



Report to Trust Board							
Report Title	Integrated Performance Report - March 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

Within March 2022 the greater number of working days in the month helped the Trust to achieve 98.9% of the elective activity and 99.7% of outpatient activity that we were required to deliver by our commissioners. Weekly run rates averaged 93.9% and 99% respectively. Although there were two specific challenges relating to failing estate at the St Ann's and Ealing sites, the primary driver for us not achieving 100% of the required level of activity was a continued raised sickness level of 4.4%.

The level of referrals received increased significantly for a second month in a row to 106% of the level seen before the pandemic. This rise in referrals and the ongoing mutual aid which we are providing to the Royal Free Hospital Group has caused a continued increase in our new patient waiting list. Work is underway to identify the level of activity which can be delivered through 2022/23 so that we can develop a timeline to address this backlog of new patients.

Our A&E attendances rose significantly in month to 70%. Although it is too early to confirm that this is a trend, work will be undertaken to assess the drivers behind this including whether it is linked to a greater number of individuals returning to work in Central London.

The number of patients waiting over 52 weeks for their treatment has dropped to 16 which shows the progress that we are making in treating the patients who have transferred to us from the Royal Free. The number of patients waiting over 18 weeks has continued to rise, however the proportion of patients who are receiving their care within 18 weeks has remained consistent.

The Trust did not meet the average call waiting or abandonment rates for our booking centre. This was again due to challenges around the level of sickness absence within the team and the unreliability of temporary staff.

Although the Trust saw a slight improvement in performance against the metric which monitors our complaint responses, performance was still below the required standard. This was caused by a continuation of the issues highlighted in previous months, however additional support has been resourced to further improve this position.

We did not meet either the appraisal and IG targets in the month, although performance improved slightly against the appraisal metric. Actions are continuing to improve the quality of our data and to target where individuals need to be booked in for their appraisal or training.

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	Х	For decision	For discussion	To Note	





Context - Overall Activity - March 2022

		March 2022	19/20 Mth 1-11 Average	Year To Date
Accident &	A&E Arrivals (All Type 2)	5,767	8,230	61,367
Emergency	Number of 4 hour breaches	0	124	31
	Number of Referrals Received	12,378	11,628	125,378
Outpotions	Total Attendances	50,317	50,447	563,321
Outpatient Activity	First Appointment Attendances	10,840	11,055	124,113
Activity	Follow Up (Subsequent) Attendances	39,477	39,391	439,208
	% Appointments Undertaken Virtually	March 2022 Average 3 5,767 8,23 0 124 12,378 11,63 50,317 50,44 10,840 11,03 39,477 39,33 6.5% 0.29 3,047 3,08 2,769 2,74 89 99	0.2%	8.1%
	Total Admissions	3,047	3,081	34,116
Admission	Day Case Elective Admissions	2,769	2,747	31,107
Activity	Inpatient Elective Admissions	89	99	887
	Non-Elective (Emergency) Admissions	189	235	2,122

These figures are not subject to any finance or commissioning business logic. They present all activity, whether chargeable or not





March 2022

Operational Metrics

- * Figures Provisional for March 2022
- ** RTT ratings will be re-introduced once initial recovery plan has been completed. 12 out of the 16 '52 Week Breaches' are Mutual Aid patients.
- *** Median Clinic Journey Time Metrics under review and due to be reported from April, as definitions are updated to account for different clinic environments (e.g Face-to-Face & Video appointments, Diagnostic Hubs)

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		100.0%	100.0%		98.7%
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Monthly	≥93%	G		94.7%	98.9%	✓	97.9%
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Monthly	≥96%	G		100.0%	100.0%		99.1%
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%			100.0%	n/a		100.0%
Cancer 28 Day Faster Diagnosis Standard	Monthly	≥75%	G		71.4%	100.0%	\bigvee	93.3%
18 Week RTT Incomplete Performance **	Monthly	≥92%			77.5%	77.8%		78.1%
RTT Incomplete Pathways Over 18 Weeks **	Monthly	≤1608 (Avg. 2019/20)			8606	8842		
52 Week RTT Incomplete Breaches **	Monthly	Zero Breaches			28	16	<u></u>	396
A&E Four Hour Performance	Monthly	≥95%	G		100.0%	100.0%		99.9%
Percentage of Diagnostic waiting times less than 6 weeks *	Monthly	≥99%	G		100.0%	100.0%		99.0%





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	4	281	430				
Average Call Abandonment Rate	Monthly	≤15%	R	5	17.0%	23.1%		14.5%		
Median Clinic Journey Times - New Patient appointments ***	Monthly	≤ 95 Mins (tbc)			Under l	Review		77		
Median Clinic Journey Times -Follow Up Patient appointments ***	Monthly	≤ 85 Mins (tbc)			Under l	Review	~~~	84		
Theatre Cancellation Rate (Non-Medical Cancellations)	Monthly	≤0.8%	G		0.74%	0.62%		0.70%		
Number of non-medical cancelled operations not treated within 28 days *	Monthly	Zero Breaches	G		0	0	V~~	18		
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		2.05%	1.85%				
VTE Risk Assessment	Monthly	≥95%	G		99.5%	98.7%	√	98.6%		
Posterior Capsular Rupture rates (Cataract Operations Only)	Monthly	≤1.95%	G		1.07%	1.57%		1.03%		

NHS Moorfields Remedial Action Plan - March 2022 Eye Hospital **Average Call Waiting Time** ≤ 2 Mins (120 The threshold was not achieved, with performance above average showing a recent upward trend. It is within it's Target **Current Period Overview** Sec) expected variation Red YTD Rate Previous Period **Current Period** 600 281 430 – – Average n/a 400 200 - - - Control City Road North South Other Limits MARTO SEBTO OCTO MONTO DECTO PAUL ERRI MALT MALT MARTI MARTI MALT MALT MART MARTI MA Exceptional n/a n/a n/a n/a Value Responsible Service Excellence (Ambitions) Jon Spencer Lead Manager Anoju Devi Domain 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. Ongoing monitoring of staff sickness with HR Staffing levels within the team have been challenged due to unplanned short and long support- there has been improvement in February and further improvement expected going In Progress April 2022 term sickness during February. into March. 2.0 WTE agency staff now in place to backfill sickness. 2.0 WTE sustantive (Update) recruitment- employments checks in progress. April start dates anticipated. Continuing to 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 March staffing levels within the team have continued to be challenged due to unplanned volumes. Continue with staff forecasting and agree weekend opening if required. Ongoing 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 challenges encountered with unreliable agency staff. April. Substantive recruitment in progress of 1.0 WTE- 1 candidate withdrew. Continue to work with Bank Partners to increase short notice cover as required.

NHS Moorfields Remedial Action Plan - March 2022 Eye Hospital NHS Foundation Trust **Average Call Abandonment Rate** The threshold was not achieved, with performance above average showing a recent upward trend. It is within it's ≤15% **Current Period Overview** Target expected variation 40.0% Red YTD Previous Period Current Period Rate 30.0% 23.1% – – Average 14.5% 17.0% 20.0% 10.0% – – Control City Road North South Other 0.0% Limits Oct20 Nov30 Dec30 lan21 Feb21 War51 Abis1 Was51 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. Ongoing monitoring of staff sickness with HR Staffing levels within the team have been challenged due to unplanned short and long support- there has been improvement in February and further improvement expected going In Progress April 2022 term sickness during February. into March, 2.0 WTE agency staff now in place to backfill sickness, 2.0 WTE sustantive (Update) recruitment- employments checks in progress. April start dates anticipated. Continuing to 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 March staffing levels within the team have continued to be challenged due to unplanned volumes. Continue with staff forecasting and agree weekend opening if required. Ongoing 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 challenges encountered with unreliable agency staff. April. Substantive recruitment in progress of 1.0 WTE- 1 candidate withdrew. Continue to work with Bank Partners to increase short notice cover as required.



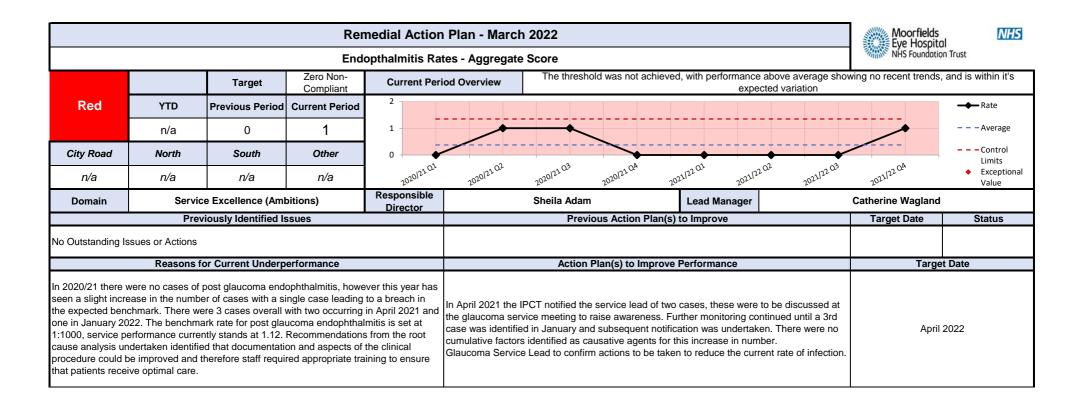


	Quality and S	afety Metrics						
Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Occurrence of any Never events	Monthly	Zero Events	G		0	0	\mathcal{N}	2
Endopthalmitis Rates - Aggregate Score	Quarterly	Zero Non- Compliant	R	8	0	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		94.4%	94.0%	^ ~~~	95.0%
A&E Scores from Friends and Family Test - % positive	Monthly	≥90%	G		91.0%	92.0%	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\	92.7%
Outpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.1%	93.0%	$\sim \sim$	93.3%
Paediatric Scores from Friends and Family Test - % positive	Monthly	≥90%	G		91.5%	95.9%		93.7%





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	9	50.0%	54.5%	~~~	73.5%	
Percentage of responses to written complaints acknowledged within 3 days	Monthly	≥80%	G		100.0%	100.0%		99.0%	
Freedom of Information Requests Responded to Within 20 Days	Monthly (Month in Arrears)	≥90%	G		90.5%	93.3%		95.3%	
Subject Access Requests (SARs) Responded To Within 28 Days	Monthly (Month in Arrears)	≥90%	G	L	100.0%	100.0%	✓	96.0%	
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			305	334			
	Research								
* Metric frequency changed to Quarterly as data is measured over a 12 mo	nth period, a n	nore responsive	ver	sion (of this metri	c is being in	vestigated.		
Median Time To Recruitment of First Patient (Days)	Quarterly	≤ 70 Days			Under	Review			
Percentage of Commercial Research Projects Achieving Time and Target	Monthly	≥65%	G		100.0%	83.3%		93.6%	
Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	Monthly	≥1800			6286	7830	•—————————————————————————————————————	42733	
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Monthly	≥2%	G		5.6%	5.6%			



NHS Remedial Action Plan - March 2022 Moorfields Eye Hospital NHS Foundation Trust Percentage of responses to written complaints sent within 25 days (Month in Arrears) The threshold was not achieved, with performance below average showing no recent trends. It is within it's expected ≥80% **Current Period Overview** Target variation 100.0% Red YTD Previous Period Current Period Rate 80.0% 54.5% – – Average 73.5% 50.0% 60.0% - - - Control City Road North South Other 40.0% Limits April Maris into mary sees octo octo Morio Decro Paus Eeps, Wals Abis Maris into mars sees octo Moris Decr Paus Eeps Maris Exceptional 0.666667 1 n/a Value Responsible Domain Service Excellence (Ambitions) Ian Tombleson Lead Manager Nisha Domadia Director Previously Identified Issues Previous Action Plan(s) to Improve Target Date Status The main contriubtion comes from CR division. This was due to a combination of factors. largely a continuation of the issues from the previous months: The senior management escalation process is now being embedded and offers support to In Progress complaint leads if they anticpate delays. This will be monitored by the team. April 2022 (Update) Continued Sickness absence due to COVID More complex complaints requiring significant investigation across multiple services **Reasons for Current Underperformance** Action Plan(s) to Improve Performance **Target Date** The increase in overdue complaints related to estates is driven by DHL staff sickness and DHL have appointed complaints manager and responses should be sent within the time May 2022 staff leave. frame. Support is offered by the central team to complaint leads as required and if they anticipate Main contribution for complaints under performance continues to come from a number of delays. New bi-weekly catch up with QPs and central team being introduced. factors and is a continuation of the issues from previous months: An agency member of staff has been employed by CR to focus on complaints until the Continued sickness due to COVID substantive QP commences their role. July 2022 Staff vacancies The CR senior management escalation process is now being embedded and offers support - More complex complaints requiring significant investigation and focus across multiple to complaint leads if they anticpate delays. This will be monitored by the team. services Training will be offered to any new complaint leads as staff change.

Integrated Performance Report - March 2022





People (Enablers)

Workforce and Financial Metrics										
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	11	73.8%	74.9%				
Information Governance Training Compliance	Monthly	≥95%	Α	12	93.8%	93.6%	~~~~			
Staff Sickness (Rolling Annual Figure)	Monthly (Month in Arrears)	≤4%	Α	13	4.3%	4.4%				
Proportion of Temporary Staff	Monthly	RAG as per Spend			14.1%	15.5%	_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12.2%		
	Financial	Metrics								
Overall financial performance (In Month Var. £m)	Monthly	≥0	G		0.85	2.15	~~~~	4.58		
Commercial Trading Unit Position (In Month Var. £m)	Monthly	≥0	G		-0.21	0.11		1.17		

NHS Remedial Action Plan - March 2022 Moorfields Eye Hospital NHS Foundation Trust **Appraisal Compliance** The threshold was not achieved, with performance slightly below average but showing an upward trend. It is within ≥80% **Current Period Overview** Target it's expected variation 90.0% Red YTD Previous Period Current Period Rate 80.0% n/a 73.8% 74.9% – Average 70.0% - - - Control City Road South Other North 60.0% Limits Exceptional n/a n/a n/a n/a Value Responsible Domain People (Enablers) Sandi Drewett Lead Manager Bola Ogundeji Director Previously Identified Issues Previous Action Plan(s) to Improve **Target Date** Status Continued reminders sent out. Review of data shows that individuals on maternity Current appraisal compliance rate for the trust is 74%. Partially due to absence levels in In Progress leave/career break/suspended do not skew the compliance information. Hot spot area work April 2022 February. (Update) continues. Reasons for Current Underperformance Action Plan(s) to Improve Performance Target Date Some managers are not aware that they need to email L&D immediately after completing Introduce clear messaging on the current appraisal system on Insight to alert managers to an appraisal. The appraisal system on Insight does not alert managers to email L&D email L&D immediately after completing an appraisal. Work with Julian to edit the appraisal May 2022 immediately after appraisal completion. landing page and add in alerts where appropriate. We need to ensure managers are fully equipt to conduct meaningful appraisal ensuring al Promote and emphasise the importance of managers conducting appraisals and to 3 parts of the appraisal process is completed, which includes (my objectives, my encourage managers to undertake completing the Achievement and Performance Review May 2022 development and my reviews). All aspects of the process needs to be completed in order Training. Work with Comms team to launch an appraisal compliance campaign. for appraisal completions to be captured.

Moorfields NHS Remedial Action Plan - March 2022 Eye Hospital **Information Governance Training Compliance** The threshold was not achieved, with performance slightly below average showing no recent trends. It is within it's **Current Period Overview** Target ≥95% expected variation 98.0% **Amber** YTD Rate **Current Period Previous Period** 96.0% n/a 93.8% 93.6% – – Average 94.0% 92.0% - - - Control City Road North South Other 90.0% Limits 70150 MARSO 26650 OCCTO MONTO DECSO 1945, EGDT, WALLY MONTY 1015, MARS, 2665, OCCT, MONTY DECS, 1945, EGDT, WALLY Exceptional n/a n/a n/a n/a Value Responsible People (Enablers) Ian Tombleson Domain Lead Manager Llinos Bradlev Director Previously Identified Issues Previous Action Plan(s) to Improve **Target Date** Status At 14/3/22 compliance is 93.8%. The four main reasons for this position continue to be Continuing to escalate to HR team the anomalies in data reporting to remove leavers from the same as previously reported. Staff have fallen out of compliance with training; some Insight, ensure IG training for recruitment of new starters and ascertaining employment In Progress IT accounts have disabled but Insight is still displaying users as active: small number of positions on ESR to clarify the root cause. IG continue to send reminder emails to individuals April 2022 (Update) new starters yet to complete training; some having completed the training on e-LfH and line managers where IG compliance has expired. On-going push at SMT meetings to platform which has not yet updated on Insight. encourage compliance in all teams and 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 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 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 users as active; small numbers of new starters are yet 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.

Remedial Action Plan - March 2022





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

		Target	≤4%	Current Peri	od Overview	The threshold was not achie		high indicating indicat recent upward trend.	ing a special cause v	ariance as well as
Amber	YTD	Previous Period	Current Period	5.0%						→ Rate
	n/a	4.3%	4.4%	4.0%					***	– – Average
City Road	North	South	Other	3.5%			Y			 ControlLimits
n/a	n/a	n/a	n/a	Apr20 May20	jun ²⁰ jul ²⁰ Aug ²⁰ Sep	50 Oct50 Mon50 Dec50 19U51 Eep51 Walst	Apr21 May21 Jun21 Jul21 A	ugli sepli Octil Monsi De	c21 Jan22 Feb22 Mar22	Exceptional Value
Domain		People (Enablers))	Responsible Director	Sandi Diewell I i ean wananer i Boia Odunde					
	Prev	iously Identified Is	ssues			Previous Action Pla	n(s) to Improve		Target Date	Status
cover one of the v	The Employee Relations Lead will review any gaps in reporting structure and frequency. She will also ensure improved engagement and responsiveness between the employee relations advisors and managers in managing sickness cases. For cases stuck at stage 2 level, the ER team on sickness absence. ER team will ensure that there is timely escalation to stage 3 - the final sickness hearing as this will help mitigate against long drawn out absences. There will be a regular liaison with divisional HRBPs to ensure divisional oversight and ownership for promptly managing sickness issues.							March 2022	In Progress (Update)	
New managers to policy and triggers		n less familiar with	the Trust's sickne	ss management		ng training sessions to managers ning is due to be delivered - ong		kness absence	March 2022	In Progress (Update)
	Reasons for	or Current Underp	erformance			Action Plan(s) to Impr	ove Performance		Targe	t Date
team the vacant post is being recruited into, which will enable regularity of reports from the ER progress long - term side					eam to continually improve engagement and responsiveness with managers and ess long - term sickness absence to stage 3 hearing. To liaise with the HRBPs to April re oversight of sickness absence issues.					
New managers to policy and triggers		n less familiar with	the Trust's sicknes	s management	ER team will support and coach new and existing line managers with the application of the sickness absence policy. April 20					