Integrated Performance Report

Reporting Period - August 2023

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.

The data within this report represents the submitted performance postion, or a provisional position as of the time of report production, which would be subject to change pending validation and submission

Performance & Information

Delivering quality data to empower the trust

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Level 1

Introduction to 'SPC' and Making Data Count

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in doing so, guides us to take the most appropriate action.

This report uses a modified version of SPC to identify common cause and special cause variations, and assurance against agreed thresholds and targets. The model has been developed by NHS improvement through the 'Making Data Count' team, which uses the icons as described to the right to provide an aggregated view of how each KPI is performing with statistical rigor

Variation					Assurance		
							
Common cause - no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or higher pressure due to (H)igher or (L)ower values	Special cause showing an increasing trend	Special cause showing an decreasing trend	Inconsistent passing and failing of the target	Variation indicates consistenly (P)asssing the target	Variation indicates consistenly (F)alling short of the the target

Special Cause Concern - This indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low (L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold. High (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold.

Special Cause Improvement - This indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold. High (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold.

Common Cause Variation - No significant change or evidence of a change in direction, recent performance is within an expected variation

Purple arrows - These are metrics with a change in variation which neither represents an improvement or concern

Failing Process (F) - Indicates the metric consistently falls short of the target, and unlikely to ever regularly meet the target without redesign. To be classified as a failing process, either the target would have not been met for a significant period, or the target falls outside the calculated process limits so would only be achieved in exceptional circumstances or due to a change in process.

Capable process (P) - Indicates the metric consistently passes the target, indicating a capable process. To be classified as a capable process, either the target has not been failed for a significant period, or the target falls outside the calculated process limits so would only fail in exceptional circumstances or due to a change in process.

Unreliable Process - This is where a metric will 'flip flop' (pass or fail) the target during a given period due to variation in performance, so is neither deemed to be a 'Failing' or 'Capable' process.

Guide to this Report

Name of the lead responsible for the metric

Why this metric is being reported

The national or local target performance is being measured against

Performance for the most recent period

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Cancer 2 week waits - first appointment urgent GP referral	Jon Spencer	Statutory Reporting	Monthly	≥93%	100.0%	100.0%		

Name of metric/KPI

How often and timing of the reporting of this metric

Performance for the financial year (Apr-Mar)

These are the Variance and Assurance Icons

KPI/Metric Name

Upper/lower Limit

Summary Icons
This graph has a variation icon, showing common cause variation but no assurance icon as there is no target

Improving Special Cause *

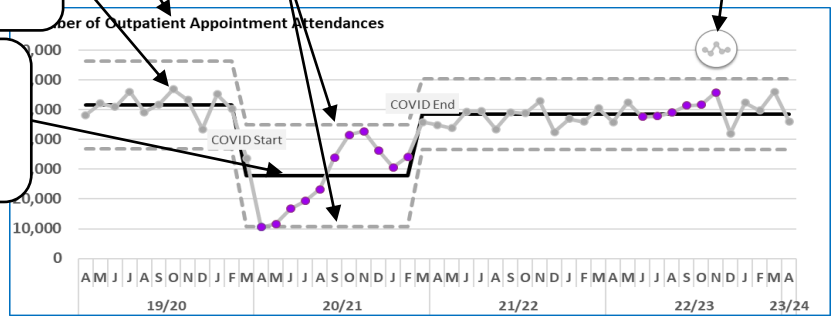
Summary Icons *

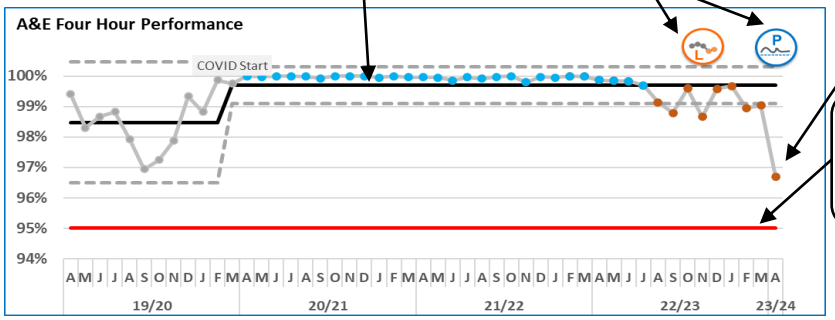
Concerning Special Cause *

Common Cause Variation *

Mean
Average performance for the period

Local or national target





Upper/Lower Control Limits: These are control limits of where we would expect the performance to fall between. Where they fall outside these limits, special cause will be highlighted.
Recalculation Periods: Where there has been a known change in process or performance has been affected by external events (e.g. COVID), the control limits and average have been recalculated to provide a better comparison of data against that period.
Further Reading / other resources
The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology.
This includes are number of videos explaining the approach and a series of case studies - these can be accessed via the following link - https://improvement.nhs.uk/resources/making-data-count

Performance Overview

August 2023		Assurance			
		Capable Process	Hit and Miss	Failing Process	No Target
Variation	Special Cause - Improvement	- Total Outpatient FlwUp Activity (% Plan) - Cancer 28 Day Faster Diagnosis Standard - % Diagnostic waiting times less than 6w - Average Call Abandonment Rate - NatPSAs breached	- Total Outpatient Activity (% Plan) - Outpatient First Activity (% Plan) - % Cancer 2 Week Waits - Average Call Waiting Time - % PP Outpatient Positive Feedback	- Appraisal Compliance	- 18 Week RTT Incomplete Performance
	Common Cause	- A&E Four Hour Performance - Mixed Sex Accommodation Breaches - VTE Risk Assessment - Posterior Capsular Rupture rates - MRSA Bacteraemias Cases - Clostridium Difficile Cases - E. Coli Cases - MSSA Rate - cases - FFT Inpatient Scores (% Positive) - FFT A&E Scores (% Positive) - FFT Outpatient Scores (% Positive) - FFT Paediatric Scores (% Positive) - % Complaints Acknowledged Within 3 days - % SARs Requests within 28 Days - Summary Hospital Mortality Indicator - Recruitment to NIHR portfolio studies - Active Commercial Studies	* See Next Page	- 52 Week RTT Incomplete Breaches	* See Next Page
	Special Cause- Concern	- % of patients in research studies	- % FoI Requests within 20 Days	- IG Training Compliance - Staff Sickness (Rolling Annual Figure)	- OP Journey Times - Non-Diagnostic FtF - OP Journey Times - Diagnostic FtF
	Special Cause - Increasing Trending	- Proportion of Temporary Staff - No. of A&E Arrivals - No. of Referrals Received - No. of Theatre Emergency Admissions			
	Special Cause - Decreasing Trendi	- RTT Incomplete Pathways Over 18 Weeks			

Performance Overview

Common Cause & Hit and Miss 	*Common Cause (No Target)* 
- Elective Activity - % of Phased Plan	- Number of Incidents open after 28 days
- % Cancer 14 Day Target	- No. of A&E Four Hour Breaches
- Emergency readmissions in 28d (ex. VR)	- No. of Outpatient Attendances
- % Complaints Responses Within 25 days	- No. of Outpatient First Attendances
- Occurrence of any Never events	- No. of Outpatient Flw Up Attendances
- Serious Incidents open after 60 days	- No. of Theatre Admissions
- Theatre Cancellation Rate (Non-Medical)	- No. of Theatre Elective Day Admissions
- Non-medical cancelled 28 day breaches	- No. of Theatre Elective Inpatient Adm.
- Staff Sickness (Month Figure)	- Private Patient Complaint Rate
- % PP Inpatient Positive Feedback	

Executive Summary

During August both elective and outpatient first activity levels were above the plan that we set at the start of the year, which in turn has meant that we remain ahead of the year-to-date plan for both metrics (100.6% and 103.7% respectively).

Although the Trust's performance against the 52 Week RTT target is still regarded as a failing process, we have reduced the number of patients waiting over this period from 11 to 4 and continue to work hard to find suitable dates to treat the remaining patients.

Performance against both the 18-week standard and the total backlog of patients who have waited over 18 weeks for their treatment are showing stability over recent months but significant improvement over the longer term. The anticipated increase in elective capacity at Stratford in October should begin to further improve our performance against both targets, however this is dependent on the impact of ongoing strike action.

Both of the targets relating to median outpatient journey times are also showing special cause concern, albeit the Diagnostic position shows signs of improvement. In response to this we are continuing to use our Cayton Street facility as a pilot area to see how we can improve performance against this standard. Analysis on our findings in this area is expected in 2 months' time.

Performance against the A&E 4-hour standard has improved such that it has moved from common cause concern and is the highest performance since April 2022. This may be partially due to reduced numbers of patients being seen in August and is therefore a metric which we continue to monitor closely.

The percentage of patients waiting less than 6 weeks for their diagnostic test has now been above the required standard for the last seven months so has been listed as a capable process.

The average call waiting time & average call abandonment time targets are both showing as special cause improvements. This improvement is predominately due to local leadership and the hard work of the team, however a number of actions continue to be explored to further improve performance against both metrics.

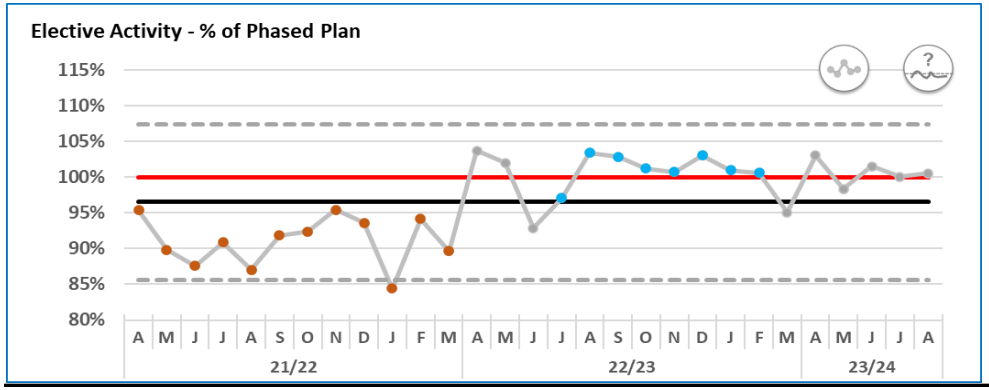
Although the Trust is not meeting the appraisal standard, we are showing special cause improvement and continue to take a number of actions to seek to achieve it in the near future.

In relation to the management of sickness absence, our monthly rate is showing common cause variation and our rolling rate is showing special cause concern, however our rolling rate has reduced for 4 months in a row.

Deliver (Activity vs Plan) - Summary

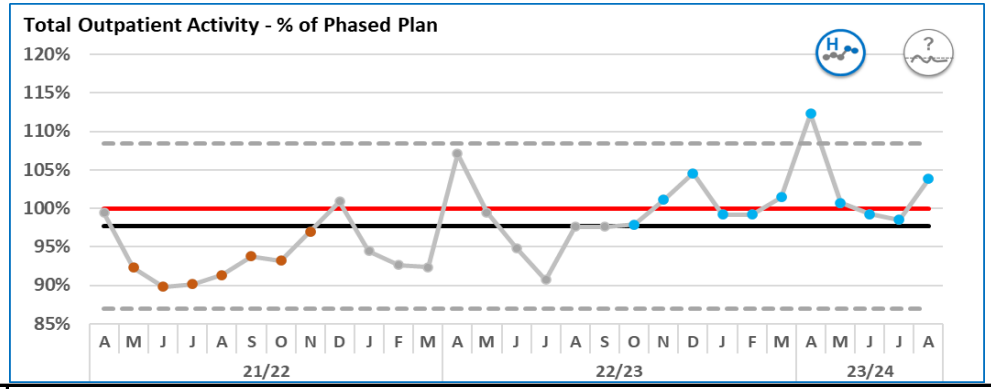
Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Elective Activity - % of Phased Plan	Jon Spencer	23/24 Planning Guidance	Monthly	≥100%	100.6%	100.5%		
Total Outpatient Activity - % of Phased Plan	Jon Spencer	Internal Requirement	Monthly	≥100%	102.4%	103.8%		
Outpatient First Appointment Activity - % of Phased Plan	Jon Spencer	Internal Requirement	Monthly	≥100%	103.7%	104.3%		
Outpatient Follow Up Appointment Activity - % of Phased Plan	Jon Spencer	23/24 Planning Guidance	Monthly	≥85%	102.1%	103.7%		

Deliver (Activity vs Plan) - Graphs (1)



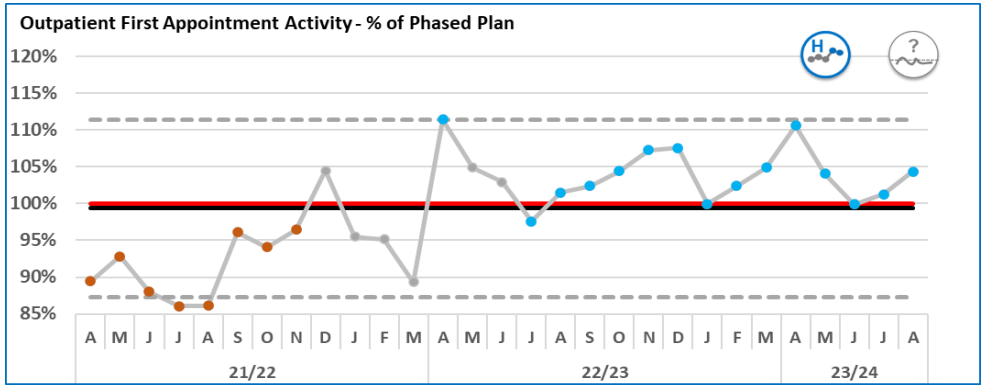
Elective Activity - % of Phased Plan

This metric is showing common cause variation and that the current process may not meet the target consistently



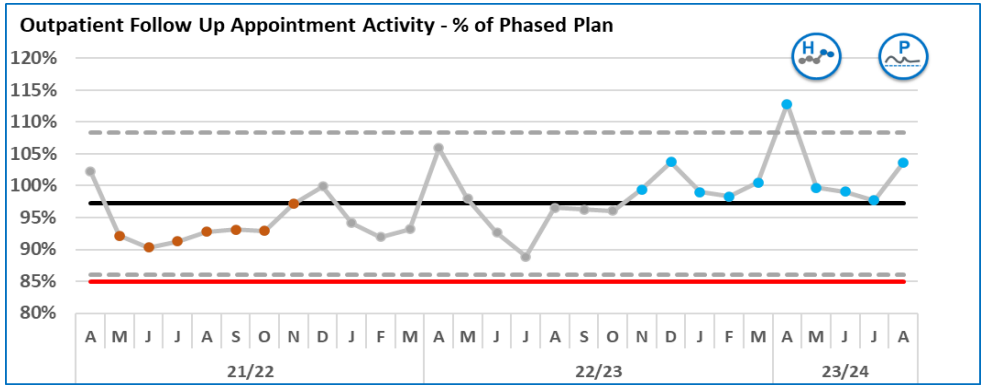
Total Outpatient Activity - % of Phased Plan

This metric is showing special cause improvement and that the current process may not meet the target consistently



Outpatient First Appointment Activity - % of Phased Plan

This metric is showing special cause improvement and that the current process may not meet the target consistently



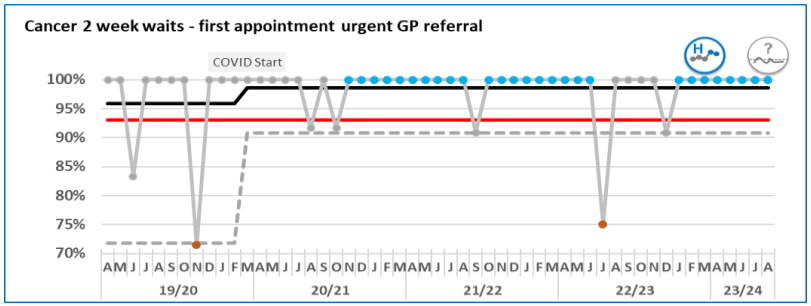
Outpatient Follow Up Appointment Activity - % of Phased Plan

This metric is showing special cause improvement and that the current process will consistently pass the target

Deliver (Access Performance) - Summary

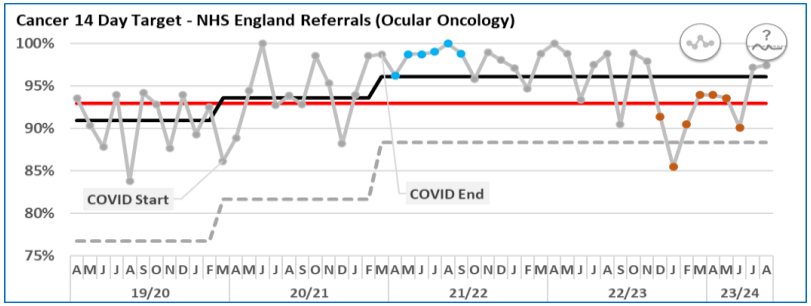
Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Cancer 2 week waits - first appointment urgent GP referral	Jon Spencer	Statutory Reporting	Monthly	≥93%	100.0%	100.0%		
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Jon Spencer	Statutory Reporting	Monthly	≥93%	94.5%	97.5%		
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Jon Spencer	Statutory Reporting	Monthly	≥96%	100.0%	n/a		
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	Jon Spencer	Statutory Reporting	Monthly	≥94%	100.0%	n/a		
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Jon Spencer	23/24 Planning Guidance	Monthly	≥85%	100.0%	n/a		
Cancer 28 Day Faster Diagnosis Standard	Jon Spencer	23/24 Planning Guidance	Monthly	≥75%	100.0%	100.0%		
18 Week RTT Incomplete Performance	Jon Spencer	Statutory Reporting	Monthly	No Target Set	81.3%	81.5%		
RTT Incomplete Pathways Over 18 Weeks	Jon Spencer	Internal Requirement	Monthly	≤ Previous Mth.	n/a	6863		
52 Week RTT Incomplete Breaches	Jon Spencer	23/24 Planning Guidance	Monthly	Zero Breaches	77	4		
A&E Four Hour Performance	Jon Spencer	23/24 Planning Guidance	Monthly	≥95%	98.5%	99.9%		
Percentage of Diagnostic waiting times less than 6 weeks	Jon Spencer	23/24 Planning Guidance	Monthly	≥99%	99.7%	100.0%		

Deliver (Access Performance) - Graphs (1)



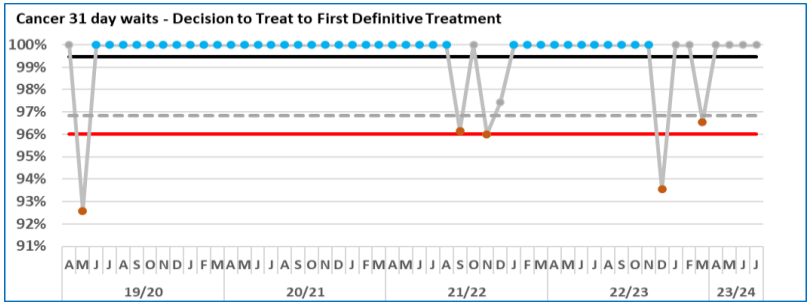
Cancer 2 week waits - first appointment urgent GP referral

This metric is showing special cause improvement and that the current process may not meet the target consistently



Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)

This metric is showing common cause variation and that the current process may not meet the target consistently



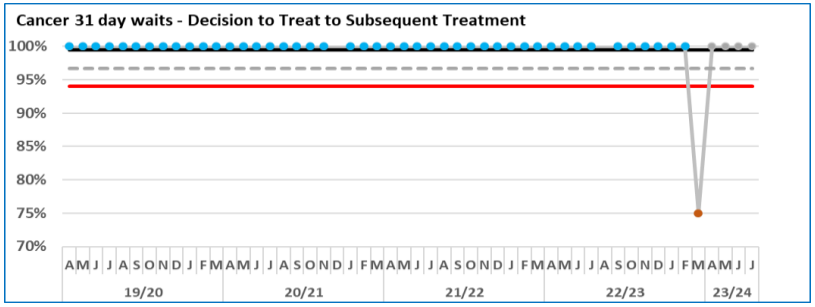
Cancer 31 day waits - Decision to Treat to First Definitive Treatment

Data for reporting period not available

August 2023 data not available

Review Date: ***Action Lead:***

Deliver (Access Performance) - Graphs (2)

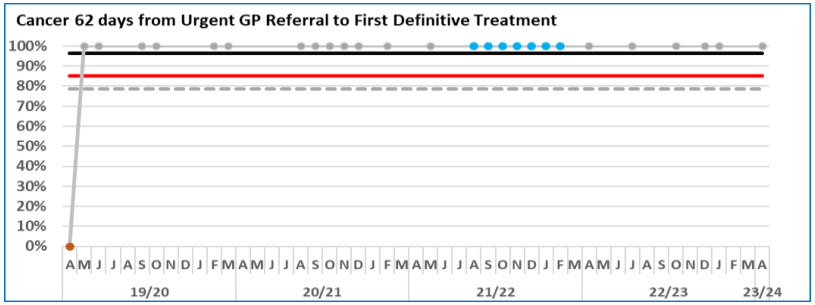


Cancer 31 day waits - Decision to Treat to Subsequent Treatment

Data for reporting period not available

August 2023 data not available

Review Date: ***Action Lead:***

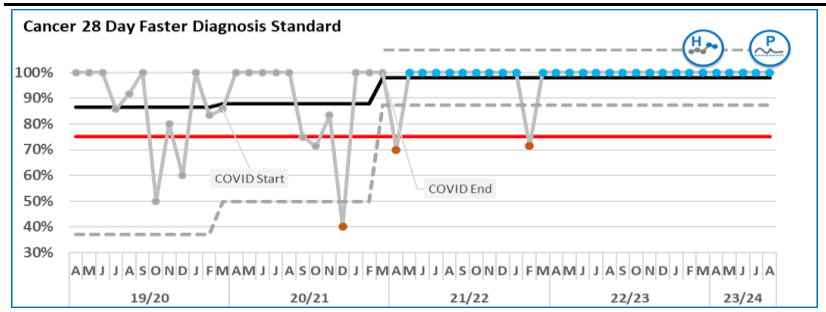


Cancer 62 days from Urgent GP Referral to First Definitive Treatment

Data for reporting period not available

August 2023 data not available

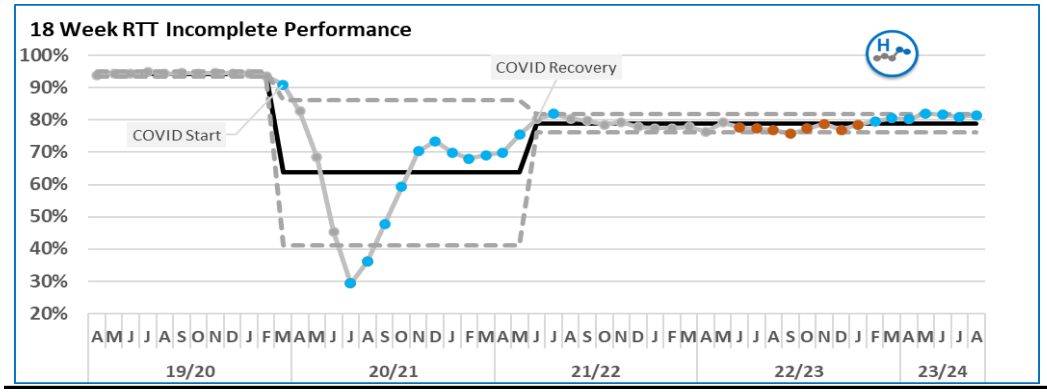
Review Date: ***Action Lead:***



Cancer 28 Day Faster Diagnosis Standard

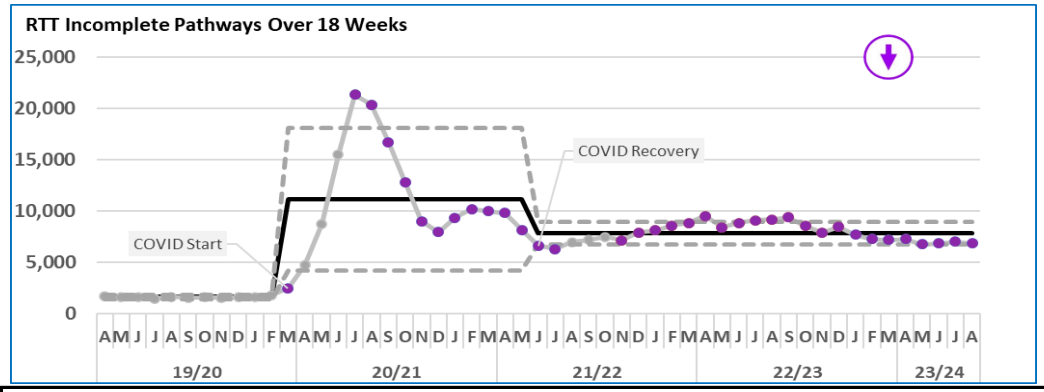
This metric is showing special cause improvement and that the current process will consistently pass the target

Deliver (Access Performance) - Graphs (3)



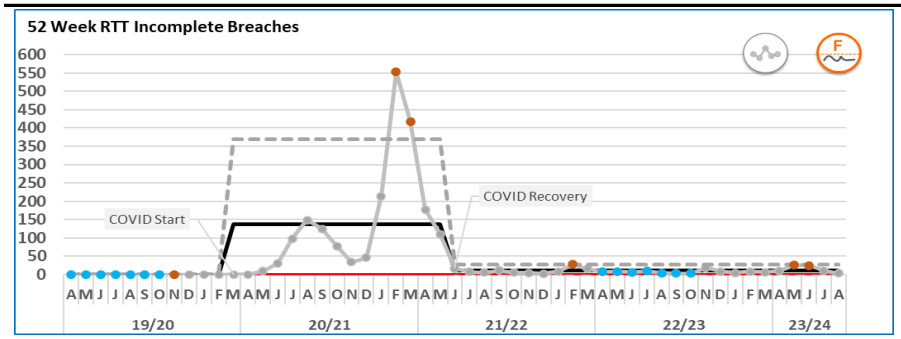
18 Week RTT Incomplete Performance

This metric is showing special cause improvement (increasing rate)



RTT Incomplete Pathways Over 18 Weeks

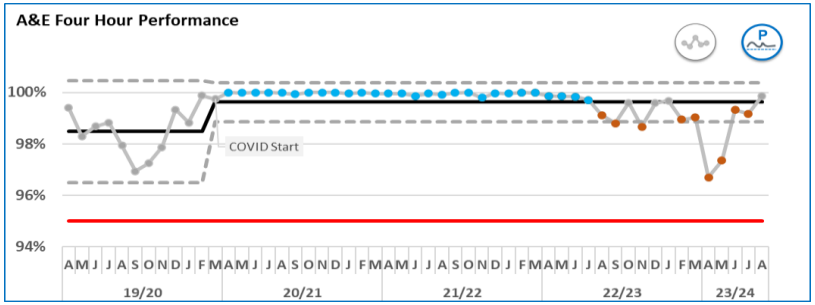
This metric is showing an special cause variation (decreasing rate)



52 Week RTT Incomplete Breaches

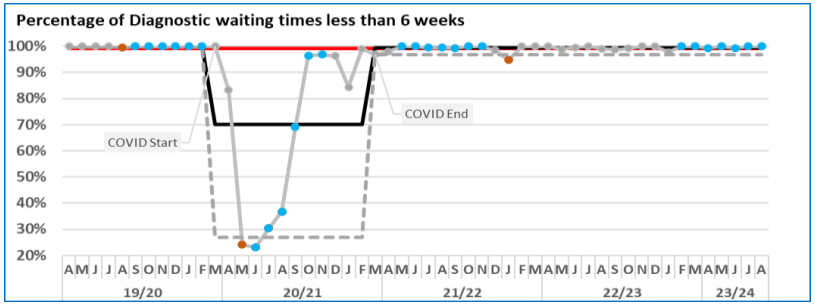
This metric is showing common cause variation with the current process unlikely to achieve the target

Deliver (Access Performance) - Graphs (4)



A&E Four Hour Performance

This metric is showing common cause variation and that the current process will consistently pass the target - This is a change from the previous month



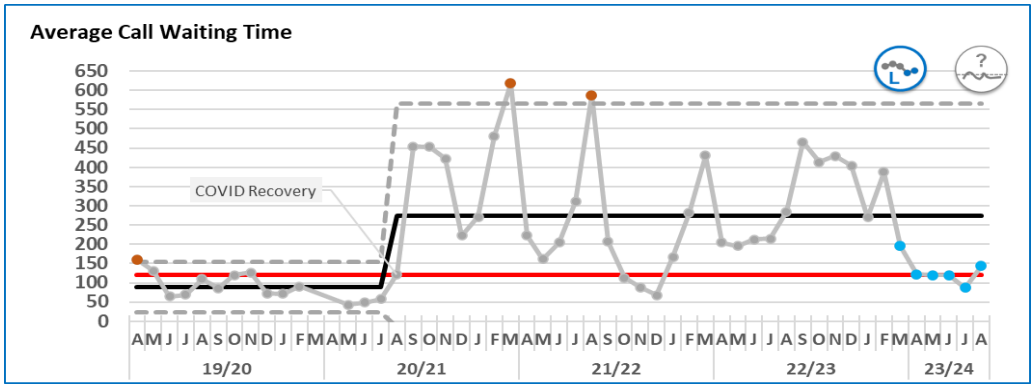
Percentage of Diagnostic waiting times less than 6 weeks

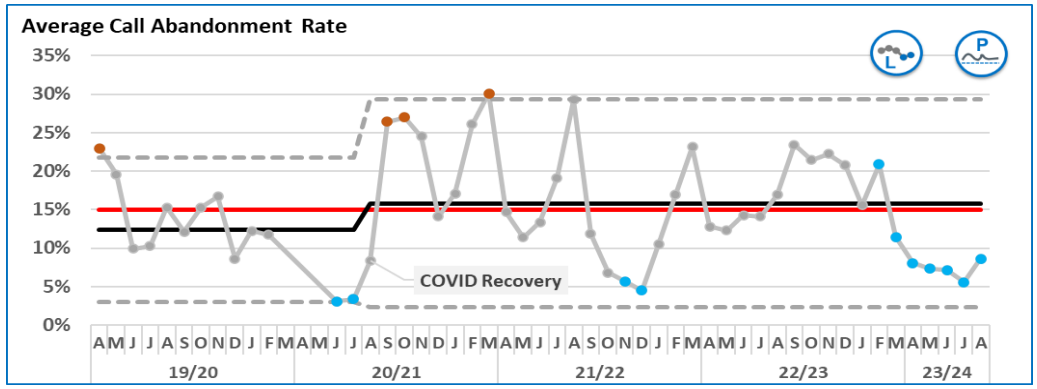
This metric is showing special cause improvement and that the current process will consistently pass the target - This is a change from the previous month

Deliver (Call Centre and Clinical) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Average Call Waiting Time	Jon Spencer	Internal Requirement	Monthly	≤ 2 Mins (120 Sec)	n/a	144	L	?
Average Call Abandonment Rate	Jon Spencer	Internal Requirement	Monthly	≤15%	7.3%	8.7%	L	P
Mixed Sex Accommodation Breaches	Sheila Adam	Statutory Reporting	Monthly	Zero Breaches	0	0		P
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Jon Spencer	Internal Requirement	Monthly (Rolling 3 Months)	≤ 2.67%	n/a	1.67%		?
VTE Risk Assessment	Jon Spencer	Statutory Reporting	Monthly	≥95%	98.9%	97.8%		P
Posterior Capsular Rupture rates (Cataract Operations Only)	Jon Spencer	Statutory Reporting	Monthly	≤1.95%	0.97%	1.15%		P
Endopthalmitis Rates - Aggregate Score	Sheila Adam	Internal Requirement	Quarterly	Zero Non-Compliant	n/a	n/a		
MRSA Bacteraemias Cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		P
Clostridium Difficile Cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		P
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		P
MSSA Rate - cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		P

Deliver (Call Centre and Clinical) - Graphs (1)





Average Call Waiting Time

This metric is showing special cause improvement and that the current process may not meet the target consistently - This is a change from the previous month

Average Call Abandonment Rate

This metric is showing special cause improvement and that the current process will consistently pass the target - This is a change from the previous month

Average Call Waiting Time - Improvement in performance since April through improvement plan in place.

Actions:

(1) Recruitment to supervisor vacancies to improve support and oversight – Posts readvertised. Previous interviews unsuccessful. Aim Sept 2023

(2) Rolling recruitment in place and long and short term sickness monitoring on-going - Posts readvertised. Aim Sept 2023. Sickness monitoring ongoing

(3) Defined escalation points to improve oversight of performance - Ongoing

(4) Demand and capacity exercise to identify workforce requirement for sustained improvement in performance - Complete

(5) RPA project scope and timelines agreed but on hold due to RPA resource limitations and discussions required to progress. – On hold pending discussions

(6) Web assist functionality to be introduced to reduce call volumes- Aim August 2023

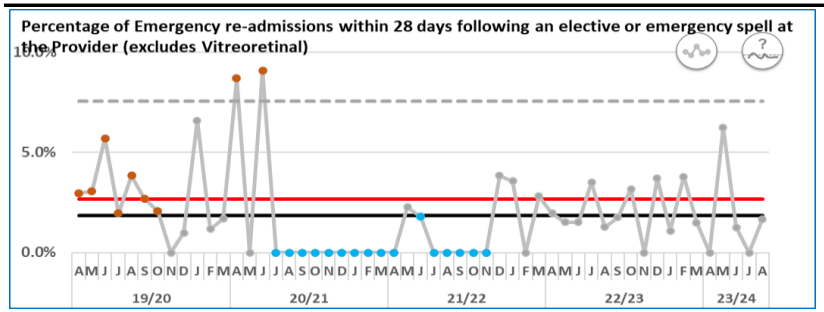
Review Date: Oct 2023 ***Action Lead:*** Anoju Devi

Deliver (Call Centre and Clinical) - Graphs (2)

No Graph Generated, No breaches since June 2017

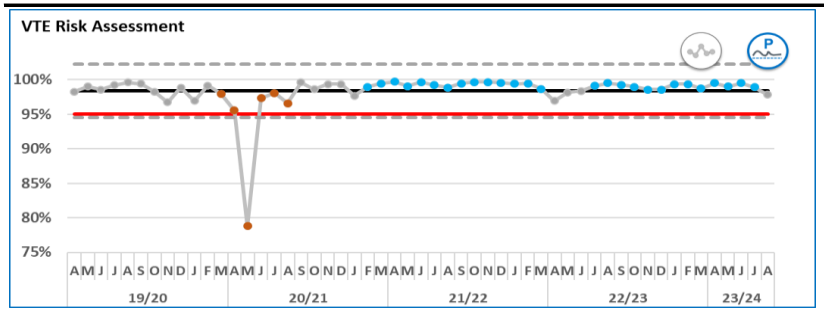
Mixed Sex Accommodation Breaches

This metric is showing common cause variation and that the current process will consistently pass the target



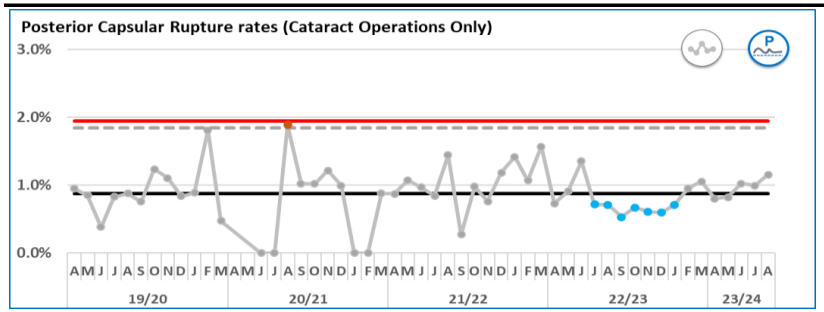
% Emergency re-admissions within 28 days (excludes Vitreoretinal)

This metric is showing common cause variation and that the current process may not meet the target consistently



VTE Risk Assessment

This metric is showing common cause variation and that the current process will consistently pass the target - This is a change from the previous month



Posterior Capsular Rupture rates (Cataract Operations Only)

This metric is showing common cause variation and that the current process will consistently pass the target

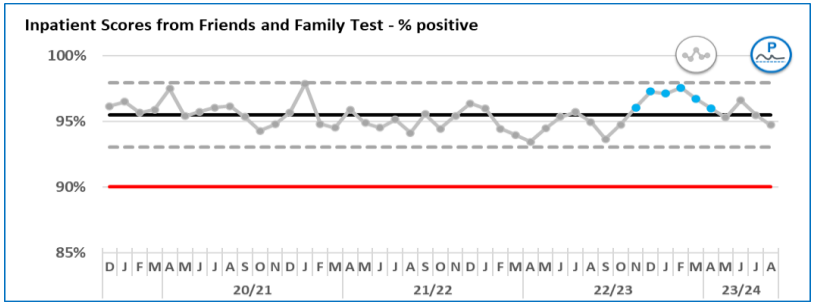
Deliver (Call Centre and Clinical) - Graphs (3)

Graph Format to be Confirmed as reported Quarterly	**Endopthalmitis Rates - Aggregate Score** Data for reporting period not available
No Graph Generated, No cases reported since at least April 17	**MRSA Bacteraemias Cases** This metric is showing common cause variation and that the current process will consistently pass the target
No Graph Generated, No cases reported since at least April 17	**Clostridium Difficile Cases** This metric is showing common cause variation and that the current process will consistently pass the target
No Graph Generated, No cases reported since at least April 17	**Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases** This metric is showing common cause variation and that the current process will consistently pass the target
No Graph Generated, No cases reported since at least April 17	**MSSA Rate - cases** This metric is showing common cause variation and that the current process will consistently pass the target

Deliver (Quality and Safety) - Summary

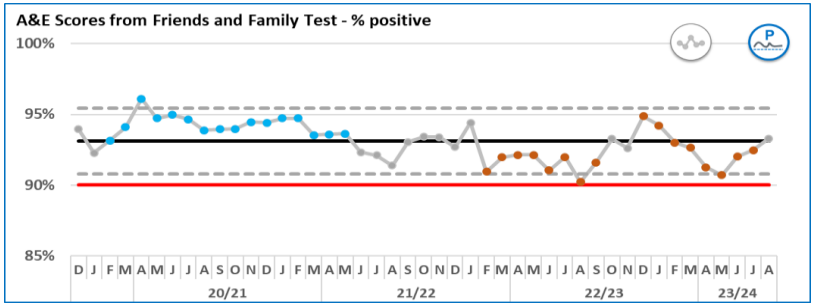
Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Inpatient Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	95.6%	94.7%		P
A&E Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	91.9%	93.3%		P
Outpatient Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	93.3%	92.8%		P
Paediatric Scores from Friends and Family Test - % positive	Ian Tombleson	Internal Requirement	Monthly	≥90%	95.2%	96.3%		P
Percentage of responses to written complaints sent within 25 days	Ian Tombleson	Internal Requirement	Monthly (Month in Arrears)	≥80%	81.5%	91.7%		?
Percentage of responses to written complaints acknowledged within 3 days	Ian Tombleson	Internal Requirement	Monthly	≥80%	95.1%	100.0%		P
Freedom of Information Requests Responded to Within 20 Days	Ian Tombleson	Statutory Reporting	Monthly (Month in Arrears)	≥90%	73.1%	27.7%	L	?
Subject Access Requests (SARs) Responded To Within 28 Days	Ian Tombleson	Statutory Reporting	Monthly (Month in Arrears)	≥90%	97.5%	97.4%		P

Deliver (Quality and Safety) - Graphs (1)



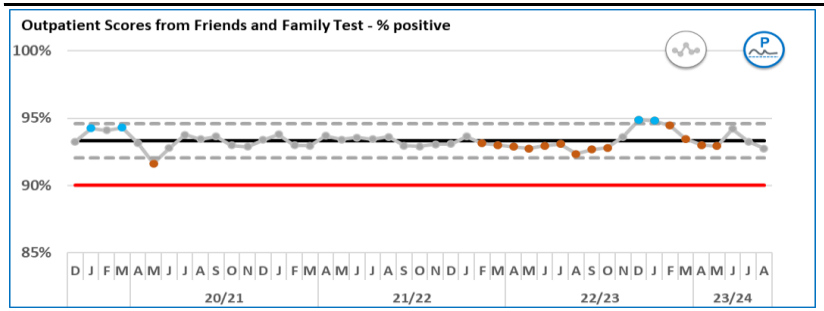
Inpatient Scores from Friends and Family Test - % positive

This metric is showing common cause variation and that the current process will consistently pass the target



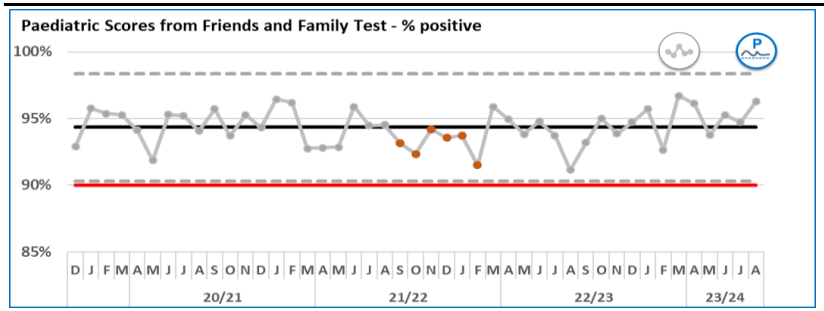
A&E Scores from Friends and Family Test - % positive

This metric is showing common cause variation and that the current process will consistently pass the target - This is a change from the previous month



Outpatient Scores from Friends and Family Test - % positive

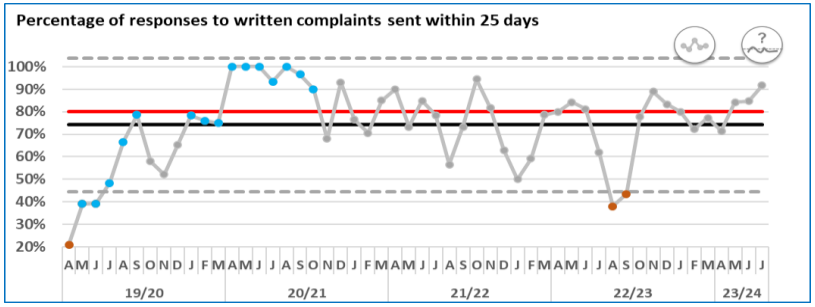
This metric is showing common cause variation and that the current process will consistently pass the target



Paediatric Scores from Friends and Family Test - % positive

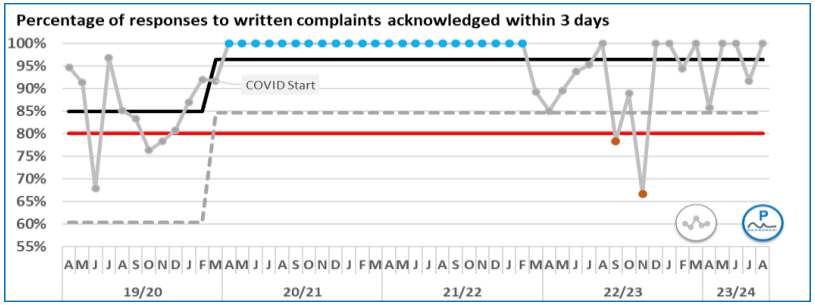
This metric is showing common cause variation and that the current process will consistently pass the target

Deliver (Quality and Safety) - Graphs (2)



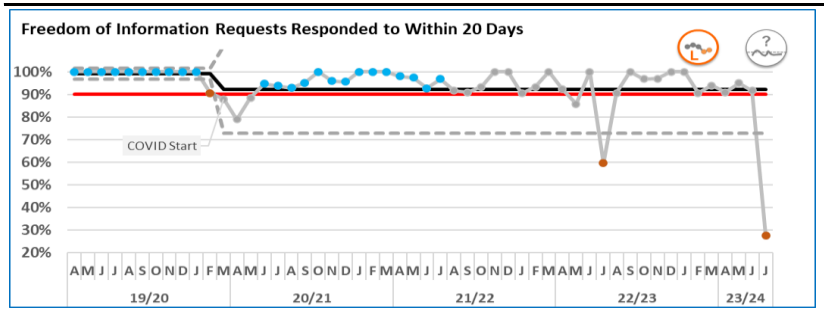
Percentage of responses to written complaints sent within 25 days

This metric is showing common cause variation and that the current process may not meet the target consistently



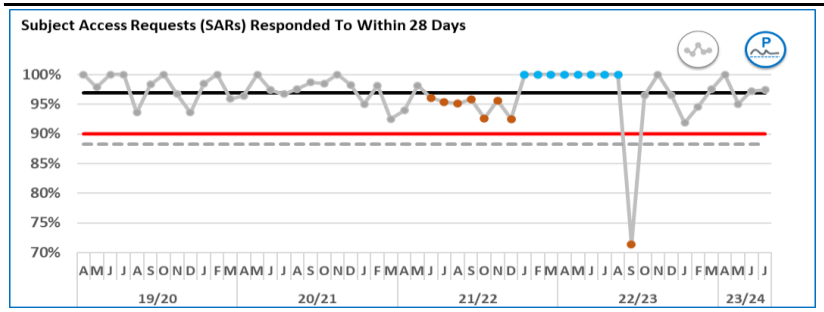
Percentage of responses to written complaints acknowledged within 3 days

This metric is showing common cause variation and that the current process will consistently pass the target



Freedom of Information Requests Responded to Within 20 Days

This metric is showing special cause concern and that the current process may not meet the target consistently - This is a change from the previous month



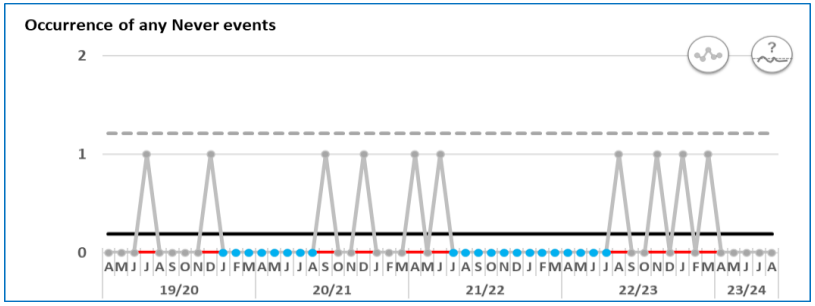
Subject Access Requests (SARs) Responded To Within 28 Days

This metric is showing common cause variation and that the current process will consistently pass the target

Deliver (Incident Reporting) - Summary

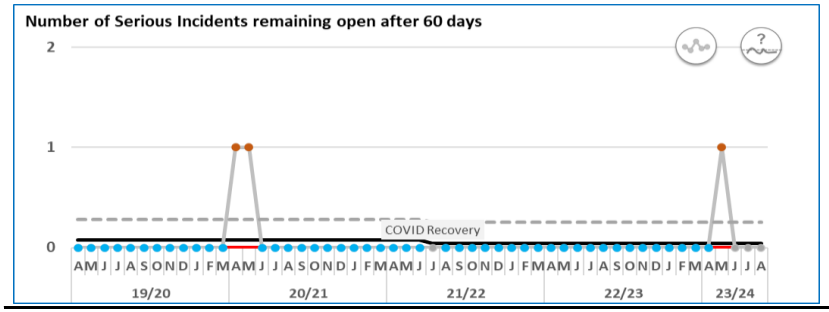
Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Occurrence of any Never events	Sheila Adam	Statutory Reporting	Monthly	Zero Events	0	0		
Summary Hospital Mortality Indicator	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		
National Patient Safety Alerts (NatPSAs) breached	Sheila Adam	NHS Oversight Framework	Monthly	Zero Alerts	n/a	0		
Number of Serious Incidents remaining open after 60 days	Sheila Adam	Statutory Reporting	Monthly	Zero Cases	1	0		
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Sheila Adam	Internal Requirement	Monthly	No Target Set	n/a	197		

Deliver (Incident Reporting) - Graphs (1)



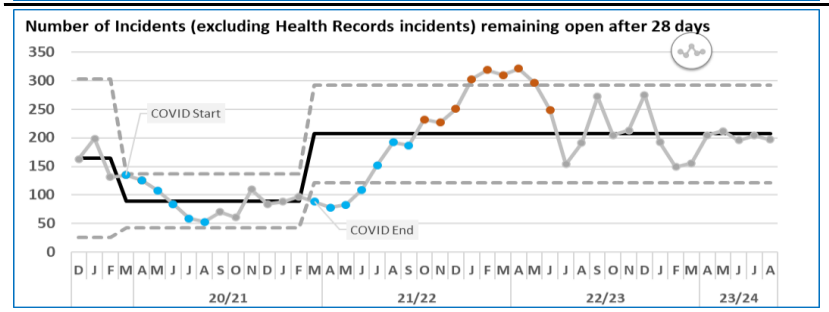
Occurrence of any Never events

This metric is showing common cause variation and that the current process may not meet the target consistently



Number of Serious Incidents remaining Open after 60 days

This metric is showing common cause variation and that the current process may not meet the target consistently



Number of Incidents (excluding Health Records incidents) remaining open after 28 days

This metric is showing common cause variation

No Graph Generated, No cases reported since February 2017

Summary Hospital Mortality Indicator

This metric is showing common cause variation and that the current process will consistently pass the target

No Graph Generated, No cases reported since August 2021

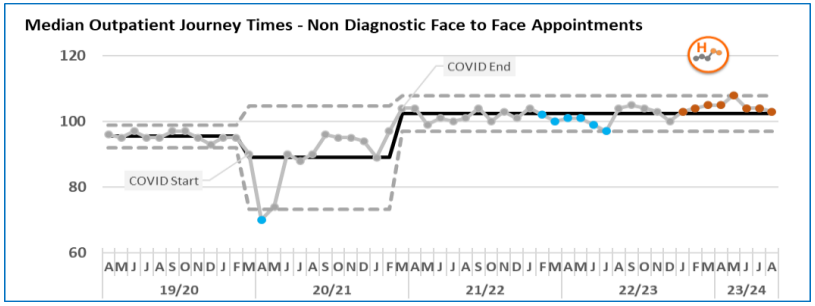
National Patient Safety Alerts (NatPSAs) breached

This metric is showing special cause improvement and that the current process will consistently pass the target

Sustainability and at Scale - Summary

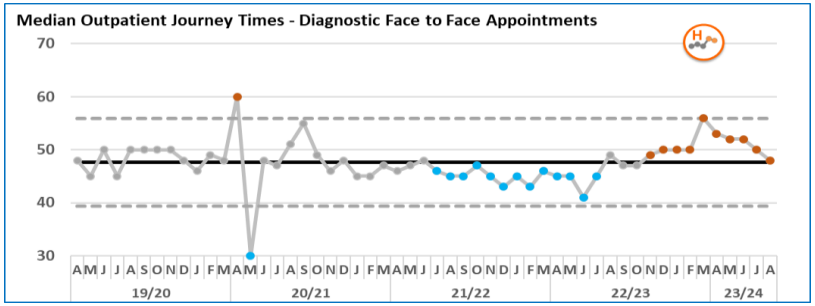
Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	103		
Median Outpatient Journey Times - Diagnostic Face to Face Appointments	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	48		
Median Outpatient Journey Times - Virtual TeleMedicine Appointments	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	n/a		
Theatre Cancellation Rate (Non-Medical Cancellations)	Jon Spencer	Statutory Reporting	Monthly	≤0.8%	1.21%	0.97%		
Number of non-medical cancelled operations not treated within 28 days	Jon Spencer	Statutory Reporting	Monthly	Zero Breaches	12	6		
Overall financial performance (In Month Var. £m)	Jonathan Wilson	Internal Requirement	Monthly	≥0	1.83	0.03		
Commercial Trading Unit Position (In Month Var. £m)	Jonathan Wilson	Internal Requirement	Monthly	≥0	0.77	0.29		

Sustainability and at Scale - Graphs (1)



Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments

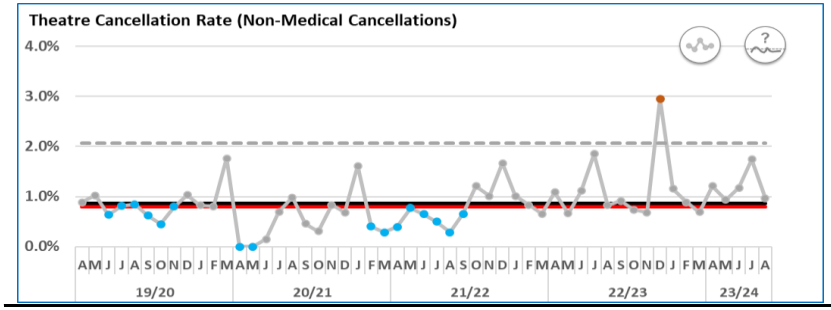
This metric is showing special cause concern (increasing rate)



Median Outpatient Journey Times - Diagnostic Face to Face Appointments

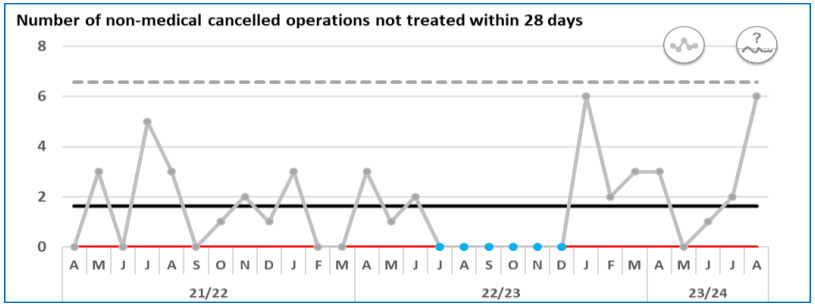
This metric is showing special cause concern (increasing rate)

Sustainability and at Scale - Graphs (2)



Theatre Cancellation Rate (Non-Medical Cancellations)

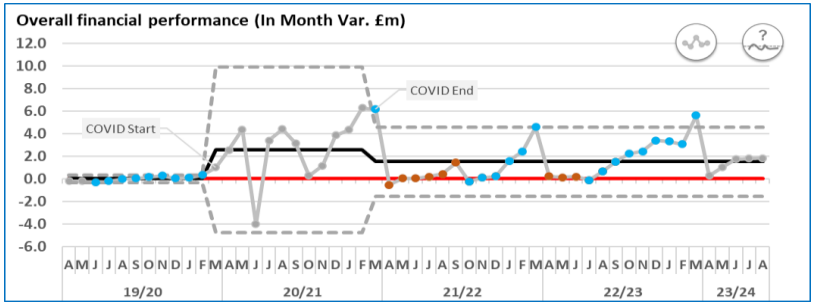
This metric is showing common cause variation and that the current process may not meet the target consistently



Number of non-medical cancelled operations not treated within 28 days

This metric is showing common cause variation and that the current process may not meet the target consistently

Sustainability and at Scale - Graphs (3)

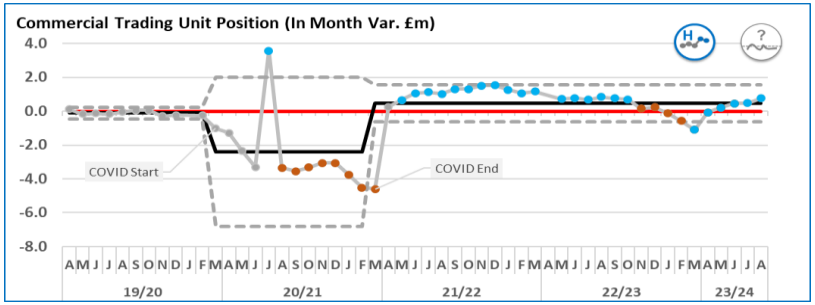


Overall financial performance (In Month Var. £m)

Data for reporting period not available

For Narrative, See Finance Report

Review Date: ***Action Lead:***



Commercial Trading Unit Position (In Month Var. £m)

Data for reporting period not available

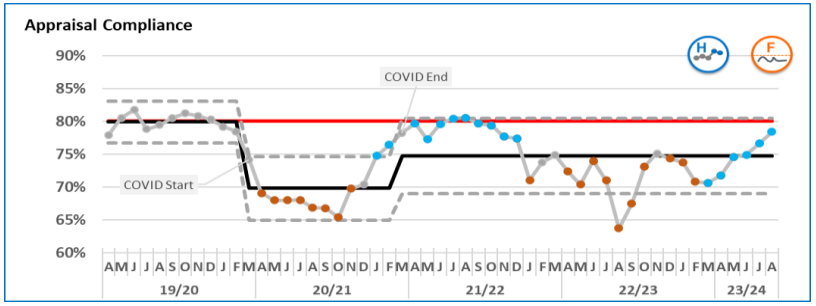
For Narrative, See Finance Report

Review Date: ***Action Lead:***

Working Together - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Appraisal Compliance	Mark Gammage	Statutory Reporting	Monthly	≥80%	n/a	78.4%		
Information Governance Training Compliance	Ian Tombleson	Statutory Reporting	Monthly	≥95%	n/a	90.0%		
Staff Sickness (Month Figure)	Mark Gammage	23/24 Planning Guidance	Monthly (Month in Arrears)	≤4%	n/a	4.1%		
Staff Sickness (Rolling Annual Figure)	Mark Gammage	23/24 Planning Guidance	Monthly (Month in Arrears)	≤4%	n/a	4.5%		
Proportion of Temporary Staff	Mark Gammage	23/24 Planning Guidance	Monthly	No Target Set	16.1%	19.3%		

Working Together - Graphs (1)



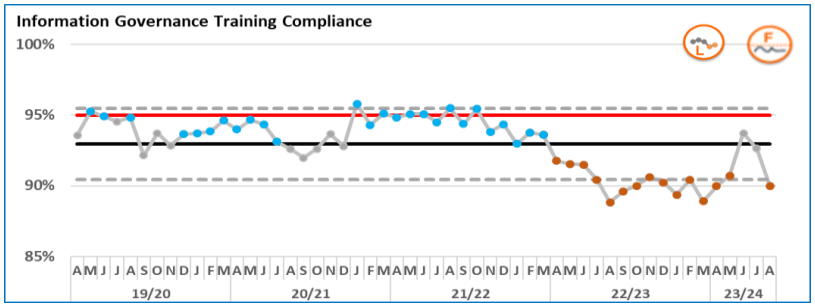
Appraisal Compliance

This metric is showing special cause improvement however the current process is unlikely to achieve the target - This is a change from the previous month

Appraisal Compliance Rate has continued to improve and it is currently at 77% as at 14th Septembers 2023. The L&D Department will continue to look at ways to make further improvement to the Compliance Rate including:

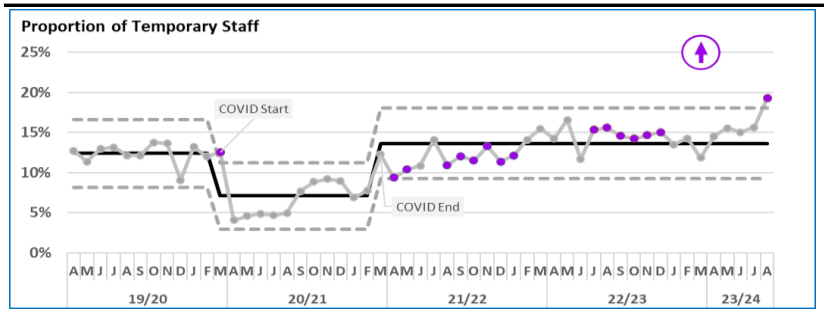
- Ongoing work with the COO and other key stakeholders to raise the profile of Appraisal Compliance and linking it to staff survey, retention and other strategic objectives.
- Featuring Appraisal on the weekly SMT meetings.
- Sending weekly Reports to the Senior Managers to update them on Team progress.
- Ongoing drop in sessions and meetings between the L&D team and Managers to go through their Reports and any areas of concern.
- Ongoing provision of Appraisal training including bite size sessions.
- Promoting the benefits of the newly launched user-friendly Appraisal paperwork.

Review Date: Oct 2023 ***Action Lead:*** Stephen Imuere



Information Governance Training Compliance

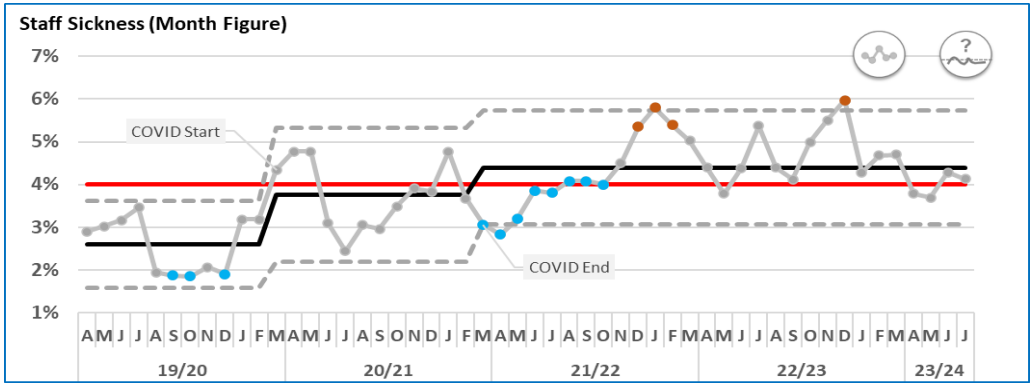
This metric is showing special cause concern and that the current process is unlikely to achieve the target - This is a change from the previous month

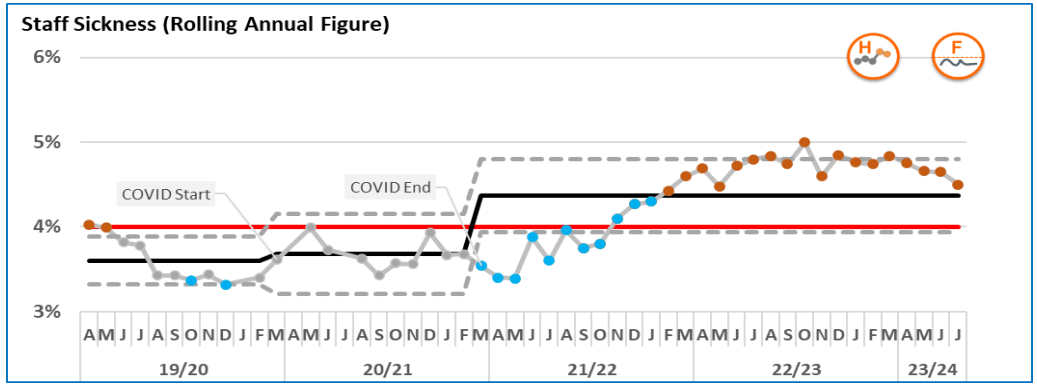


Proportion of Temporary Staff

This metric is showing an special cause variation (increasing rate) - This is a change from the previous month

Working Together - Graphs (2)





Staff Sickness (Month Figure)

This metric is showing common cause variation and that the current process may not meet the target consistently

Staff Sickness (Rolling Annual Figure)

This metric is showing special cause concern and that the current process is unlikely to achieve the target

It is to be noted that the overall sickness absence for the rolling year is 4.50% . This has reduced from the previous month being (4.65%), although it remains above the target of 4%.

The top 3 sickness reasons remain unchanged from the previous month namely:

- Anxiety/stress/depression/other psychiatric illness
- Cold, Cough, Flu – Influenza
- Other musculoskeletal problems

There has also been a marked improvement with some of the LTS (long term sick) cases being closed following the staff members' returning to work or exiting the organisation in line with Trust Sickness Absence Policy.

The Employee Relations (ER) team continue to work closely with Line Managers with the following support to be delivered and or are in place:

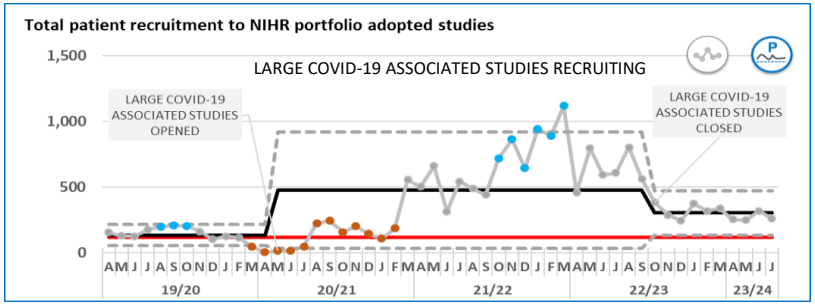
- Targeted sickness absence training modules to be delivered by the ER team dates; 1st scheduled dates took place in July 2023 to those hot spot service line areas within the Trust with high short-term sickness absence and long- term sickness rates. A training date is in place for September 2023 and a forthcoming date to be arranged in October.
- Regular review meetings are being held with staff who are on LTS alongside regular OH referrals as well as staff and managers being signposted to the Trust's Health and wellbeing initiatives offering holistic support to aid staff recovery and prevention of sickness.
- ER surgeries have been set up at the St George's and Croydon sites (1 day each month) offering managers that first line support in managing their sickness absence cases.
- A sickness audit review has just been concluded, which was undertaken by the Trust's Audit Partners, RSM which will help inform areas of good practice and improvement.
- Guidance's on How to make an Effective OH referral for Line Managers and on Making Reasonable Adjustments in the Workplace for Staff have been developed. This would enable line managers to support staff members at work who have underlying health conditions.
- The reasonable adjustments guidance is to be launched soon following which, the Trust will be working with Capsticks in delivering briefing sessions for line managers.

Review Date: Oct 2023 ***Action Lead:*** Jackie Wyse

Discover - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Total patient recruitment to NIHR portfolio adopted studies	Professor Sir Peng Tee Khaw	Internal Requirement	Monthly (Month in Arrears)	≥115 (per month)	1076	257		
Active Commercial Studies (Open + Closed to Recruitment in follow up)	Professor Sir Peng Tee Khaw	Internal Requirement	Monthly (Month in Arrears)	≥44	n/a	53		
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Professor Sir Peng Tee Khaw	Internal Requirement	Monthly (Month in Arrears)	≥2%	n/a	4.5%		

Discover - Graphs (1)

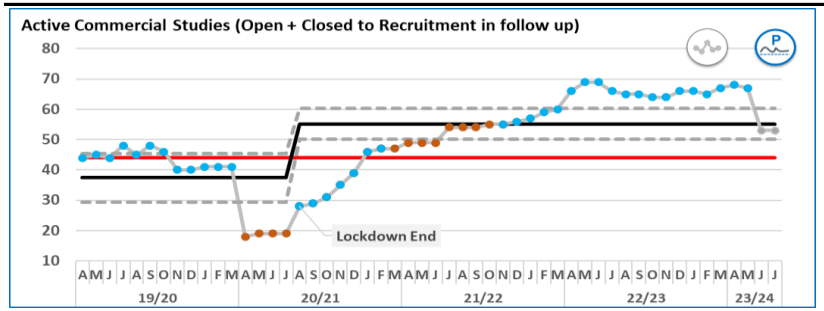


Total patient recruitment to NIHR portfolio adopted studies

This metric is showing common cause variation and that the current process will consistently pass the target

We are continuing to exceed our target for monthly portfolio recruitment and are recruiting more patients than in the comparable periods for 2020/21 and 2021/22. Portfolio recruitment in 2022/23 was higher than usual because it incorporated all the highly successful very high volume COVID-19 studies, which have now finished recruiting. These were non-interventional and non-intensive. These have now been replaced by more usual interventional, early phase high-cost studies which frequently require intensive investigations including imaging and follow up.

Review Date: Oct 2023 ***Action Lead:*** Peng Khaw

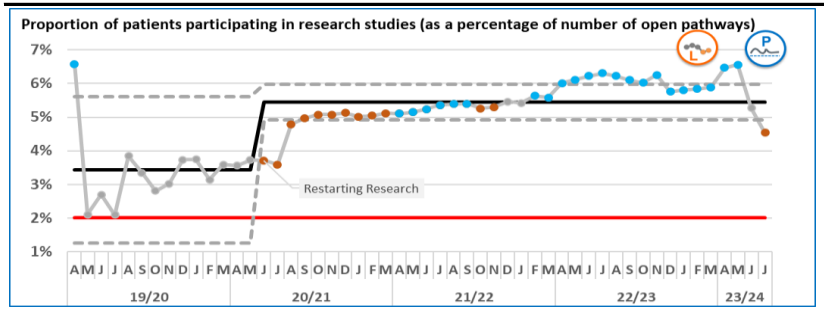


Active Commercial Studies (Open + Closed to Recruitment in follow up)

This metric is showing common cause variation and that the current process will consistently pass the target

We continue to run well above the target number of commercial studies, following the COVID-19 period when all activity was stopped by the Government. These studies generate financial income and also provide our patients with access to the latest innovative treatments and therapies. The metric shows a recent decrease in our active commercial study portfolio. The recent NIHR requirement for rapid completion of commercial recruitment figures, resulted in studies showing as closed earlier than in previous periods.

Review Date: Oct 2023 ***Action Lead:*** Peng Khaw



Proportion of patients participating in research studies (as a percentage of number of open pathways)

This metric is showing special cause concern however the current process will consistently pass the target - This is a change from the previous month

This figure is considerably higher than our target of 2%. The trend metric is showing red because there is a statistically significant fall in numbers compared to previous periods due to one huge study which was specific to the COVID -19 period and follow-up reached its regulatory conclusion, resulting in a large relative fall in numbers. This was fully anticipated and has no bearing on our relative performance nationally, as the issue is the same for Trusts throughout the country participating in these large COVID studies which have now ended.

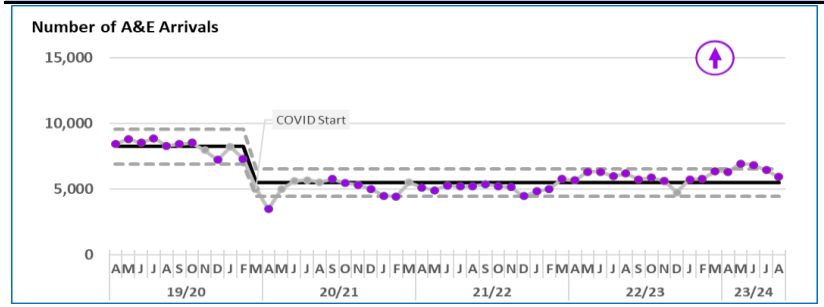
Our aim to have > 2% of our patient population involved in a research study has been achieved and continues to be considerably surpassed since restarting research after COVID-19. This reflects our emphasis on and investment in patient, public involvement and engagement as part of our National Institute for Health and Care Research (NIHR) Biomedical Research Centre (BRC) and Clinical Research Facility (CRF) strategy. As part of our Equity Diversity and Inclusion strategy for both the BRC and CRF, we seek to increase the representation and diversity and opportunities for our patient population in clinical trials.

Review Date: Oct 2023 ***Action Lead:*** Peng Khaw

Context (Activity) - Summary

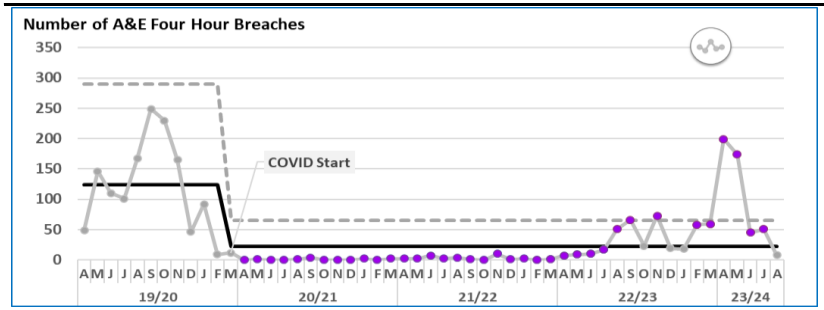
Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Number of A&E Arrivals	Jon Spencer	Internal Requirement	Monthly	No Target Set	32437	5926		
Number of A&E Four Hour Breaches	Jon Spencer	Internal Requirement	Monthly	No Target Set	477	8		
Number of Outpatient Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	261237	53590		
Number of Outpatient First Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	62388	12745		
Number of Outpatient Follow Up Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	198849	40845		
Number of Referrals Received	Jon Spencer	Internal Requirement	Monthly	No Target Set	70830	13782		
Number of Theatre Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	16277	3283		
Number of Theatre Elective Daycase Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	14786	2980		
Number of Theatre Elective Inpatient Admission	Jon Spencer	Internal Requirement	Monthly	No Target Set	396	92		
Number of Theatre Emergency Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	1095	211		

Context (Activity) - Graphs (1)



Number of A&E Arrivals

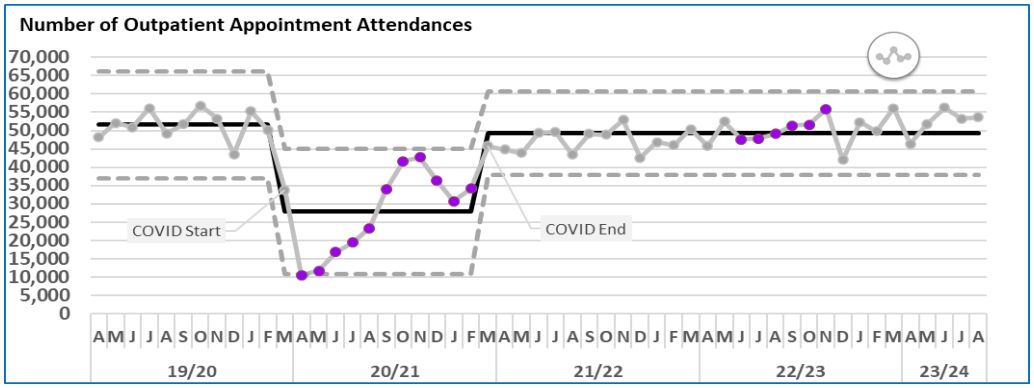
This metric is showing an special cause variation (increasing rate)



Number of A&E Four Hour Breaches

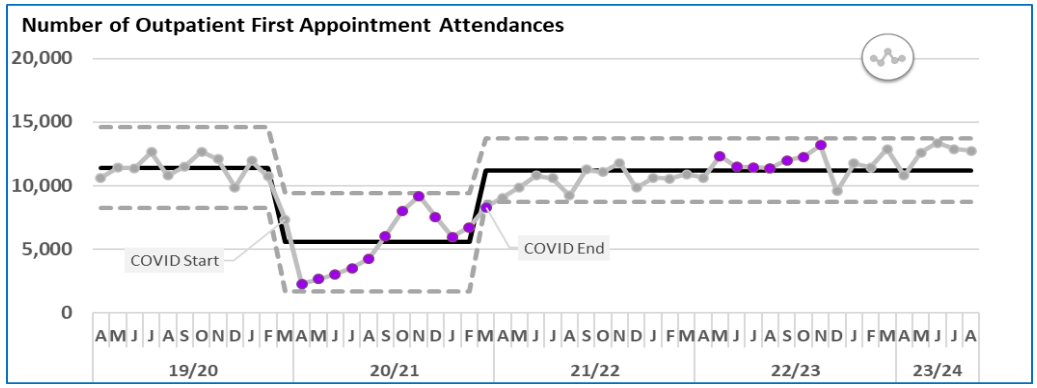
This metric is showing common cause variation - This is a change from the previous month

Context (Activity) - Graphs (2)



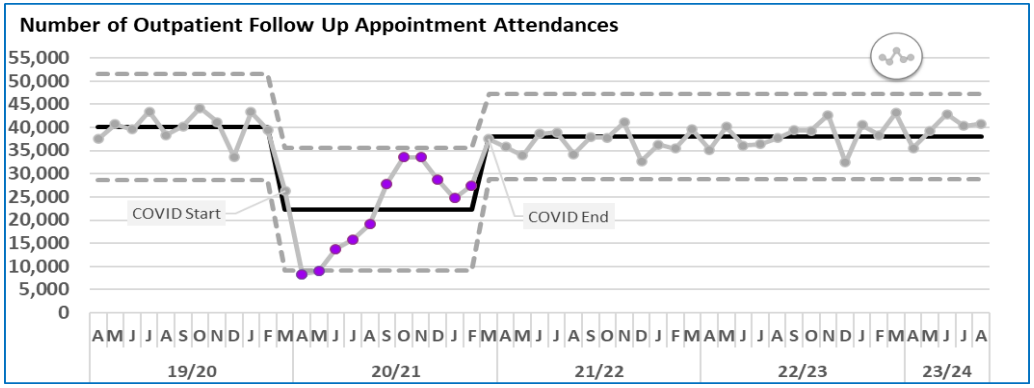
Number of Outpatient Appointment Attendances

This metric is showing common cause variation



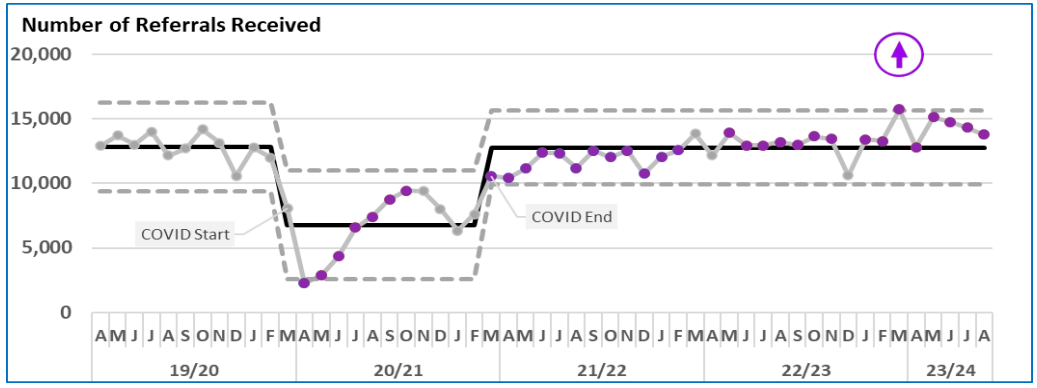
Number of Outpatient First Appointment Attendances

This metric is showing common cause variation



Number of Outpatient Follow Up Appointment Attendances

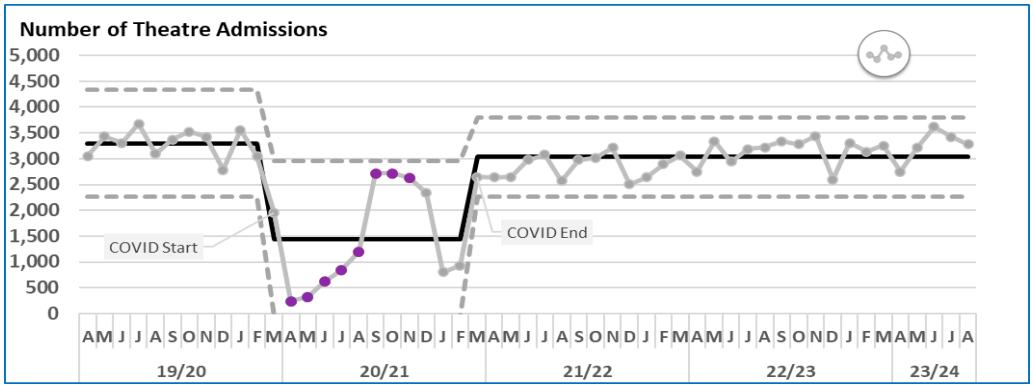
This metric is showing common cause variation



Number of Referrals Received

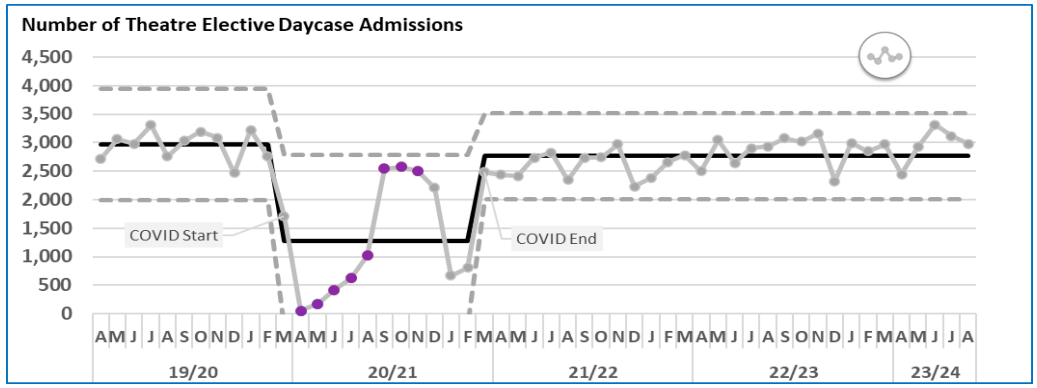
This metric is showing an special cause variation (increasing rate)

Context (Activity) - Graphs (3)



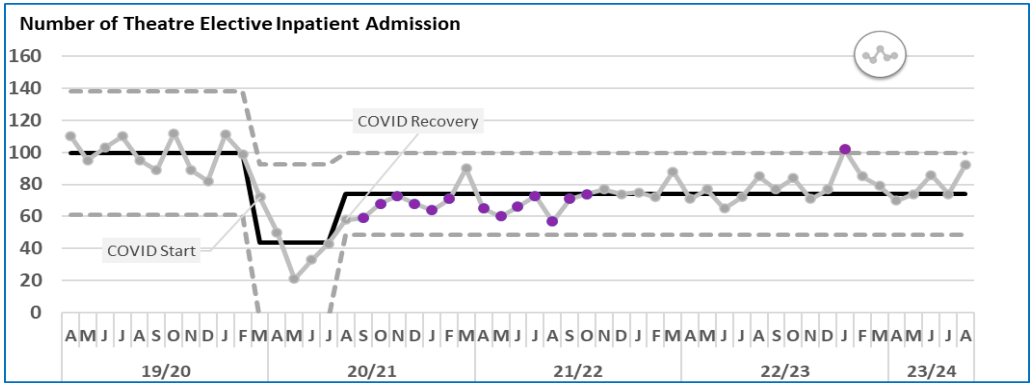
Number of Theatre Admissions

This metric is showing common cause variation



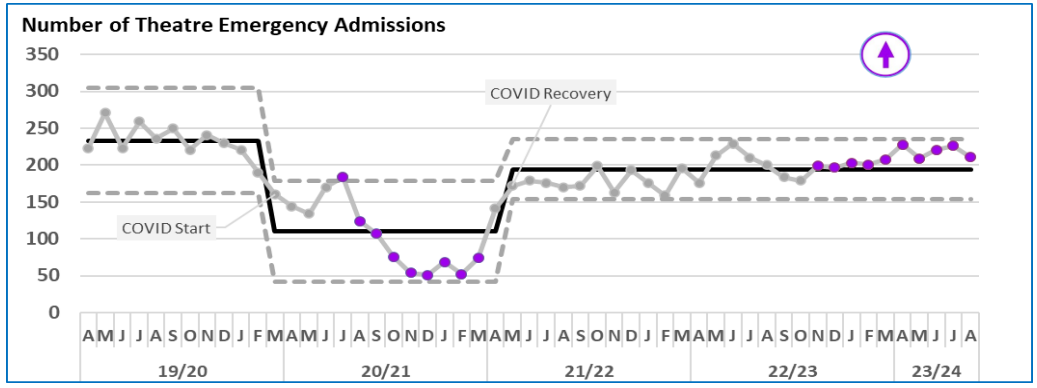
Number of Theatre Elective Daycase Admissions

This metric is showing common cause variation



Number of Theatre Elective Inpatient Admission

This metric is showing common cause variation



Number of Theatre Emergency Admissions

This metric is showing an special cause variation (increasing rate)