This is a change from the previous month

Improved performance due to:

- Cataract drive
- Improved transition of patients in North East following opening of Stratford site
- Reduced impact from duplicate referral creation through CITO

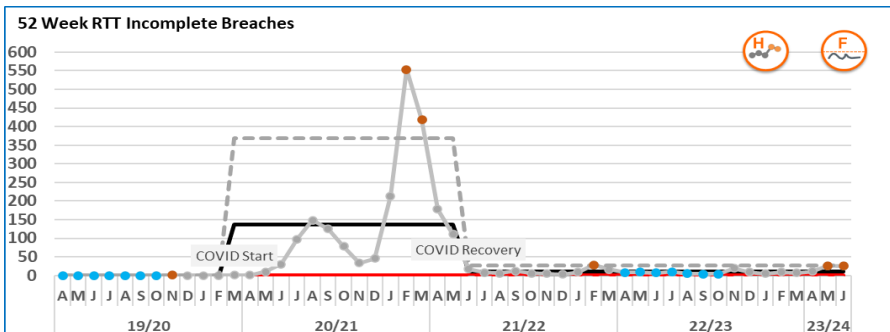
Action Review Date:

Action Lead:



RTT Incomplete Pathways Over 18 Weeks

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



52 Week RTT Incomplete Breaches

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

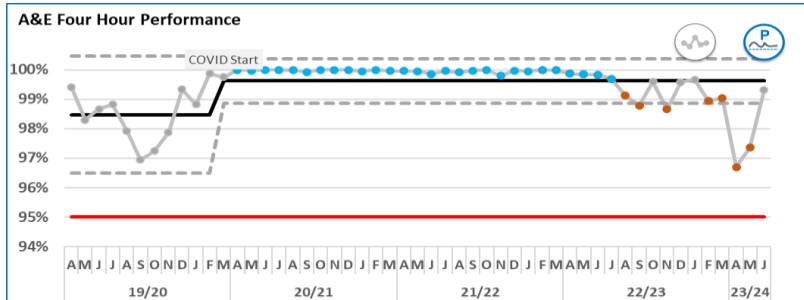
- The South Division have had a spike in 52WW patients, primarily in the Paediatrics service, due to a lack of capacity versus demand, which culminated in a peak of 18 patients waiting over 52 weeks for treatment. In the short term, we have run additional weekend to reduce the backlog, and longer term have recruited consultants to provide additional clinical support at both St George's and Croydon, with one of these consultants starting on 7th August. At the time of reporting we have reduced down the backlog to 5 x 52WW Paediatric breaches currently, and all patients have been reviewed by the lead clinician to ensure no harm has arisen from these elongated delays. There is also operational oversight of the PTL to ensure patients are being seen in time order where clinically appropriate and indicated.
- 4 breaches at City Road. 3 (2 Adnexal, 1 Paediatric) were secondary to an Adnexal consultant being on sabbatical. His specific expertise was required for each of the cases. Treatment scheduled for July, earliest available slots on his return, although one delayed due to patient choice. The fourth patient under External Disease was transferred from GSTT under mutual aid for consideration of a corneal graft. Surgery is scheduled to proceed on 31/07.
- 1 breach at Ealing due to pathway error: The patient was incorrectly discharged from General Ophthalmology and should have been internally referred to cataract on the same pathway. The Clinic Manager has taken the learning to the team. This should be less of an issue now that the booking centre have taken over our referrals and new patient bookings in the North West.

Action Review Date: Jul 2023

Action Lead:

Divisional Leads

Deliver (Access Performance) - Graphs (4)



A&E Four Hour Performance

This metric is showing common cause variation and that the current process will consistently pass the target - This is a change from the previous month

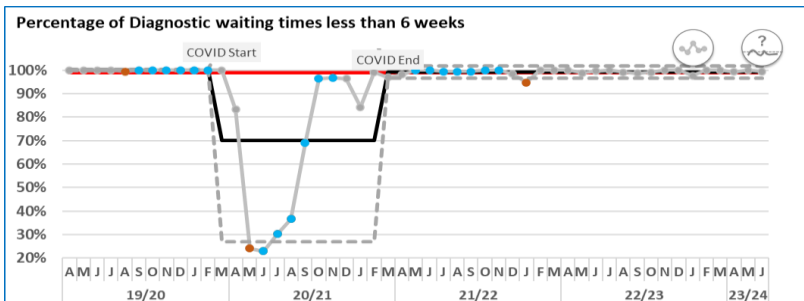
A&E four-hour performance remains consistently above 95%. The decline in performance since August '22 is driven by a reduced number of trainees allocated since the August intake. In addition, of those allocated, several are unable to perform out-of-hours on call duties. As such, there is an increased 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:

Jul 2023

Action Lead:







Tim Reynolds



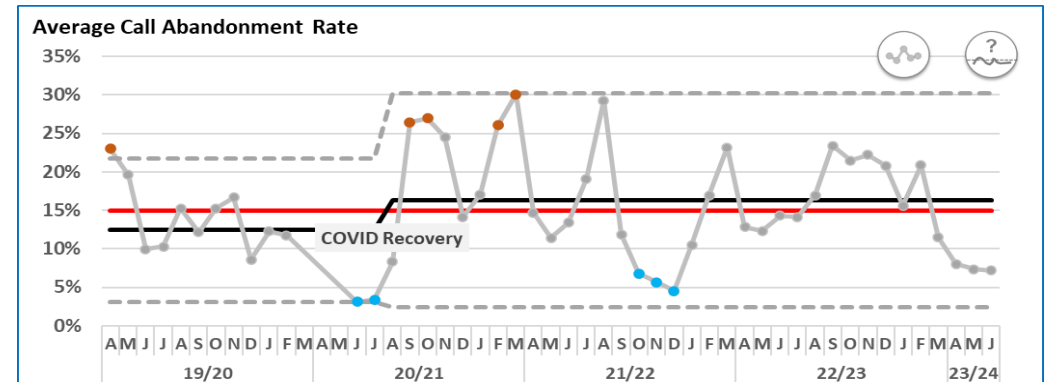
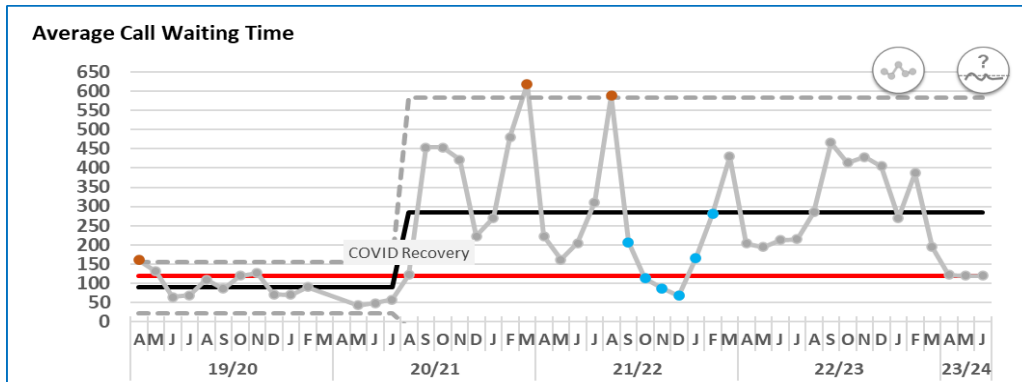
Percentage of Diagnostic waiting times less than 6 weeks

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 | 120 |  |  |
| Average Call Abandonment Rate | Jon Spencer | Internal Requirement | Monthly | ≤15% | 7.5% | 7.2% |  |  |
| Mixed Sex Accommodation Breaches | Sheila Adam | Statutory Reporting | Monthly | Zero Breaches | 0 | 0 |  |  |
| Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal) | Jon Spencer | Internal Requirement | Monthly (Rolling 3 Months) | ≤ 2.67% | n/a | 1.89% |  |  |
| VTE Risk Assessment | Jon Spencer | Statutory Reporting | Monthly | ≥95% | 99.4% | 99.5% |  |  |
| Posterior Capsular Rupture rates (Cataract Operations Only) | Jon Spencer | Statutory Reporting | Monthly | ≤1.95% | 0.90% | 1.03% |  |  |
| Endophthalmitis Rates - Aggregate Score | Sheila Adam | Internal Requirement | Quarterly | Zero Non-Compliant | n/a | n/a | | |
| MRSA Bacteraemias Cases | Sheila Adam | NHS Oversight Framework | Monthly | Zero Cases | 0 | 0 |  |  |
| Clostridium Difficile Cases | Sheila Adam | NHS Oversight Framework | Monthly | Zero Cases | 0 | 0 |  |  |
| Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases | Sheila Adam | NHS Oversight Framework | Monthly | Zero Cases | 0 | 0 |  |  |
| MSSA Rate - cases | Sheila Adam | NHS Oversight Framework | Monthly | Zero Cases | 0 | 0 |  |  |

Deliver (Call Centre and Clinical) - Graphs (1)



Average Call Waiting Time

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 since April through improvement plan in place.

Actions:

- (1) Recruitment to supervisor vacancies to improve support and oversight – Posts readvertised. Previous interviews unsuccessful. Aim Sept 2023
- (2) Rolling recruitment in place and long and short term sickness monitoring on-going - Posts readvertised. Aim Sept 2023. Sickness monitoring ongoing
- (3) Defined escalation points to improve oversight of performance - Ongoing
- (4) Demand and capacity exercise to identify workforce requirement for sustained improvement in performance - Complete
- (5) RPA project scope and timelines agreed but on hold due to RPA resource limitations and discussions required to progress. – On hold pending discussions
- (6) Web assist functionality to be introduced to reduce call volumes- Aim August 2023

Average Call Abandonment Rate

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

Action Review Date:

Aug 2023

Action Lead:

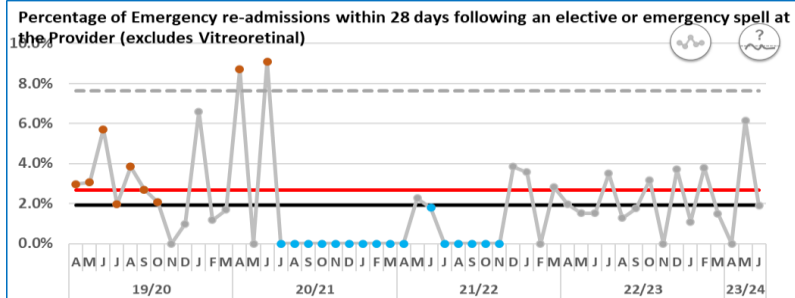
Anoju Devi

Deliver (Call Centre and Clinical) - Graphs (2)

No Graph Generated, No breaches since June 2017

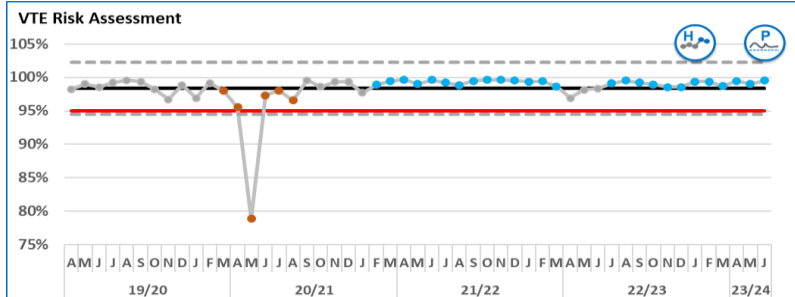
Mixed Sex Accommodation Breaches

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



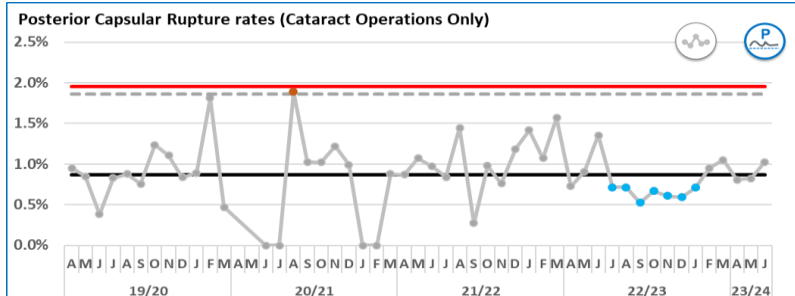
% Emergency re-admissions within 28 days (excludes Vitreoretinal)

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



VTE Risk Assessment

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








Posterior Capsular Rupture rates (Cataract Operations Only)

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

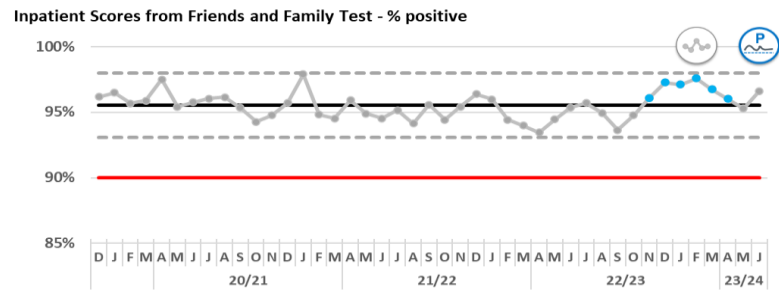
Deliver (Call Centre and Clinical) - Graphs (3)

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

Deliver (Quality and Safety) - Summary

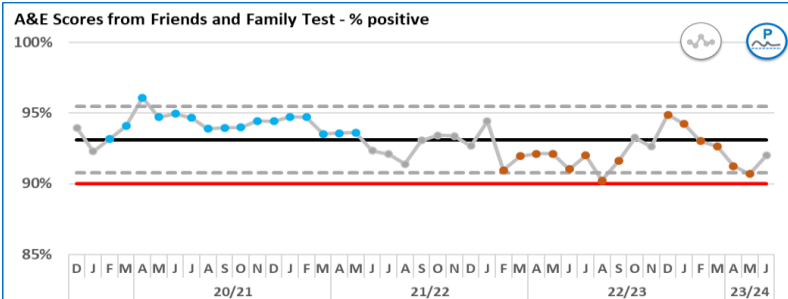
| Metric Description | Metric Lead | Metric Source | Reporting Frequency | Target | Year to Date | Current Period | Variation | Assurance |
|--|---------------|----------------------|----------------------------|--------|--------------|----------------|---|---|
| Inpatient Scores from Friends and Family Test - % positive | Ian Tombleson | Statutory Reporting | Monthly | ≥90% | 96.0% | 96.6% |  |  |
| A&E Scores from Friends and Family Test - % positive | Ian Tombleson | Statutory Reporting | Monthly | ≥90% | 91.3% | 92.0% |  |  |
| Outpatient Scores from Friends and Family Test - % positive | Ian Tombleson | Statutory Reporting | Monthly | ≥90% | 93.4% | 94.2% |  |  |
| Paediatric Scores from Friends and Family Test - % positive | Ian Tombleson | Internal Requirement | Monthly | ≥90% | 95.0% | 95.3% |  |  |
| Percentage of responses to written complaints sent within 25 days | Ian Tombleson | Internal Requirement | Monthly (Month in Arrears) | ≥80% | 77.5% | 84.2% |  |  |
| Percentage of responses to written complaints acknowledged within 3 days | Ian Tombleson | Internal Requirement | Monthly | ≥80% | 94.2% | 100.0% |  |  |
| Freedom of Information Requests Responded to Within 20 Days | Ian Tombleson | Statutory Reporting | Monthly (Month in Arrears) | ≥90% | 93.2% | 95.0% |  |  |
| Subject Access Requests (SARs) Responded To Within 28 Days | Ian Tombleson | Statutory Reporting | Monthly (Month in Arrears) | ≥90% | 97.6% | 95.1% |  |  |

Deliver (Quality and Safety) - Graphs (1)



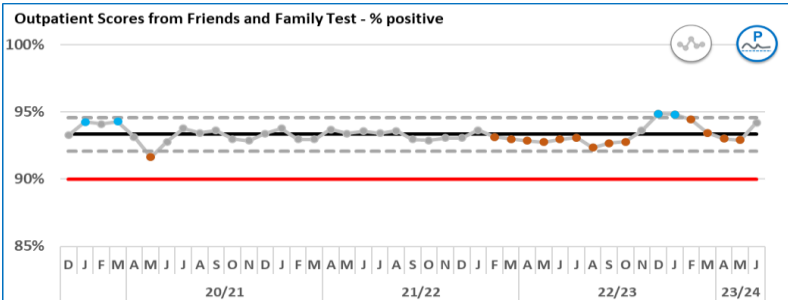
Inpatient Scores from Friends and Family Test - % positive

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



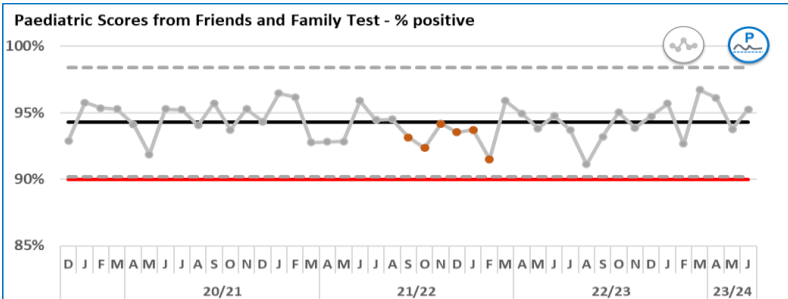
A&E Scores from Friends and Family Test - % positive

This metric is showing common cause variation and that the current process will consistently pass the target - This is a change from the previous month



Outpatient Scores from Friends and Family Test - % positive

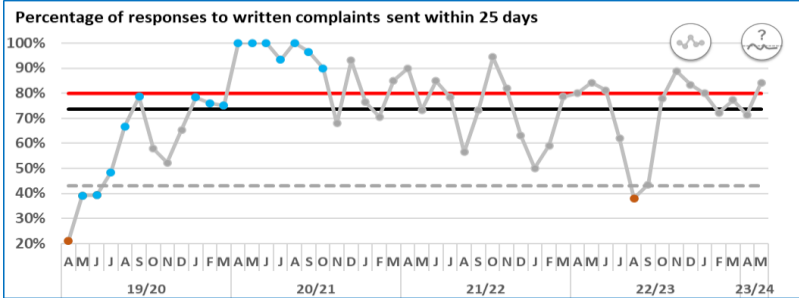
This metric is showing common cause variation and that the current process will consistently pass the target - This is a change from the previous month



Paediatric Scores from Friends and Family Test - % positive

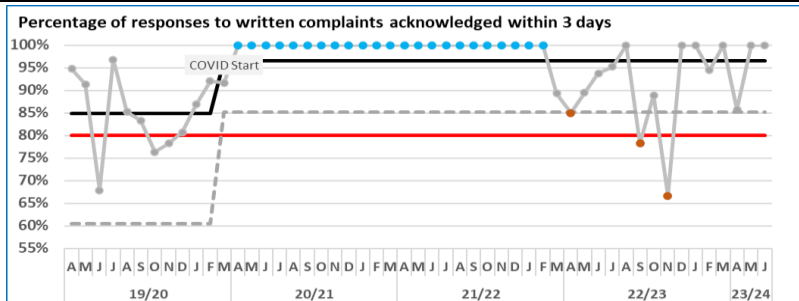
This metric is showing common cause variation and that the current process will consistently pass the target

Deliver (Quality and Safety) - Graphs (2)



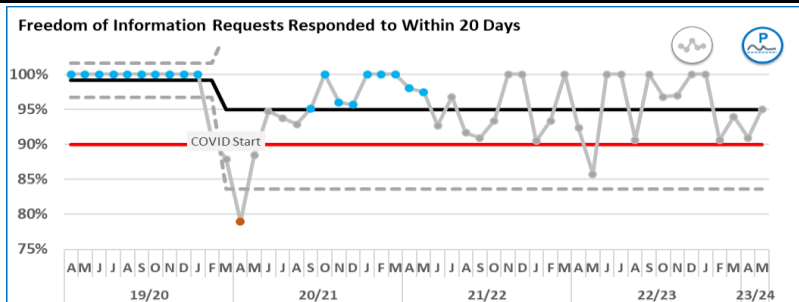
Percentage of responses to written complaints sent within 25 days

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



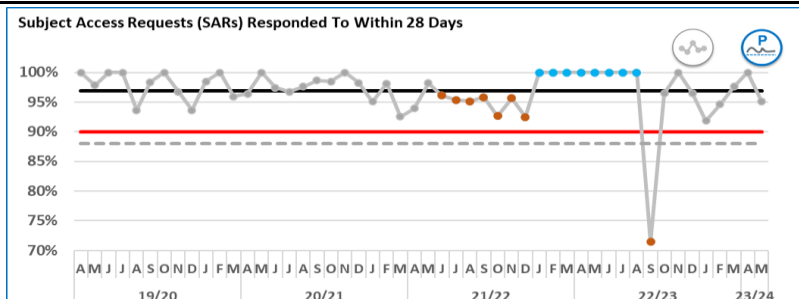
Percentage of responses to written complaints acknowledged within 3 days

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 will consistently pass the target



Subject Access Requests (SARs) Responded To Within 28 Days

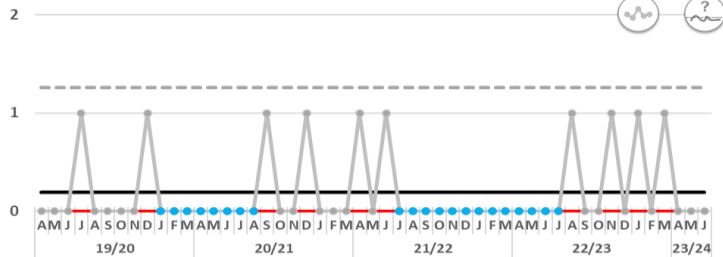
This metric is showing common cause variation and that the current process will consistently pass the target

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 | Zero Cases | 0 | 0 |  |  |
| National Patient Safety Alerts (NatPSAs) breached | Sheila Adam | NHS Oversight Framework | Monthly | Zero Alerts | n/a | 0 |  |  |
| Number of Serious Incidents remaining open after 60 days | Sheila Adam | Statutory Reporting | Monthly | Zero Cases | 1 | 0 |  |  |
| Number of Incidents (excluding Health Records incidents) remaining open after 28 days | Sheila Adam | Internal Requirement | Monthly | No Target Set | n/a | 196 |  | |

Deliver (Incident Reporting) - Graphs (1)

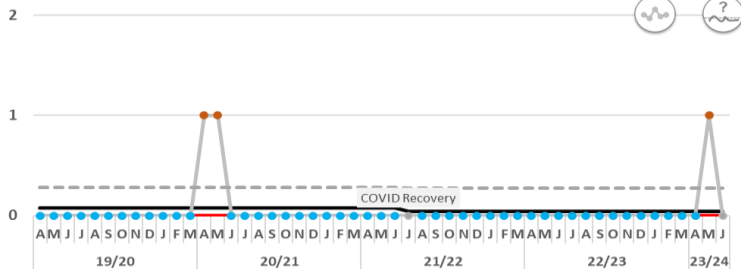
Occurrence of any Never events



Occurrence of any Never events

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

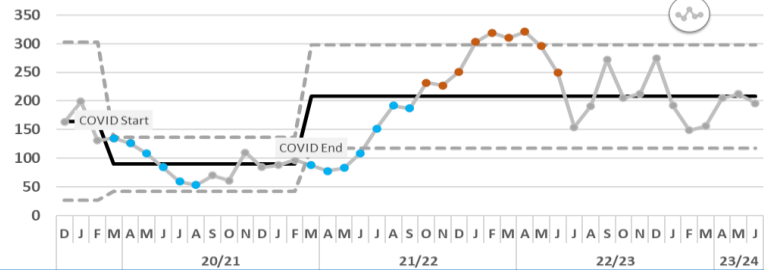
Number of Serious Incidents remaining open after 60 days



Number of Serious Incidents remaining Open after 60 days

This metric is showing common cause variation and that the current process may not meet the target consistently - This is a change from the previous month

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 August 2021

National Patient Safety Alerts (NatPSAs) breached

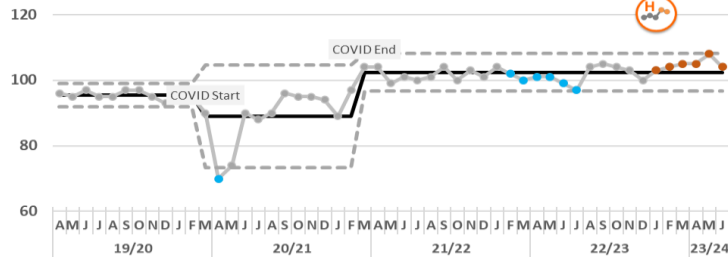
This metric is showing special cause improvement and that the current process will consistently pass the target

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 | 104 |  | |
| Median Outpatient Journey Times - Diagnostic Face to Face Appointments | Jon Spencer | Internal Requirement | Monthly | No Target Set | n/a | 53 |  | |
| 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% | 1.10% | 1.17% |  |  |
| Number of non-medical cancelled operations not treated within 28 days | Jon Spencer | Statutory Reporting | Monthly | Zero Breaches | 4 | 1 |  |  |
| Overall financial performance (In Month Var. £m) | Jonathan Wilson | Internal Requirement | Monthly | ≥0 | 1.75 | 0.69 |  | |
| Commercial Trading Unit Position (In Month Var. £m) | Jonathan Wilson | Internal Requirement | Monthly | ≥0 | 0.46 | -0.07 |  | |

Sustainability and at Scale - Graphs (1)

Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments

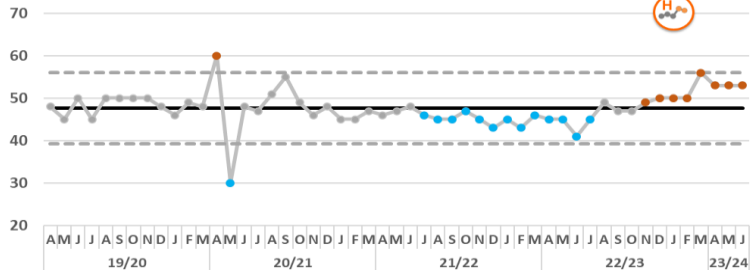


Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments

This metric is showing special cause concern (increasing rate) - This is a change from the previous month
The reason for this decline is not fully understood and this is being further investigated.

Action Review Date: Jul 2023 **Action Lead:** Divisional Leads

Median Outpatient Journey Times - Diagnostic Face to Face Appointments

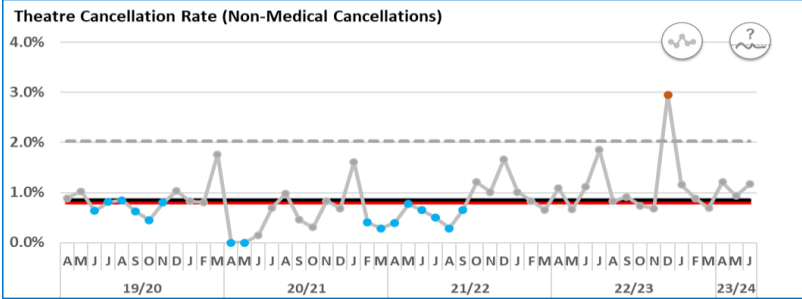


Median Outpatient Journey Times - Diagnostic Face to Face Appointments

This metric is showing special cause concern (increasing rate)
The reason for this decline is not fully understood and this is being further investigated.

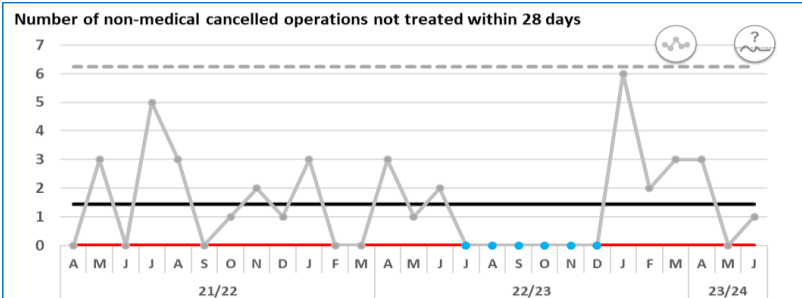
Action Review Date: Jul 2023 **Action Lead:** Divisional Leads

Sustainability and at Scale - Graphs (2)



Theatre Cancellation Rate (Non-Medical Cancellations)

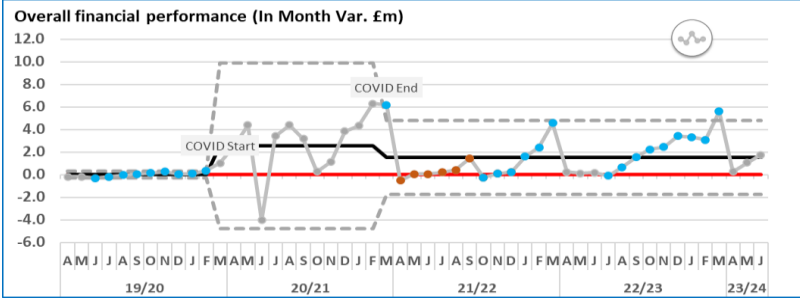
This metric is showing common cause variation and that the current process may not meet the target consistently



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

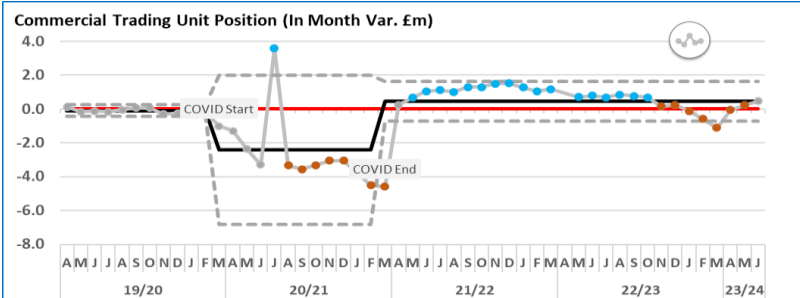
Sustainability and at Scale - Graphs (3)



Overall financial performance (In Month Var. £m)

This metric is showing common cause variation

For Narrative, See Finance Report





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

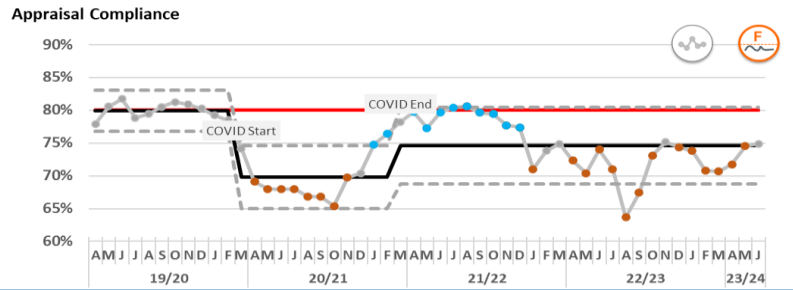
This metric is showing common cause variation - This is a change from the previous month

For Narrative, See Finance Report

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 | 74.9% |  |  |
| Information Governance Training Compliance | Ian Tombleson | Statutory Reporting | Monthly | ≥95% | n/a | 93.7% |  |  |
| Staff Sickness (Month Figure) | Sandi Drewett | 23/24 Planning Guidance | Monthly (Month in Arrears) | ≤4% | n/a | 3.7% |  |  |
| Staff Sickness (Rolling Annual Figure) | Sandi Drewett | 23/24 Planning Guidance | Monthly (Month in Arrears) | ≤4% | n/a | 4.7% |  |  |
| Proportion of Temporary Staff | Sandi Drewett | 23/24 Planning Guidance | Monthly | No Target Set | 15.0% | n/a | | |

Working Together - Graphs (1)

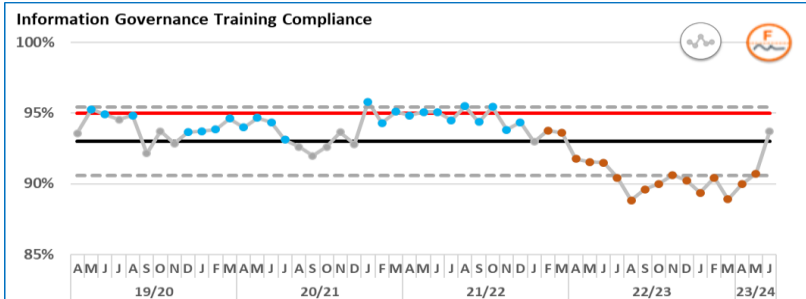


Appraisal Compliance

This metric is showing common cause variation with the current process unlikely to achieve the target - This is a change from the previous month

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 on 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: Jul 2023 **Action Lead:** Rachele Johnson

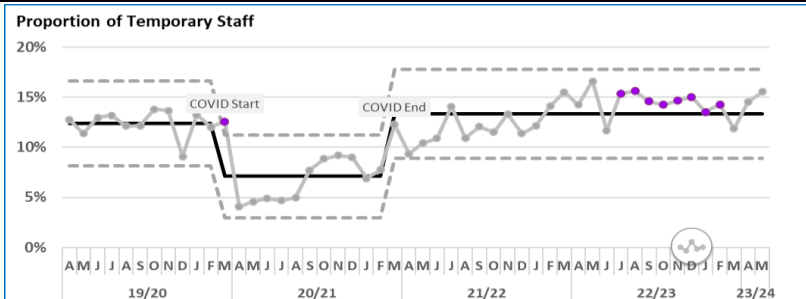


Information Governance Training Compliance

This metric is showing common cause variation with the current process unlikely to achieve the target - This is a change from the previous month

This concern was escalated from MAST to ManEx. ManEx agreed that current line management practice was not delivering the standard required and agreed that options for sanctions on individuals, escalating to their managers, should be adopted. Data quality improvements are being worked on by HR and IT colleagues who are looking at the starters-leavers-movers process. A massive effort to improve outcomes by the 30th June, and in conjunction with manually adjusting the figures to remediate data quality issues, a final figure of 96% was reported to NHSE.

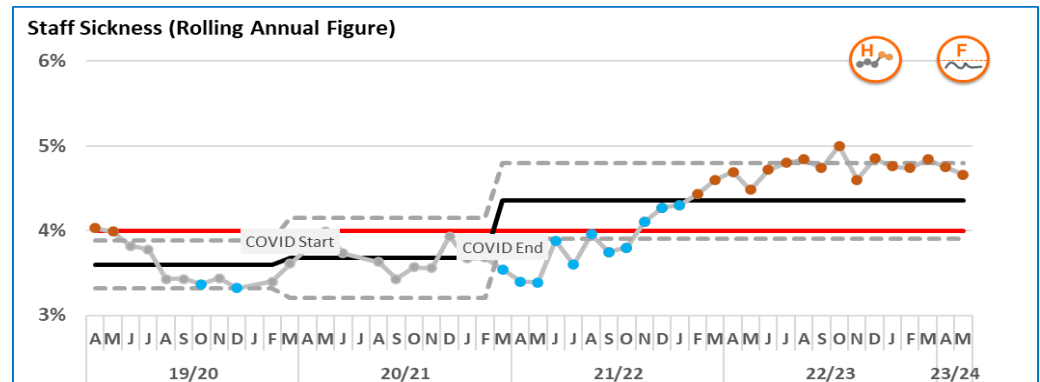
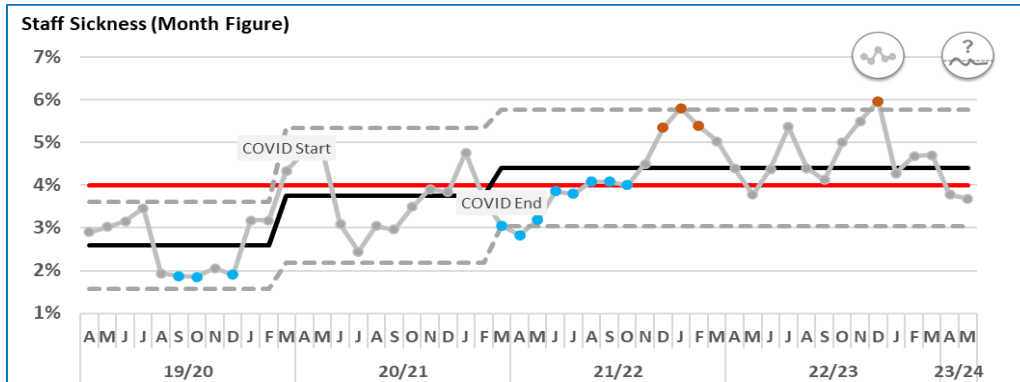
Action Review Date: Jul 2023 **Action Lead:**



Proportion of Temporary Staff

Data for reporting period not available

Working Together - Graphs (2)



Staff Sickness (Month Figure)

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

The Employee Relations (ER) team continues working closely with Line Managers to manage complex long-term sickness cases. It is to be noted that the Trust has achieved the monthly 4% target.

There has also been a marked improvement with some of the LTS cases being closed following the staff members' returning to work; however, some staff have left the Trust because of their underlying health condition due to personal reasons,.

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 and on those staff members who have been absent from work

6 months onwards. Where this is impossible, staff members will be supported to progress to initiate the appropriate action under the Trust's Sickness Absence Policy.

Long term sickness absence cases continue to remain at an increase, due to the nature of the illnesses which need to be managed sensitively and with empathy which indirectly impacts on the data figures.

Overall sickness absence for the rolling year is 4.65% and has reduced from the previous month, although it remains about the target of 4%.

Top 3 sickness reasons for the rolling year are: Anxiety/stress/depression/other psychiatric illness | Cold, Cough, Flu – Influenza | Other musculoskeletal problems

Targeted sickness absence training modules to be delivered by the ER team dates scheduled in July 2023 to those hot spot service line areas within the Trust with high short-term sickness absence and long-term sickness rates.

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

There is also an upcoming sickness audit review to be commenced by the Trust's Audit Partners, RSM which will help inform areas of good practice and improvement.

Guidance's on How to make an Effective OH referral for Line Managers and on Making Reasonable Adjustments in the Workplace for Staff have been developed. This would enable line managers to support staff members at work who have underlying health conditions.

Staff Sickness (Rolling Annual Figure)

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







Action Review Date:

Aug 2023

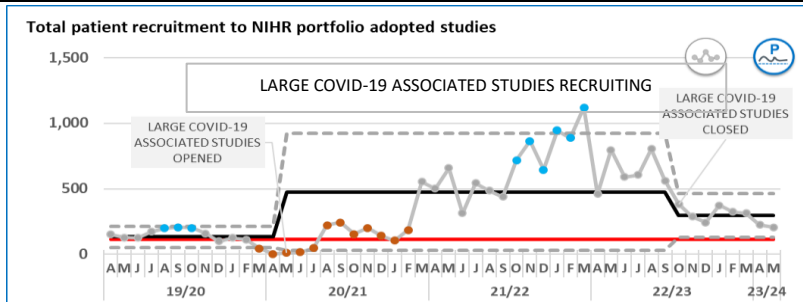
Action Lead:

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) | ≥115 | 432 | 207 |  |  |
| Active Commercial Studies (Open + Closed to Recruitment in follow up) | Professor Sir Peng Tee Khaw | Internal Requirement | Monthly (Month in Arrears) | ≥44 | 116 | 56 |  |  |
| 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 | n/a |  |  |

Discover - Graphs (1)



Total patient recruitment to NIHR portfolio adopted studies

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

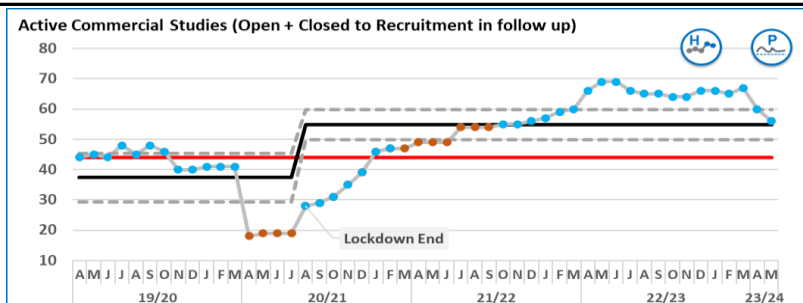
This metric was showing a fall because it incorporated all the highly successful very high volume COVID-19 studies which have now been completed. These were non interventional and non-intensive. These have now been replaced by more usual interventional, early phase high-cost studies frequently requiring intensive tests including imaging and follow up and returning to pre-covid levels of performance and above target.

Action Review Date:

Sep 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

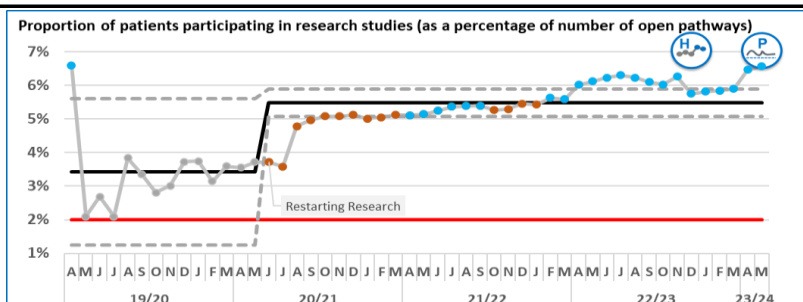
This metric is showing an increase in our active commercial study portfolio following the COVID-19 period when all activity was stopped by the government. Active commercial studies continue. These studies generating financial income but also for providing our patients with access to the latest innovative treatments and therapies. However approximately 50% of commercial income is from one company based on a spin out based on UCL expertise with an MEH component due to NIHR BRC investment. We continue to look to diversify our commercial income further.

Action Review Date:

Sep 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 and considerably surpassed 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) and Clinical Research Facility (CRF) strategy. As part of our Equity Diversity and Inclusion strategy for both the BRC and CRF we seek to increase the representation and diversity and opportunities for our patient population in clinical trials.









Action Review Date:

Sep 2023

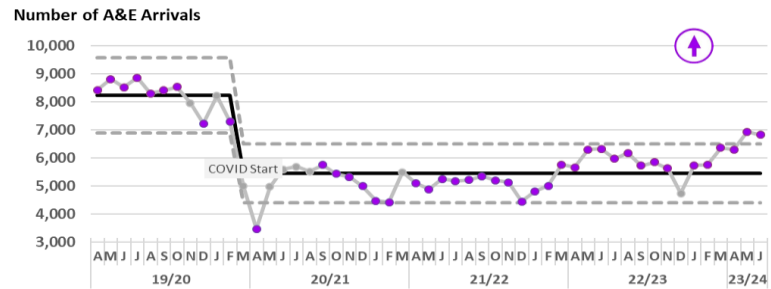
Action Lead:

Peng Khaw

Context (Activity) - Summary

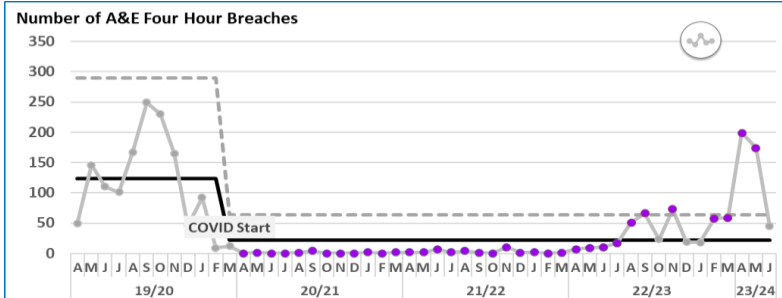
| Metric Description | Metric Lead | Metric Source | Reporting Frequency | Previous Monthly Averages | Year to Date | Current Period | Variation | Assurance |
|--|-------------|----------------------|---------------------|------------------------------|--------------|----------------|---|-----------|
| Number of A&E Arrivals | Jon Spencer | Internal Requirement | Monthly | 19/20: 8230 22/23: 5855 | 20060 | 6826 |  | |
| Number of A&E Four Hour Breaches | Jon Spencer | Internal Requirement | Monthly | 19/20: 124 22/23: 34 | 418 | 45 |  | |
| Number of Outpatient Appointment Attendances | Jon Spencer | Internal Requirement | Monthly | 19/20: 50447 22/23: 50152 | 153985 | 55758 |  | |
| Number of Outpatient First Appointment Attendances | Jon Spencer | Internal Requirement | Monthly | 19/20: 11055 22/23: 11690 | 36686 | 13272 |  | |
| Number of Outpatient Follow Up Appointment Attendances | Jon Spencer | Internal Requirement | Monthly | 19/20: 39391 22/23: 38462 | 117299 | 42486 |  | |
| Number of Referrals Received | Jon Spencer | Internal Requirement | Monthly | 19/20: 11628 22/23: 13178 | 42066 | 14253 |  | |
| Number of Theatre Admissions | Jon Spencer | Internal Requirement | Monthly | 19/20: 3081 22/23: 3148 | 9530 | 3595 |  | |
| Number of Theatre Elective Daycase Admissions | Jon Spencer | Internal Requirement | Monthly | 19/20: 2747 22/23: 2869 | 8628 | 3280 |  | |
| Number of Theatre Elective Inpatient Admission | Jon Spencer | Internal Requirement | Monthly | 19/20: 99 22/23: 79 | 246 | 96 |  | |
| Number of Theatre Emergency Admissions | Jon Spencer | Internal Requirement | Monthly | 19/20: 235 22/23: 200 | 656 | 219 |  | |

Context (Activity) - Graphs (1)



Number of A&E Arrivals

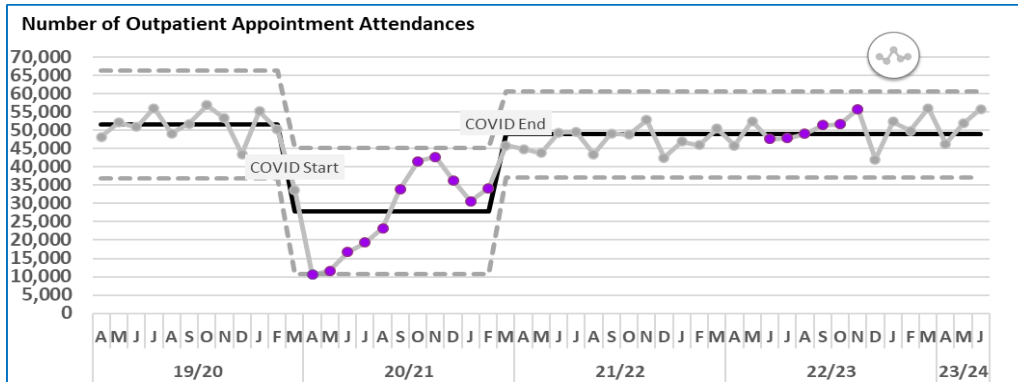
This metric is showing an special cause variation (increasing rate)



Number of A&E Four Hour Breaches

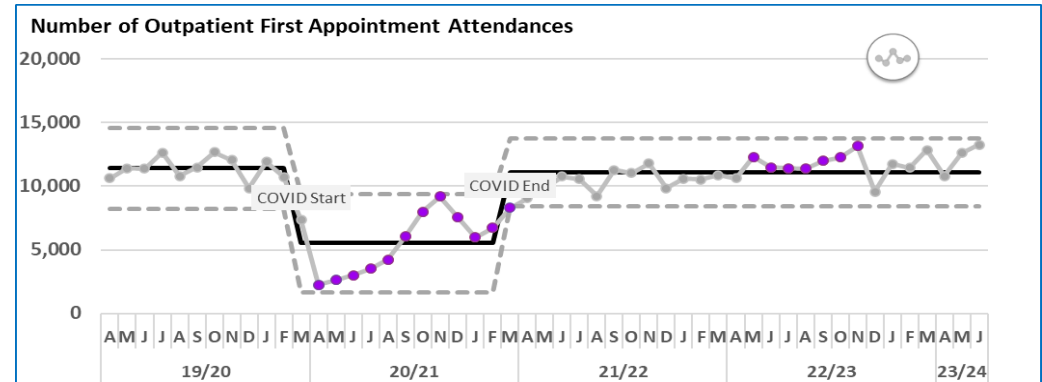
This metric is showing common cause variation - This is a change from the previous month

Context (Activity) - Graphs (2)



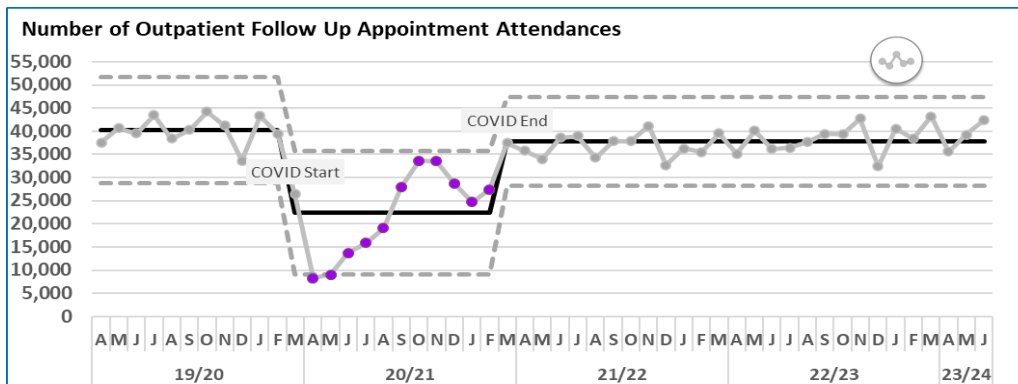
Number of Outpatient Appointment Attendances

This metric is showing common cause variation



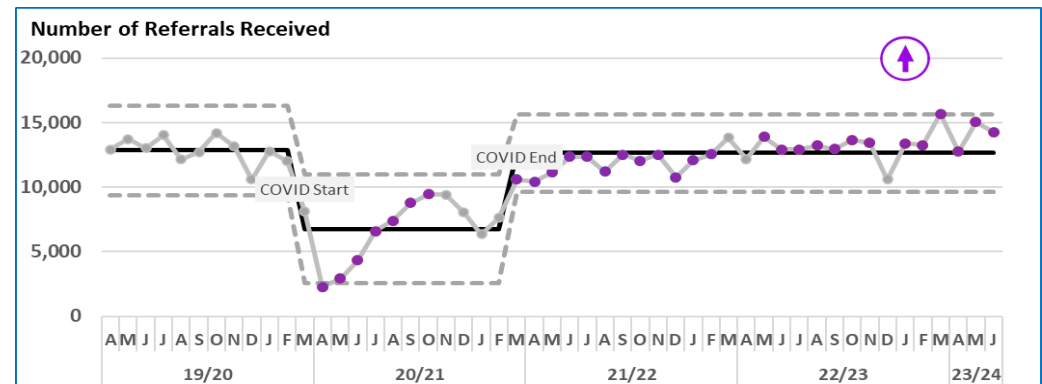
Number of Outpatient First Appointment Attendances

This metric is showing common cause variation



Number of Outpatient Follow Up Appointment Attendances

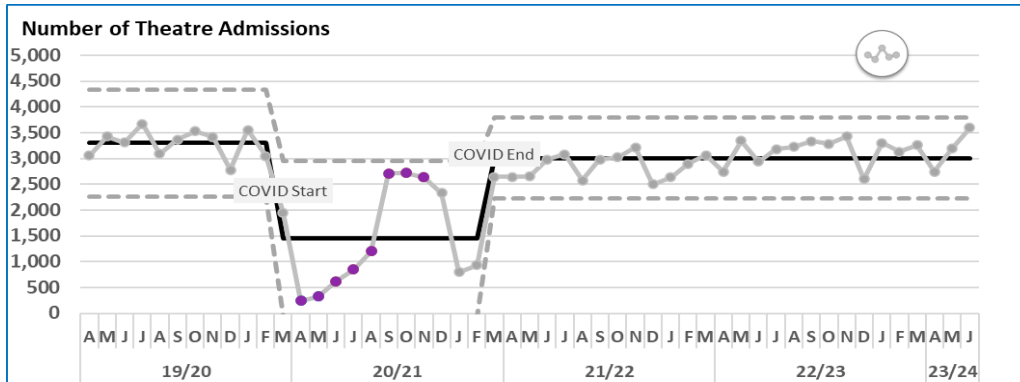
This metric is showing common cause variation



Number of Referrals Received

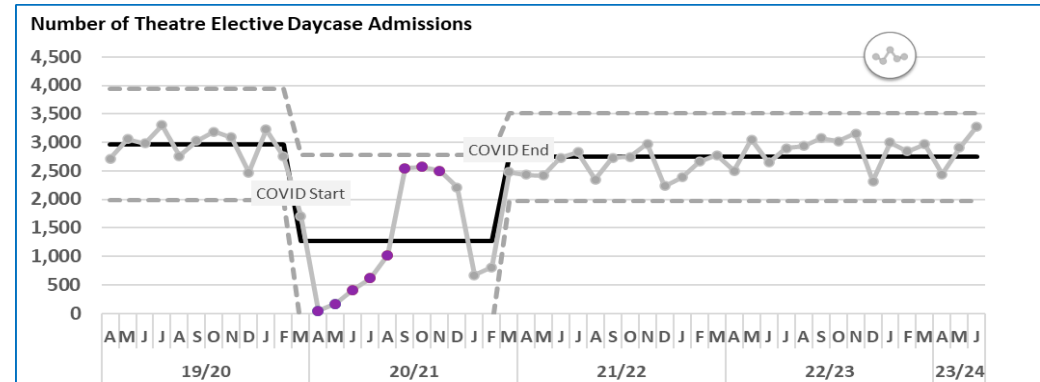
This metric is showing an special cause variation (increasing rate) - This is a change from the previous month

Context (Activity) - Graphs (3)



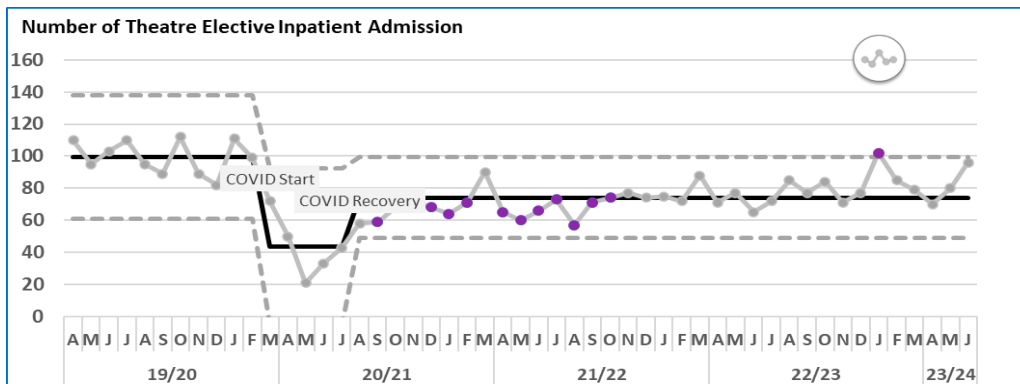
Number of Theatre Admissions

This metric is showing common cause variation



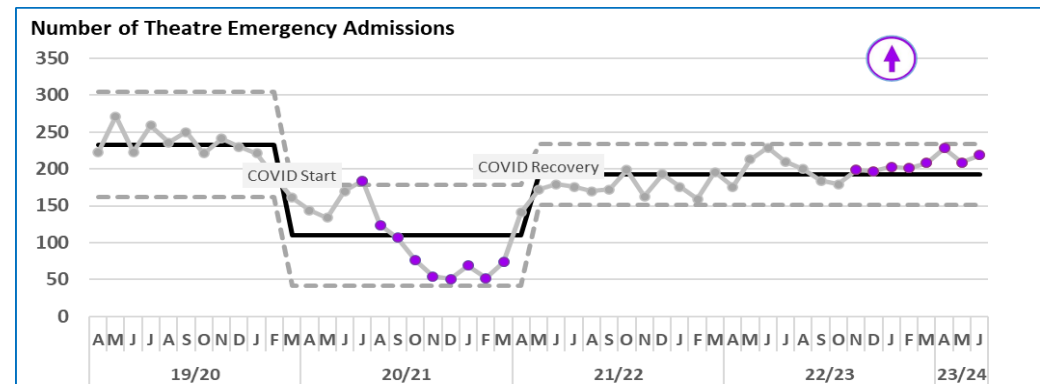
Number of Theatre Elective Daycase Admissions

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)