

| Report to Trust Board   |   |   |  |                |  |         |  |
|---|---|---|--|----------------|--|---------|--|
| Report Title  |   | Integrated Performance Report - June 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   |   |   |  |                |  |         |  |
| Having delivered 106% of the 2019/20 average outpatient first attendances in May, the Trust delivered 102.6% in June. Performance against the elective activity average was 101.5% in May and 92.5% in June. The reduction in both of these activity levels in June was primarily due to an increase in patient and hospital initiated cancellation rates caused by the industrial action on the railway lines, however a planned reduction in activity to facilitate a whole day clinical governance event for the City Road theatre service also contributed.   |   |   |  |                |  |         |  |
| Although the number of outpatient follow up attendances reduced from 98.2% to 92.4% this was a positive movement for the Trust as we are now only paid for 85% of the average level achieved in 2019/20. Work is ongoing to reduce this number further so that the outpatient capacity can be used to treat a greater number of new patients. The number of patients who are being seen face to face in the A&E service has increased to 77% in both May and June which is assumed to be due to workers returning to central London in greater numbers. Work is ongoing to continue to increase attendances in A&E through virtual appointments and a potential hub and spoke model to other A&E departments across London. |   |   |  |                |  |         |  |
| Referral rates rose in both May (97.4%) and June (105.2%) which put additional pressure on attempts to reduce the backlog of new patients who are waiting for treatment. The number of patients waiting over 18 weeks for their treatment rose by 430 to 8830. Although a triage remains in place to ensure that only less urgent cases wait this long, work is underway to increase the capacity available in the Trust to start to reduce this list down to zero.   |   |   |  |                |  |         |  |
| In June, the Trust had 7 patients who had waited over 52 weeks for their treatment. The reasons for this were split evenly between patients who had been transferred to us from the Royal Free and those who breached internally as a result of validation errors. Training has been put into place to prevent the validation errors from reoccurring.  |   |   |  |                |  |         |  |
| Although the Trust again met the average call abandonment rate in June, we did not achieve the average call waiting time. This was again due to spikes in call volumes, this time caused by the industrial action and unplanned staff absences. Following a successful recruitment campaign of five new substantive staff it is anticipated that performance will sustainably improve by late summer.   |   |   |  |                |  |         |  |
| The Trust had a higher theatre cancellation rate in June due to the industrial action impacting on the City Road Division and an estates failure and lack of external anaesthetic availability impacting on the South Division. Of the patients who were cancelled, two could not be rebooked within 28 days because one patient was unfit for surgery and the other chose to delay their procedure.  |   |   |  |                |  |         |  |
| Having seen an improvement in performance over the past two months, the turnaround time to respond to written complaints dipped just below the required standard. This was primarily due to concerns raised about patient transport which we are working with our third party supplier to improve. Performance against the standard of responding to freedom of information requests dipped below the required standard in month, however this is the first time that this has happened in over two years and acceptable performance should be achieved again by next month.  |   |   |  |                |  |         |  |
| Work is ongoing to improve appraisal, IG training and sickness absence rates, focusing on data quality issues and the provision of local support to managers. Compliance with the appraisal and sickness absence standards are starting to show early signs of progress but significant further work is required.   |   |   |  |                |  |         |  |
| 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 |  |

## Context - Overall Activity - June 2022

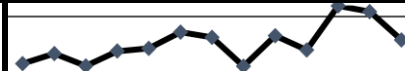

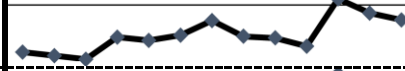

|                                 |                                     | June 2022 | 19/20 Mth 1-11<br>Average | Year To Date |
|---------------------------------|-------------------------------------|-----------|---------------------------|--------------|
| <b>Accident &amp; Emergency</b> | A&E Arrivals (All Type 2)           | 6,322     | 8,230                     | 18,287       |
|                                 | Number of 4 hour breaches           | 10        | 124                       | 26           |
| <b>Outpatient Activity</b>      | Number of Referrals Received        | 11,325    | 11,628                    | 34,013       |
|                                 | Total Attendances                   | 47,132    | 50,447                    | 144,789      |
|                                 | First Appointment Attendances       | 11,241    | 11,055                    | 33,961       |
|                                 | Follow Up (Subsequent) Attendances  | 35,891    | 39,391                    | 110,828      |
|                                 | % Appointments Undertaken Virtually | 7.1%      | 0.2%                      | 6.6%         |
| <b>Admission Activity</b>       | Total Admissions                    | 2,930     | 3,081                     | 8,997        |
|                                 | Day Case Elective Admissions        | 2,637     | 2,747                     | 8,164        |
|                                 | Inpatient Elective Admissions       | 64        | 99                        | 215          |
|                                 | Non-Elective (Emergency) Admissions | 229       | 235                       | 618          |

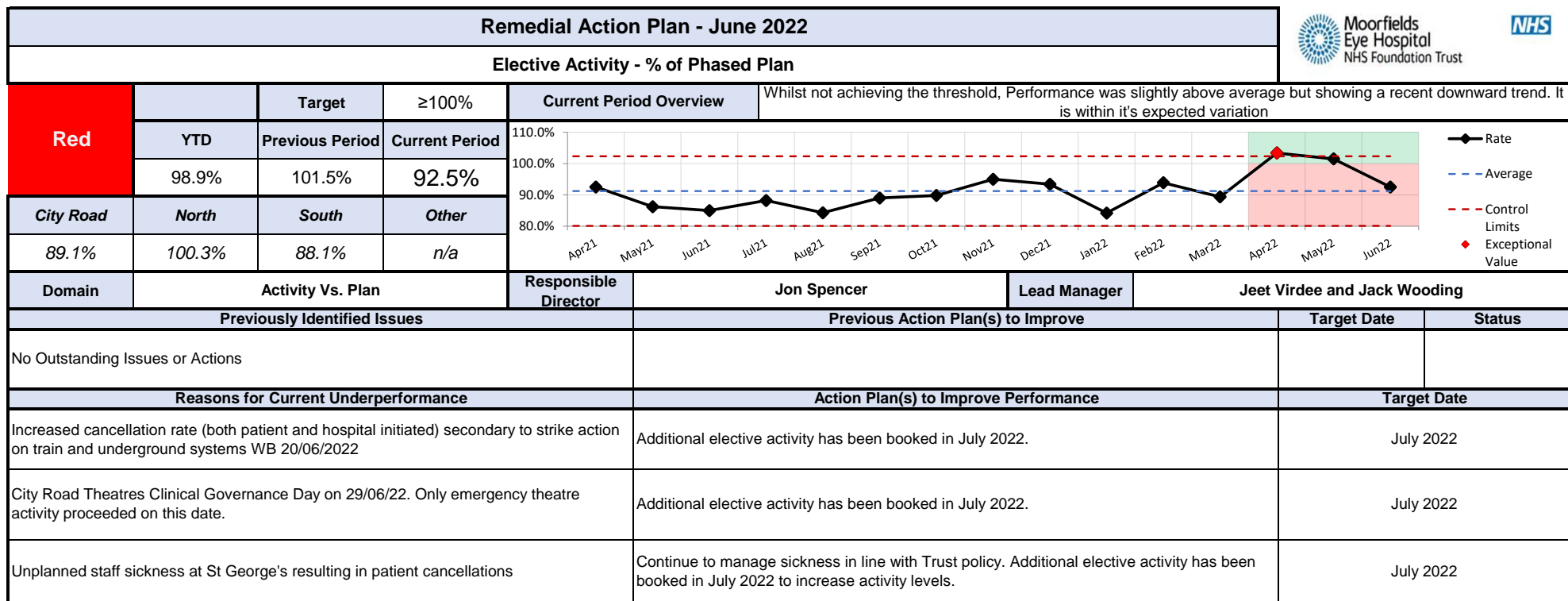
These figures are not subject to any finance or commissioning business logic. They present all activity, whether chargeable or not. Activity versus agreed financial plan is shown on the following page.

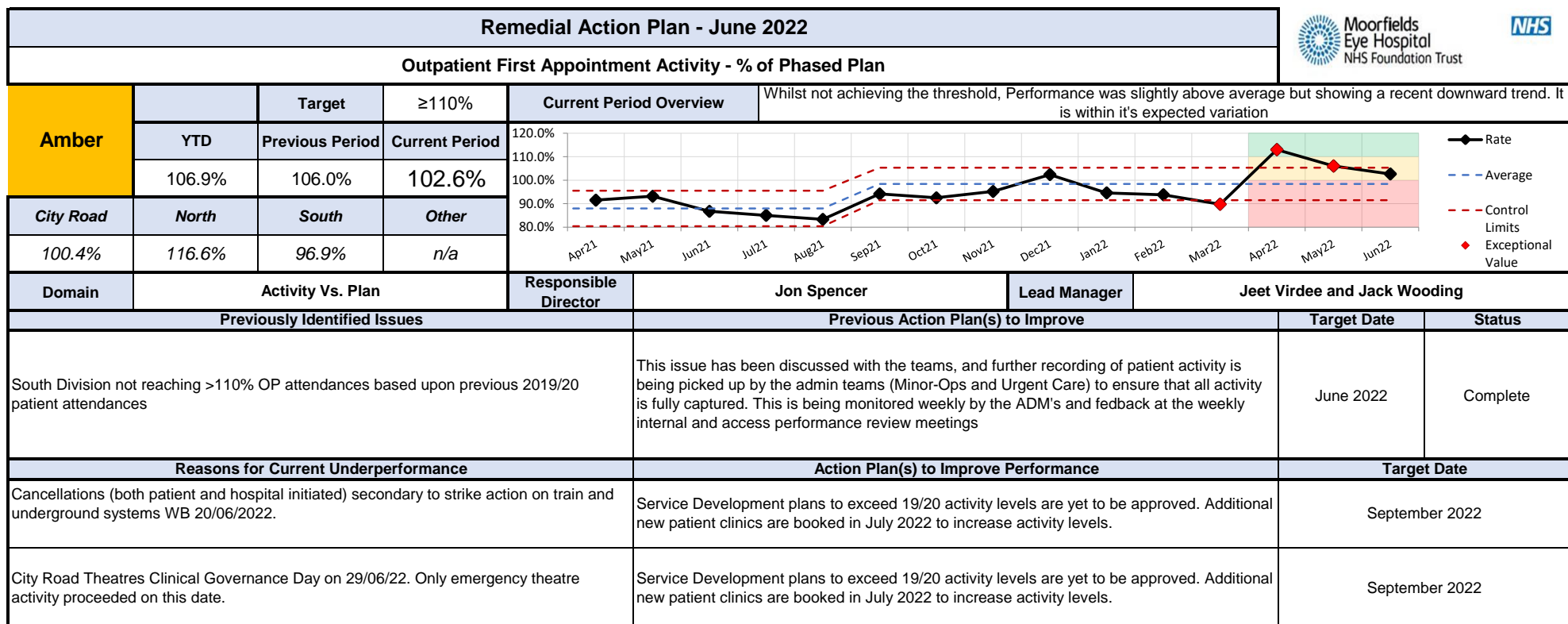
**Service Excellence (Ambitions)**
**June 2022**
**Operational Metrics**

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) and admissions), 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%  | R      | 3      | 92.5%          |   |
| Total Outpatient Activity - % of Phased Plan                 | Monthly             | ≥100%  | R      | 4      | 94.6%          |   |
| Outpatient First Appointment Activity - % of Phased Plan     | Monthly             | ≥110%  | A      | 4      | 102.6%         |   |
| Outpatient Follow Up Appointment Activity - % of Phased Plan | Monthly             | ≥85%   | G      |        | 92.4%          |  |





## Service Excellence (Ambitions)


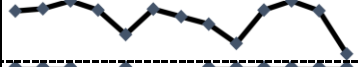









June 2022

### Operational Metrics

\* Figures Provisional for June 2022


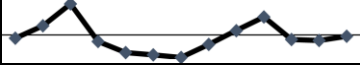

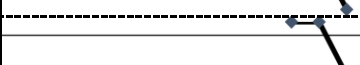
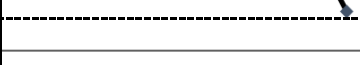





\*\* 3 out of the 7 '52 Week Breaches' are Mutual Aid patients. 18 Week RTT Incomplete Performance rating to be reintroduced once recovery plan is completed.

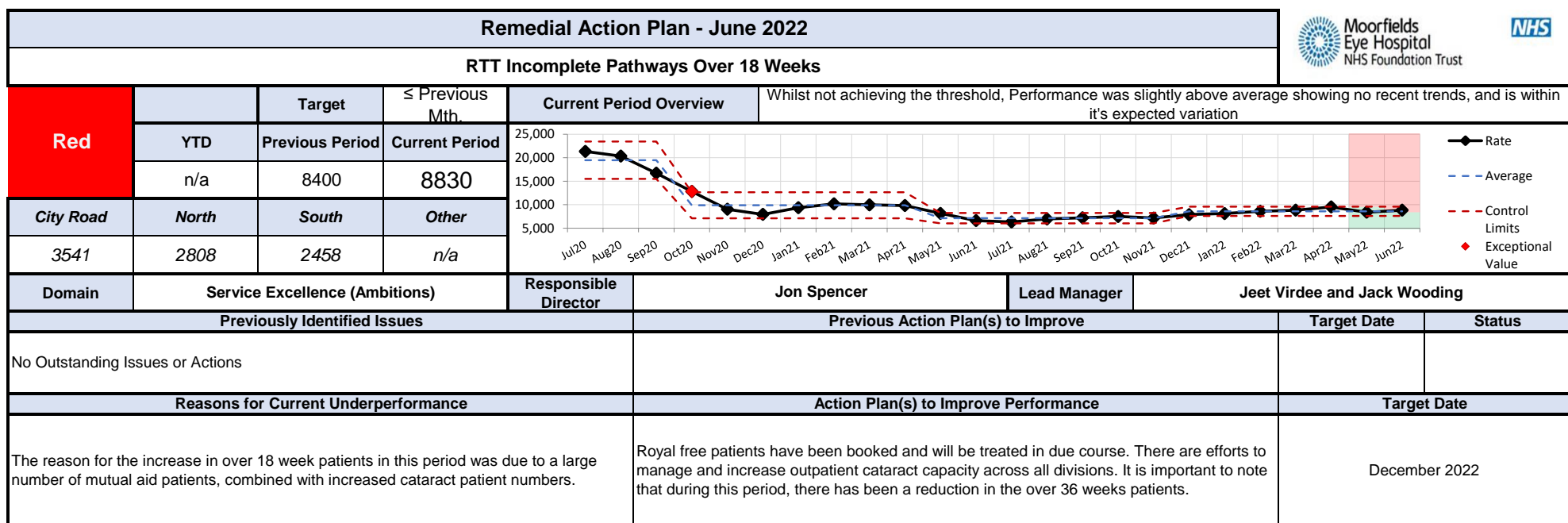
\*\*\* Median Clinic Journey Time Metrics and targets in development. These will be reviewed on a continuous basis as data quality improves.

| Metric Description  | Reporting Frequency | Target          | Rating | RAP Pg | Previous Period | Current Period | 13 Month Series   | Year to Date |
|---|---------------------|-----------------|--------|--------|-----------------|----------------|---|--------------|
| Cancer 2 week waits - first appointment urgent GP referral            | Monthly             | ≥93%            | G      |        | 100.0%          | 100.0%         |    | 100.0%       |
| Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)        | Monthly             | ≥93%            | G      |        | 98.8%           | 93.4%          |    | 97.6%        |
| 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%            |        |        | n/a             | 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%            |        |        | 79.2%           | 77.8%          |  | 77.8%        |
| RTT Incomplete Pathways Over 18 Weeks **                              | Monthly             | ≤ Previous Mth. | R      | 7      | 8400            | 8830           |  |              |
| 52 Week RTT Incomplete Breaches **                                    | Monthly             | Zero Breaches   | R      | 8      | 9               | 7              |  | 24           |
| A&E Four Hour Performance   | Monthly             | ≥95%            | G      |        | 99.8%           | 99.8%          |  | 99.8%        |
| Percentage of Diagnostic waiting times less than 6 weeks              | Monthly             | ≥99%            | G      |        | 98.8%           | 99.6%          |  | 99.4%        |

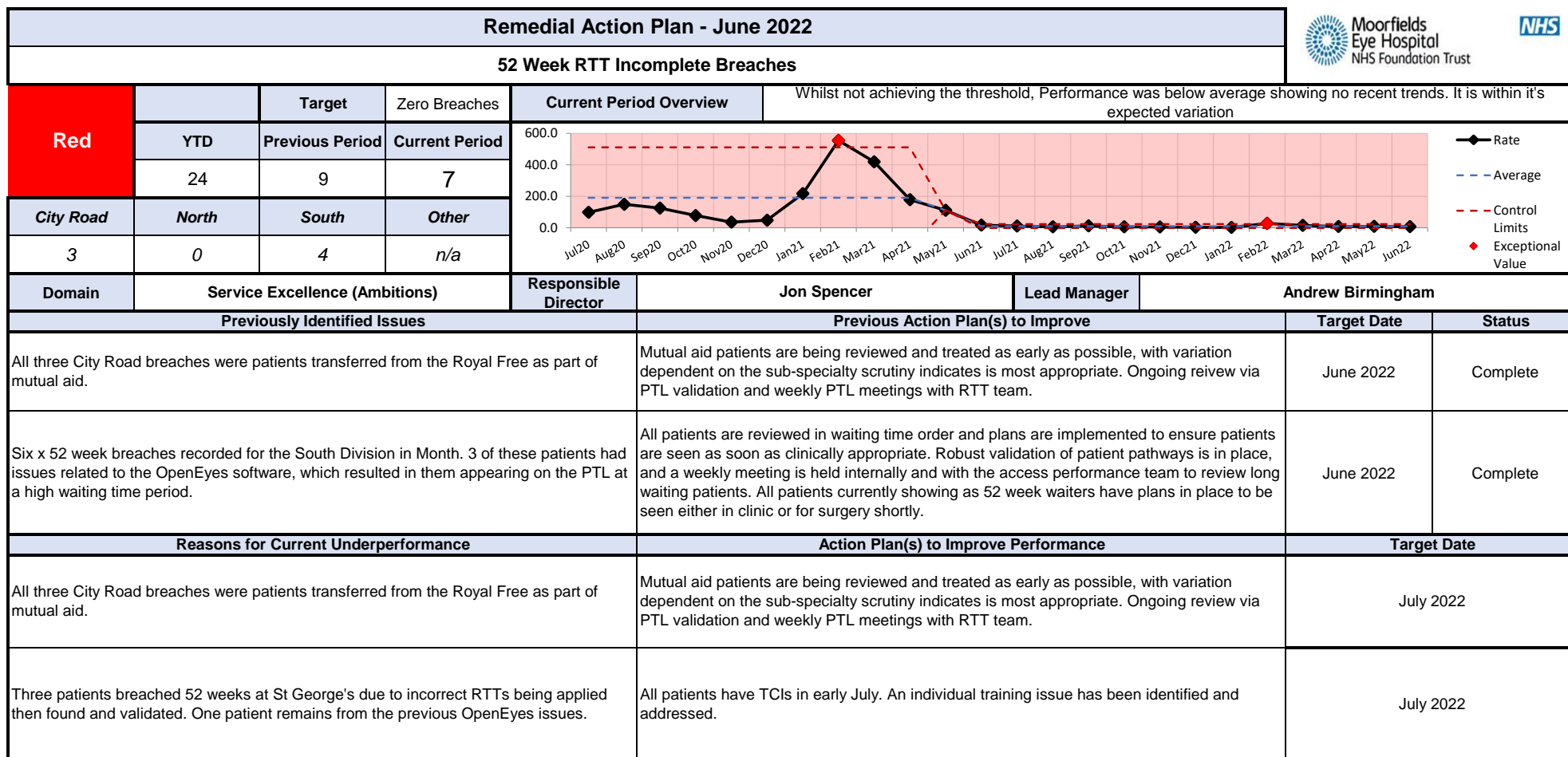
## Service Excellence (Ambitions)

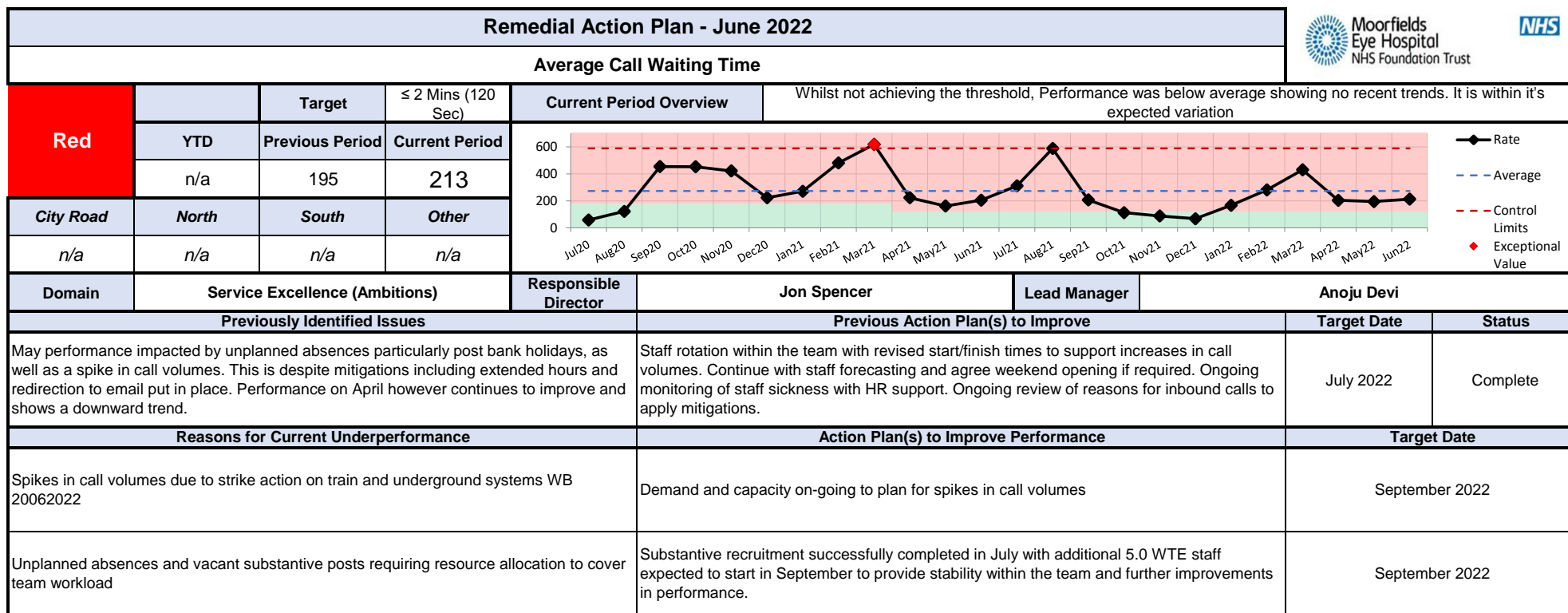
June 2022

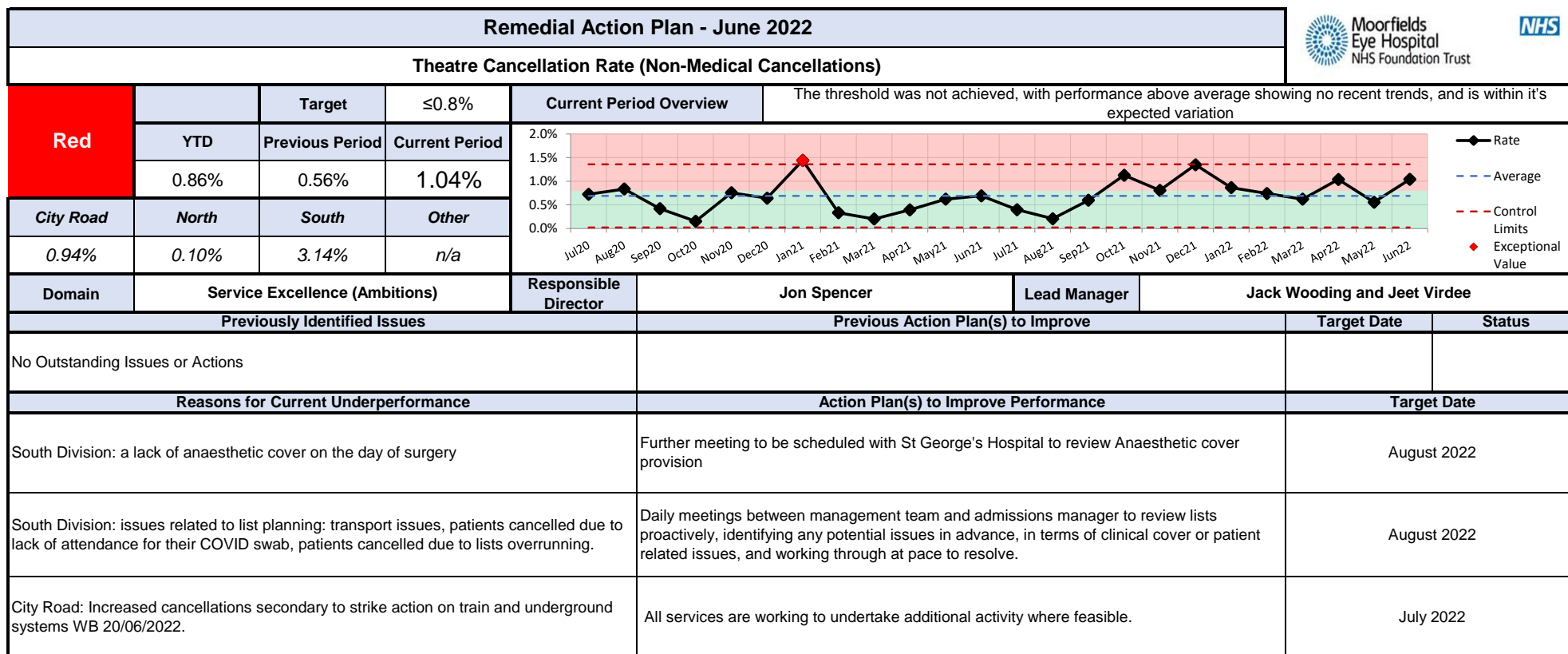
| Operational Metrics  |                            |                    |         |        |                 |                |   |              |
|--|----------------------------|--------------------|---------|--------|-----------------|----------------|---|--------------|
| Metric Description   | 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       | 9      | 195             | 213            |    |              |
| Average Call Abandonment Rate  | Monthly                    | ≤15%               | G       |        | 12.3%           | 14.3%          |    | 13.2%        |
| Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments ***   | Monthly                    | < 102 Mins         |         |        | 101             | 99             |    | 101          |
| Median Outpatient Journey Times - Diagnostic Face to Face Appointments ***   | Monthly                    | < 45 Mins          |         |        | 45              | 41             |    | 45           |
| Median Outpatient Journey Times - Virtual TeleMedicine Appointments ***  | Monthly                    | tbc                |         |        | Under Review    |                |   |              |
| Theatre Cancellation Rate (Non-Medical Cancellations)  | Monthly                    | ≤0.8%              | R       | 10     | 0.56%           | 1.04%          |    | 0.86%        |
| Number of non-medical cancelled operations not treated within 28 days *  | Monthly                    | Zero Breaches      | R       | 11     | 1               | 2              |    | 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       |        | 2.17%           | 1.73%          |    |              |
| VTE Risk Assessment  | Monthly                    | ≥95%               | G       |        | 98.2%           | 98.3%          |   | 97.8%        |
| Posterior Capsular Rupture rates (Cataract Operations Only)  | Monthly                    | ≤1.95%             | G       |        | 0.91%           | 1.35%          |  | 0.99%        |

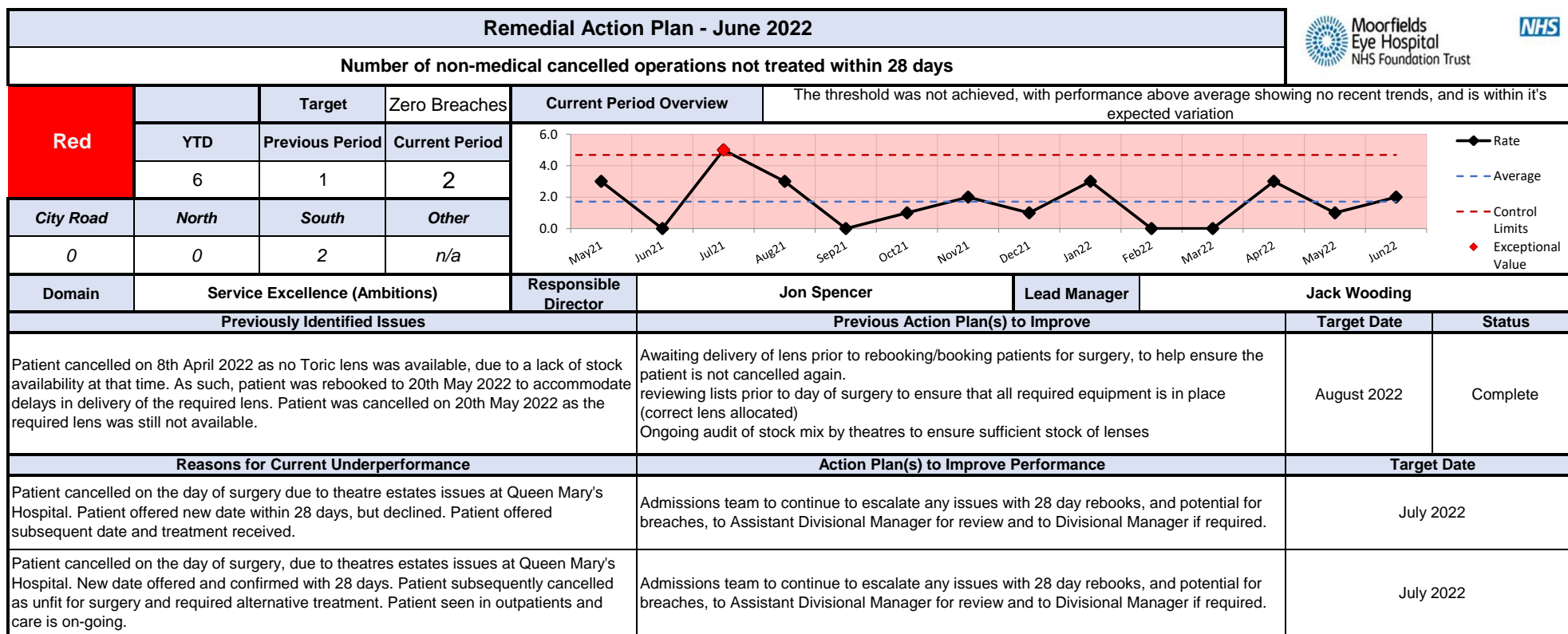







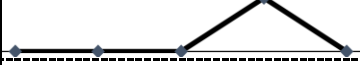



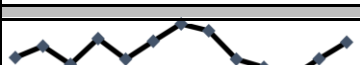
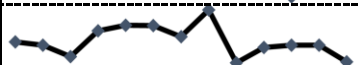



















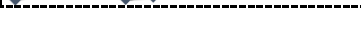
## Service Excellence (Ambitions)

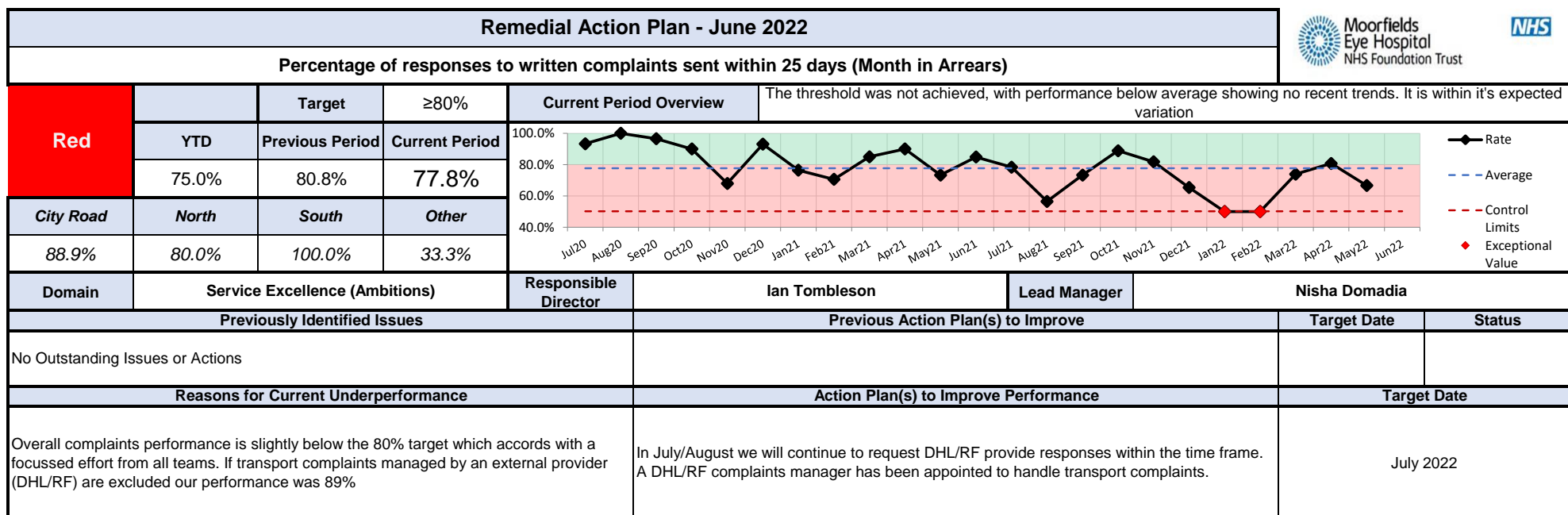
June 2022

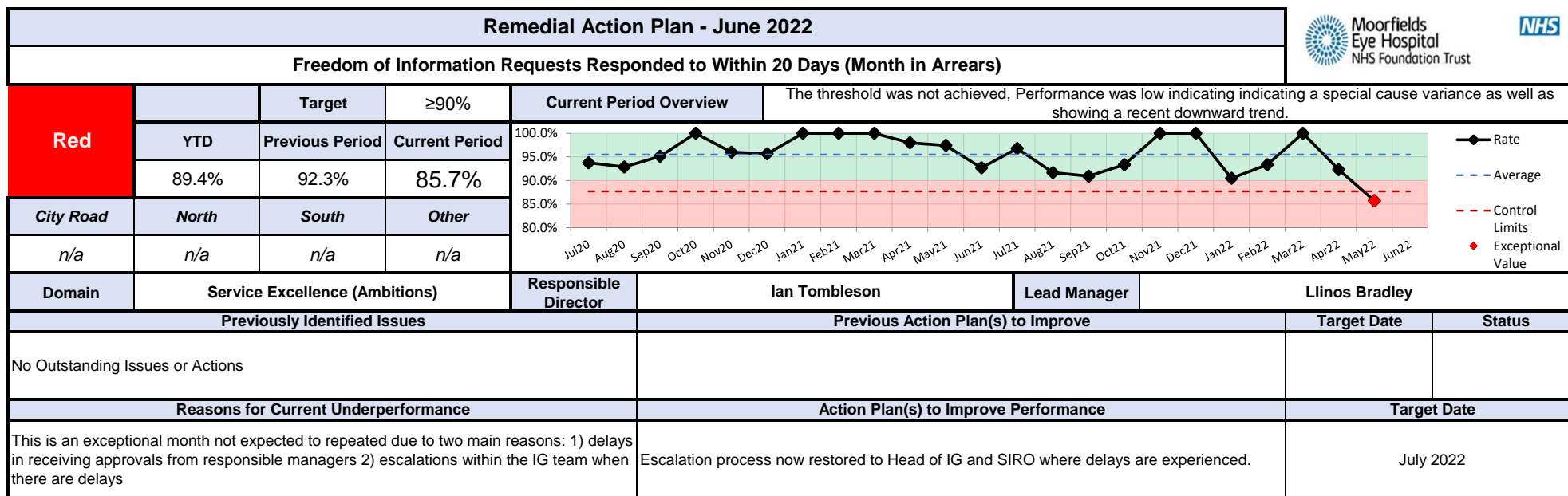
| Quality and Safety Metrics   |                     |                    |        |        |                 |                |   |              |
|--|---------------------|--------------------|--------|--------|-----------------|----------------|---|--------------|
| Metric Description   | Reporting Frequency | Target             | Rating | RAP Pg | Previous Period | Current Period | 13 Month Series   | Year to Date |
| Occurrence of any Never events   | Monthly             | Zero Events        | G      |        | 0               | 0              |    | 0            |
| Endophthalmitis Rates - Aggregate Score                                    | Quarterly           | Zero Non-Compliant | G      |        | 1               | 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      |        | 94.5%           | 95.4%          |    | 94.4%        |
| A&E Scores from Friends and Family Test - % positive                       | Monthly             | ≥90%               | G      |        | 92.1%           | 91.0%          |  | 91.8%        |
| Outpatient Scores from Friends and Family Test - % positive                | Monthly             | ≥90%               | G      |        | 92.8%           | 93.0%          |  | 92.9%        |
| Paediatric Scores from Friends and Family Test - % positive                | Monthly             | ≥90%               | G      |        | 93.8%           | 94.8%          |  | 94.5%        |

## Service Excellence (Ambitions)

June 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       | 14     | 80.8%           | 77.8%          |    | 75.0%        |
| Percentage of responses to written complaints acknowledged within 3 days                              | Monthly                    | ≥80%        | G       |        | 94.4%           | 100.0%         |    | 98.3%        |
| Freedom of Information Requests Responded to Within 20 Days   | Monthly (Month in Arrears) | ≥90%        | R       | 15     | 92.3%           | 85.7%          |    | 89.4%        |
| 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         |         |        | 279             | 161            |  |              |
| Research Metrics  |                            |             |         |        |                 |                |   |              |
| Percentage of Commercial Research Projects Achieving Time and Target                                  | Monthly                    | ≥65%        | G       |        | 83.3%           | 66.7%          |  | 76.2%        |
| Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)                          | Monthly                    | ≥1800       |         |        | 1180            | 1580           |  | 3061         |
| Proportion of patients participating in research studies (as a percentage of number of open pathways) | Monthly                    | ≥2%         | G       |        | 6.1%            | 6.2%           |  |              |







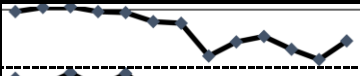
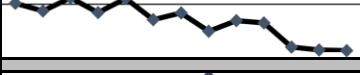

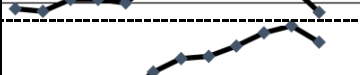


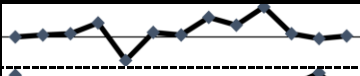
## People (Enablers)

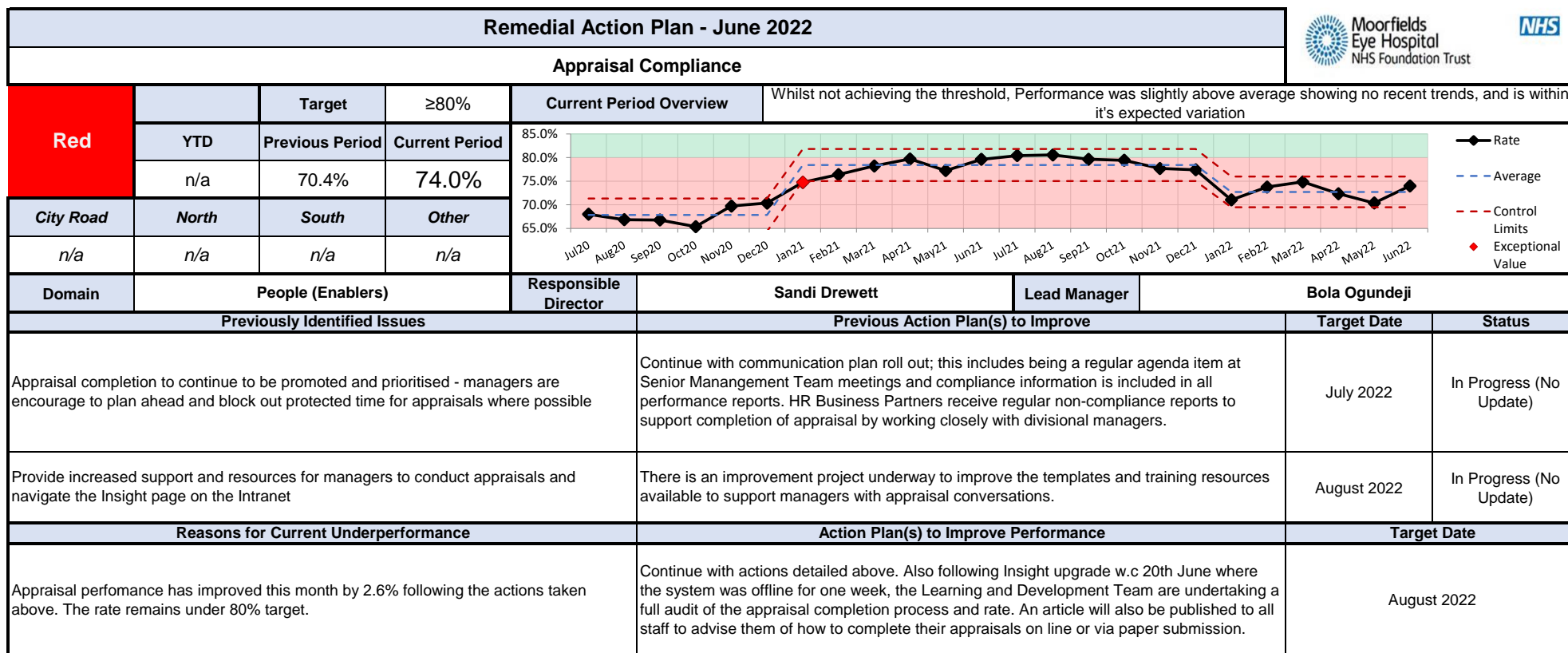
June 2022

### 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.

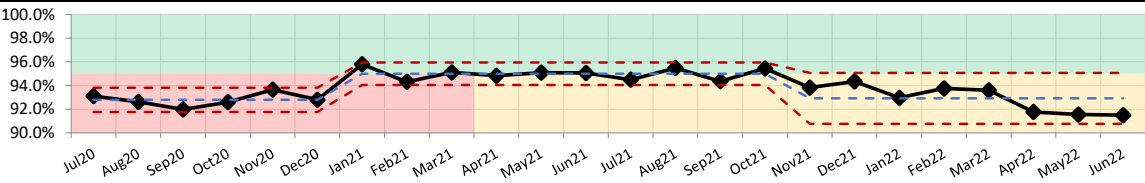
\*\* For commentary, please refer to the Finance Report presented to board



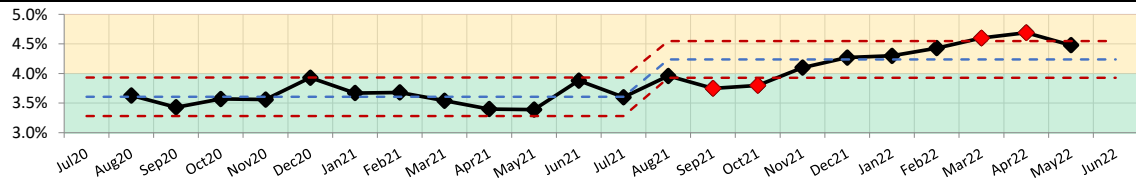
| Metric Description                                  | Reporting Frequency        | Target           | Rating | RAP Pg | Previous Period | Current Period | 13 Month Series   | Year to Date |
|---|----------------------------|------------------|--------|--------|-----------------|----------------|---|--------------|
| <b>Workforce Metrics</b>                            |                            |                  |        |        |                 |                |   |              |
| Appraisal Compliance                                | Monthly                    | ≥80%             | R      | 17     | 70.4%           | 74.0%          |    |              |
| Information Governance Training Compliance          | Monthly                    | ≥95%             | A      | 18     | 91.5%           | 91.5%          |    |              |
| Staff Sickness (Month Figure) *                     | Not Set                    | ≤4%              |        |        | 4.4%            | 3.8%           |    |              |
| Staff Sickness (Rolling Annual Figure) *            | Monthly (Month in Arrears) | ≤4%              | A      | 19     | 4.7%            | 4.5%           |    |              |
| Proportion of Temporary Staff                       | Monthly                    | RAG as per Spend |        | **     | 16.6%           | 11.7%          |   | 14.2%        |
| <b>Financial Metrics</b>                            |                            |                  |        |        |                 |                |   |              |
| Overall financial performance (In Month Var. £m)    | Monthly                    | ≥0               | G      | **     | -0.11           | 0.08           |  | 0.19         |
| Commercial Trading Unit Position (In Month Var. £m) | Monthly                    | ≥0               | G      | **     | 0.43            | 0.08           |  | 0.79         |



## Remedial Action Plan - June 2022

### Information Governance Training Compliance

|  |                   |                 |                |  |   |  |  |  |              |                |             |                      |  |  |  |  |       |
|--|-------------------|-----------------|----------------|--|---|--|--|--|--------------|----------------|-------------|----------------------|--|--|--|--|-------|
| Amber  |                   | Target          | ≥95%           | Current Period Overview  | The threshold was not achieved, with performance slightly below average and showing an downward trend. It is within it's expected variation |  |  |  |              |                |             |                      |  |  |  |  |       |
|  | YTD               | Previous Period | Current Period |    |   |  |  |  |              |                |             |                      |  |  |  |  |       |
|  | n/a               | 91.5%           | 91.5%          |  |   |  |  |  |              |                |             |                      |  |  |  |  |       |
|  | City Road         | North           | South          |  |   |  |  |  |              |                |             |                      |  |  |  |  | Other |
| n/a  | n/a               | n/a             | n/a            |  |   |  |  |  |              |                |             |                      |  |  |  |  |       |
| Domain   | People (Enablers) |                 |                | Responsible Director   | Ian Tombleson   |  |  |  | Lead Manager | Llinos Bradley |             |                      |  |  |  |  |       |
| Previously Identified Issues   |                   |                 |                | Previous Action Plan(s) to Improve   |   |  |  |  |              |                | Target Date | Status               |  |  |  |  |       |
| Performance has decreased to 91.5% but below the required 95%. The four main reasons for this position continue to be consistent with previously reported. Staff have fallen out of compliance with training; some IT accounts have disabled but Insight is still displaying users as active; small numbers of new starters are yet to complete their training; some have completed training on e-LfH platform which has not been updated on the Insight system. |                   |                 |                | Escalating to HR team the anomalies in data reporting to remove leavers from Insight, ensure IG training for recruitment of new starters and ascertaining employment positions on ESR to clarify the root cause. Insight system upgrade taking place shortly. IG continue to send reminder emails where compliance has expired. HR send regular reminders in addition to the automatically ones received where staff remain non-compliant. HR and SIRO share this information with the HR Business Partners so that it can be highlighted at senior meetings within divisions. Bi-weekly escalation by SIRO and Associate Director of Workforce and OD at every SMT meeting (chaired by COO) |   |  |  |  |              |                | July 2022   | In Progress (Update) |  |  |  |  |       |
| Reasons for Current Underperformance   |                   |                 |                | Action Plan(s) to Improve Performance  |   |  |  |  |              |                | Target Date |                      |  |  |  |  |       |
| Performance remains at 91.5% below the required 95%. The four 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; some have completed training on e-LfH platform which has not been updated on the Insight system.      |                   |                 |                | 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 taking place in July. IG 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 Business Partners so that it can be highlighted at senior divisional meetings. Bi-weekly escalation by SIRO and Associate Director of Workforce at SMT meetings.  |   |  |  |  |              |                | August 2022 |                      |  |  |  |  |       |

| Remedial Action Plan - June 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 no recent trends, and is within it's expected variation                                 |                |                         |
|  | YTD               | Previous Period | Current Period |  <div><div>Rate</div><div>Average</div><div>Control Limits</div><div>Exceptional Value</div></div>   |   |                |                         |
|  | n/a               | 4.7%            | 4.5%           |  |   |                |                         |
|  | City Road         | North           | South          |  |   |                | Other                   |
| n/a  | n/a               | n/a             | n/a            |  |   |                |                         |
| Domain   | People (Enablers) |                 |                | Responsible Director   | Sandi Drewett   | Lead Manager   | Rachele Johnson         |
| Previously Identified Issues   |                   |                 |                | Previous Action Plan(s) to Improve   |   | Target Date    | Status                  |
| Developing confidence in line managerswith managing people - Turnover is currently very high across the Trust resulting in new managers been unfamiliar or lacking in confidence when applying the Trust sickness and absenece policy. |                   |                 |                | The ER team will review future dates for training provision and invigorate the process for training new and existing managers. Managers who haven't completed the training will be encourage to attend all Managing people training. Following a pause, employee relations surgeries will be reinstated. |   | September 2022 | In Progress (Update)    |
| Different approaches are taken to managing different types of absences i.e. short term vs long term  |                   |                 |                | Ongoing support will be given to managers through training and challenge meetings to facilitate robust and consistent management of sickness absences regardless of type.  |   | October 2022   | In Progress (No Update) |
| Reasons for Current Underperformance   |                   |                 |                | Action Plan(s) to Improve Performance  |   | Target Date    |                         |
| Infectious diseases (COVID-19) continue to drive the current levels of sickness but there is a sustained focus on reducing STS, which is impacting sickness rate significantly.  |                   |                 |                | ER Team to continue to work closely with line managers, providing monthly gentle reminders to those who have triggered Stage 1 STS. ER Advisor to focus on hot spot areas which continue to be high and will support managers to understand main challenges and advise accordingly.                      |   | September 2022 |                         |