

Integrated Performance Report

Reporting Period - October 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 a decreasing trend	Inconsistent passing and failing of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)ailing short of 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

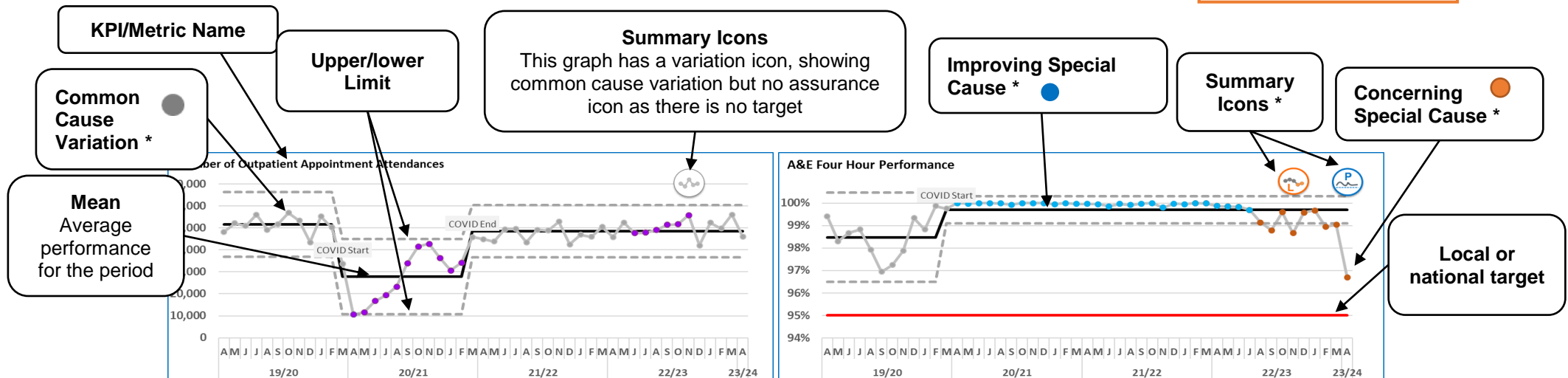
Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Cancer 2 week waits - first appointment urgent GP referral	Jon Spencer	Statutory Reporting	Monthly	≥93%	100.0%	100.0%		

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



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>

Highlights

Metrics With "Failing Process"

- 52 Week RTT Incomplete Breaches
- Appraisal Compliance
- Information Governance Training Compliance
- Staff Sickness (Rolling Annual Figure)

Celebrations

- 25 Metrics showing as a capable process, with 23 showing a improving or stable performance, this includes:
 - All Cancer Performance
 - Diagnostic Waiting Times
 - All FFT Performance Targets
- A further two metrics are showing improvement

Other Metrics showing "Special Cause Concern"

- Cancer 2 week waits - first appointment urgent GP referral
- National Patient Safety Alerts (NatPSAs) breached
- Active Commercial Studies
- Proportion of patients participating in research studies

Other Areas To Note

- Elective and First Appointment Activity vs. Plan is no longer showing an improved position due to a lower figure this month, with First Appointment Activity below plan for the first time since August 2022
- Narrative on the Increase in Proportion of Temporary Staffing
- A&E visits, Outpatient Attendances, Referrals, Elective Day Case and Emergency Admission are all showing an increasing trend

Executive Summary

Elective and first outpatient activity levels both dropped below the Trust's plan in October (87.3% and 95.1% respectively) meaning that both metrics are no longer causing special cause improvement. Although the year to date activity level for first outpatient attendances remains above our plan (102.5%), the year to date plan for elective attendances has now fallen below the plan (98.4%). Although activity levels increased in month, this reduced performance against plan was primarily driven by the delay in the opening of the surgical floor at our new Stratford centre. This floor has now become operational and although there will be some further impact in performance into the beginning of November, it is then expected to support activity increases in line with the Trust plan. Performance was also impacted by industrial action in the first week of October where the Trust cancelled 87 operations and 542 appointments.

The Trust's performance against the 52 Week RTT target continues to cause common cause variation which is unlikely to achieve the target. We currently have 10 patients who have waited longer than the required standard due to capacity issues in the South, particularly with Strabismus. The service has put a recovery plan in place.

Although performance against the 2 week wait cancer standard is now classified as showing special cause concern, the Trust has met the standard for several months in a row and the reduction this month was due to a single patient waiting longer than the required standard.

The number of non-medical cancelled operations not treated within 28 days continues to show common cause variation which may not meet the anticipated standard. This month the Trust had 3 breaches which were due to our ability to contact one of the patients and capacity constraints for the other two.

Staff sickness and appraisal rates are also showing common cause variation which may not meet the anticipated standard. Having shown improvement over the summer months, staff sickness has risen in the past 2 months due to a combination of seasonal and longer term reasons. During October, a significant number of actions were taken by the employee relations team including the implementation of the outcomes of a recent internal audit on sickness absence management and the provision of briefing sessions for managers on how best to make reasonable adjustments. Similarly, having increased for several months in a row, appraisal rates have dropped for the past 2. This is largely due to competing operational priorities and a number of actions are being pursued to reverse this position.









Although the Trust had a single breach of the National Patient Safety Alerts (NatPSAs), this was due to the complexity of the corrective action which was required to respond to the particular alert. The alert will be closed as soon as the service team has confirmed mitigating actions for the supply of a specific drug.

Performance against the standards measuring the number of active commercial studies and proportion of patients participating in research studies are both showing decline. This is due to a combination of the closure of a large study which focussed on Covid 19 and a closure of certain studies where all relevant activities had been undertaken. The current pipeline of 27 hosted studies in "set up" should ensure that we continue to meet our target for commercial studies.

The Trust's performance against the following targets are showing positive improvements:

- The number of Freedom of Information requests responded to within 20 days are no longer showing as special cause concern
- Subject Access Requests (SARs) responded to within 28 Days is no longer showing as special cause concern
- Median Outpatient Journey Times for Diagnostic Face to Face Appointments are no longer showing as special cause concern
- The Theatre Cancellation Rate (Non-Medical Cancellations) is no longer classed as a failing process

Performance Overview

October 2023		Assurance			
		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 31 Day Waits (First) - % Cancer 31 Day Waits (Subsequent) - Cancer 28 Day Faster Diagnosis Standard - Average Call Abandonment Rate - Occurrence of any Never events 	- Average Call Waiting Time	-	- 18 Week RTT Incomplete Performance	
	Common Cause  <ul style="list-style-type: none"> - % Cancer 62 Day Waits - A&E Four Hour Performance - % Diagnostic waiting times less than 6w - Mixed Sex Accommodation Breaches - VTE Risk Assessment - 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 - Summary Hospital Mortality Indicator - Recruitment to NIHR portfolio studies 	* See Next Page	- 52 Week RTT Incomplete Breaches - Appraisal Compliance - IG Training Compliance	* See Next Page	
	Special Cause- Concern  <ul style="list-style-type: none"> - Active Commercial Studies - % of patients in research studies 	- % Cancer 2 Week Waits - NatPSAs breached	- Staff Sickness (Rolling Annual Figure)	-	
	Special Cause - Increasing Trending  <ul style="list-style-type: none"> - Proportion of Temporary Staff - No. of A&E Arrivals - 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 Emergency Admissions 				
	Special Cause - Decreasing Trending  <ul style="list-style-type: none"> - RTT Incomplete Pathways Over 18 Weeks 				

Performance Overview

Common Cause & Hit and Miss





- Elective Activity - % of Phased Plan
- Total Outpatient Activity (% Plan)
- Outpatient First Activity (% Plan)
- % Cancer 14 Day Target
- Emergency readmissions in 28d (ex. VR)
- % Complaints Responses Within 25 days
- % FoI Requests within 20 Days
- % SARs Requests within 28 Days
- Serious Incidents open after 60 days
- Theatre Cancellation Rate (Non-Medical)
- Non-medical cancelled 28 day breaches
- Overall financial performance
- Commercial Trading Unit Position
- Staff Sickness (Month Figure)

Common Cause (No Target)

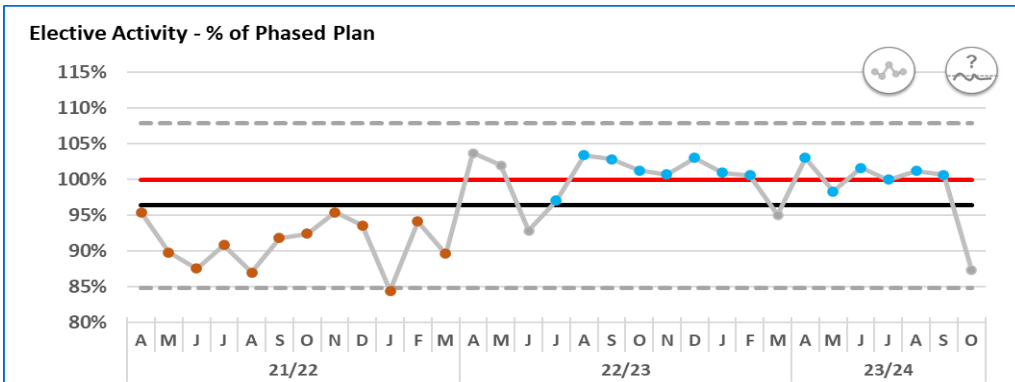


- Number of Incidents open after 28 days
- OP Journey Times - Non-Diagnostic FtF
- OP Journey Times - Diagnostic FtF
- No. of A&E Four Hour Breaches
- No. of Theatre Elective Inpatient Adm.

Deliver (Activity vs Plan) - Summary

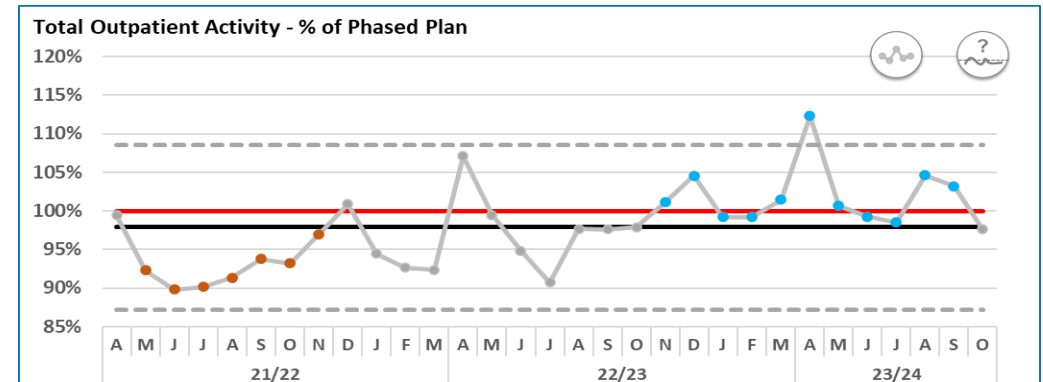
Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Elective Activity - % of Phased Plan	Jon Spencer	23/24 Planning Guidance	Monthly	≥100%	98.4%	87.3%		
Total Outpatient Activity - % of Phased Plan	Jon Spencer	Internal Requirement	Monthly	≥100%	101.9%	97.6%		
Outpatient First Appointment Activity - % of Phased Plan	Jon Spencer	Internal Requirement	Monthly	≥100%	102.5%	95.1%		
Outpatient Follow Up Appointment Activity - % of Phased Plan	Jon Spencer	23/24 Planning Guidance	Monthly	≥85%	101.7%	98.3%		

Deliver (Activity vs Plan) - Graphs (1)



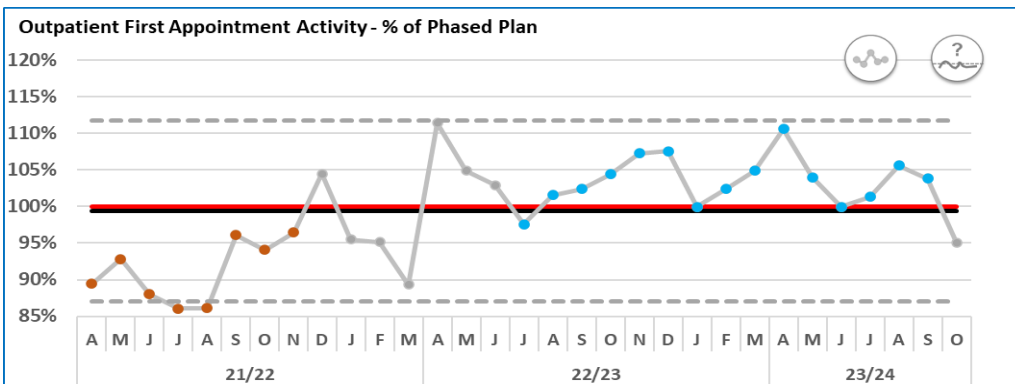
Elective Activity - % of Phased Plan

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



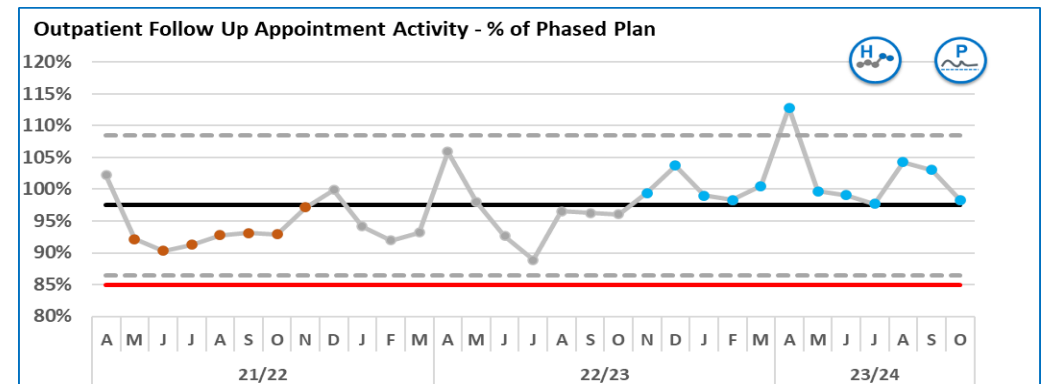
Total Outpatient Activity - % of Phased Plan

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



Outpatient First Appointment Activity - % of Phased Plan

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



Outpatient Follow Up Appointment Activity - % of Phased Plan

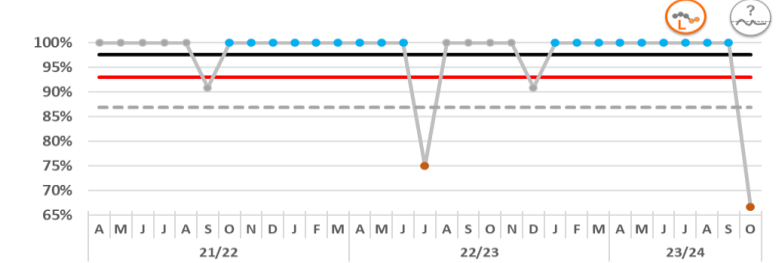
This metric is showing special cause improvement and that the current process will consistently pass the target

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%	96.8%	66.7%		
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Jon Spencer	Statutory Reporting	Monthly	≥93%	96.0%	98.9%		
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Jon Spencer	Statutory Reporting	Monthly	≥96%	100.0%	100.0%		
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	Jon Spencer	Statutory Reporting	Monthly	≥94%	100.0%	100.0%		
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Jon Spencer	23/24 Planning Guidance	Monthly	≥85%	100.0%	100.0%		
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	81.5%	82.8%		
RTT Incomplete Pathways Over 18 Weeks	Jon Spencer	Internal Requirement	Monthly	≤ Previous Mth.	n/a	6210		
52 Week RTT Incomplete Breaches	Jon Spencer	23/24 Planning Guidance	Monthly	Zero Breaches	95	10		
A&E Four Hour Performance	Jon Spencer	23/24 Planning Guidance	Monthly	≥95%	98.7%	99.3%		
Percentage of Diagnostic waiting times less than 6 weeks	Jon Spencer	23/24 Planning Guidance	Monthly	≥99%	99.8%	100.0%		

Deliver (Access Performance) - Graphs (1)

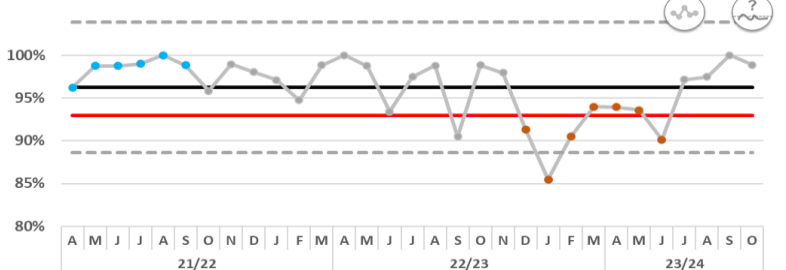
Cancer 2 week waits - first appointment urgent GP referral



Cancer 2 week waits - first appointment urgent GP referral

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

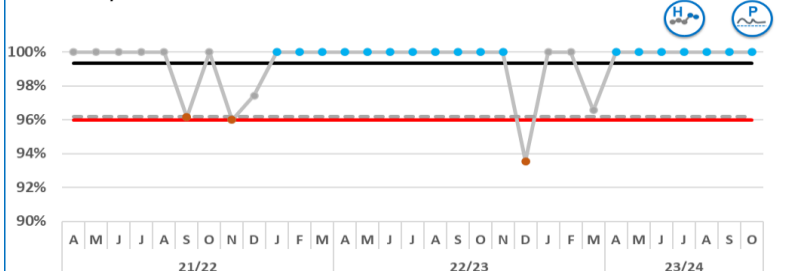
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)



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

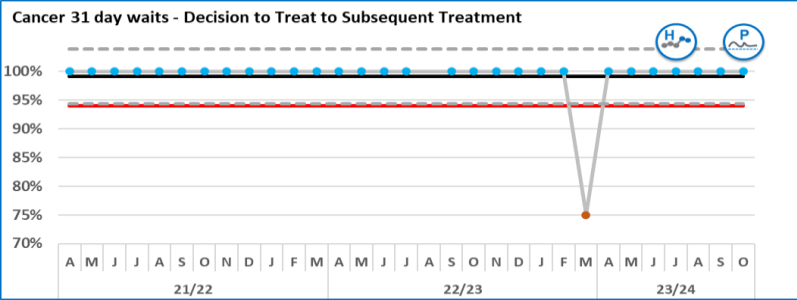
Cancer 31 day waits - Decision to Treat to First Definitive Treatment



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

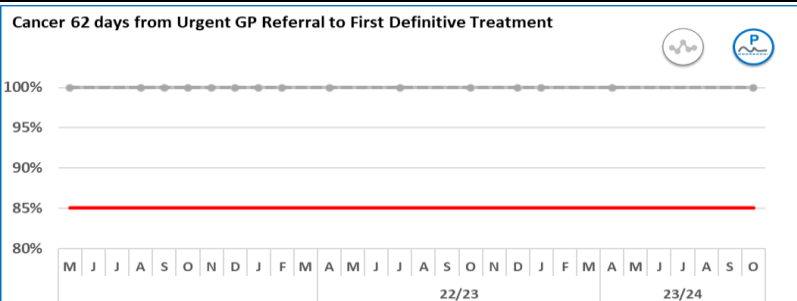
This metric is showing special cause improvement and that the current process will consistently pass the target

Deliver (Access Performance) - Graphs (2)



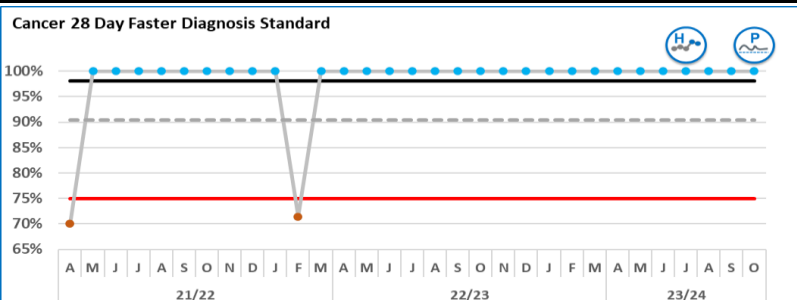
Cancer 31 day waits - Decision to Treat to Subsequent Treatment

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



Cancer 62 days from Urgent GP Referral to First Definitive Treatment

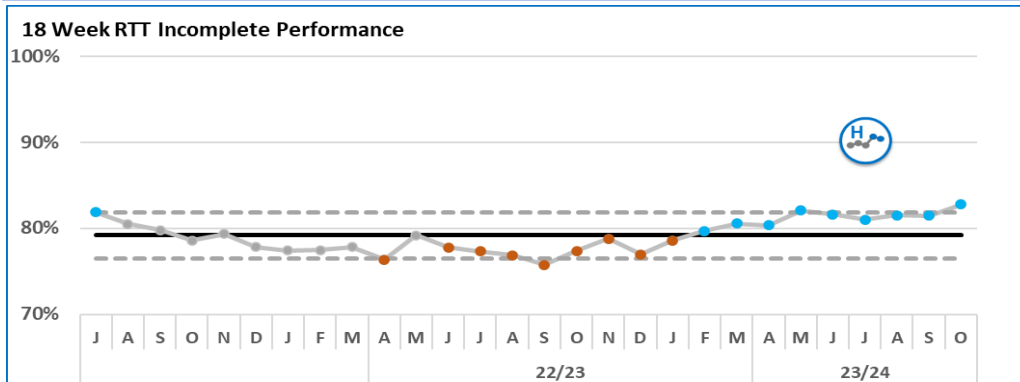
This metric is showing common cause variation and that the current process will consistently pass the target



Cancer 28 Day Faster Diagnosis Standard

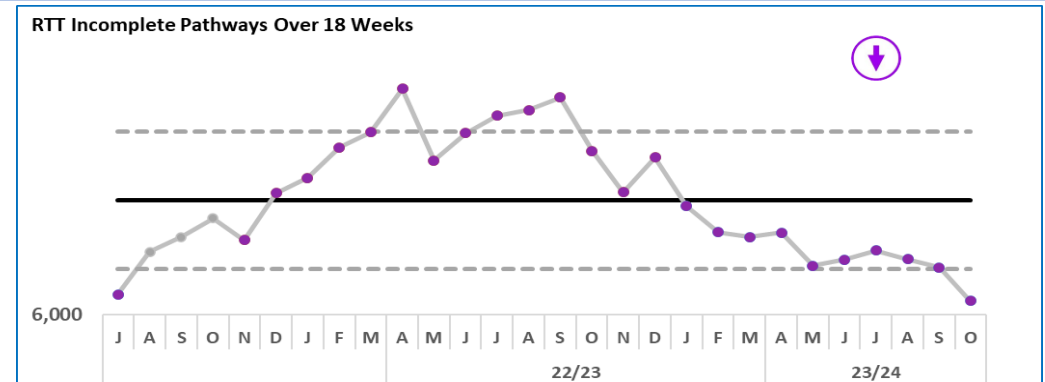
This metric is showing special cause improvement and that the current process will consistently pass the target

Deliver (Access Performance) - Graphs (3)



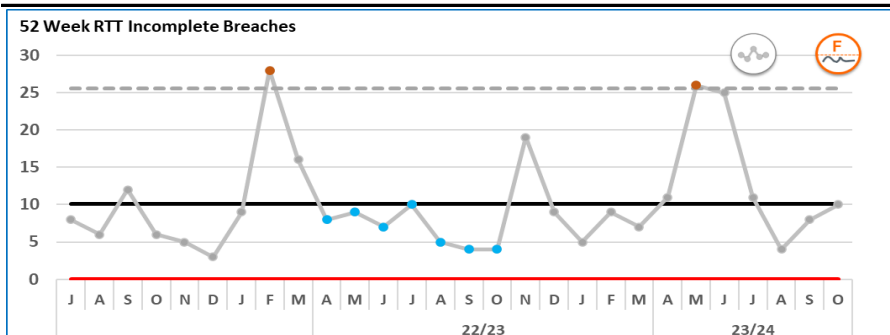
18 Week RTT Incomplete Performance

This metric is showing special cause improvement (increasing rate)



RTT Incomplete Pathways Over 18 Weeks

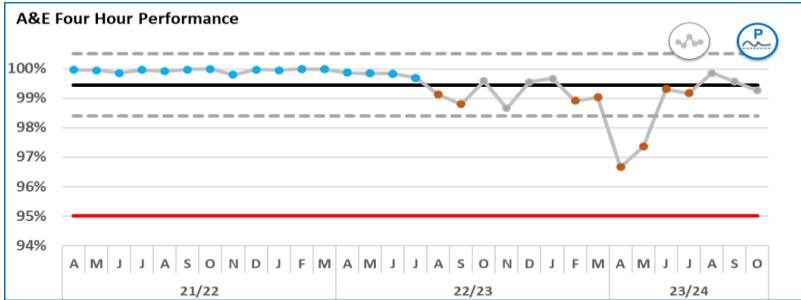
This metric is showing an special cause variation (decreasing rate)



52 Week RTT Incomplete Breaches

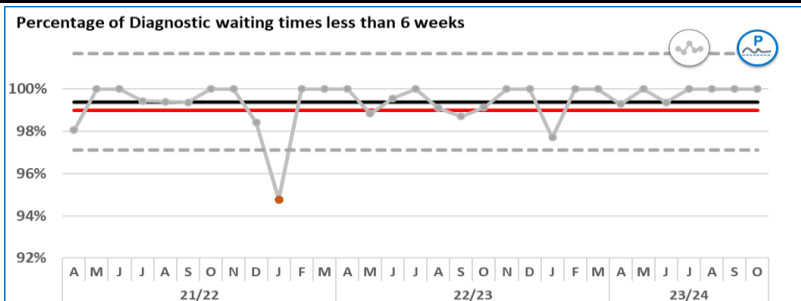
This metric is showing common cause variation with the current process unlikely to achieve the target

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



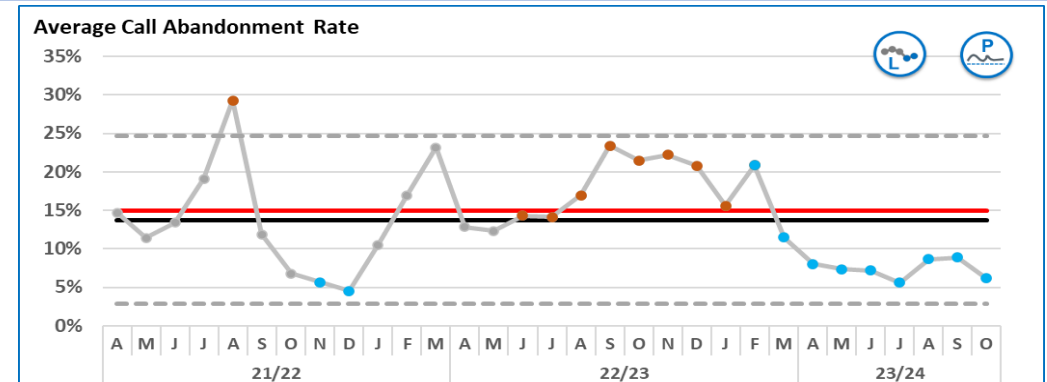
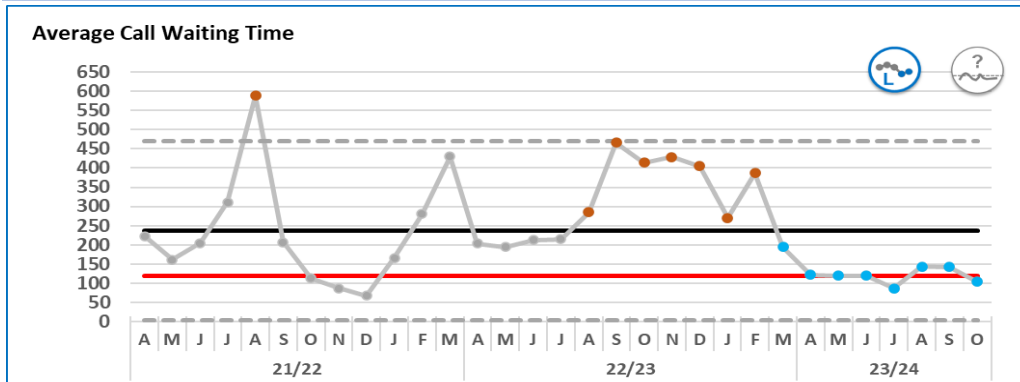
Percentage of Diagnostic waiting times less than 6 weeks

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

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	104		
Average Call Abandonment Rate	Jon Spencer	Internal Requirement	Monthly	≤15%	7.4%	6.2%		
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	2.27%		
VTE Risk Assessment	Jon Spencer	Statutory Reporting	Monthly	≥95%	99.1%	99.7%		
Posterior Capsular Rupture rates (Cataract Operations Only)	Jon Spencer	Statutory Reporting	Monthly	≤1.95%	1.00%	1.06%		
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 special cause improvement and that the current process may not meet the target consistently

Average Call Abandonment Rate

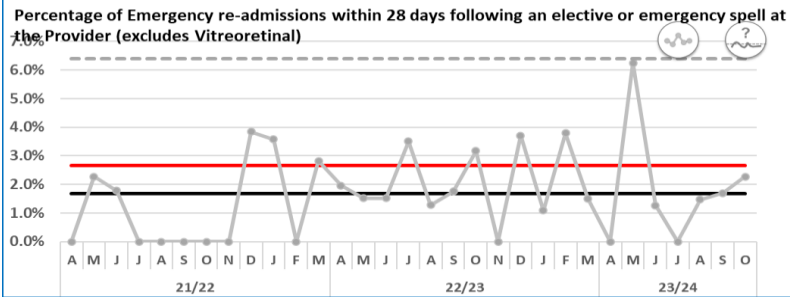
This metric is showing special cause improvement and that the current process will consistently pass the target

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

No Graph Generated, No breaches since June 2017

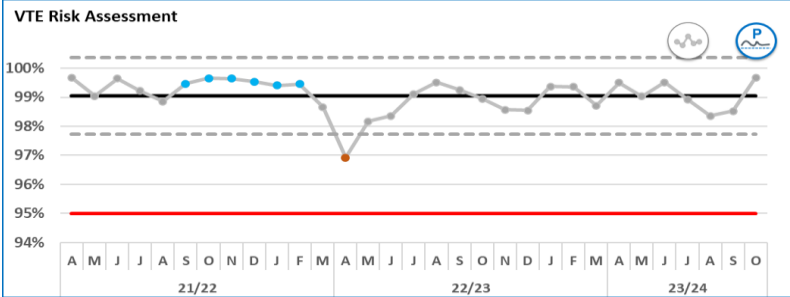
Mixed Sex Accommodation Breaches

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



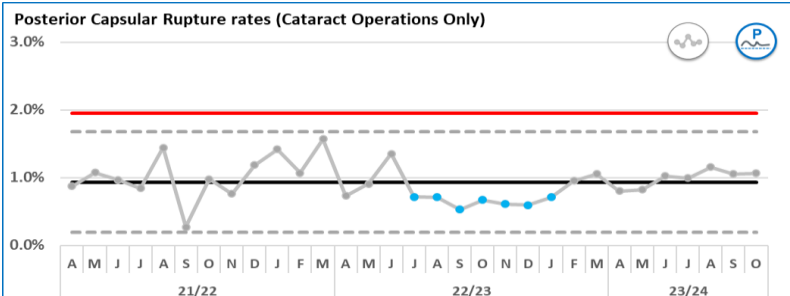
% Emergency re-admissions within 28 days (excludes Vitreoretinal)

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 common cause variation 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

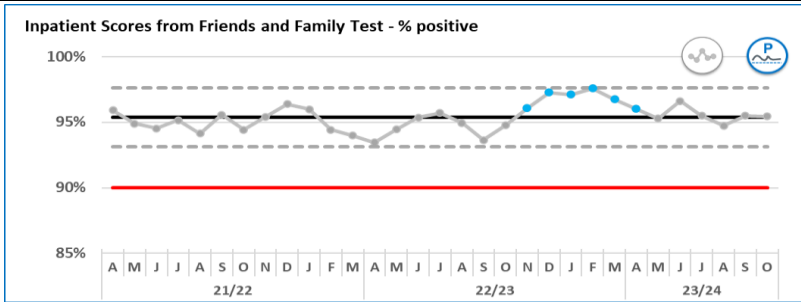
Deliver (Call Centre and Clinical) - Graphs (3)

<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%	95.6%	95.4%		
A&E Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	92.3%	93.3%		
Outpatient Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	93.3%	93.4%		
Paediatric Scores from Friends and Family Test - % positive	Ian Tombleson	Internal Requirement	Monthly	≥90%	95.2%	96.0%		
Percentage of responses to written complaints sent within 25 days	Ian Tombleson	Internal Requirement	Monthly (Month in Arrears)	≥80%	82.7%	100.0%		
Percentage of responses to written complaints acknowledged within 3 days	Ian Tombleson	Internal Requirement	Monthly	≥80%	95.9%	100.0%		
Freedom of Information Requests Responded to Within 20 Days	Ian Tombleson	Statutory Reporting	Monthly (Month in Arrears)	≥90%	68.9%	81.6%		
Subject Access Requests (SARs) Responded To Within 28 Days	Ian Tombleson	Statutory Reporting	Monthly (Month in Arrears)	≥90%	92.5%	87.8%		

Deliver (Quality and Safety) - Graphs (1)



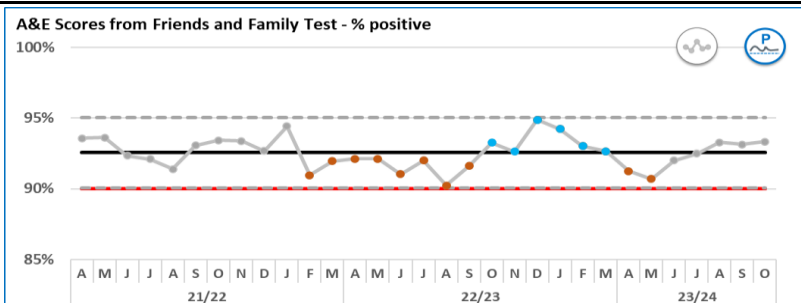
Inpatient Scores from Friends and Family Test - % positive

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

Friends and Family Test Scores continue remain above target, we continue to review this through the divisional performance meetings and Patient Participation and Experience Committee (PPEC) to continuously improve performance.

Review Date:

Action Lead:



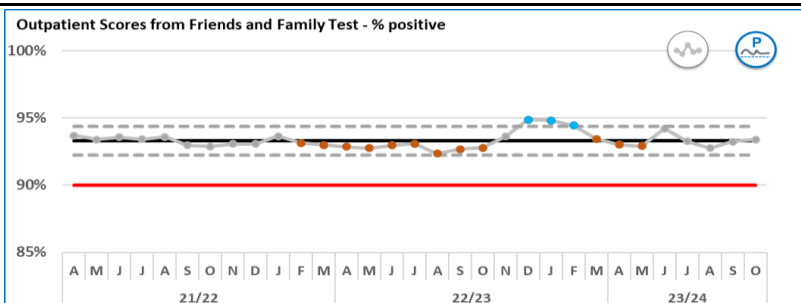
A&E Scores from Friends and Family Test - % positive

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

Friends and Family Test Scores continue remain above target, we continue to review this through the divisional performance meetings and Patient Participation and Experience Committee (PPEC) to continuously improve performance.

Review Date:

Action Lead:



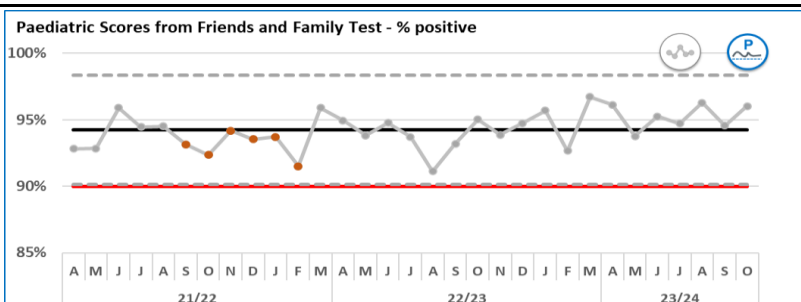
Outpatient Scores from Friends and Family Test - % positive

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

Friends and Family Test Scores continue remain above target, we continue to review this through the divisional performance meetings and Patient Participation and Experience Committee (PPEC) to continuously improve performance.

Review Date:

Action Lead:



Paediatric Scores from Friends and Family Test - % positive

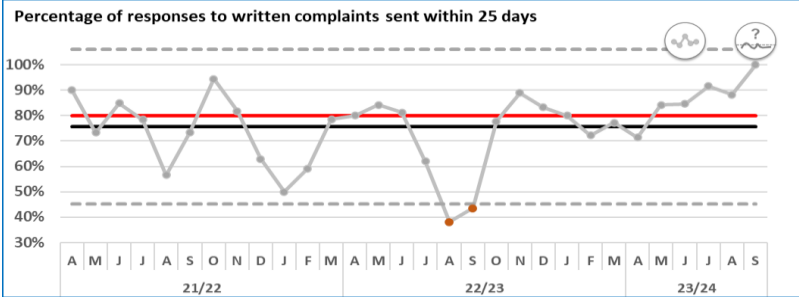
This metric is showing common cause variation and that the current process will consistently pass the target

Friends and Family Test Scores continue remain above target, we continue to review this through the divisional performance meetings and Patient Participation and Experience Committee (PPEC) to continuously improve performance.

Review Date:

Action Lead:

Deliver (Quality and Safety) - Graphs (2)



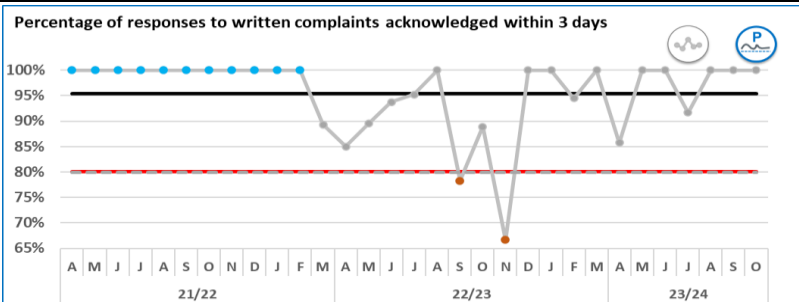
Percentage of responses to written complaints sent within 25 days

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

Over the previous four months the 80% target has been met with 100% achieved in September. Reasons for the recent improvements include the introduction of an "early resolution process" that improves interaction with complainants through face to face meetings and telephone calls.

Review Date:

Action Lead:



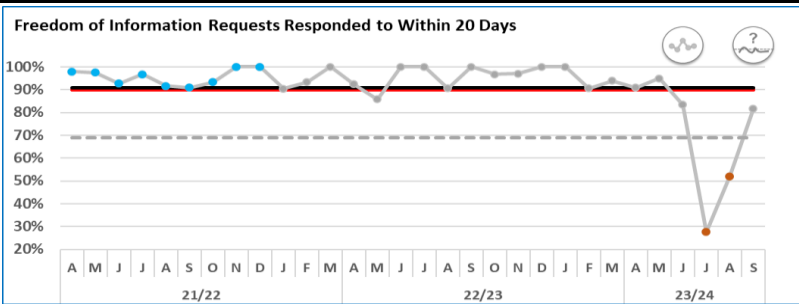
Percentage of responses to written complaints acknowledged within 3 days

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

Following tightening of the process to acknowledge receipt of a complaint at the end of 2022, this continues to achieve the 80% performance target with 8 of the last 11 months at 100%.

Review Date:

Action Lead:



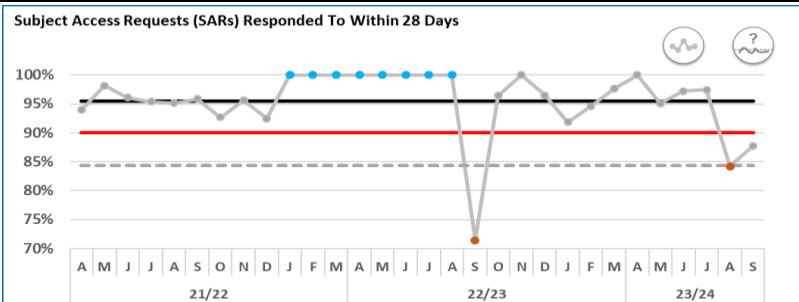
Freedom of Information Requests Responded to Within 20 Days

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

Following the recent turnover of staff and a revision of the Freedom of Information Request Process, the anticipated improvement has occurred, while not yet achieving the 90% target this will continue to be monitored.

Review Date: Dec 2023

Action Lead: Jonathan McKee



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 - This is a change from the previous month

There continues to be staff absence within the department, however a temporary member of staff has been brought in to cover this but is still integrating with the process. The number of SARs continues to be higher than average which is also having an affect.

Review Date: Dec 2023

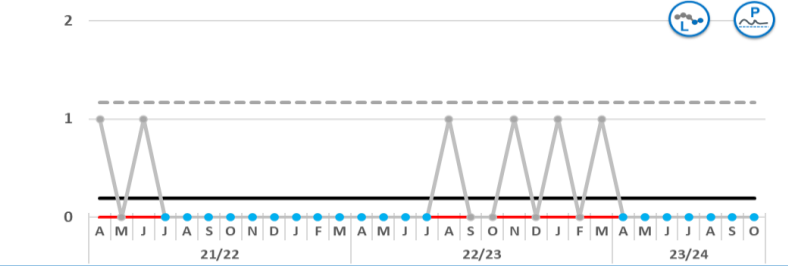
Action Lead: Anuju Devi

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	1		
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	133		

Deliver (Incident Reporting) - Graphs (1)

Occurrence of any Never events

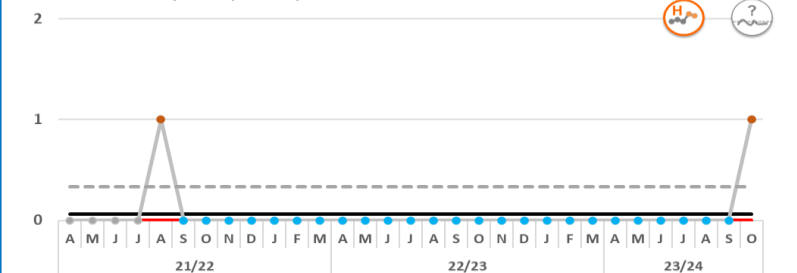


Occurrence of any Never events

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

No Graph Generated, No cases reported since February 2017

National Patient Safety Alerts (NatPSAs) breached



Summary Hospital Mortality Indicator

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

National Patient Safety Alerts (NatPSAs) breached

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

This alert is in relation of a reduced stock levels and supply of a specific drug, timescale for the assessment of this alert breached due to the complexity of corrective action. This is an ongoing and closely monitored situation, with the current phase identifying and prioritising patients affected and working with Pharmacy to understand stock levels. Actions to reduce risk and mitigate this event is in development as part of the investigation.

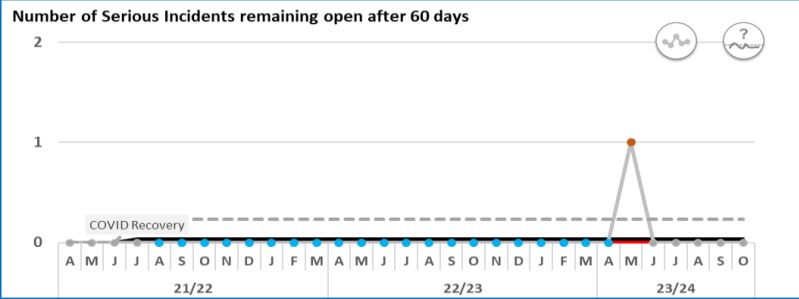
Review Date:

Dec 2023

Action Lead:

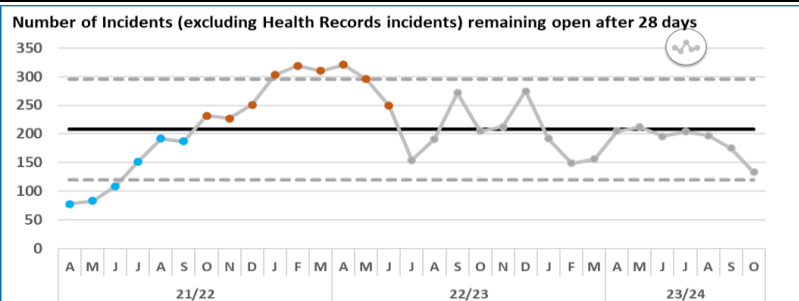
Julie Nott

Deliver (Incident Reporting) - Graphs (2)



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



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

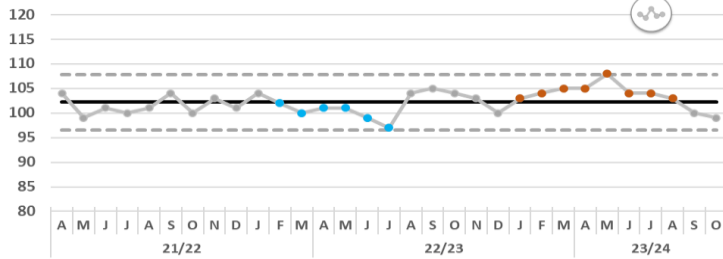
This metric is showing common cause variation

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	99		
Median Outpatient Journey Times - Diagnostic Face to Face Appointments	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	46		
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%	1.19%	0.75%		
Number of non-medical cancelled operations not treated within 28 days	Jon Spencer	Statutory Reporting	Monthly	Zero Breaches	17	3		
Overall financial performance (In Month Var. £m)	Jonathan Wilson	Internal Requirement	Monthly	≥0	3.09	-0.1		
Commercial Trading Unit Position (In Month Var. £m)	Jonathan Wilson	Internal Requirement	Monthly	≥0	0.47	0.28		

Sustainability and at Scale - Graphs (1)

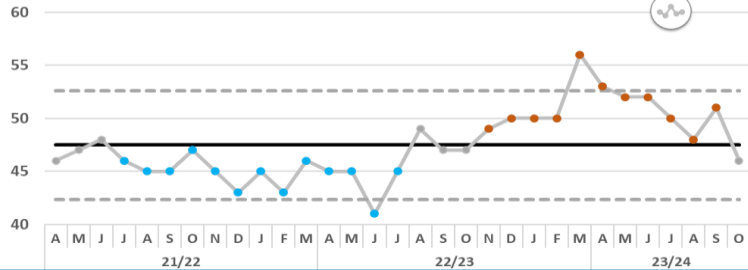
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments



Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments

This metric is showing common cause variation

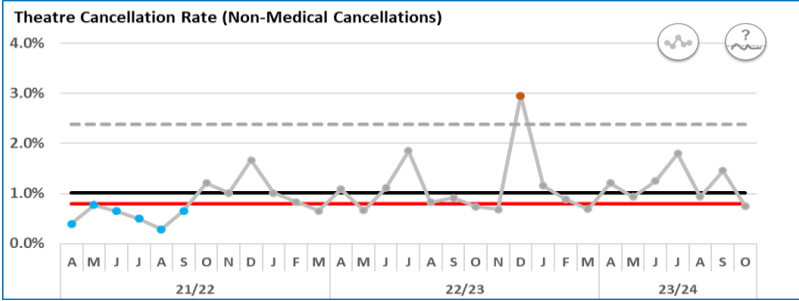
Median Outpatient Journey Times - Diagnostic Face to Face Appointments



Median Outpatient Journey Times - Diagnostic Face to Face Appointments

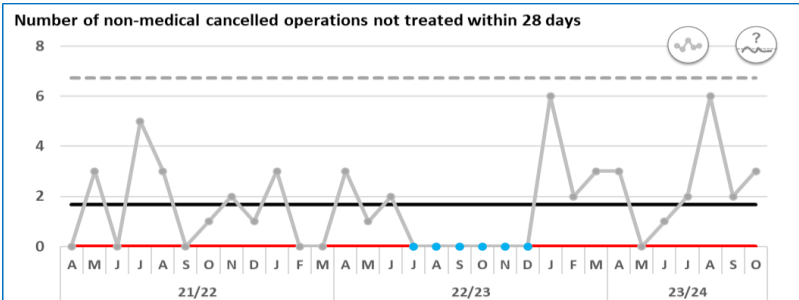
This metric is showing common cause variation - This is a change from the previous month

Sustainability and at Scale - Graphs (2)



Theatre Cancellation Rate (Non-Medical Cancellations)

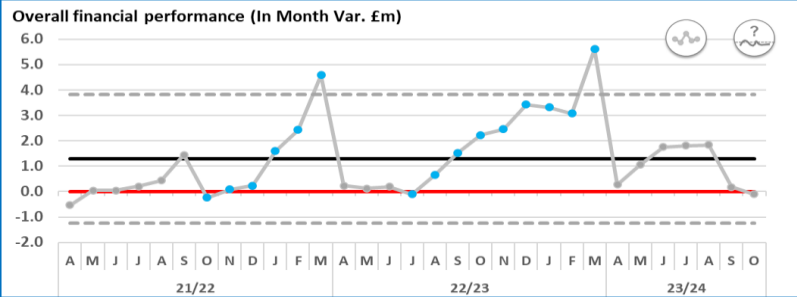
This metric is showing common cause variation and that the current process may not meet the target consistently - This is a change from the previous month



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)

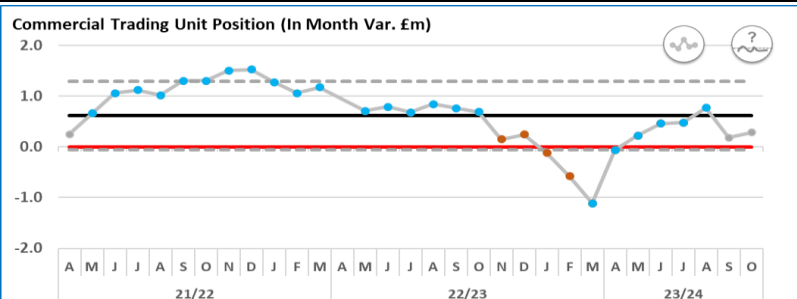


Overall financial performance (In Month Var. £m)

This metric is showing common cause variation and that the current process may not meet the target consistently
For Narrative, See Finance Report

Review Date:

Action Lead:











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

This metric is showing common cause variation and that the current process may not meet the target consistently
For Narrative, See Finance Report

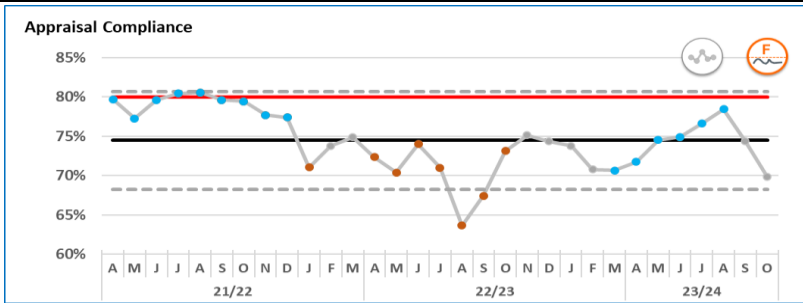
Review Date:

Action Lead:

Working Together - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Appraisal Compliance	Mark Gammage	Statutory Reporting	Monthly	≥80%	n/a	69.8%		
Information Governance Training Compliance	Ian Tombleson	Statutory Reporting	Monthly	≥95%	n/a	93.5%		
Staff Sickness (Month Figure)	Mark Gammage	23/24 Planning Guidance	Monthly (Month in Arrears)	≤4%	n/a	4.4%		
Staff Sickness (Rolling Annual Figure)	Mark Gammage	23/24 Planning Guidance	Monthly (Month in Arrears)	≤4%	n/a	4.6%		
Proportion of Temporary Staff	Mark Gammage	23/24 Planning Guidance	Monthly	No Target Set	15.8%	15.5%		

Working Together - Graphs (1)



Appraisal Compliance

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

It is noted that Appraisal rate has taken a slight dip in October 2023. The L&D Department will continue to provide support to improve and sustain Compliance Rate by:

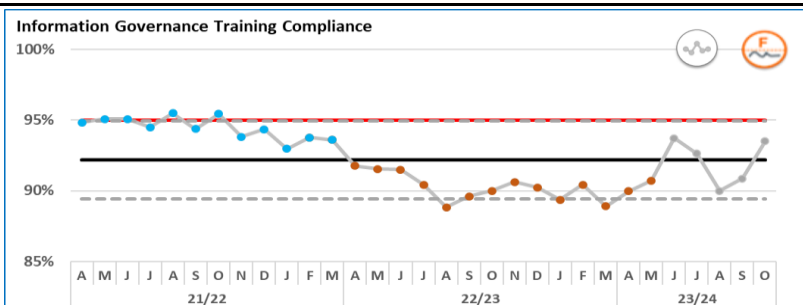
- Sending weekly reports to Senior Managers to update them on Team progress outlining required actions from them along with available support from the L&D team.
- Arranging drop-in sessions and meetings with Managers to go through their reports and any areas of concern.
- Providing targeted bespoke appraisal training to Managers in hot spot areas for example MEH South Division.
- Provision of ongoing appraisal training across the Trust including bite size sessions.
- Working with the Communications department in sending out targeted comms to Managers on necessity of undertaking appraisals and the action for them to ensure its recorded on the system in a timely manner.

Review Date:

Dec 2023

Action Lead:

Stephen Imuere



Information Governance Training Compliance

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

Solid DSPT performance and compliance enables Moorfields to establish its own IG mandatory training standard. A recommendation has been made to the Mandatory and Statutory Training Committee (MAST) to set new and realistic target for IG training compliance levels that does not increase any risk and still meets compliance. There remain data quality issues that impact an estimated 1 to 2% of performance that are being worked through

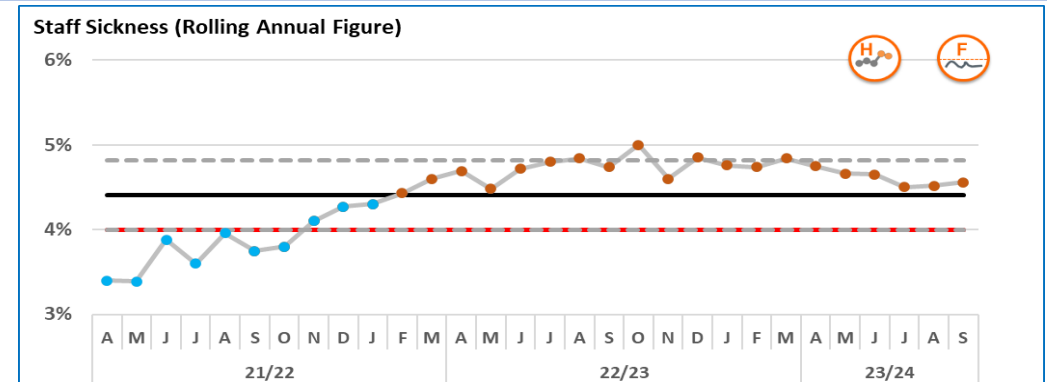
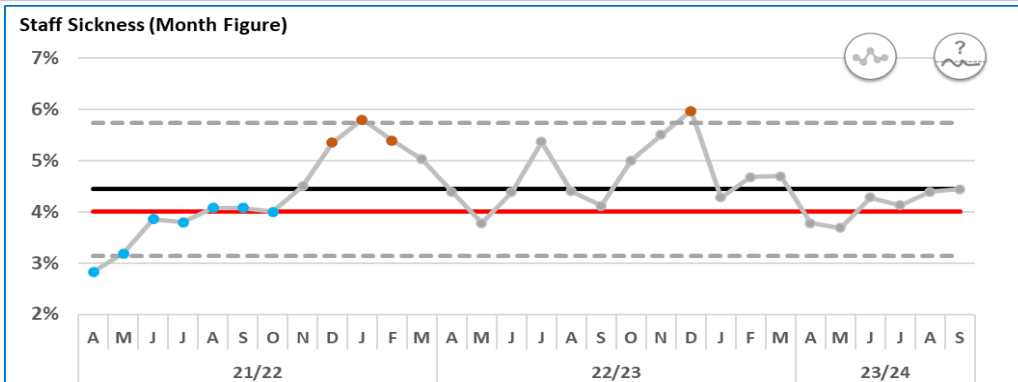
Review Date:

Dec 2023

Action Lead:

Jonathan McKee

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

It is to be noted that the overall sickness absence for the rolling year still remains above the 4% Trust target at 4.56%. Also, this month shows an increase of 0.4 % against last month's reporting. The top 3 sickness reasons remain the same for this month's reporting namely:

- Anxiety/stress/depression/other psychiatric illness
- Cold, Cough, Flu – Influenza
- Other musculoskeletal problems

Some LTS cases are closed with staff members returning to work or exiting the organisation in line with the Trust Sickness Absence Policy, however the figures remain at 31 LTS cases in total compared to last month's at 28. This is due to more complex cases arising.

The Employee Relations (ER) team continue to work closely with Line Managers with the following support to be delivered and or are in place:

- Targeted sickness absence training continues to be delivered by the ER team - training sessions have been delivered to those hotspot areas within the Trust with high short-term sickness absence and long-term sickness rates in since July. Dates are planned for December.
- 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 a holistic support to aid staff recovery and prevention of sickness.
- Following the outcome of the sickness absence audit review an action plan has been put in place to focus on the 6 areas of priority (2 (High); 2 (Medium) and 1 (Low)). Deadline for completion of actions is from March to September 2024; which will help embed areas of good practice and improvement within the Trust.
- Briefing sessions on Making Reasonable Adjustments in the Workplace for Staff guidance was held in October. These sessions were facilitated by Workforce & OD in conjunction with Capsticks. Also Lunch and Learn -sessions, on How to make an Effective OH referral for Line Managers, are planned to take place in December. 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

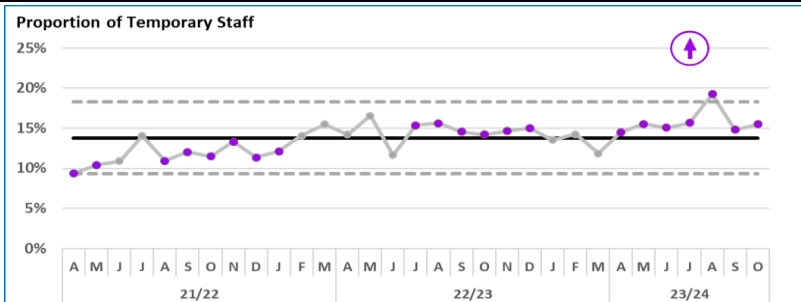
Review Date:

Dec 2023

Action Lead:

Jackie Wyse

Working Together - Graphs (3)



Proportion of Temporary Staff

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

- Direct booking to agencies has been an issue within the Trust and has resulted in shifts being added to the system retrospectively, in May 2023 the figure of unpaid agency invoices was £999,190 and the current figure is £251,845– we have identified what areas of the Trust have booked outside process and worked with them to ensure they follow the temporary staffing policy, this includes utilising the roster and having regular feedback sessions with bank partners and booking managers.
- Adherence and compliance with the temporary staffing policy is a challenge as its being embedded following implementation in April. To ensure compliance the current process pertaining to booking shifts is currently being reviewed to clearly outline to managers the correct way to request temporary staff.
- Self-booking function for bank staff is currently being rolled out with aim for completion by December 2023, dependant on eRostering team readiness. Self-booking is one of the benefits from the implementation of the temporary staffing project and we are currently working through the final actions of the project which include a full communications plan to ensure our colleagues are aware of the change which should result is high levels of self-booking utilisation.
- A new head of temporary staffing has been appointed and their key focus will be working with key stakeholders to understand the demand and address long term bank/agency workers with a clear plan to enable reduction in temporary workforce usage within budget envelope.







Review Date:

Dec 2023

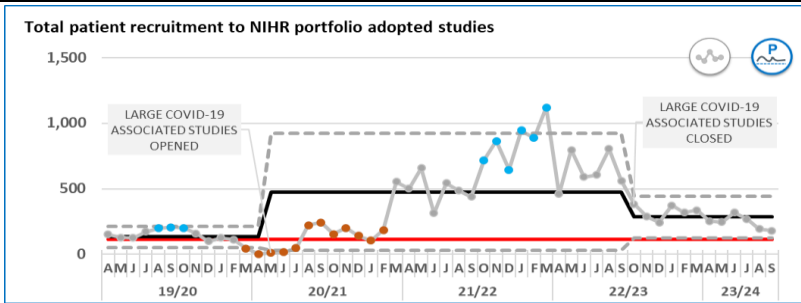
Action Lead:

Geoff Barsby

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	Louisa Wickham	Internal Requirement	Monthly (Month in Arrears)	≥115 (per month)	1467	182		
Active Commercial Studies (Open + Closed to Recruitment in follow up)	Louisa Wickham	Internal Requirement	Monthly (Month in Arrears)	≥44	n/a	50		
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Louisa Wickham	Internal Requirement	Monthly (Month in Arrears)	≥2%	n/a	4.6%		

Discover - Graphs (1)

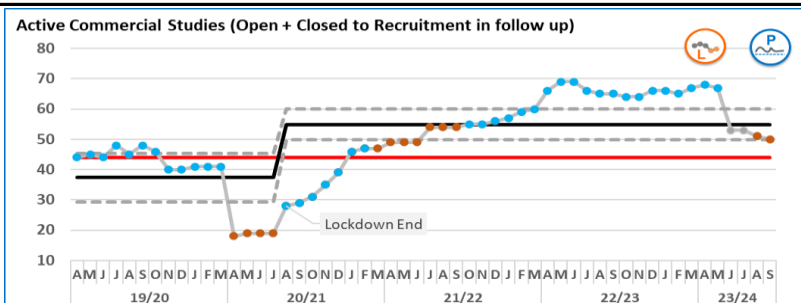


Total patient recruitment to NIHR portfolio adopted studies

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

We are continuing to exceed our target for monthly portfolio recruitment and are recruiting more patients than in the comparable periods for 2020/21 and 2021/22. Portfolio recruitment in 2022/23 was higher than usual because it incorporated all the highly successful very high volume COVID-19 studies, which have now finished recruiting. These were non-interventional and non-intensive. These have now been replaced by more interventional, early phase high-cost studies which require intensive investigations including imaging and follow up.

Review Date: Dec 2023 **Action Lead:** Louisa Wickham

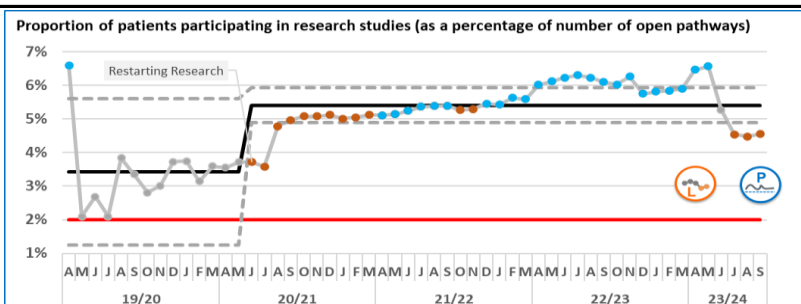


Active Commercial Studies (Open + Closed to Recruitment in follow up)

This metric is showing special cause concern however the current process will consistently pass the target - This is a change from the previous month

We continue to run above the target number of commercial studies. These studies generate income and also provide our patients with access to the latest innovative treatments and therapies. The metric shows a recent decrease in our active commercial study portfolio. This is partly due to recent data quality work which has allowed closure of certain studies following confirmation that all activities have been completed, as part of the NIHR RESET initiative. The current pipeline of 27 hosted studies in "set up" should ensure that we continue to meet our target for commercial studies. We have revised our set up process to be able to monitor it better which is already reducing delays which will help to attract more commercial studies. This is a key National Institute of Health Research [NIHR] & Department of Health priority.

Review Date: Dec 2023 **Action Lead:** Louisa Wickham



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

This metric is showing special cause concern however 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 we continue to consistently exceed this. This reflects our emphasis on and investment in patient, public involvement and engagement as part of our 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 diversity of our patient population recruited to clinical trials as well as provide increased opportunities for patients to contribute to research. Our percentage has dropped recently due to the impact of data quality work on closing more completed studies, as part of the NIHR RESET initiative. One of those studies which finished was a COVID-19 study which made up almost 1% of the patients involved in research.

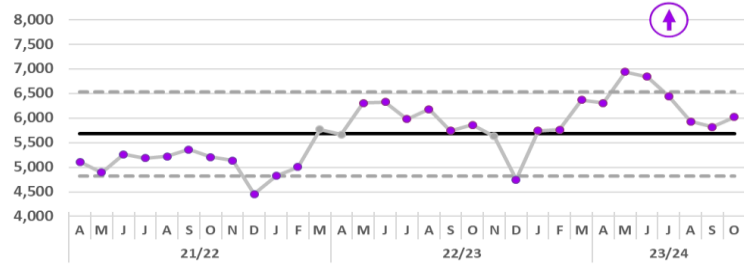
Review Date: Dec 2023 **Action Lead:** Louisa Wickham

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	44288	6020		
Number of A&E Four Hour Breaches	Jon Spencer	Internal Requirement	Monthly	No Target Set	545	42		
Number of Outpatient Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	370747	55762		
Number of Outpatient First Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	88315	13131		
Number of Outpatient Follow Up Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	282432	42631		
Number of Referrals Received	Jon Spencer	Internal Requirement	Monthly	No Target Set	99359	14239		
Number of Theatre Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	23069	3510		
Number of Theatre Elective Daycase Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	21020	3229		
Number of Theatre Elective Inpatient Admission	Jon Spencer	Internal Requirement	Monthly	No Target Set	550	79		
Number of Theatre Emergency Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	1499	202		

Context (Activity) - Graphs (1)

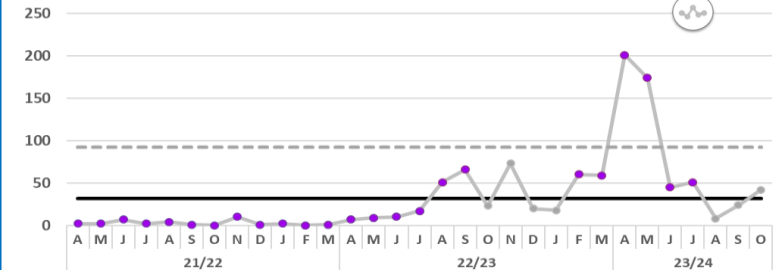
Number of A&E Arrivals



Number of A&E Arrivals

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

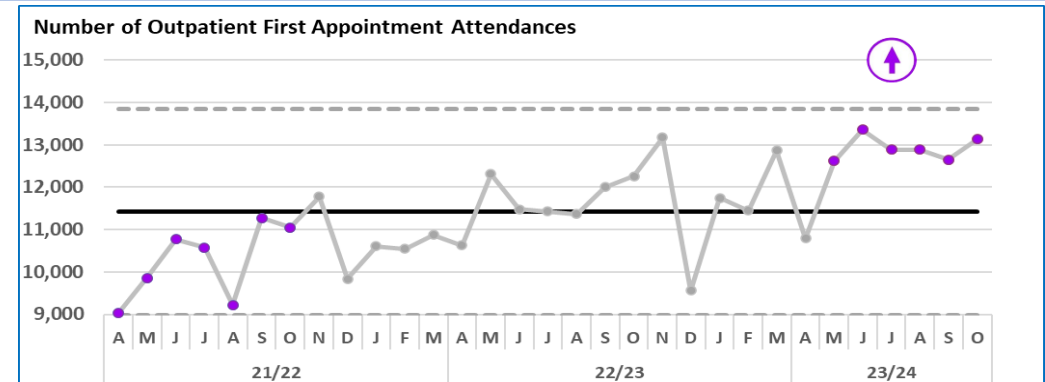
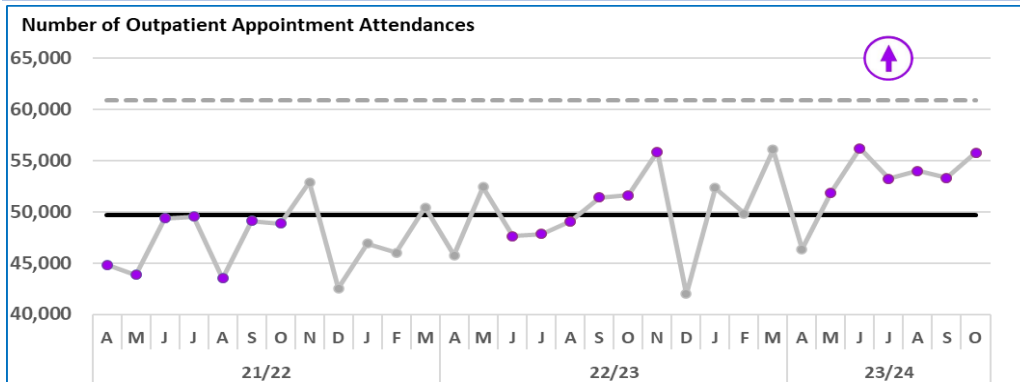
Number of A&E Four Hour Breaches



Number of A&E Four Hour Breaches

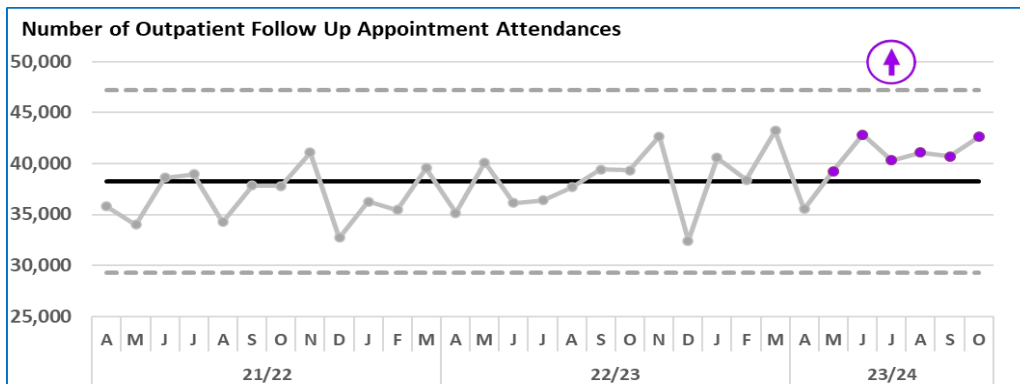
This metric is showing common cause variation

Context (Activity) - Graphs (2)



Number of Outpatient Appointment Attendances

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

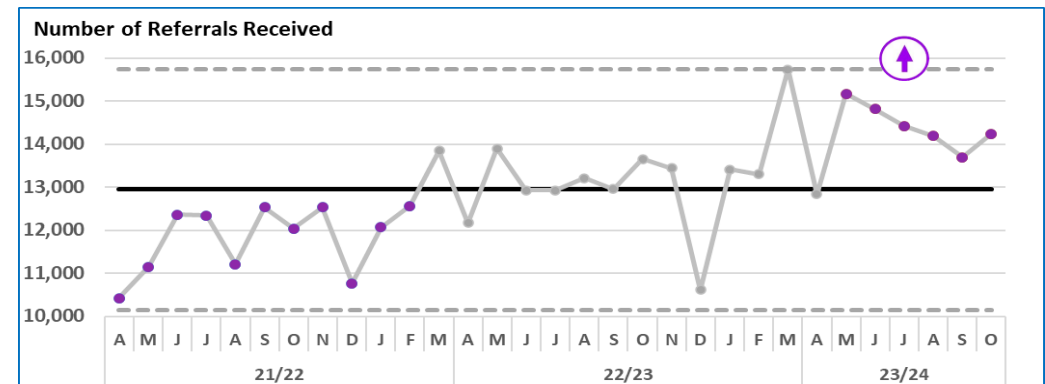


Number of Outpatient Follow Up Appointment Attendances

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

Number of Outpatient First Appointment Attendances

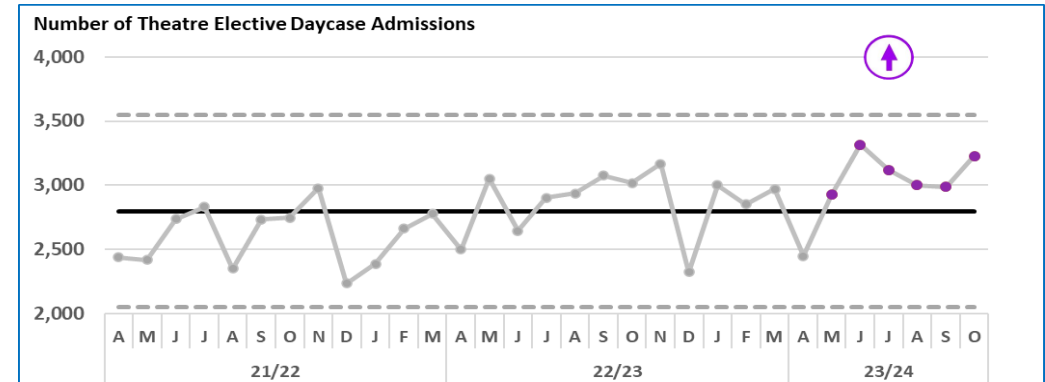
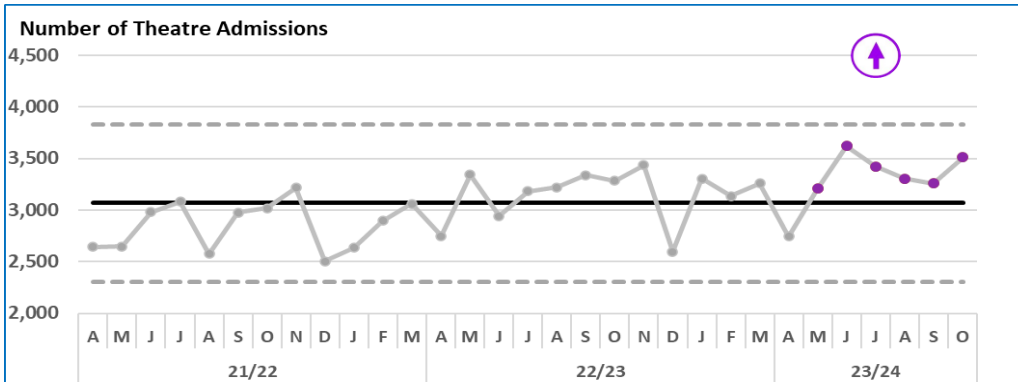
This metric is showing an special cause variation (increasing rate) - This is a change from the previous month



Number of Referrals Received

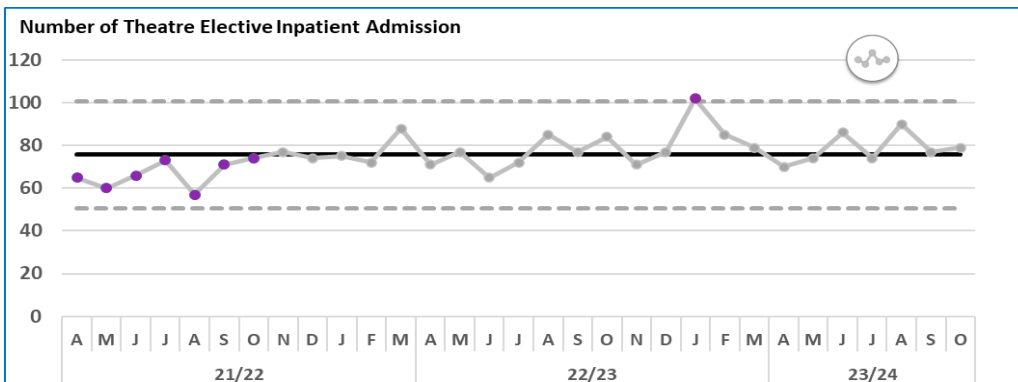
This metric is showing an special cause variation (increasing rate)

Context (Activity) - Graphs (3)



Number of Theatre Admissions

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

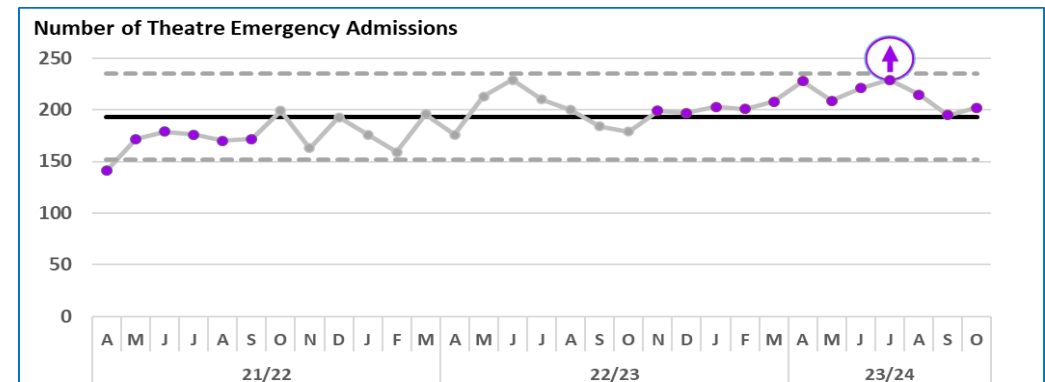


Number of Theatre Elective Inpatient Admission

This metric is showing common cause variation

Number of Theatre Elective Daycase Admissions

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



Number of Theatre Emergency Admissions

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