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 decision		For discussion		To Note	

Context - Overall Activity - April 2022

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

Moorfields
Eye Hospital
NHS Foundation Trust
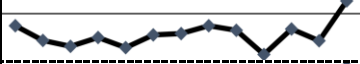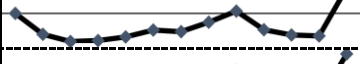
Activity Vs. Financial Plan	*April 2022*

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%		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%

Operational Metrics

* Figures Provisional for April 2022
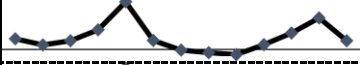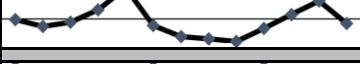** RTT Ratings for Pathways over 18 weeks and 52 Week breaches to be reintroduced from next month once recovery plans have been finalised. 3 out of the 8 '52 Week Breaches' are Mutual Aid patients.
*** Median Clinic Journey Time Metrics and targets in development. These will be reviewed on a continuous 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%

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

Moorfields Eye Hospital NHS Foundation Trust

Service Excellence (Ambitions)	*April 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	5	430	204		
Average Call Abandonment Rate	Monthly	≤15%	G		23.1%	12.8%		12.8%
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments ***	Monthly	< 102 Mins	G		100	101		101
Median Outpatient Journey Times - Diagnostic Face to Face Appointments ***	Monthly	< 45 Mins	A	***	45	45		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%		96.9%
Posterior Capsular Rupture rates (Cataract Operations Only)	Monthly	≤1.95%	G		1.57%	0.73%		0.73%

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

Remedial Action Plan - April 2022

Average Call Waiting Time

Red		Target	≤ 2 Mins (120 Sec)	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**		
	n/a	430	204		
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
March staffing levels within the team have continued to be challenged due to unplanned short and long term sickness and staff spending annual leave for 21/22. Further challenges encountered with unreliable agency staff.	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 monitoring of staff sickness with HR support. 2.0 further agency staff awaiting onboarding in 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.	April 2022	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date	
April staffing levels within the team were challenged due to unplanned leave and spikes in call volumes before and after the easter bank holidays. Performance on March has improved significantly with the average call wait time reduced from 430 to 204 seconds.	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 monitoring of staff sickness with HR support. Ongoing review of reasons for inbound calls is in progress to apply mitigations. Comms to reduce inbound calls regarding referrals and wait times for Cataract are in progress.	June 2022	

Remedial Action Plan - April 2022						Moorfields Eye Hospital NHS Foundation Trust	NHS
Theatre Cancellation Rate (Non-Medical Cancellations)							

		Target	≤0.8%	**Current Period Overview**		The threshold was not achieved, with performance above average showing no recent trends, and is within it's expected variation	
Red	**YTD**	**Previous Period**	**Current Period**				
	1.04%	0.62%	1.04%				
City Road	*North*	*South*	*Other*				
0.96%	0.33%	2.71%	n/a				

Domain	**Service Excellence (Ambitions)**	**Responsible Director**	**Jon Spencer**	**Lead Manager**	**Christos Tsounis**

Previously Identified Issues	**Previous Action Plan(s) to Improve**	**Target Date**	**Status**
No Outstanding Issues or Actions			

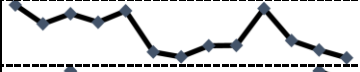| **Reasons for Current Underperformance**	**Action Plan(s) to Improve Performance**	**Target Date**
Croydon: Issues have been identified in the following areas: Performance issues with the local admission's team and lack of support/sops to regulate internal processes. Staffing issues within the medical rota as 3x surgeons vacancies for March and April	Performance issues: Plan in place to restructure the team(s) increasing support and supervision, Staffing issues: Recruitment in process as 1x in place, 2x pre employment checks (1x cover by agency)	August 2022
St G's: Issues with Anaesthetic cover	Process initiated to review anaesthetic cover on specific lists and also improve assurance of cover from St G's team	July 2022

Remedial Action Plan - April 2022
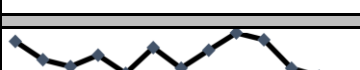
Number of non-medical cancelled operations not treated within 28 days

Red		Target	Zero Breaches	Current Period Overview		The threshold was not achieved, with performance above average showing no recent trends, and is within it's expected variation
	YTD	Previous Period	Current Period			
	3	0	3			
City Road	North	South	Other			
0	0	3	n/a			

Chart legend: Rate, Average, Control Limits, Exceptional Value. Months: May21, Jun21, Jul21, Aug21, Sep21, Oct21, Nov21, Dec21, Jan22, Feb22, Mar22, Apr22

Domain	Not Set	Responsible Director	Jon Spencer	Lead Manager	Christos Tsounis

Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
No Outstanding Issues or Actions			

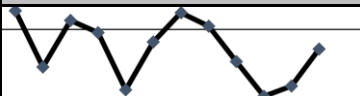| Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
All three breaches due to no capacity at that time on cataract lists due to low cover (3x cataract surgeons down)	Recruitment in place to cover gaps in rota	August 2022
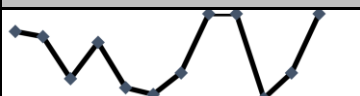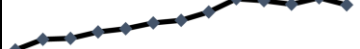
Service Excellence (Ambitions)

April 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		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%		94.9%

Moorfields
Eye Hospital
NHS Foundation Trust

Service Excellence (Ambitions)	*April 2022*

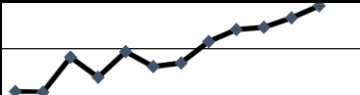| Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Summary Hospital Mortality Indicator	Monthly	Zero Cases	G		0	0		0
National Patient Safety Alerts (NatPSAs) breached	Monthly	Zero Alerts	G		0	0		
Percentage of responses to written 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 Development*			
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%		
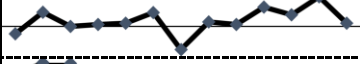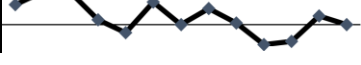
Where issued for a metric, the page number of the Remedial Action Plan (RAP) can be found in column 'RAP Pg'

Remedial Action Plan - April 2022

Moorfields Eye Hospital NHS Foundation Trust — **NHS**

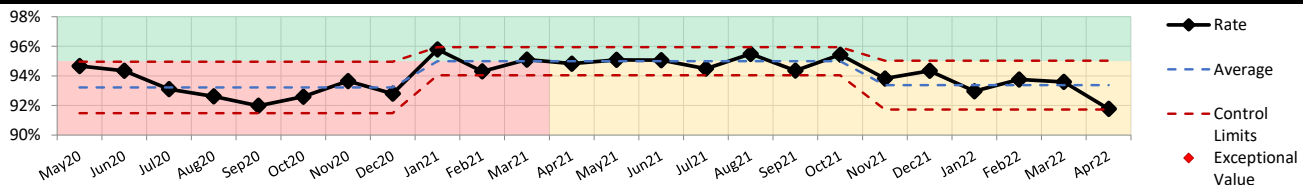## Percentage of responses to written complaints sent within 25 days (Month in Arrears)

		Target	≥80%	Current Period Overview	The threshold was not achieved, with performance slightly below average showing no recent trends. It is within it's expected variation
Red	**YTD**	**Previous Period**	**Current Period**		
	71.1%	50.0%	69.6%		

Chart legend: Rate, Average, Control Limits, Exceptional Value

City Road	*North*	*South*	*Other*
66.7%	*33.3%*	*100.0%*	*66.7%*

Domain	Service Excellence (Ambitions)	Responsible Director	Ian Tombleson	Lead Manager	Nisha Domadia

Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
The increase in overdue complaints related to estates is driven by DHL staff sickness and staff leave.	DHL have appointed complaints manager and responses should be sent within the time frame.	May 2022	Complete
Main contribution for complaints under performance continues to come from a number of factors 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 services	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 anticpate delays. This will be monitored by the team. Training will be offered to any new complaint leads as staff change.	July 2022	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Complaints performance has increased considerably this month and is much closer to the standard. CR performance has been enhanced by an interim Quality Partner (QP) who has been appointed ahead of the substantive person commencing shortly.	Across the trust we are encouraging the use of more direct contact with complainants to support local resolution and to clarify issues raised to enhance customer satisfacton and reduce the number of returned complaints.The substantive CR QP starts on 23/05/22 with initial induction to the complaints process supported by HoN and Quality manager as interim mitigation. There is some continued risk to performance for complaints received in May 2022 however we expect performance to continue to improve overall and to be more consistent	July 2022

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	12	74.9%	72.4%		
Information Governance Training Compliance	Monthly	≥95%	A	13	93.6%	91.8%		
Staff Sickness (Rolling Annual Figure)	Monthly (Month in Arrears)	≤4%	A	14	4.4%	4.6%		
Proportion of Temporary Staff	Monthly	RAG as per Spend			15.5%	14.2%		14.2%
Financial Metrics								
Overall financial performance (In Month Var. £m)	Monthly	≥0	G		2.15	0.23		0.23
Commercial Trading Unit Position (In Month Var. £m)	Monthly	≥0	G		0.11	0.00		0.00

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

Remedial Action Plan - April 2022

Appraisal Compliance

Moorfields Eye Hospital NHS Foundation Trust

Red		Target	≥80%	Current Period Overview	The threshold was not achieved, with performance slightly below average showing no recent trends. It is within it's expected variation
	YTD	Previous Period	Current Period		
	n/a	74.9%	72.4%		
City Road	North	South	Other		
n/a	n/a	n/a	n/a		

Domain	People (Enablers)	Responsible Director	Sandi Drewett	Lead Manager	Bola Ogundeji

Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
Some managers are not aware that they need to email L&D immediately after completing an appraisal. The appraisal system on Insight does not alert managers to email L&D immediately after appraisal completion.	Introduce clear messaging on the current appraisal system on Insight to alert managers to email L&D immediately after completing an appraisal. Work with Julian to edit the appraisal landing page and add in alerts where appropriate.	May 2022	In Progress (Update)
We need to ensure managers are fully equit to conduct meaningful appraisal ensuring all 3 parts of the appraisal process is completed, which includes (my objectives, my development and my reviews). All aspects of the process needs to be completed in order for appraisal completions to be captured.	Promote and emphasise the importance of managers conducting appraisals and to encourage managers to undertake completing the Achievement and Performance Review Training. Work with Comms team to launch an appraisal compliance campaign.	May 2022	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
We are continuing to promote the current need for managers to contact L&D once an appriasal has been completed however the message is still disseminating through teams	Will be taking an appraisal update to SMT on 23rd May which details each divisions compliance rate and also the individuals outstanding with a view to pushing up compliance rates.	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

<table>
<tr><td colspan="6">**Remedial Action Plan - April 2022**</td><td>Moorfields Eye Hospital NHS Foundation Trust</td><td>NHS</td></tr>
<tr><td colspan="8">**Information Governance Training Compliance**</td></tr>
</table>

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	93.6%	**91.8%**		
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 remains good at 93.8% 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 whihch has not updated on Insight system	Continuing to escalate 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 in July. IG continue to send reminder emails to indviduals and line managers where compliance has expired. On-going reminaders at SMT meetings to encourage compliance in all teams and departments.	June 2022	In Progress (Update)

Reasons for Current Underperformance	**Action Plan(s) to Improve Performance**	**Target Date**
Performance has decreased to 91.8% below the required 95%. The four main reasons for this position are consistent with previously reports. 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.	Continuing to escalate to HR team the anomalies in data reporting to remove leavers from Insight; HR ensuring IG training for recruitment of new starters; and ascertaining employment positions on ESR. 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 staff receive where they remain non-compliant. HR 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).	July 2022

Remedial Action Plan - April 2022

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

Moorfields Eye Hospital NHS Foundation Trust — **NHS**

Amber		Target	≤4%	Current Period Overview	The threshold was not achieved, Performance was high indicating indicating a special cause variance as well as showing a recent upward trend.

	YTD	Previous Period	Current Period
	n/a	4.4%	4.6%

City Road	North	South	Other
n/a	n/a	n/a	n/a

Chart legend: Rate, Average, Control Limits, Exceptional Value

Domain	People (Enablers)	Responsible Director	Sandi Drewett	Lead Manager	Bola Ogundeji

Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
The vacant post is being recruited into, which will enable regularity of reports from the ER 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.	April 2022	In Progress (Update)
New managers to the trust are often less familiar with the Trust's sickness management policy and triggers	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 being recruited into, which will enable regularity of reports from the ER team.	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
New managers to the trust are often less familiar with the Trust's sickness management policy and triggers	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 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	May 2022