



	Report to Trust Board								
Report Title Integrated Performance Report - April 2022									
Report from Jon Spencer - Chief Operating Officer									
Prepared by	Performance And Information Department								
Previously discussed at	Trust Management Committee / Management Executive								
Attachments									

#### Brief Summary of Report

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.

#### **Executive Summary**

Despite the Trust's sickness absence level increasing further to 4.6%, during April 2022 the Trust achieved 104.8% of the average elective activity and 108.8% of the average outpatient activity that we delivered in the 2019/20 financial year. As part of the overall outpatient activity we delivered 112.7% of first attendances and 107.7% of follow up attendances against the same 2019/20 comparator.

Following the particularly high level of referrals seen in March, the rate reduced significantly to 90% of the 2019/20 average in April, however we continued to provide mutual aid to the Royal Free Hospital Group which accounted for a further 5% of patients. A&E attendances rose were at 68.8% of the 2019/ 20 baseline indicating an ongoing marginal recovery from the average level seen last year.

The number of patients waiting over 52 weeks for their treatment has reduced significantly down to 8 as we have treated those individuals who have been transferred to us from the Royal Free. The number of patients waiting over 18 weeks has continued to rise and this group of patients is our primary area of focus over the next 2 – 3 months.

Although the Trust met the average call abandonment rate in April, we did not achieve the average call waiting time. This was due to spikes in call volumes before and after the Easter holiday and some unplanned leave within the team. The performance level was a significant improvement from the previous month and it is anticipated that this will improve further over the next two months.

We had 3 breaches of the standard which measures whether patients who were cancelled for non-medical reasons are treated within 28 days and we also breached the theatre cancellation rate. The majority of these breaches occurred in the South Divisions and were due to there being 3 vacancies in the local cataract team and some challenges regarding administration processes.

Although the complaint response rate did not achieve the required target, performance significantly improved in the month due to the appointment of an interim quality partner at City Road. A new approach is being encouraged in which patients are contacted directly to seek to resolve their concerns directly and to enhance the customer satisfaction.

The appraisal, IG training and sickness absence rates all saw a slight deterioration in month. Work continues between the operational and HR teams to improve compliance in each of these areas through improved data quality and use of the information which is available.

#### Action Required/Recommendation

The report is primarily for information purposes but will inform discussion regarding how the Trust is performing against its key organisational measures. This may in turn generate subsequent action.

For Assurance X For dec		To Note
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# **Context - Overall Activity - April 2022**

		April 2022	19/20 Mth 1-11 Average	Year To Date
Accident &	A&E Arrivals (All Type 2)	5,664	8,230	5,664
Emergency	Number of 4 hour breaches	7	124	7
	Number of Referrals Received	10,448	11,628	10,448
Outpotions	Total Attendances	45,437	50,447	45,437
Outpatient Activity	First Appointment Attendances	10,507	11,055	10,507
Activity	Follow Up (Subsequent) Attendances	34,930	39,391	34,930
	% Appointments Undertaken Virtually	6.3%	0.2%	6.3%
	Total Admissions	2,739	3,081	2,739
Admission	Day Case Elective Admissions	2,490	2,747	2,490
Activity	Inpatient Elective Admissions	74	99	74
	Non-Elective (Emergency) Admissions	175	235	175

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





## **Activity Vs. Financial Plan**

**April 2022** 

## **Operational Metrics**

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

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

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Elective Activity - % of Phased Plan	Monthly	≥100%	G		89.6%	104.8%	<b>──</b>	104.8%
Total Outpatient Activity - % of Phased Plan	Monthly	≥100%	G		92.3%	108.8%		108.8%
Outpatient First Appointment Activity - % of Phased Plan	Monthly	≥100%	G		90.0%	112.7%		112.7%
Outpatient Follow Up Appointment Activity - % of Phased Plan	Monthly	≥100%	G		92.9%	107.7%		107.7%





**April 2022** 

## **Operational Metrics**

<sup>\*\*\*</sup> Median Clinic Journey Time Metrics and targets in development. These will be reviewed on a continuous basis as data quality improves

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Monthly	≥93%	G		98.9%	100.0%		100.0%
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Monthly	≥96%	G		100.0%	100.0%		100.0%
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	Monthly	≥94%	G		100.0%	100.0%		100.0%
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Monthly	≥85%	G		n/a	100.0%		100.0%
Cancer 28 Day Faster Diagnosis Standard	Monthly	≥75%	G		100.0%	100.0%		100.0%
Cancer 28 Day Faster Diagnosis Standard	Monthly	≥75%	G		100.0%	100.0%		100.0%
18 Week RTT Incomplete Performance **	Monthly	≥92%			77.8%	76.3%		76.3%
RTT Incomplete Pathways Over 18 Weeks **	Monthly	≤1608 (Avg. 2019/20)			8842	9523		n/a
52 Week RTT Incomplete Breaches **	Monthly	Zero Breaches			15	8		8
A&E Four Hour Performance	Monthly	≥95%	G		100.0%	99.9%	~~~	99.9%
Percentage of Diagnostic waiting times less than 6 weeks *	Monthly	≥99%	G		100.0%	100.0%		100.0%

Figures Provisional for April 2022

<sup>\*\*</sup> RTT Ratings for Pathways over 18 weeks and 52 Week breaches to be reintroduced from next month once recovery plans have been finalised. 3 out of the 8 '52 Week Breaches' are Mutual Aid patients.





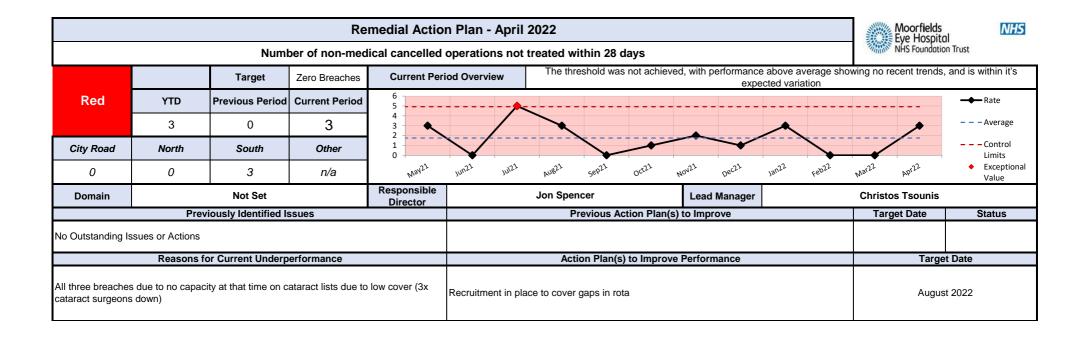
	Operation	al Metrics						
Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Average Call Waiting Time	Monthly	≤ 2 Mins (120 Sec)	R	5	430	204	<b>△</b>	
Average Call Abandonment Rate	Monthly	≤15%	G		23.1%	12.8%	<b>→</b>	12.8%
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments ***	Monthly	< 102 Mins	G	Г	100	101	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	101
Median Outpatient Journey Times - Diagnostic Face to Face Appointments ***	Monthly	< 45 Mins	Α	***	45	45	<b>∼</b> √~	45
Median Outpatient Journey Times - Virtual TeleMedicine Appointments ***	Monthly	< 67 Mins	R	***	89	75	~~^	75
Theatre Cancellation Rate (Non-Medical Cancellations)	Monthly	≤0.8%	R	6	0.62%	1.04%		1.04%
Number of non-medical cancelled operations not treated within 28 days	Monthly	Zero Breaches	R	7	0	3		3
Mixed Sex Accommodation Breaches	Monthly	Zero Breaches	G		0	0		0
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Monthly (Rolling 3 Months)	≤ 2.67%	G		1.85%	1.89%		
VTE Risk Assessment	Monthly	≥95%	G		98.7%	96.9%	$\overline{}$	96.9%
Posterior Capsular Rupture rates (Cataract Operations Only)	Monthly	≤1.95%	G		1.57%	0.73%	~~~	0.73%

#### Moorfields Eye Hospital NHS Remedial Action Plan - April 2022 NHS Foundation Trust **Average Call Waiting Time** Whilst not achieving the threshold, Performance was below average showing no recent trends. It is within it's ≤ 2 Mins (120 **Current Period Overview Target** expected variation Sec) Red YTD **Previous Period Current Period** Rate 600 400 – – Average 430 204 n/a 200 - Control City Road North South Other Limits Oct20 NOV20 Dec50 Jan21 Feb21 Mar21 Abr21 May21 Jun21 Exceptional n/a n/a n/a n/a Value Responsible Domain Service Excellence (Ambitions) Jon Spencer Lead Manager Anoju Devi Director Previously Identified Issues Previous Action Plan(s) to Improve Target Date Status Staff rotation within the team with revised start/finish times to support increases in call volumes. Continue with staff forecasting and agree weekend opening if required. Ongoing March staffing levels within the team have continued to be challenged due to unplanned In Progress short and long term sickness and staff spending annual leave for 21/22. Further monitoring of staff sickness with HR support. 2.0 further agency staff awaiting onboarding in April 2022 (Update) April. Substantive recruitment in progress of 1.0 WTE-1 candidate withdrew. Continue to challenges encountered with unreliable agency staff. work with Bank Partners to increase short notice cover as required. Reasons for Current Underperformance Action Plan(s) to Improve Performance **Target Date** Staff rotation within the team with revised start/finish times to support increases in call April staffing levels within the team were challenged due to unplanned leave and spikes in volumes. Continue with staff forecasting and agree weekend opening if required. Ongoing call volumes before and after the easter bank holidays. Performance on March has monitoring of staff sickness with HR support. Ongoing review of reasons for inbound calls is June 2022 improved significantly with the average call wait time reduced from 430 to 204 seconds. in progress to apply mitigations. Comms to reduce inbound calls regarding referrals and wait times for Cataract are in progress.





	Theatre Cancellation Rate (Non-Medical Cancellations)										
		Target	≤0.8%	Current Per	iod Overview	The threshold was not achie		above average show cted variation	ving no recent trends,	and is within it's	
Red	YTD	Previous Period	<b>Current Period</b>	2.0%						<b>→</b> Rate	
	1.04%	0.62%	1.04%	1.0%						<ul><li>– – Average</li></ul>	
City Road	North	South	Other	0.5%				,,		Control Limits	
0.96%	0.33%	2.71%	n/a	Wahso Inuso	Jul <sup>20</sup> Aug <sup>20</sup> Sep <sup>20</sup> Oct	30 Nov50 Dec50 19U51 Fep51 Wats1 Abis1	May21 Jun21 Jul21 AUB21 Se	6537 Oct31 NOASJ Dec51 19	n22 Feb22 Mar22 Apr22	<ul><li>Exceptional Value</li></ul>	
Domain	Servic	e Excellence (Amb	oitions)	Responsible Director		Jon Spencer	Lead Manager		Christos Tsounis		
	Prev	iously Identified Is	ssues			Previous Action Plan	Target Date	Status			
No Outstanding Is:		or Current Underp	orformanco			Action Plan(s) to Impro	ovo Porformanco		Targe	Dato	
	Reasons it	or Current Onderp	eriorinance			Action Flan(s) to impre	ove renormance		rarge	Date	
local admission's t	eam and lack of	ed in the following a support/sops to reg surgeons vacanci	ulate internal proc	esses. Staffing		ues: Plan in place to restructure t fing issues: Recruitment in proce by agency)	` '	• •	Augus	2022	
St G's: Issues with	Anaesthetic cov	er			Process initiated to review anaesthetic cover on specific lists and also improve assurance of cover from St G's team  July 2022					2022	







Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Occurrence of any Never events	Monthly	Zero Events	G		0	0	<b>N</b>	0
Endopthalmitis Rates - Aggregate Score	Quarterly	Zero Non- Compliant			1			
MRSA Bacteraemias Cases	Monthly	Zero Cases	G		0	0	·	0
Clostridium Difficile Cases	Monthly	Zero Cases	G		0	0	·	0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Monthly	Zero Cases	G		0	0	·	0
MSSA Rate - cases	Monthly	Zero Cases	G		0	0		0
Inpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		94.0%	93.5%	~~~~	93.5%
A&E Scores from Friends and Family Test - % positive	Monthly	≥90%	G		92.0%	92.1%	~~~	92.1%
Outpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.0%	92.9%	~~\~\	92.9%
Paediatric Scores from Friends and Family Test - % positive	Monthly	≥90%	G		95.9%	94.9%	<b>✓</b>	94.9%





Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Summary Hospital Mortality Indicator	Monthly	Zero Cases	G		0	0	·	0
National Patient Safety Alerts (NatPSAs) breached	Monthly	Zero Alerts	G		0	0		
Percentage of responses to written complaints sent within 25 days	Monthly (Month in Arrears)	≥80%	R	10	50.0%	69.6%		71.1%
Percentage of responses to written complaints acknowledged within 3 days	Monthly	≥80%	G		100.0%	100.0%		100.0%
Freedom of Information Requests Responded to Within 20 Days	Monthly (Month in Arrears)	≥90%	G		93.3%	100.0%		95.7%
Subject Access Requests (SARs) Responded To Within 28 Days	Monthly (Month in Arrears)	≥90%	G		100.0%	100.0%	~~\\	96.4%
Number of Serious Incidents remaining open after 60 days	Monthly	Zero Cases	G		0	0	·	0
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Monthly	tbc			334	302		
	Research	Metrics						
Median Time To Recruitment of First Patient (Days)	Quarterly	≤ 70 Days			In Deve	lopment		
Percentage of Commercial Research Projects Achieving Time and Target	Monthly	≥65%	G		83.3%	83.3%		83.3%
Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	Monthly	≥1800			7830	301		301
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Monthly	≥2%	G		5.6%	6.0%		





### Percentage of responses to written complaints sent within 25 days (Month in Arrears)

			•	•			,			
		Target	≥80%	Current Per	iod Overview	The threshold was no	ot achieved, with per	rformance slightly below aver expected variation	age showing no recent tre	ends. It is within it's
Red	YTD	Previous Period	Current Period	100%	<b>*</b>	<b>*</b>				<b>→</b> Rate
	71.1%	50.0%	69.6%	80%					. /	– – Average
City Road	North	South	Other	40%				<b> </b>		<ul><li> Control</li><li>Limits</li></ul>
66.7%	33.3%	100.0%	66.7%	Wahso Inuso	111120 AUB20 SEP20 OF	120 NONJO DECSO 19USJ EEPSJ V	Nar21 Apr21 May21 Jun21	JUILY MARTY SEBYLY OCKTY MONEY DEC	1 Jan 22 Fep 55 Wat 55 Wat 55	<ul><li>Exceptional Value</li></ul>
Domain	Servic	e Excellence (Ami	bitions)	Responsible Director		lan Tombleson	Lead	l Manager	Nisha Domadia	
	Prev	iously Identified Is	ssues			Previous Ac	tion Plan(s) to Imp	rove	Target Date	Status
Main contribution factors and is a cc - Continued sickn - Staff vacancies	Main contribution for complaints under performance continues to come from a number of actors and is a continuation of the issues from previous months:  Continued sickness due to COVID  Staff vacancies  More complex complaints requiring significant investigation and focus across multiple  Support is offered by the central team to complaint leads as required and if they anticipate delays. New bi-weekly catch up with QPs and central team being introduced.  An agency member of staff has been employed by CR to focus on complaints until the substantive QP commences their role.  The CR senior management escalation process is now being embedded and offers support to complaint leads if they anticipate delays. This will be monitored by the team									In Progress (Update)
	Reasons fo	or Current Underp	erformance			Action Plan(s	to Improve Perfor	mance	Targe	t Date
standard. CR per	formance has bee	ased considerably t en enhanced by an ubstantive person o	interim Quality Pa	rtner (QP) who	support local res reduce the numl initial induction t mitigation. There	solution and to clarify isso ber of returned complaint to the complaints process e is some continued risk	ues raised to enhand is.The substantive C is supported by HoN to performance for c	ontact with complainants to be customer satisfacton and R QP starts on 23/05/22 with and Quality manager as inter complaints received in May 20 all and to be more consistent	im July 2 22	2022





## People (Enablers)

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
	Workforc	e Metrics						
Appraisal Compliance	Monthly	≥80%	R	12	74.9%	72.4%	<b>✓</b>	
Information Governance Training Compliance	Monthly	≥95%	Α	13	93.6%	91.8%		
Staff Sickness (Rolling Annual Figure)	Monthly (Month in Arrears)	≤4%	Α	14	4.4%	4.6%		
Proportion of Temporary Staff	Monthly	RAG as per Spend			15.5%	14.2%		14.2%
	Financia	Metrics						
Overall financial performance (In Month Var. £m)	Monthly	≥0	G		2.15	0.23	A	0.23
Commercial Trading Unit Position (In Month Var. £m)	Monthly	≥0	G		0.11	0.00		0.00





				Appraisal	Compliance				NHS Foundatio	ii ii ust				
		Target	≥80%	Current Peri	od Overview	The threshold was not achie		ghtly below average ted variation	showing no recent tre	ends. It is within it's				
Red	YTD	Previous Period	Current Period	85% 80%										
	n/a	74.9%	72.4%	75% 70%						Average				
City Road	North	South	Other	65% 60%						<ul><li> Control Limits</li></ul>				
n/a	n/a	n/a	n/a	May20 Jun20	Jul <sup>20</sup> AUB <sup>20</sup> SEP <sup>20</sup> C	octso Nonso Decso Pauss Eepsy Watsy Whi	57 Wah51 Inu51 Inl51 VIB51 26.	p21 Oct21 NOV21 Dec51 18	n22 Feb22 Mar22 Apr22	<ul><li>Exceptional Value</li></ul>				
Domain		People (Enablers)	)	Responsible Director		Sandi Drewett	Lead Manager		Bola Ogundeji					
	Prev	iously Identified Is	ssues			Previous Action Pl	an(s) to Improve		Target Date	Status				
an appraisal. The immediately after a	appraisal system appraisal complete managers are fraisal process is compressed in the process of	ully equipt to conductory which in aspects of the proctured.	ot alert managers t uct meaningful app ncludes (my objecti ess needs to be co	o email L&D raisal ensuring all ves, my	email L&D imm landing page al Promote and el encourage mar	messaging on the current appraisediately after completing an appropriate and add in alerts where appropriate appro	raisal. Work with Julian to e. agers conducting apprais ne Achievement and Perfi appraisal compliance can	als and to	May 2022 May 2022	In Progress (Update) In Progress (Update)				
	Reasons fo	or Current Underp	erformance			Action Plan(s) to Imp	rove Performance		Targe	t Date				
We are continuing appriasal has been	•		O .			on appraisal update to SMT on 23 e and also the individuals outstar			June	2022				
Increased comms about training and support are needed to support managers in carrying out appraisals as in row 12.  Continue with comms plan roll out including via SMT, HRBPs, performance reports.  June 2022														

#### NHS Remedial Action Plan - April 2022 Moorfields Eye Hospital NHS Foundation Trust **Information Governance Training Compliance** The threshold was not achieved, with performance slightly below average and showing an downward trend. It is ≥95% **Current Period Overview** Target within it's expected variation 98% **Amber** YTD Rate **Current Period Previous Period** 96% 91.8% Average n/a 93.6% 94% 92% - - Control City Road North South Other Limits Exceptional n/a n/a n/a n/a Value Responsible People (Enablers) Ian Tombleson Lead Manager Domain Llinos Bradley Director Previously Identified Issues Previous Action Plan(s) to Improve Target Date Status Continuing to escalate to HR team the anomalies in data reporting to remove leavers from Performance remains good at 93.8% but below the required 95%. The four main reasons Insight, ensure IG training for recruitment of new starters and ascertaining employment for this position continue to be consistent with previously reported. Staff have fallen out of positions on ESR to clarify the root cause. Insight system upgrade taking place in July. IG In Progress compliance with training; some IT accounts have disabled but Insight is still displaying June 2022 continue to send reminder emails to indviduals and line managers where compliance has (Update) users as active: small numbers of new starters are vet to complete their training; some expired. On-going reminaders at SMT meetings to encourage compliance in all teams and have completed training on e-LfH platform whihch has not updated on Insight system departments. Reasons for Current Underperformance Action Plan(s) to Improve Performance Target Date Continuing to escalate to HR team the anomalies in data reporting to remove leavers from Performance has decreased to 91.8% below the required 95%. The four main reasons for Insight: HR ensuring IG training for recruitment of new starters: and ascertaining employment this position are consistent with previously reports. Staff have fallen out of compliance positions on ESR. Insight system upgrade taking place in July. IG continue to send reminder with training; some IT accounts have disabled but Insight is still displaying users as emails to individuals where compliance has expired. HR send regular reminders in addition July 2022 active; small numbers of new starters are yet to complete their training; some have to the automatically generated ones staff receive where they remain non-compliant. HR completed training on e-LfH platform which has not been updated on the Insight system. share this information with HR Business Partners for it to be highlighted at senior meetings within divisions. Bi-weekly escalation report in place for SMT meetings (chaired by COO).





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

		Target ≤4%		Current Peri	od Overview	The threshold was not achieved, Performance was high indicating indicating a special cause variance as well as showing a recent upward trend.					
Amber	YTD	Previous Period	Current Period	5.0%			One wing a	Todoni apwara irona.		<b>→</b> Rate	
	n/a	4.4%	4.6%	4.0%				***		<ul><li>– – Average</li></ul>	
City Road	North	South	Other	3.5%							
n/a	n/a	n/a	n/a	May20 Jun20	Jul <sup>20</sup> AUB <sup>20</sup> Sep <sup>20</sup> Oct <sup>2</sup>	50 Monso Decso 1945, Lepsy Warsy Warsy Warsy W	ay21 jun21 jul21 Aug21	sep21 Oct21 NOV21 Dec31 13	an22 Feb22 Mar22 Apr22	<ul><li>Exceptional Value</li></ul>	
Domain		People (Enablers) Responsible Director			Sandi Drewett	Lead Manager		Bola Ogundeji			
Previously Identified Issues					Previous Action Plan(s) to Improve			Target Date	Status		
team						ER team to continually improve engagement and responsiveness with managers and progress long - term sickness absence to stage 3 hearing. To liaise with the HRBPs to ensure oversight of sickness absence issues.				In Progress (Update)	
					ER team will support and coach new and existing line managers with the application of the sickness absence policy.				April 2022	In Progress (Update)	
Reasons for Current Underperformance						Action Plan(s) to Improve Performance			Target Date		
The vacant post is team.	being recruited in	nto, which will enat	ole regularity of rep	oorts from the ER	ER team to continually improve engagement and responsiveness with managers, progress long - term sickness absence to stage 3 hearing and to produce sickness reports in a timely manner so the HRBP's have oversight of sickness absence issues within their divisions.			May 2022			
		n less familiar with	the Trust's sicknes	s management	Continue to promote and emphasise the importance of applying the sickness absence policy as soon as staff hit the sickness triggers  Managers' training and surgeries will continue to take place at local sites and City Road to			May 2022			
						support managers with the management of sickness.  Managers will be encouraged to use return to work meetings as a safeguard for anticipating health and well-being support and persistent absence with no reasonable cause					