

Report to Trust Board

Report Title	Integrated Performance Report - August 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 challenges which were created by the national strike action, high temperatures and upgrade of the Open Eyes system, the Trust performed well in August. We delivered 102.7% of the elective activity which we delivered in 2019/20 and 102.1% of the outpatient first attendances. Although outpatient follow up attendances were less than the outpatient first attendances (95.5%), work is continuing to balance finding appropriate ways to reduce the number of follow ups towards our 85% target, without creating a backlog of patients who require an appointment. The Trust has seen a slight increase in the number of patients in this situation and regular meetings are therefore taking place to address this.

Although the number of patients who were seen face to face in the A&E service dropped slightly to 74%, we are now seeing an average attendance level of C. 75% which is a significant increase on the level seen 6 months ago. The referral rate for the month was 104.2% which again represents an increased trend from 6 months ago.

The number of patients who had waited over 52 weeks for their treatment was reduced from 10 to 5 in the month, however some of the remaining breaches were potentially avoidable due to errors being made in the tracking or referral of patients. Additional failsafe processes are being put in place to seek to prevent this from occurring. Although the number of patients waiting over 18 weeks has risen, the overall waiting list has now stabilised and is starting to reduce slightly.

The Trust did not achieve either the average call waiting time or call abandonment metrics due to a combination of staff sickness and planned annual leave. Work continues to increase staffing levels and provide improved cover when staff are sick, and the team are also exploring digital solutions to see how they may help to streamline calls.

A never event occurred at our Bedford site as a result of a wrong site surgery. This is being investigated and it is anticipated that the outcome of this investigation will be known by November.

Having met the metric measuring complaint responses in July, we saw a deterioration in August. This was due to delays in the sign off of some of the responses to the complaints. A review is underway to improve this process through increased training for managers and a revised escalation process for sign off.

The Trust's appraisal rate dropped significantly in month. In response to this a communication has been provided to help staff undertake the documentation for their appraisal and managers are being informed and supported to address where they have staff who have slipped out of compliance over the summer. Managers have been asked to address this issue as a priority.

Action Required/Recommendation

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

For Assurance	X	For decision		For discussion		To Note	
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Context - Overall Activity - August 2022

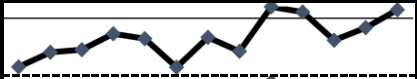
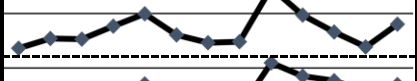


		August 2022	19/20 Mth 1-11 Average	Year To Date
Accident & Emergency	A&E Arrivals (All Type 2)	6,094	8,230	30,358
	Number of 4 hour breaches	47	124	90
Outpatient Activity	Number of Referrals Received	12,117	11,628	58,218
	Total Attendances	48,695	50,447	240,871
	First Appointment Attendances	11,303	11,055	56,612
	Follow Up (Subsequent) Attendances	37,392	39,391	184,259
	% Appointments Undertaken Virtually	6.7%	0.2%	6.5%
Admission Activity	Total Admissions	3,203	3,081	15,360
	Day Case Elective Admissions	2,912	2,747	13,955
	Inpatient Elective Admissions	90	99	379
	Non-Elective (Emergency) Admissions	201	235	1,026

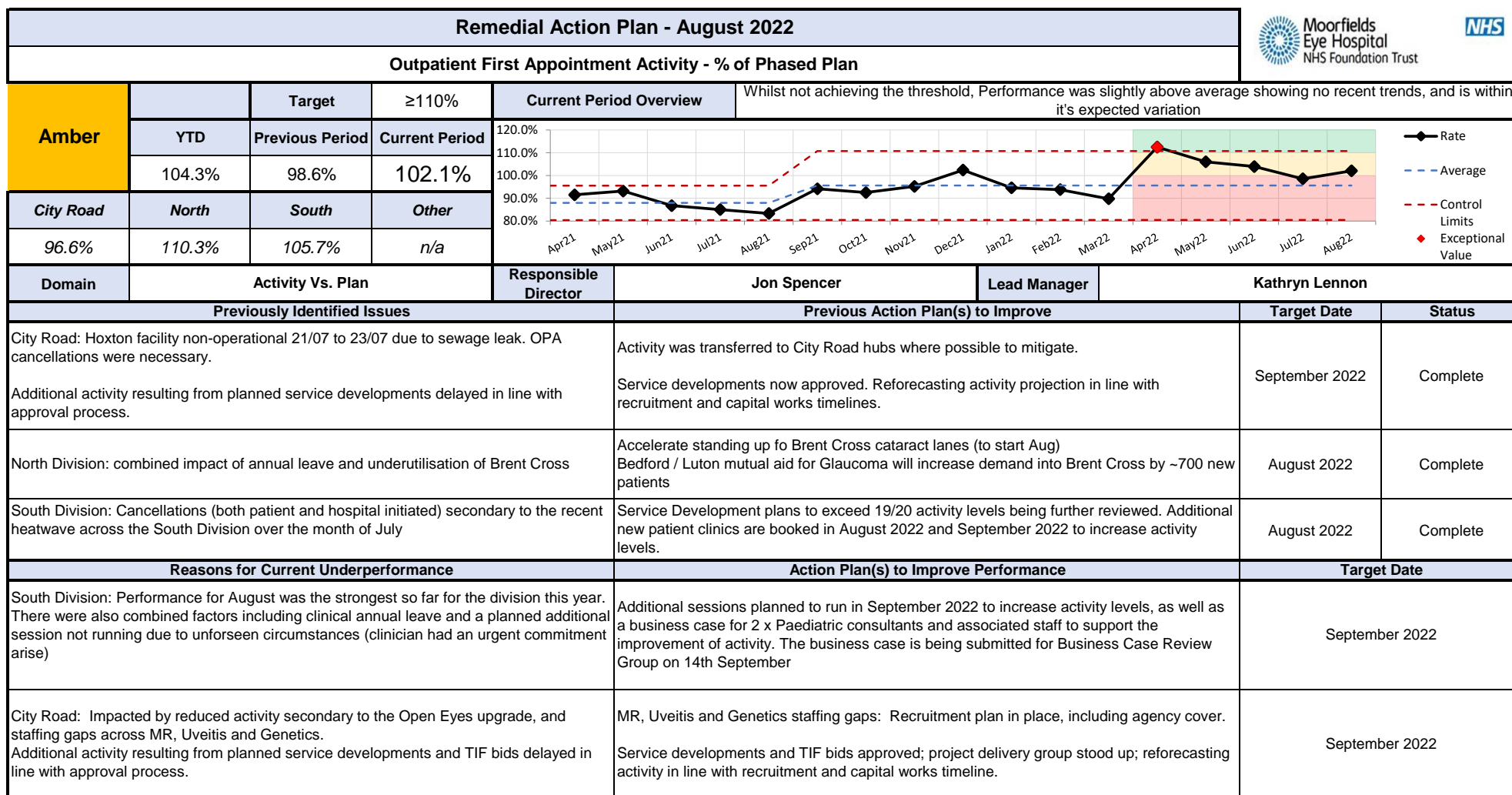
These figures are not subject to any finance or commissioning business logic. They present all activity, whether chargeable or not. Activity versus agreed financial plan is shown on the following page.

Activity Vs. Plan
August 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 comparison 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	Current Period	13 Month Series
Elective Activity - % of Phased Plan	Monthly	≥100%	G		102.7%	
Total Outpatient Activity - % of Phased Plan	Monthly	≥100%	R	3	96.9%	
Outpatient First Appointment Activity - % of Phased Plan	Monthly	≥110%	A	3	102.1%	
Outpatient Follow Up Appointment Activity - % of Phased Plan	Monthly	≥85%	G		95.5%	














Service Excellence (Ambitions)
August 2022
Operational Metrics

* Figures Provisional for August 2022

** RTT Figures Provisional for August 2022. 3 out of the 5 '52 Week Breaches' are Mutual Aid patients.

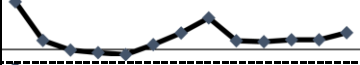
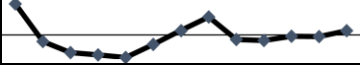
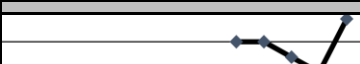

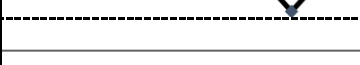




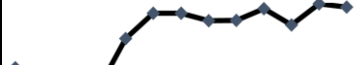
*** Median Clinic Journey Time Metrics and targets in development. These will be reviewed on a continuous basis as data quality improves, particularly for Virtual TeleMedicine Appointments.

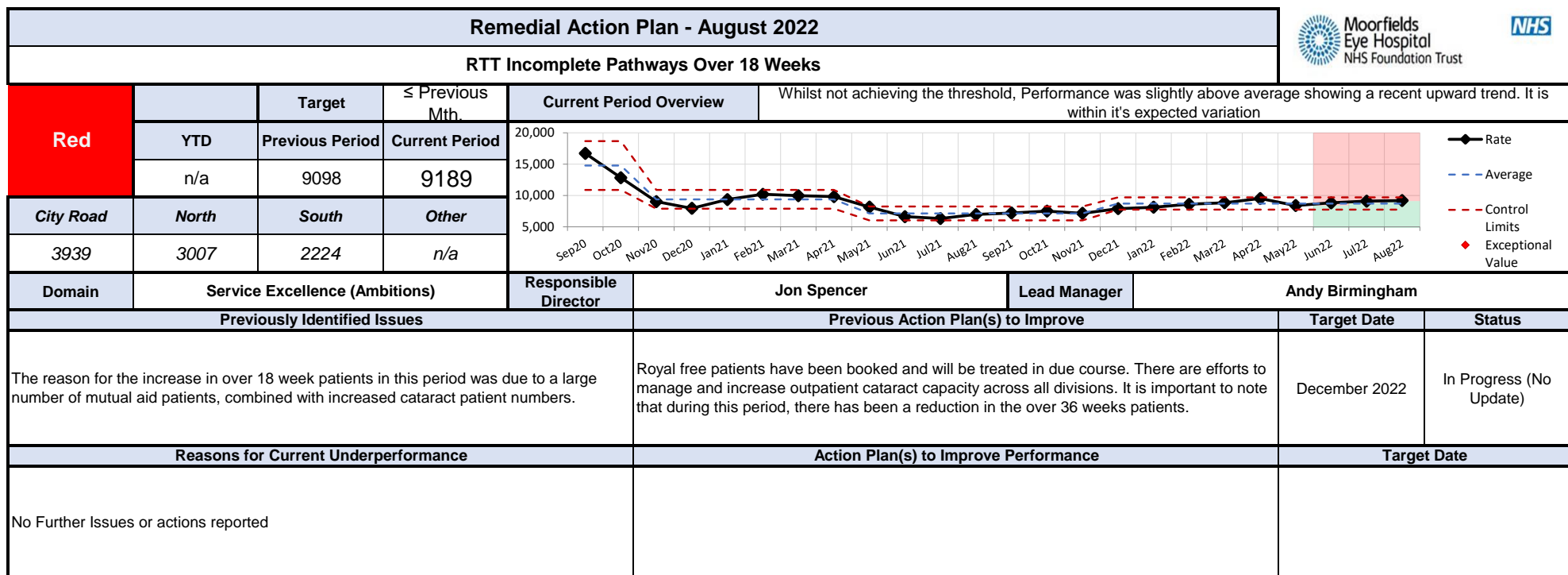
Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Cancer 2 week waits - first appointment urgent GP referral *	Monthly	≥93%	G		75.0%	100.0%		97.2%
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology) *	Monthly	≥93%	G		97.5%	98.8%		97.9%
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%			100.0%	n/a		100.0%
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Monthly	≥85%			100.0%	n/a		100.0%
Cancer 28 Day Faster Diagnosis Standard *	Monthly	≥75%	G		100.0%	100.0%		100.0%
18 Week RTT Incomplete Performance **	Monthly	≥92%			77.3%	76.9%		77.5%
RTT Incomplete Pathways Over 18 Weeks **	Monthly	≤ Previous Mth.	R	6	9098	9189		
52 Week RTT Incomplete Breaches **	Monthly	Zero Breaches	R	7	10	5		39
A&E Four Hour Performance	Monthly	≥95%	G		99.7%	99.2%		99.7%
Percentage of Diagnostic waiting times less than 6 weeks *	Monthly	≥99%	G		100.0%	99.1%		99.5%

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

Service Excellence (Ambitions)

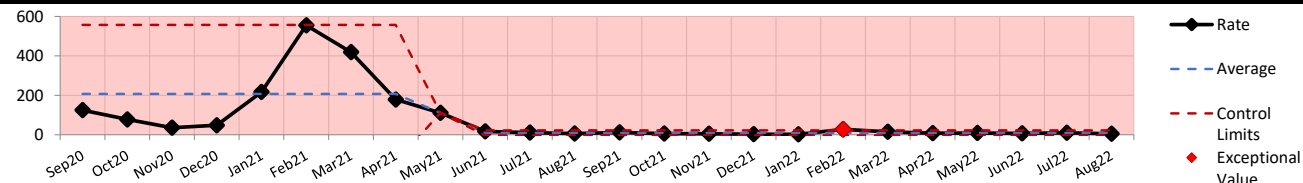
August 2022

Operational Metrics								
Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Average Call Waiting Time	Monthly	≤ 2 Mins (120 Sec)	R	8	215	285		
Average Call Abandonment Rate	Monthly	≤15%	R	9	14.1%	17.0%		14.1%
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments ***	Monthly	tbc			97	104		101
Median Outpatient Journey Times - Diagnostic Face to Face Appointments ***	Monthly	tbc			45	48		45
Median Outpatient Journey Times - Virtual TeleMedicine Appointments ***	Monthly	tbc			Under Review			n/a
Theatre Cancellation Rate (Non-Medical Cancellations)	Monthly	≤0.8%	G		1.43%	0.80%		0.97%
Number of non-medical cancelled operations not treated within 28 days	Monthly	Zero Breaches	G		0	0		6
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		2.31%	2.22%		
VTE Risk Assessment	Monthly	≥95%	G		99.1%	97.4%		97.9%
Posterior Capsular Rupture rates (Cataract Operations Only)	Monthly	≤1.95%	G		0.72%	0.71%		0.88%



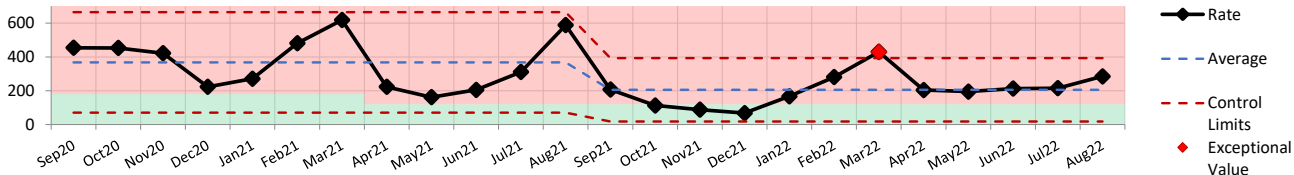
Remedial Action Plan - August 2022

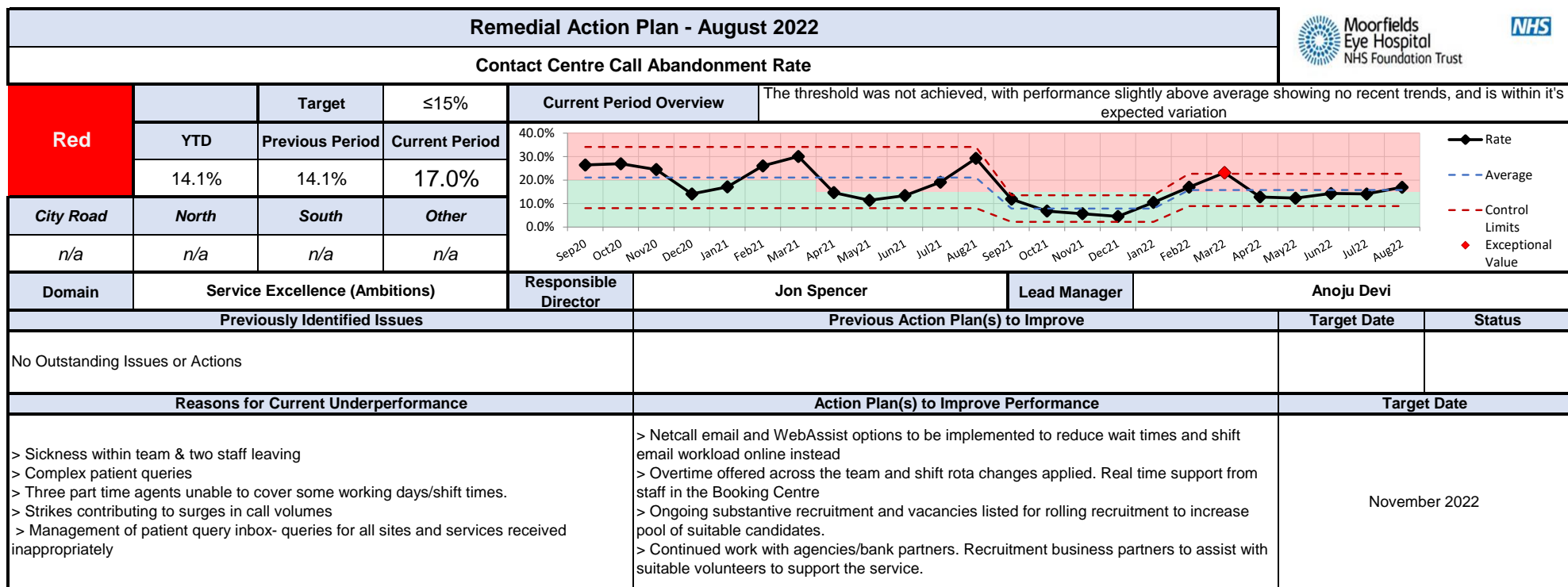
52 Week RTT Incomplete Breaches

Red		Target	Zero Breaches	Current Period Overview		Whilst not achieving the threshold, Performance was below average showing no recent trends. It is within it's expected variation																	
	YTD	Previous Period	Current Period																				
	39	10	5																				
	City Road	North	South	Other																			
1	1	3	n/a																				
Domain	Service Excellence (Ambitions)			Responsible Director	Jon Spencer				Lead Manager		Andy Birmingham												
Previously Identified Issues				Previous Action Plan(s) to Improve								Target Date		Status									
All three City Road breaches were patients transferred from the Royal Free as part of mutual aid.				Mutual aid patients are being reviewed and treated as early as possible, with variation dependent on the sub-specialty scrutiny indicates is most appropriate. Ongoing review via PTL validation and weekly PTL meetings with RTT team.								July 2022		In Progress (No Update)									
Three patients breached 52 weeks at St George's due to incorrect RTTs being applied then found and validated. One patient remains from the previous OpenEyes issues.				All patients have TCIs in early July. An individual training issue has been identified and addressed.								July 2022		Complete									
Reasons for Current Underperformance				Action Plan(s) to Improve Performance								Target Date											
The North breach was the result of a filtering issue when reports were being pulled.				Training with the individual involved and additional failsafe measures have been put in place.								September 2022											
The City road breach was due to an internal referral being delayed				The process to transfer patients internally is being investigated and will be updated.								October 2022											
The three patients carried over were due to patient unavailability following long pathways.				This is due to long waiters caused by RTT issues, training is still being given. It is worth noting that the patients in question have already closed as of early September								September 2022											

Remedial Action Plan - August 2022


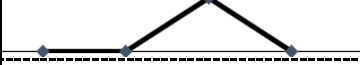




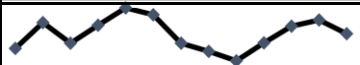



Average Call Waiting Time

Red		Target	≤ 2 Mins (120 Sec)	Current Period Overview		The threshold was not achieved, with performance above average showing a recent upward trend. It is within it's expected variation											
	YTD	Previous Period	Current Period														
	n/a	215	285														
	City Road	North	South	Other													
n/a	n/a	n/a	n/a														
Domain	Service Excellence (Ambitions)			Responsible Director	Jon Spencer				Lead Manager	Anoju Devi							
Previously Identified Issues				Previous Action Plan(s) to Improve							Target Date		Status				
Unplanned absences and sickness .				Demand and capacity on-going to plan for spikes in call volumes, ongoing substantive recruitment and liaising with bank partner colleagues for temporary staff, managing long term sickness cases with HR support. Plans to introduce web assist/email functionality to reduce inbound calls and improve patient experience are in progress							September 2022		In Progress (Update)				
Reasons for Current Underperformance				Action Plan(s) to Improve Performance							Target Date						
Unplanned absences due to sickness combined with staff away on A/L.				> Netcall email and WebAssist options to be implemented to reduce wait times and shift email workload online instead > Manage and apply short/long term sickness in line with sickness absence policy. > Use of agency staffing to supply full team of agents. > Team refresher training & 1-1 training to support and explore call handing techniques to improve contact staff performance and improve patient experience.							October 2022						





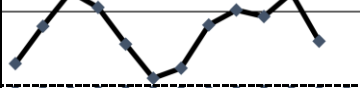

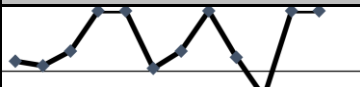



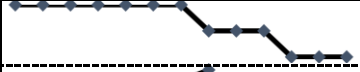


Service Excellence (Ambitions)

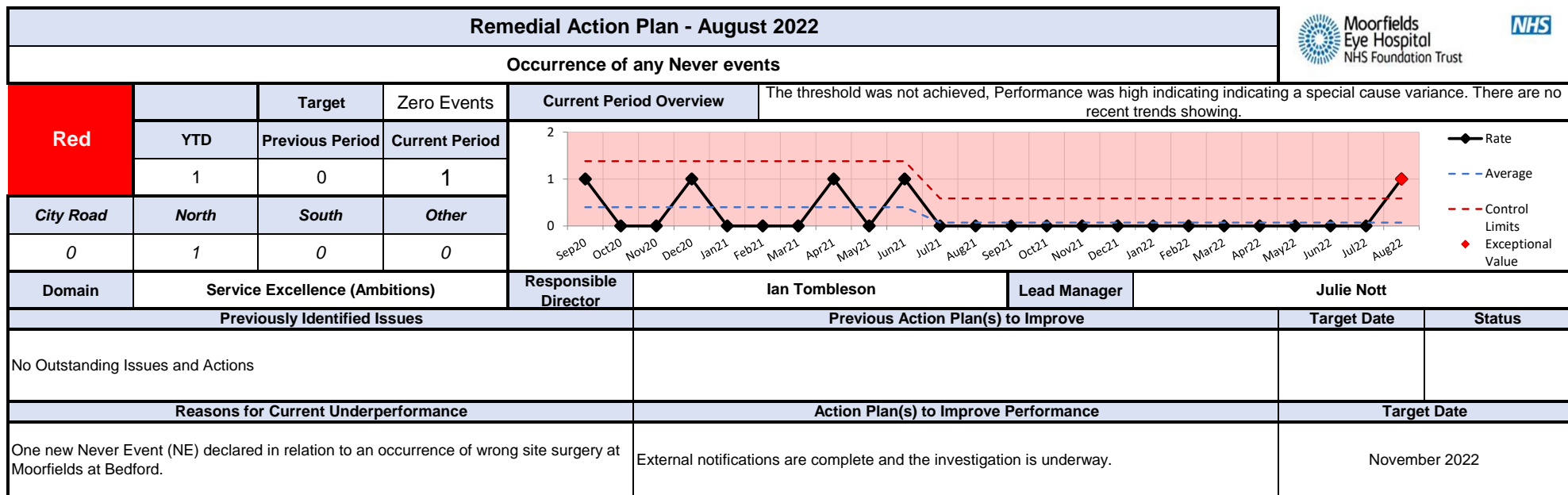
August 2022

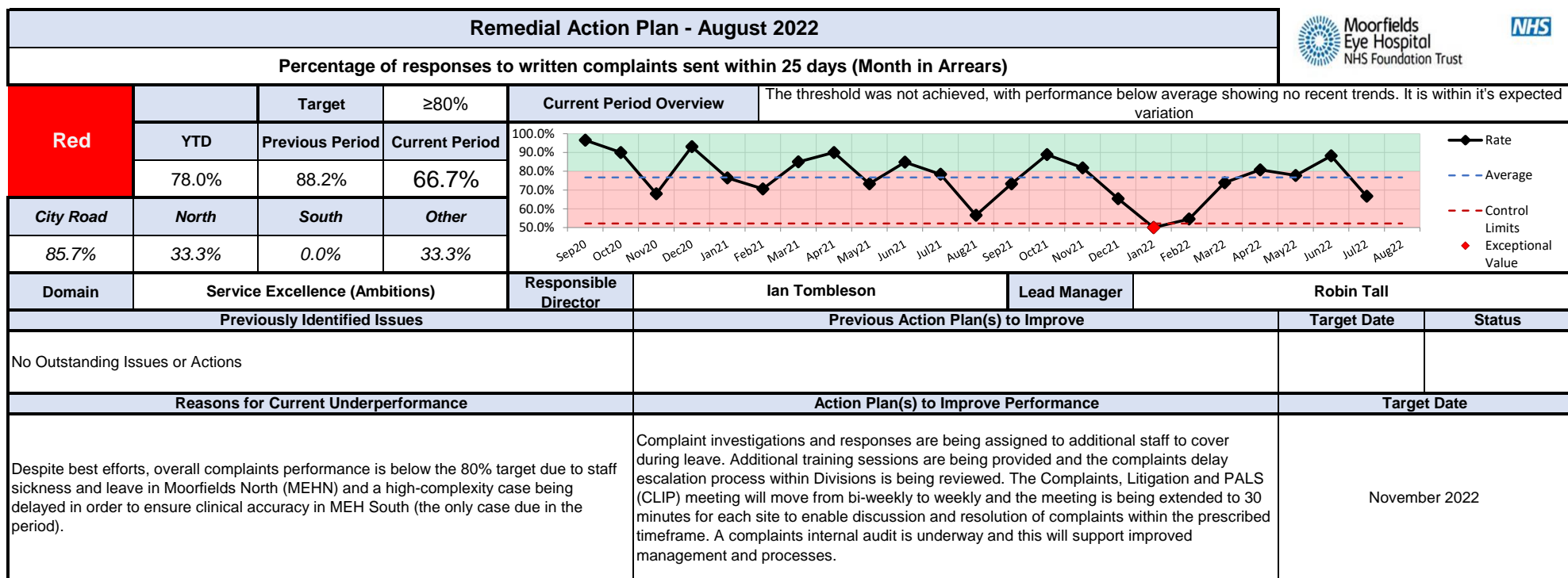
Quality and Safety Metrics								
Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Occurrence of any Never events	Monthly	Zero Events	R	12	0	1		1
Endophthalmitis Rates - Aggregate Score	Quarterly	Zero Non-Compliant			0			
MRSA Bacteraemias Cases	Monthly	Zero Cases	G		0	0		0
Clostridium Difficile Cases	Monthly	Zero Cases	G		0	0		0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Monthly	Zero Cases	G		0	0		0
MSSA Rate - cases	Monthly	Zero Cases	G		0	0		0
Inpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		95.7%	95.0%		94.8%
A&E Scores from Friends and Family Test - % positive	Monthly	≥90%	G		92.0%	90.2%		91.5%
Outpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.1%	92.3%		92.8%
Paediatric Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.7%	91.1%		93.8%

Service Excellence (Ambitions)

August 2022

Quality and Safety Metrics								
Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Summary Hospital Mortality Indicator	Monthly	Zero Cases	G		0	0		0
National Patient Safety Alerts (NatPSAs) breached	Monthly	Zero Alerts	G		0	0		
Percentage of responses to written complaints sent within 25 days	Monthly (Month in Arrears)	≥80%	R	13	88.2%	66.7%		78.0%
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		100.0%	100.0%		95.7%
Subject Access Requests (SARs) Responded To Within 28 Days	Monthly (Month in Arrears)	≥90%	G		100.0%	100.0%		100.0%
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			220	250		
Research Metrics								
Percentage of Commercial Research Projects Achieving Time and Target	Monthly	≥65%	G		66.7%	66.7%		71.8%
Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	Monthly	≥1800			2340	2850		8251
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Monthly	≥2%	G		6.3%	6.2%		



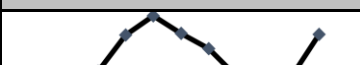

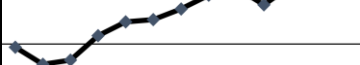
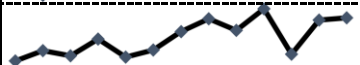



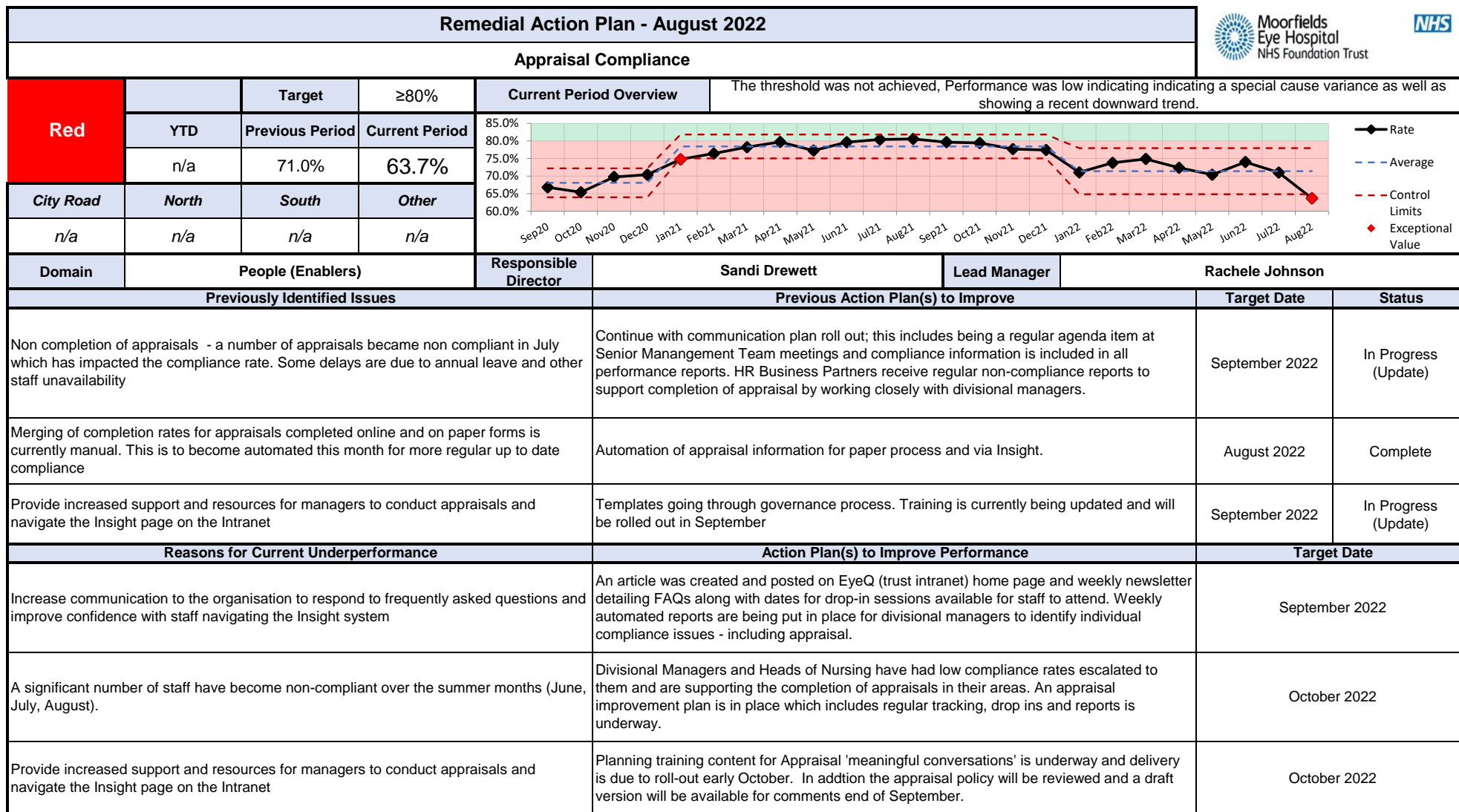


People (Enablers)
August 2022
Workforce and Financial Metrics

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

** For commentary, please refer to the Finance Report presented to board



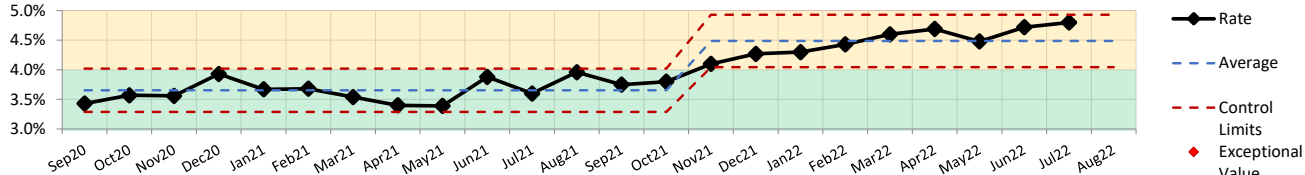
Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Workforce Metrics								
Appraisal Compliance	Monthly	≥80%	R	15	71.0%	63.7%		
Information Governance Training Compliance	Monthly	≥95%	R	16	90.4%	88.8%		
Staff Sickness (Month Figure)	Monthly	≤4%		*	4.4%	5.4%		
Staff Sickness (Rolling Annual Figure)	Monthly (Month in Arrears)	≤4%	A	17	4.7%	4.8%		
Proportion of Temporary Staff	Monthly	RAG as per Spend			15.4%	15.6%		14.7%
Financial Metrics								
Overall financial performance (In Month Var. £m)	Monthly	≥0	G		0.27	0.20		0.66
Commercial Trading Unit Position (In Month Var. £m)	Monthly	≥0	G		0.46	0.17		0.84



Remedial Action Plan - August 2022

Information Governance Training Compliance

Red		Target	≥95%	Current Period Overview		The threshold was not achieved, Performance was low indicating indicating a special cause variance as well as showing a recent downward trend.																	
	YTD	Previous Period	Current Period	<p>Legend: Rate (black line with diamonds), Average (blue dashed line), Control Limits (red dashed line), Exceptional Value (red diamond).</p>																			
	n/a	90.4%	88.8%																				
	City Road	North	South	Other																			
n/a	n/a	n/a	n/a																				
Domain	People (Enablers)			Responsible Director	Ian Tombleson						Lead Manager		Jonathan McKee										
Previously Identified Issues				Previous Action Plan(s) to Improve										Target Date		Status							
Performance has dropped to 90.4% below the required 95%. The specific reason for this is due to new August starters not being compliant and they are catching up. The main reasons for this position continue to be consistent with previously reported. Staff have fallen out of compliance with training; some IT accounts have been disabled but Insight is still displaying users as active; small numbers of new starters are yet to complete their training.				Continuing to escalate to HR team the anomalies in data reporting to remove leavers from Insight to ensure IG training for recruitment of new starters; and ascertaining employment positions on ESR to clarify root causes. Insight system upgrade now completed. IG team continue to send reminder emails to individuals where compliance has expired. HR send regular reminders in addition to the automatically generated ones where staff remain non-compliant. HR team share with Business Partners so it can be highlighted at senior divisional meetings. Regular escalations by SIRO and Associate Director of Workforce at SMT meetings.										October 2022		In Progress (Update)							
Reasons for Current Underperformance				Action Plan(s) to Improve Performance										Target Date									
Performance has dropped to 88.4% below the required 95%. A contributory is due to new August starters not being compliant and they are now catching up. More staff have fallen out of compliance with training in the summer months.				Insight system upgrade now completed. Senior managers have been reminded that line managers must be active in managing mandatory training, the outcome of which must be reported externally; the Head of Information Governance has echoed this message in several senior management forums. HR send regular reminders in addition to the automatically generated ones where staff remain non-compliant. HR team share with Business Partners so it can be highlighted at senior divisional meetings. Regular escalations by the Senior Information Risk Owner (SIRO) and Associate Director of Workforce at Senior Management Team meetings. Strong message from COO. Weekly automated compliance reminders have been set up for divisional leads for ease										November 2022									

Remedial Action Plan - August 2022					 	
Staff Sickness (Rolling Annual Figure) (Month in Arrears)						
Amber		Target	≤4%	Current Period Overview	The threshold was not achieved, with performance slightly above average showing a recent upward trend. It is within it's expected variation	
	YTD	Previous Period	Current Period			
	n/a	4.7%	4.8%			
	City Road	North	South		Other	
n/a	n/a	n/a	n/a			
Domain	People (Enablers)			Responsible Director	Sandi Drewett	Lead Manager
Previously Identified Issues				Previous Action Plan(s) to Improve		Target Date
Short-term sickness absence remains the main driver for sickness levels primarily due to infectious disease Covid-19 / Self Isolation sickness. There are also some long-standing, long-term absences, some of which are due to long Covid.				The employee relations (ER) team continue working closely with Line Managers to manage complex long-term sickness cases. Since the last reporting cycle, around 50% of all long-term cases have been closed. There is a plan to develop a robust health and wellbeing plan for long covid cases specifically. Through regular reporting, short-term absences will continue to be managed in line with the Trust's sickness and absence procedure – ensuring that trigger points are monitored. Having gone through a period of resignation and vacancies within the ER team, from September onwards, there will be a full complement of staff. Therefore BAU activities such as additional training and managers workshop will be scaled up. Line management support for newly appointed, newly promoted managers will be enhanced throughout the employee lifecycle, i.e. induction through to development. Workforce information relating to ER activities will be maximised to make an informed decision, flag and mitigate risks.		September 2022
Reasons for Current Underperformance				Action Plan(s) to Improve Performance		Target Date
No Further Issues or Actions Reported						