

# Integrated Performance Report

## Reporting Period - December 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 position, or a provisional position as of the time of report production, which would be subject to change pending validation and submission

# 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 consistently (P)assing the target	Variation indicates consistently (F)ailing 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

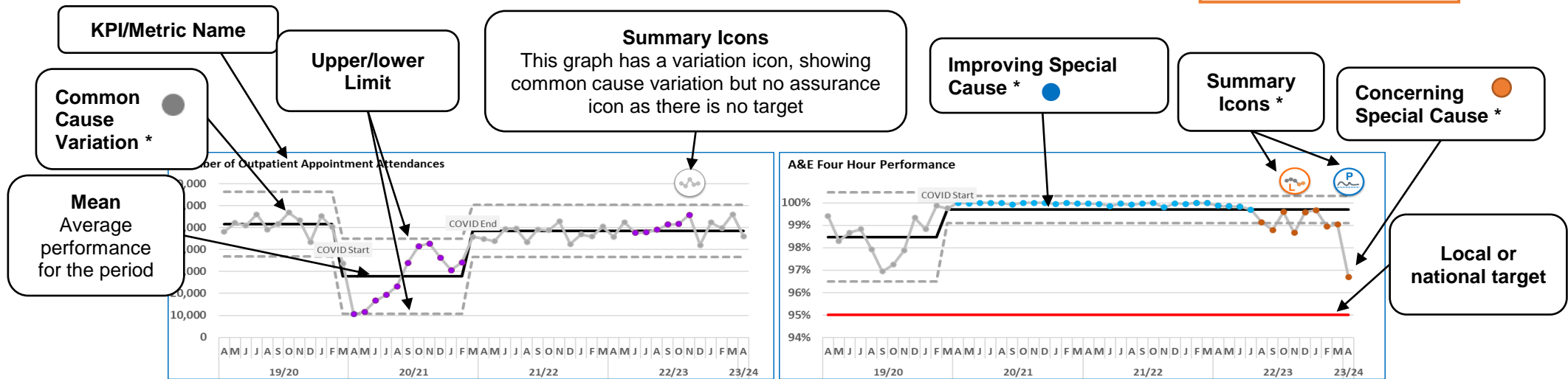
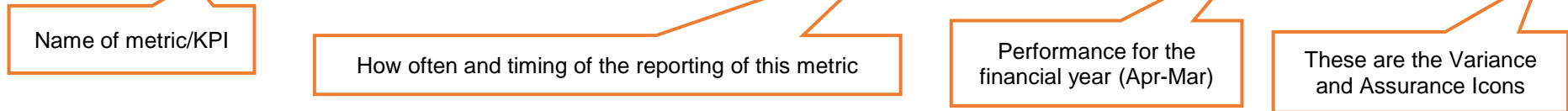
**Failing Process (F)** - Indicates the metric consistently falls short of the target, and unlikely to ever regularly meet the target without redesign. To be classified as a failing process, either the target would have not been met for a significant period, or the target falls outside the calculated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

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%		



**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 a 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>

## Highlights

### Metrics With "Failing Process"

- 52 Week RTT Incomplete Breaches
- Number of non-medical cancelled operations not treated within 28 days
- Freedom of Information Requests Responded to Within 20 Days
- Appraisal Compliance
- Information Governance Training Compliance
- Staff Sickness (Monthly & Rolling Annual Figure)

### Celebrations

- 22 Metrics are showing as a capable process, all which are showing either an improving or stable performance, this includes:
  - A&E Four Hour Performance
  - Posterior Capsular Rupture rates
  - All FFT Performance Targets
  - Complaints Performance
  - Infection Control Metrics
  - All Research Metrics
- A further six metrics are showing an improving position

### Other Metrics showing "Special Cause Concern"

- No other metrics in December 2023 showing concern

### Other Areas To Note

- All Activity vs Phased Plan metrics met their respective targets this month
- Percentage of Diagnostic waiting times less than 6 weeks did not achieve target due to a number of patient choice breaches, and not considered as a concern
- The number of RTT Incomplete Pathways Over 18 Weeks continues to show a decreasing trend

## Executive Summary

In December, despite ongoing industrial action being taken by our junior medical staff, the Trust managed to exceed both the elective and outpatient 1st activity targets for the month (102.5% and 119% respectively). The 119% outpatient 1st activity achievement in month appears to be artificially high due the method used to phase activity over the financial year and we may therefore see a level of underperformance in a future month. At present we are comfortably meeting the outpatient first target for the year to date (103.5%) and have improved the elective year to date position to 98.2%.

As indicated in the previous IPR, the Trust's performance against the 52 Week RTT target has worsened significantly from 7 patients to 20 as a result of a validation process which has been undertaken recently. Additional capacity has been created in January, to be able to treat these patients as quickly as possible and we anticipate seeing a significant improvement against this standard by next month.

The number of non-medical cancelled operations not treated within 28 days continues to be a failing process as the trust has yet to avoid a monthly breach for a prolonged period, with December seeing one breach of the standard. Work is ongoing between our operational and performance teams to improve the visibility of patients who are at risk of breaching this standard so that they can be prioritised to be rebooked for their treatment.









Performance against the diagnostic waiting times standard has dropped below the 99% target for the first time since January 2023, predominately due to 3 patients choosing to wait longer than the 6 week standard for their diagnosis.

The Trust's process to respond to freedom of information requests within 20 days is showing special cause concern. This is due to a combination of a rise in the number of requests being made and local sickness absence with the team who coordinate the responses.

Performance against the appraisal standard has improved for a second month in a row to move the Trust's performance to 76.4%. The previously reported Task and Finish Group has now begun meeting to target actions which will improve this performance further.

Staff sickness levels improved in month to 4.5% against a 4% standard. Although this metric is now showing common cause variation, which is unlikely to achieve the target, a number of actions continue to be taken to improve this position including targeted training for line managers and regular review meetings to discuss how best to support members of staff back to work.

## Performance Overview

December 2023		Assurance			
		Capable Process 	Hit and Miss 	Failing Process 	No Target
Variation	<b>Special Cause - Improvement</b> 	<ul style="list-style-type: none"> <li>- Total Outpatient FlwUp Activity (% Plan)</li> <li>- Average Call Abandonment Rate</li> <li>- FFT Paediatric Scores (% Positive)</li> <li>- % Complaints Responses Within 25 days</li> <li>- Serious Incidents open after 60 days</li> </ul>	<ul style="list-style-type: none"> <li>- Total Outpatient Activity (% Plan)</li> <li>- Outpatient First Activity (% Plan)</li> <li>- Average Call Waiting Time</li> <li>- Overall financial performance</li> </ul>		<ul style="list-style-type: none"> <li>- 18 Week RTT Incomplete Performance</li> <li>- OP Journey Times - Diagnostic FtF</li> </ul>
	<b>Common Cause</b> 	<ul style="list-style-type: none"> <li>- Cancer 28 Day Faster Diagnosis Standard</li> <li>- A&amp;E Four Hour Performance</li> <li>- Mixed Sex Accommodation Breaches</li> <li>- VTE Risk Assessment</li> <li>- Posterior Capsular Rupture rates</li> <li>- MRSA Bacteraemias Cases</li> <li>- Clostridium Difficile Cases</li> <li>- E. Coli Cases</li> <li>- MSSA Rate - cases</li> <li>- FFT Inpatient Scores (% Positive)</li> <li>- FFT A&amp;E Scores (% Positive)</li> <li>- FFT Outpatient Scores (% Positive)</li> <li>- % Complaints Acknowledged Within 3 days</li> <li>- Summary Hospital Mortality Indicator</li> <li>- Recruitment to NIHR portfolio studies</li> <li>- Active Commercial Studies</li> <li>- % of patients in research studies</li> </ul>	* See Next Page	<ul style="list-style-type: none"> <li>- 52 Week RTT Incomplete Breaches</li> <li>- Non-medical cancelled 28 day breaches</li> <li>- Appraisal Compliance</li> <li>- IG Training Compliance</li> <li>- Staff Sickness (Month Figure)</li> </ul>	* See Next Page
	<b>Special Cause- Concern</b> 			<ul style="list-style-type: none"> <li>- % FoI Requests within 20 Days</li> <li>- Staff Sickness (Rolling Annual Figure)</li> </ul>	
	<b>Special Cause - Increasing Trending</b> 				
	<b>Special Cause - Decreasing Trending</b> 	- RTT Incomplete Pathways Over 18 Weeks			

## Performance Overview

### Common Cause & Hit and Miss











- Elective Activity - % of Phased Plan
- % Cancer 2 Week Waits
- % Cancer 14 Day Target
- % Diagnostic waiting times less than 6w
- Emergency readmissions in 28d (ex. VR)
- % SARs Requests within 28 Days
- Occurrence of any Never events
- NatPSAs breached
- Theatre Cancellation Rate (Non-Medical)
- Commercial Trading Unit Position

### Common Cause (No Target)



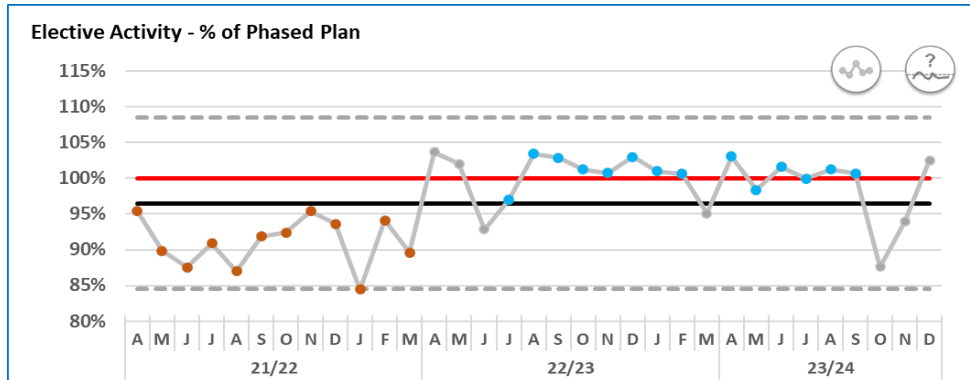
- Number of Incidents open after 28 days
- OP Journey Times - Non-Diagnostic FtF
- Proportion of Temporary Staff
- No. of A&E Arrivals
- No. of A&E Four Hour Breaches
- No. of Outpatient Attendances
- No. of Outpatient First Attendances
- No. of Outpatient Flw Up Attendances
- No. of Referrals Received
- No. of Theatre Admissions
- No. of Theatre Elective Day Admissions
- No. of Theatre Elective Inpatient Adm.
- No. of Theatre Emergency Admissions

## 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%	98.2%	102.5%		
Total Outpatient Activity - % of Phased Plan	Jon Spencer	Internal Requirement	Monthly	≥100%	102.5%	113.8%		
Outpatient First Appointment Activity - % of Phased Plan	Jon Spencer	Internal Requirement	Monthly	≥100%	103.5%	119.0%		
Outpatient Follow Up Appointment Activity - % of Phased Plan	Jon Spencer	23/24 Planning Guidance	Monthly	≥85%	102.3%	112.3%		

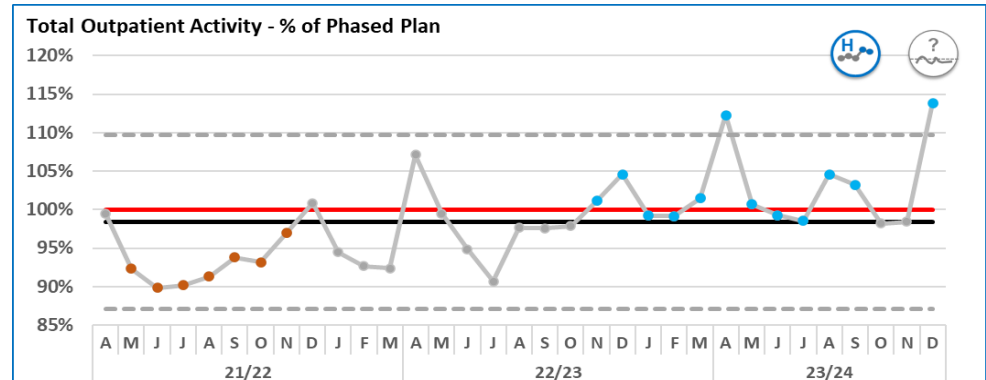


# Deliver (Activity vs Plan) - Graphs (1)



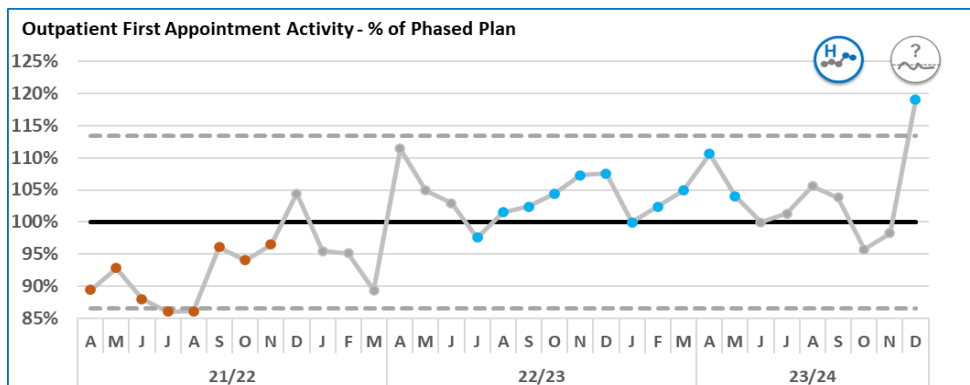
**Elective Activity - % of Phased Plan**

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



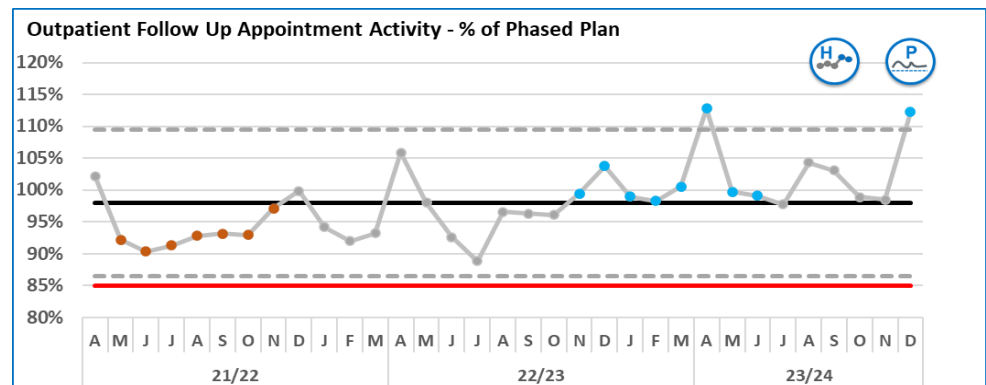
**Total Outpatient Activity - % of Phased Plan**

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 - This is a change from the previous month



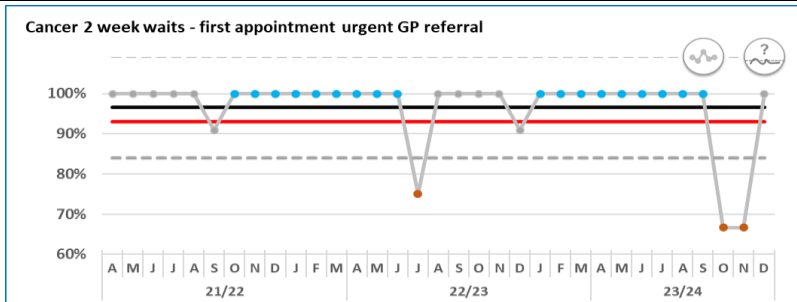
**Outpatient Follow Up Appointment Activity - % of Phased Plan**

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

## Deliver (Access Performance) - Summary

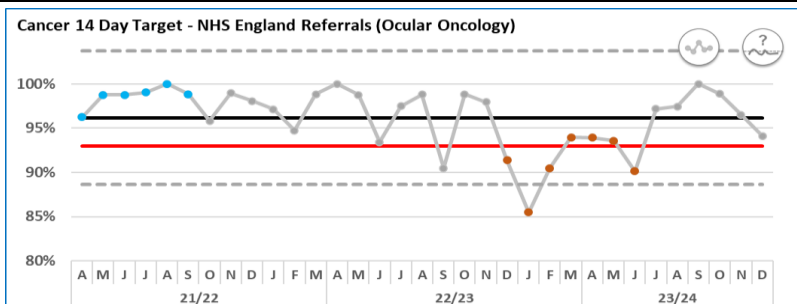
Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Cancer 2 week waits - first appointment urgent GP referral	Jon Spencer	Statutory Reporting	Monthly	≥93%	94.3%	100.0%		
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Jon Spencer	Statutory Reporting	Monthly	≥93%	95.8%	94.1%		
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%	97.0%	100.0%		
18 Week RTT Incomplete Performance	Jon Spencer	Statutory Reporting	Monthly	No Target Set	81.8%	82.5%		
RTT Incomplete Pathways Over 18 Weeks	Jon Spencer	Internal Requirement	Monthly	≤ Previous Mth.	n/a	6148		
52 Week RTT Incomplete Breaches	Jon Spencer	23/24 Planning Guidance	Monthly	Zero Breaches	122	20		
A&E Four Hour Performance	Jon Spencer	23/24 Planning Guidance	Monthly	≥95%	98.8%	98.9%		
Percentage of Diagnostic waiting times less than 6 weeks	Jon Spencer	23/24 Planning Guidance	Monthly	≥99%	99.5%	97.9%		

# Deliver (Access Performance) - Graphs (1)



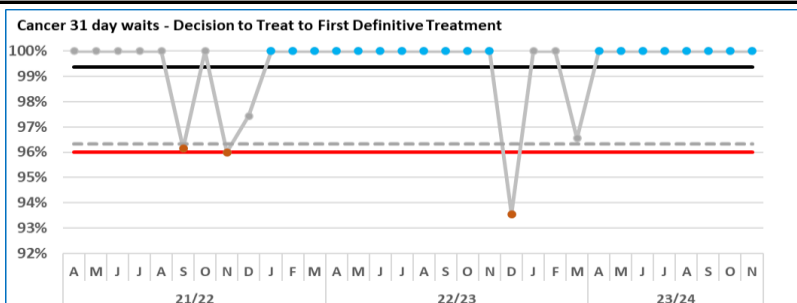
**Cancer 2 week waits - first appointment urgent GP referral**

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



**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**

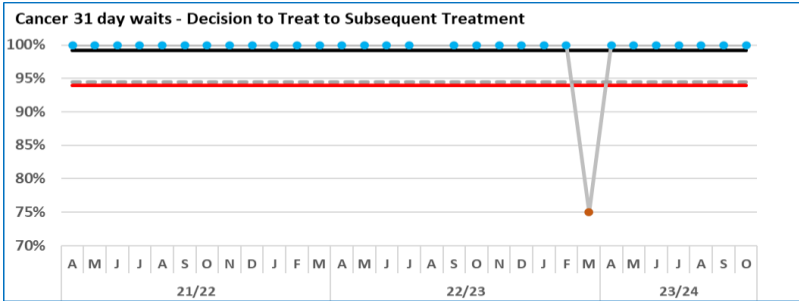
Data for reporting period not available

Data not available until Tuesday 16th January

**Review Date:**

**Action Lead:**

## Deliver (Access Performance) - Graphs (2)



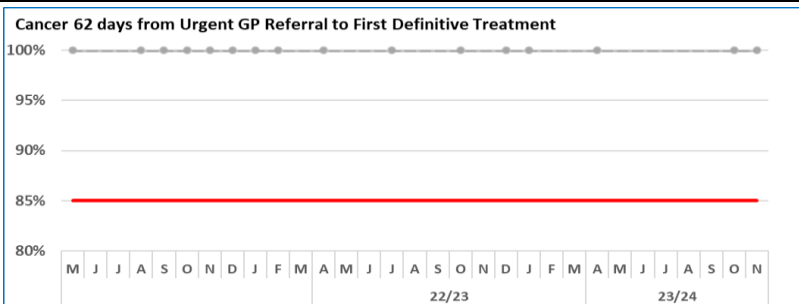
**Cancer 31 day waits - Decision to Treat to Subsequent Treatment**

Data for reporting period not available

Data not available until Tuesday 16th January

**Review Date:**

**Action Lead:**



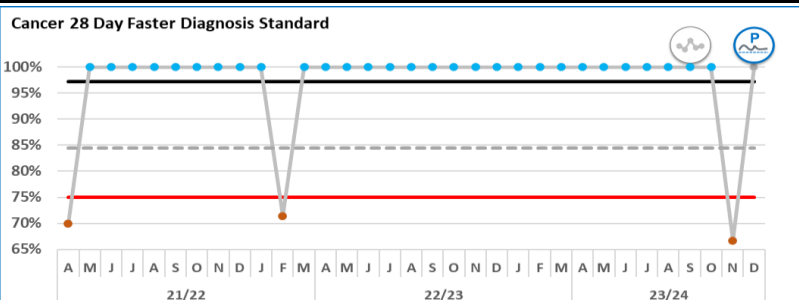
**Cancer 62 days from Urgent GP Referral to First Definitive Treatment**

Data for reporting period not available

Data not available until Tuesday 16th January

**Review Date:**

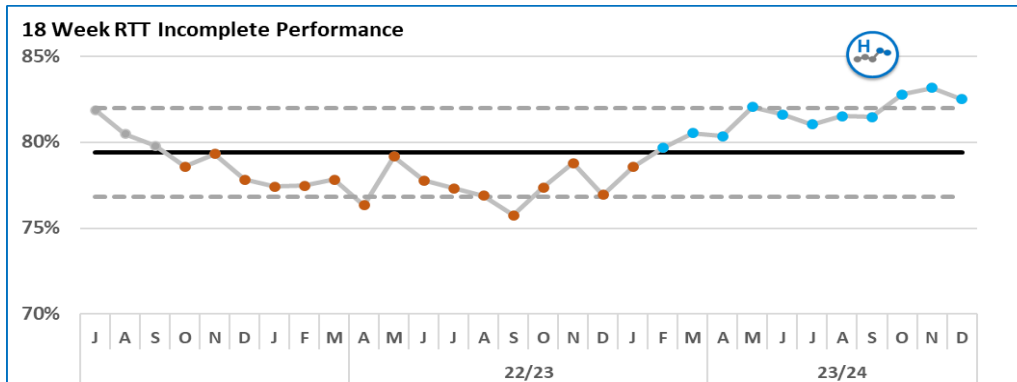
**Action Lead:**



**Cancer 28 Day Faster Diagnosis Standard**

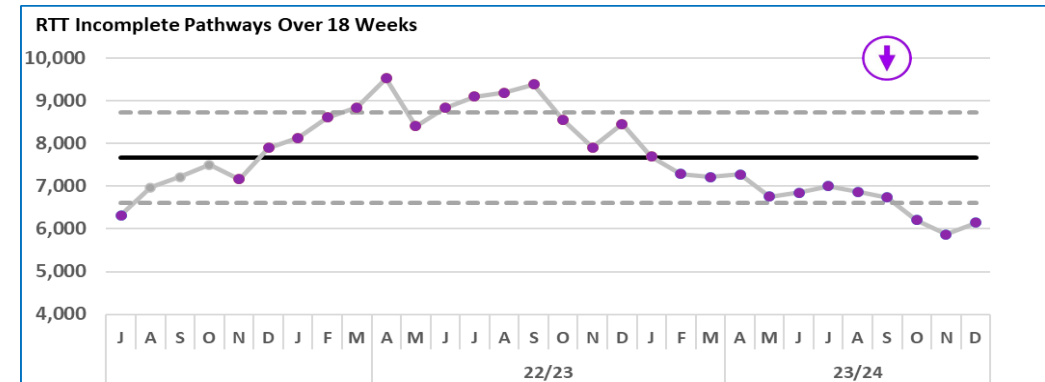
This metric is showing common cause variation and that the current process will consistently pass the target

## Deliver (Access Performance) - Graphs (3)



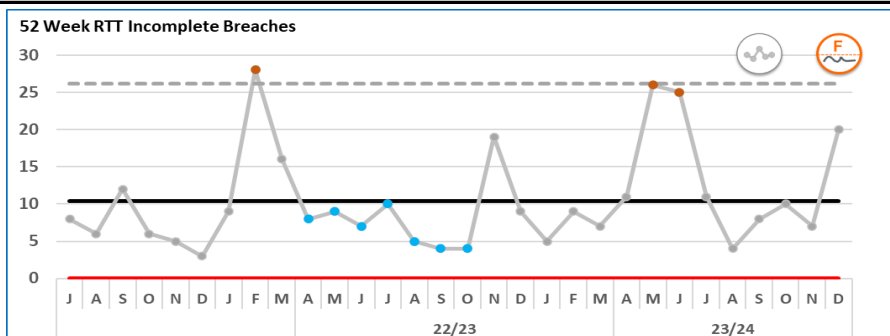
**18 Week RTT Incomplete Performance**

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 (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	72		
Average Call Abandonment Rate	Jon Spencer	Internal Requirement	Monthly	≤15%	7.2%	6.6%		
Mixed Sex Accommodation Breaches	Sheila Adam	Statutory Reporting	Monthly	Zero Breaches	0	0		
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	2.94%		
VTE Risk Assessment	Jon Spencer	Statutory Reporting	Monthly	≥95%	99.0%	98.2%		
Posterior Capsular Rupture rates (Cataract Operations Only)	Jon Spencer	Statutory Reporting	Monthly	≤1.95%	0.91%	0.42%		
MRSA Bacteraemias Cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		
Clostridium Difficile Cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		
MSSA Rate - cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		







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

*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**

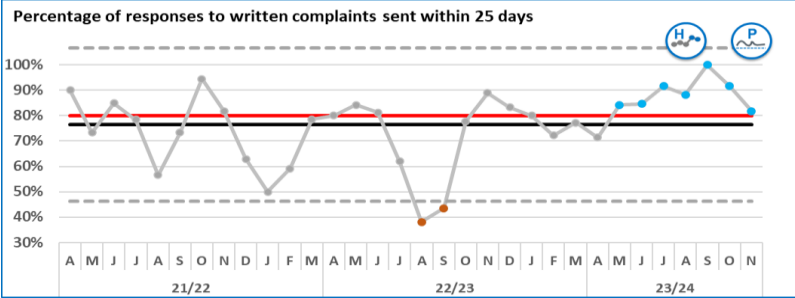
This metric is showing common cause variation and that the current process will consistently pass the target

## 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%	95.7%	96.3%		
A&E Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	92.6%	93.6%		
Outpatient Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	93.5%	94.5%		
Paediatric Scores from Friends and Family Test - % positive	Ian Tombleson	Internal Requirement	Monthly	≥90%	95.2%	95.5%		
Percentage of responses to written complaints sent within 25 days	Ian Tombleson	Internal Requirement	Monthly (Month in Arrears)	≥80%	85.4%	81.8%		
Percentage of responses to written complaints acknowledged within 3 days	Ian Tombleson	Internal Requirement	Monthly	≥80%	96.6%	100.0%		
Freedom of Information Requests Responded to Within 20 Days	Ian Tombleson	Statutory Reporting	Monthly (Month in Arrears)	≥90%	67.1%	41.5%		
Subject Access Requests (SARs) Responded To Within 28 Days	Ian Tombleson	Statutory Reporting	Monthly (Month in Arrears)	≥90%	93.2%	96.2%		



# Deliver (Quality and Safety) - Graphs (2)



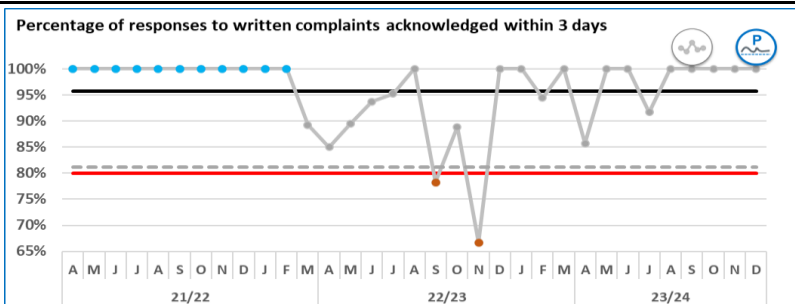
**Percentage of responses to written complaints sent within 25 days**

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

Over the previous seven months the 80% target has been met, so this metric now showing as a capable process showing special cause improvement. Reasons for the recent improvements include the introduction of an "early resolution process" that improves interaction with complainants through face to face meetings and telephone calls.

**Review Date:**

**Action Lead:**



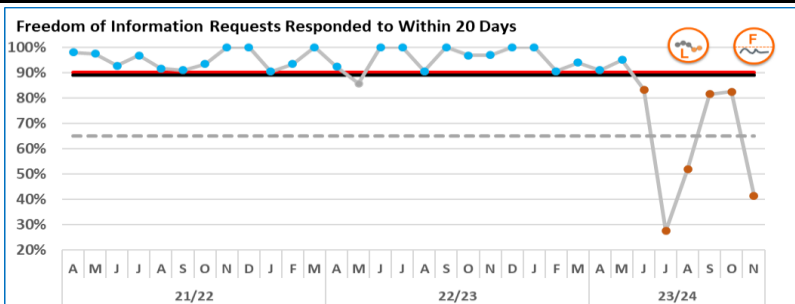
**Percentage of responses to written complaints acknowledged within 3 days**

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

Following tightening of the process to acknowledge receipt of a complaint at the end of 2022, this continues to achieve the 80% performance target with 10 of the last 13 months at 100%.

**Review Date:**

**Action Lead:**



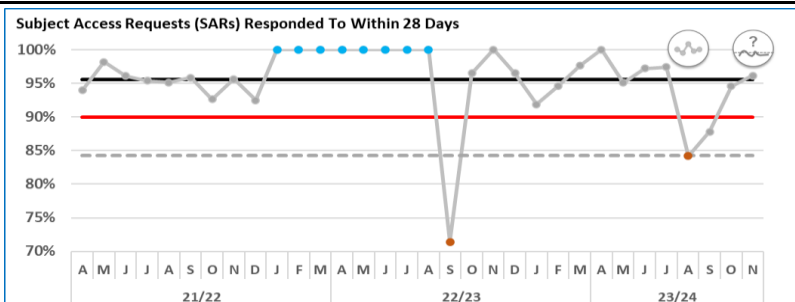
**Freedom of Information Requests Responded to Within 20 Days**

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

Staff sickness/absence has had an adverse effect on performance; staff are now back in place and work is underway to address the backlog; additional temporary resource is being sought via Bank Partners but it has not been possible to appoint via this route to date due to apparent lack of prospective staff. We have also seen an increase in the number of Fol requests over the last six months from an average of 32 a month in 2022/23 to 40.

**Review Date:** Feb 2024

**Action Lead:** Jonathan McKee



**Subject Access Requests (SARs) Responded To Within 28 Days**










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

Performance is now back above the 90% target and showing as common cause variation, this will continued to be monitored. There continues to be staff absence within the department, however a temporary member of staff has been brought in to cover this The number of SARs continues to be higher than average.

**Review Date:**

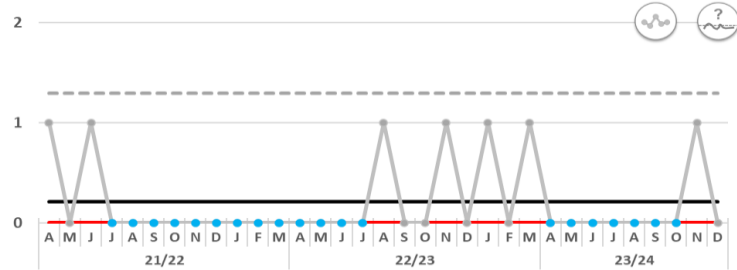
**Action Lead:**

## 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	1	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	206		

# Deliver (Incident Reporting) - Graphs (1)

Occurrence of any Never events



Occurrence of any Never events

This metric is showing common cause variation and that the current process may not meet the target consistently - This is a change from the previous month  
A never event was declared in November concerning the wrong implantation of graft material. This has been reviewed by the Serious Incident Panel and is under investigation.

Review Date:

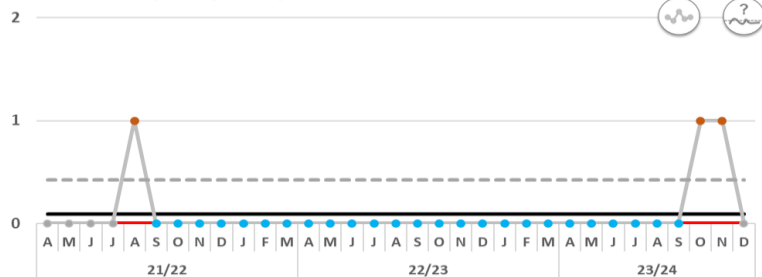
Feb 2024

Action Lead:

Julie Nott

**No Graph Generated, No cases reported since February 2017**

National Patient Safety Alerts (NatPSAs) breached



National Patient Safety Alerts (NatPSAs) breached

This metric is showing common cause variation and that the current process may not meet the target consistently - This is a change from the previous month  
The actions relating to the previous alert have now been completed and the alert has been closed.











Review Date:

Action Lead:





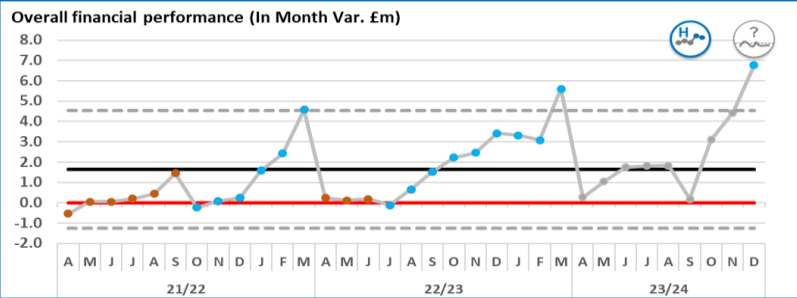
## Sustainability and at Scale - Summary

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	100		
Median Outpatient Journey Times - Diagnostic Face to Face Appointments	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	37		
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%	1.17%	1.30%		
Number of non-medical cancelled operations not treated within 28 days	Jon Spencer	Statutory Reporting	Monthly	Zero Breaches	20	1		
Overall financial performance (In Month Var. £m)	Jonathan Wilson	Internal Requirement	Monthly	≥0	6.77	2.35		
Commercial Trading Unit Position (In Month Var. £m)	Jonathan Wilson	Internal Requirement	Monthly	≥0	0.03	-0.28		





## Sustainability and at Scale - Graphs (3)

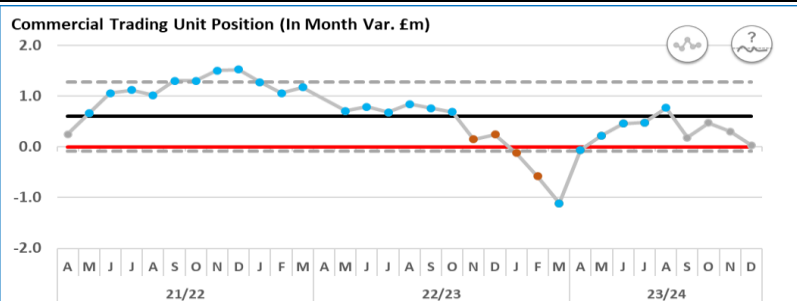


**Overall financial performance (In Month Var. £m)**

This metric is showing special cause improvement and that the current process may not meet the target consistently  
For Narrative, See Finance Report

*Review Date:*

*Action Lead:*












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

This metric is showing common cause variation and that the current process may not meet the target consistently  
For Narrative, See Finance Report

*Review Date:*

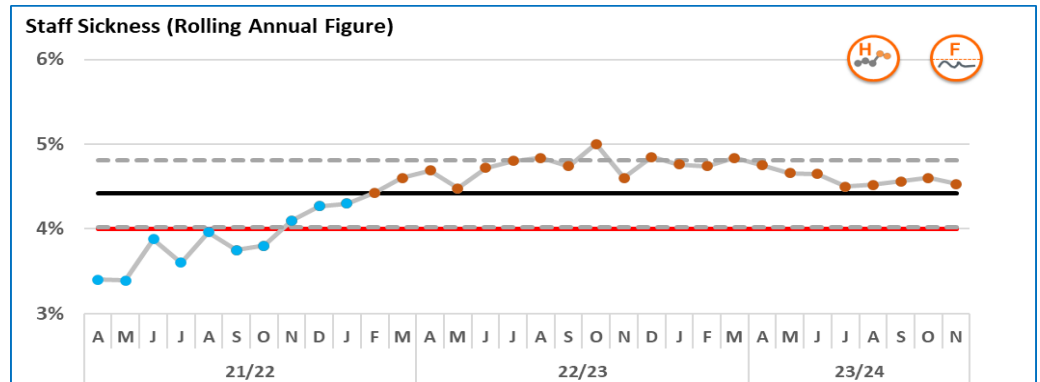
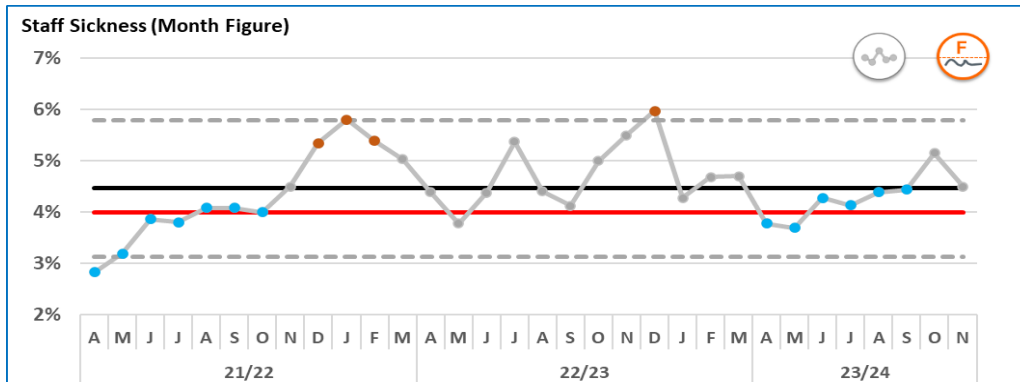
*Action Lead:*

## 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	76.4%		
Information Governance Training Compliance	Ian Tombleson	Statutory Reporting	Monthly	≥95%	n/a	91.6%		
Staff Sickness (Month Figure)	Mark Gammage	23/24 Planning Guidance	Monthly (Month in Arrears)	≤4%	n/a	4.5%		
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	15.4%	12.7%		



## Working Together - Graphs (2)



### Staff Sickness (Month Figure)

This metric is showing common cause variation with the current process unlikely to achieve the target - This is a change from the previous month

The overall sickness absence for the rolling year for this month's reporting remains unchanged - slightly above the 4% Trust target at 4.53%.

The top 3 sickness absence reasons for this month's reporting remain unchanged namely:

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

This has been the case for the last 6 months reporting.

### Staff Sickness (Rolling Annual Figure)

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

Whilst the overall level of sickness absence remains unchanged, it should be noted that the 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 continues to be delivered by the ER team - training sessions have been delivered to those hotspot areas within the Trust with high short - term sickness absence and long-term sickness rates since July through to December. Dates are planned for January.
- 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 a holistic support to aid staff recovery and prevention of sickness.

Targeted training sessions on - How to make an Effective OH referral for Line Managers is to be delivered and is in place already for some service lines starting from January 2024 onwards. This would enable line managers to support staff members at work who have underlying health conditions.

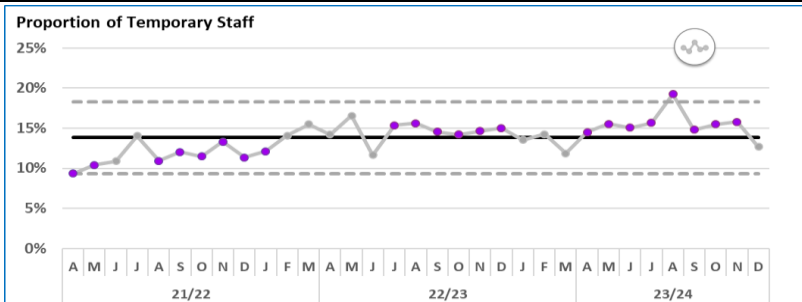
**Review Date:**

Feb 2024

**Action Lead:**

Jackie Wyse

## Working Together - Graphs (3)



### Proportion of Temporary Staff

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

- The number of unpaid invoices continues to reduce as the query log currently stands at £65,443, a reduction from £86,269 last month, we aim to have the remaining invoices cleared by the end of March 2024.
- Engagement work continues with our hiring managers who have high agency spend, we are proactively working with them to better understand their temporary staffing needs. Temporary staffing utilisation and spend is a workforce priority and will remain so for 2024/25 – with HR working with respective Divisions on putting appropriate plans in place.
- A plan is in place to work with the NCL Reservists team to replace costly agency workers with reservist candidates, to date 10 reservist candidates have been placed within the Trust.
- An agency reduction steering group has been set up with the first meeting due to take place on 31st January, the purpose of the Temporary Staffing Agency Reduction Group is to meet on a regular basis to monitor progress on reducing Agency spend, reducing / eliminating Off-Framework Agencies and reducing Overtime.

**Review Date:**







Feb 2024

**Action Lead:**

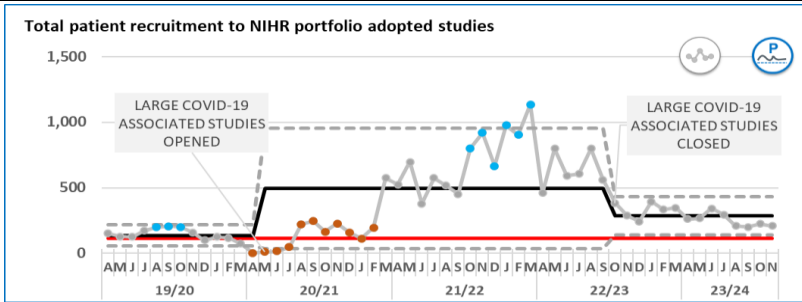
Geoff Barsby



## 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	Louisa Wickham	Internal Requirement	Monthly (Month in Arrears)	≥115 (per month)	2014	209		
Active Commercial Studies (Open + Closed to Recruitment in follow up)	Louisa Wickham	Internal Requirement	Monthly (Month in Arrears)	≥44	n/a	52		
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Louisa Wickham	Internal Requirement	Monthly (Month in Arrears)	≥2%	n/a	4.9%		

# Discover - Graphs (1)

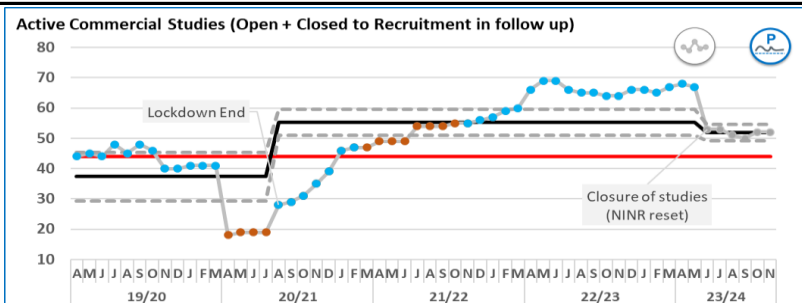


## Total patient recruitment to NIHR portfolio adopted studies

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

We continue 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 interventional, early phase high-cost studies which require intensive investigations including imaging and follow up.

**Review Date:** Feb 2024      **Action Lead:** Louisa Wickham

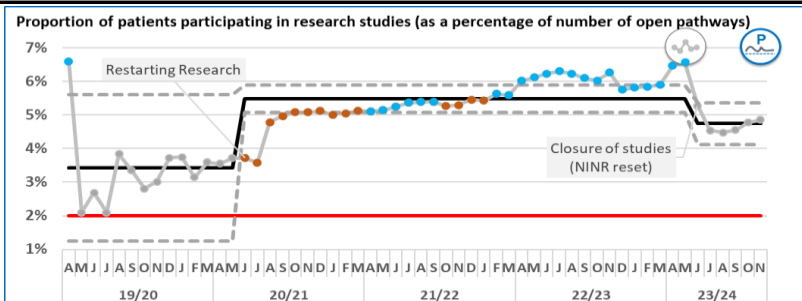


## Active Commercial Studies (Open + Closed to Recruitment in follow up)

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

We continue to run above our target number of commercial studies, with the average number of studies being over 50 compared to 44 in 2019/20. These studies generate income and provide our patients with access to the latest innovative treatments and therapies. The current pipeline of 32 hosted studies in "set up" should ensure that we continue to meet our commercial study target. Our current real time, robust monitoring process minimises delays. This will attract more commercial studies which is a key National Institute of Health Research [NIHR] & Department of Health priority.

**Review Date:** Feb 2024      **Action Lead:** Louisa Wickham











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

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

Our aim to have > 2% of our patient population involved in a research study has been achieved and at 4.9% currently exceed this. This reflects our emphasis on and investment in patient and public engagement as part of our NIHR Biomedical Research Centre (BRC) and Clinical Research Facility (CRF) strategy. Our Equity Diversity, and Inclusion strategy for both the BRC and CRF seeks to increase the diversity of our patients recruited to clinical trials as well as provide increased opportunities for patients to contribute to research. Finally, it is a priority to increase the number of patients recruited to genetic and rare disease studies. The BRC has therefore increased investment in staff, improving recruitment to genetic and rare disease research.

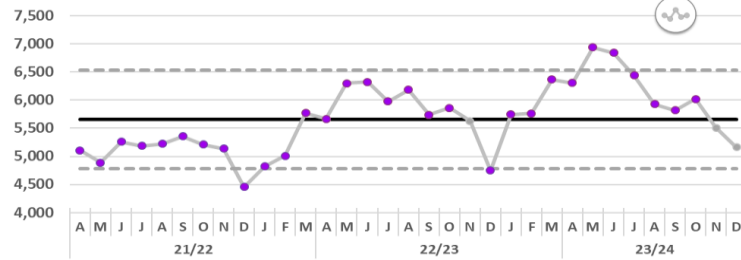
**Review Date:** Feb 2024      **Action Lead:** Louisa Wickham

## 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	54955	5161		
Number of A&E Four Hour Breaches	Jon Spencer	Internal Requirement	Monthly	No Target Set	625	52		
Number of Outpatient Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	471895	44474		
Number of Outpatient First Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	112913	11091		
Number of Outpatient Follow Up Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	358982	33383		
Number of Referrals Received	Jon Spencer	Internal Requirement	Monthly	No Target Set	125415	11182		
Number of Theatre Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	29676	2843		
Number of Theatre Elective Daycase Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	27093	2587		
Number of Theatre Elective Inpatient Admission	Jon Spencer	Internal Requirement	Monthly	No Target Set	687	55		
Number of Theatre Emergency Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	1896	201		

## Context (Activity) - Graphs (1)

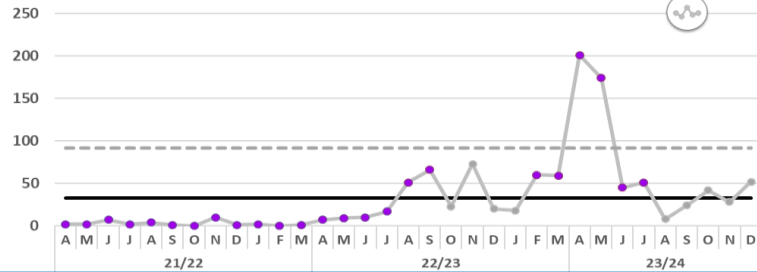
Number of A&E Arrivals



Number of A&E Arrivals

This metric is showing common cause variation

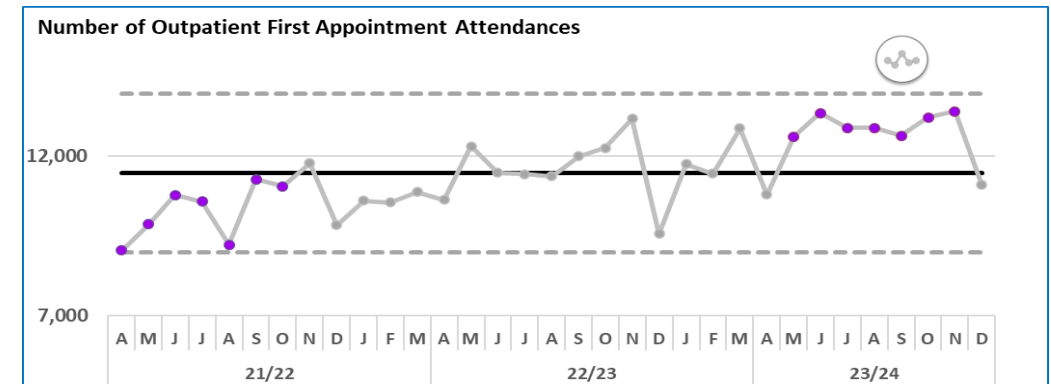
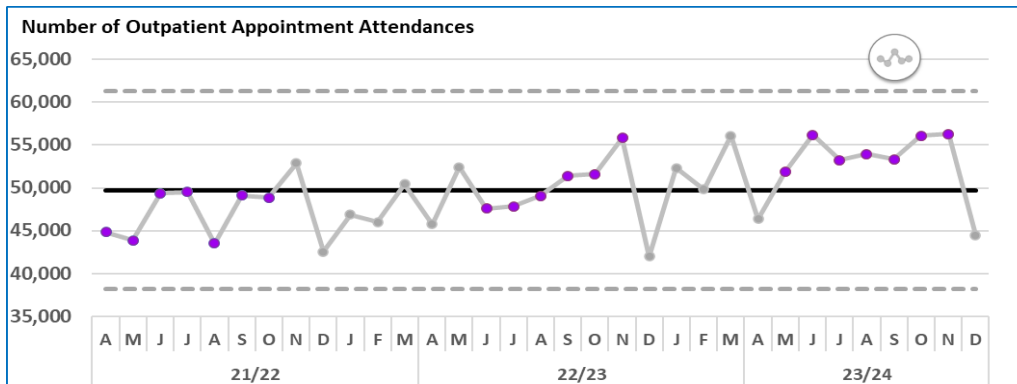
Number of A&E Four Hour Breaches



Number of A&E Four Hour Breaches

This metric is showing common cause variation

## Context (Activity) - Graphs (2)

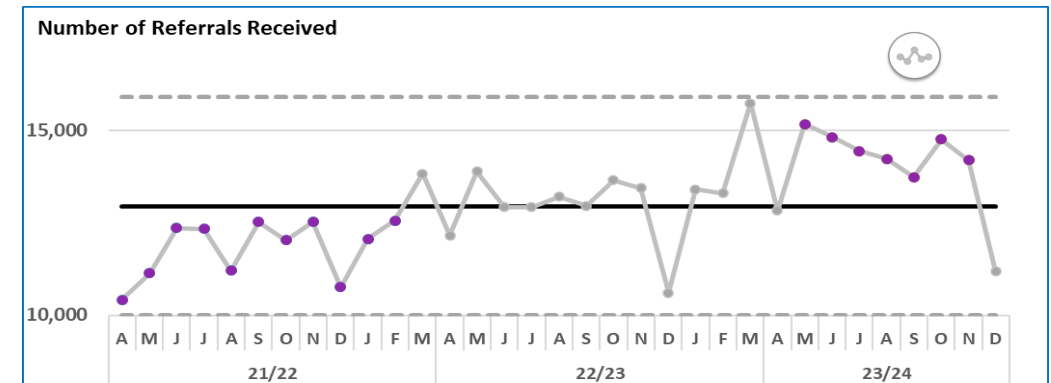
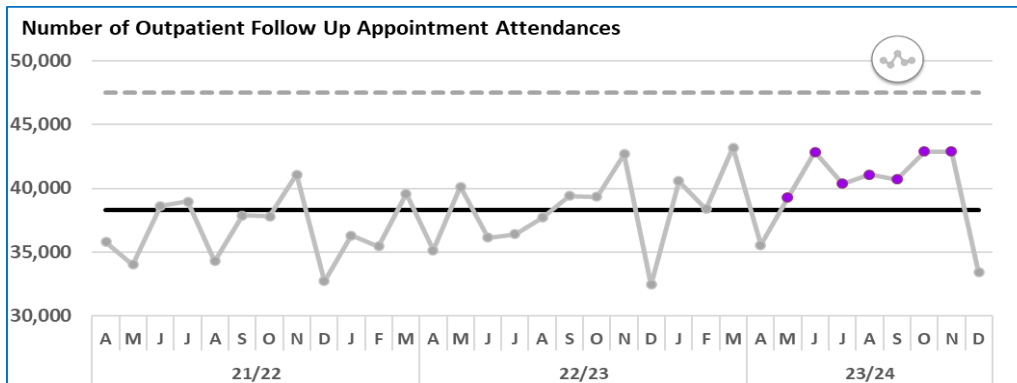


### Number of Outpatient Appointment Attendances

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

### Number of Outpatient First Appointment Attendances

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



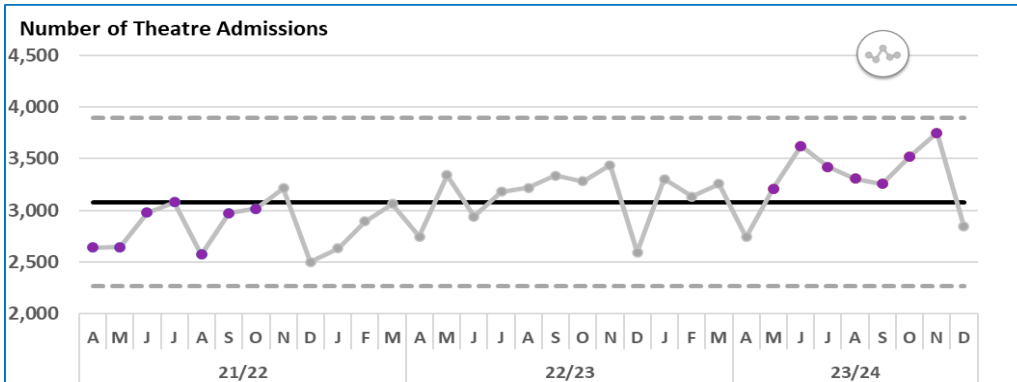
### Number of Outpatient Follow Up Appointment Attendances

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

### Number of Referrals Received

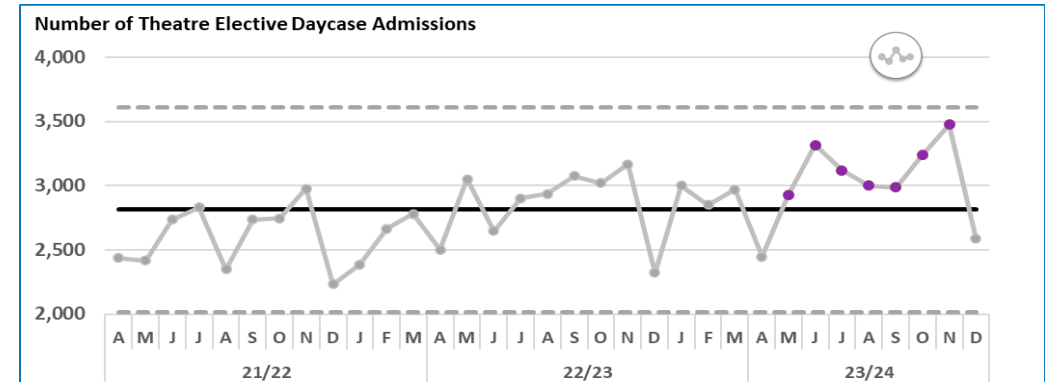
This metric is showing common cause variation - This is a change from the previous month

## Context (Activity) - Graphs (3)



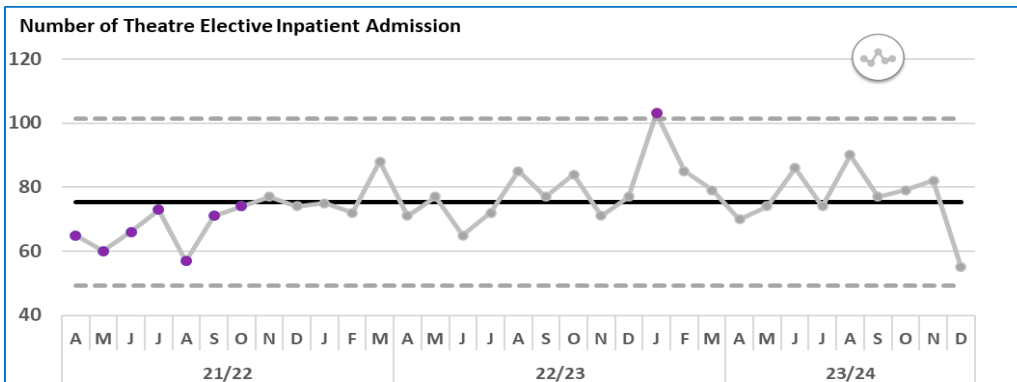
**Number of Theatre Admissions**

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



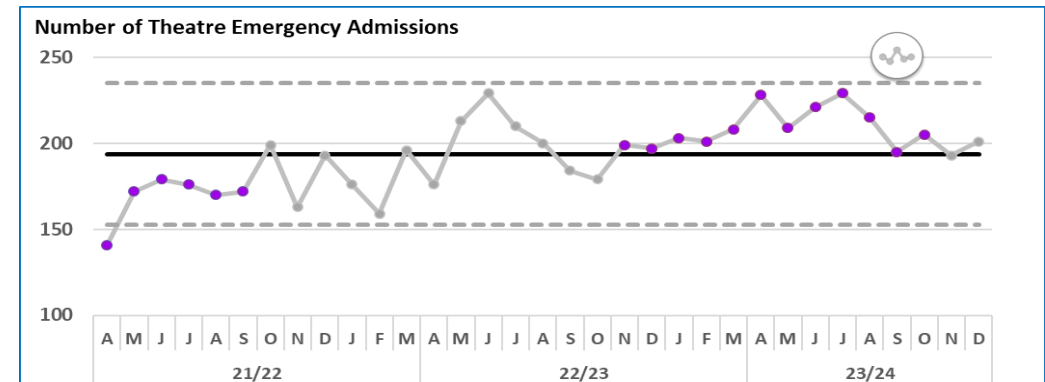
**Number of Theatre Elective Daycase Admissions**

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



**Number of Theatre Elective Inpatient Admission**

This metric is showing common cause variation



**Number of Theatre Emergency Admissions**

This metric is showing common cause variation

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
<b>Deliver (Activity vs Plan)</b>																							
Elective Activity - % of Phased Plan	Dec-23	102.5%	≥100%	Monthly	Common Cause	Hit or Miss	96.5%	84.5%	108.5%	103.0%	101.0%	100.6%	95.1%	103.0%	98.4%	101.6%	100.0%	101.2%	100.7%	87.6%	93.9%	102.5%	
Total Outpatient Activity - % of Phased Plan	Dec-23	113.8%	≥100%	Monthly	Improvement (Higher Than Expected)	Hit or Miss	98.4%	87.1%	109.7%	104.6%	99.2%	99.2%	101.5%	112.3%	100.7%	99.3%	98.5%	104.6%	103.2%	98.2%	98.4%	113.8%	
Outpatient First Appointment Activity - % of Phased Plan	Dec-23	119.0%	≥100%	Monthly	Improvement (Higher Than Expected)	Hit or Miss	100.0%	86.6%	113.4%	107.6%	100.0%	102.4%	104.9%	110.6%	104.0%	99.9%	101.3%	105.6%	103.8%	95.8%	98.2%	119.0%	
Outpatient Follow Up Appointment Activity - % of Phased Plan	Dec-23	112.3%	≥85%	Monthly	Improvement (Higher Than Expected)	Capable	98.0%	86.5%	109.4%	103.7%	99.0%	98.3%	100.5%	112.8%	99.7%	99.1%	97.7%	104.3%	103.1%	98.9%	98.5%	112.3%	
<b>Deliver (Access Performance)</b>																							
Cancer 2 week waits - first appointment urgent GP referral	Dec-23	100.0%	≥93%	Monthly	Common Cause	Hit or Miss	96.7%	84.0%	109.4%	90.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	66.7%	100.0%	
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Dec-23	94.1%	≥93%	Monthly	Common Cause	Hit or Miss	96.2%	88.7%	103.7%	91.4%	85.5%	90.5%	94.0%	93.9%	93.6%	90.1%	97.2%	97.5%	100.0%	98.9%	96.5%	94.1%	
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Dec-23	n/a	≥96%	Monthly	Not Available	Not Applicable	99.4%	96.3%	102.4%	93.5%	100.0%	100.0%	96.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	n/a	
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	Dec-23	n/a	≥94%	Monthly	Not Available	Not Applicable	99.2%	94.4%	103.9%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	n/a	n/a
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Dec-23	n/a	≥85%	Monthly	Not Available	Not Applicable	100.0%	100.0%	100.0%	100.0%	100.0%	n/a	n/a	100.0%	n/a	n/a	n/a	n/a	n/a	100.0%	100.0%	n/a	
Cancer 28 Day Faster Diagnosis Standard	Dec-23	100.0%	≥75%	Monthly	Common Cause	Capable	97.2%	84.4%	110.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	
18 Week RTT Incomplete Performance	Dec-23	82.5%	No Target Set	Monthly	Improvement (Run Above Average)	Not Applicable	79.4%	76.8%	82.0%	76.9%	78.6%	79.7%	80.5%	80.4%	82.0%	81.6%	81.0%	81.5%	81.5%	82.8%	83.1%	82.5%	
RTT Incomplete Pathways Over 18 Weeks	Dec-23	6148	≤ Previous Mth.	Monthly	Decreasing (Decreasing Trend)	Not Applicable	7662	6608	8716	8451	7692	7282	7210	7277	6757	6852	7000	6863	6735	6210	5871	6148	
52 Week RTT Incomplete Breaches	Dec-23	20	Zero Breaches	Monthly	Common Cause	Failing	10	-5	26	9	5	9	7	11	26	25	11	4	8	10	7	20	
A&E Four Hour Performance	Dec-23	98.9%	≥95%	Monthly	Common Cause	Capable	99.4%	98.4%	100.5%	99.6%	99.7%	98.9%	99.0%	96.7%	97.4%	99.3%	99.2%	99.9%	99.6%	99.3%	99.5%	98.9%	
Percentage of Diagnostic waiting times less than 6 weeks	Dec-23	97.9%	≥99%	Monthly	Common Cause	Hit or Miss	99.4%	97.0%	101.7%	100.0%	97.7%	100.0%	100.0%	99.3%	100.0%	99.4%	100.0%	100.0%	100.0%	100.0%	99.5%	97.9%	

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
<b>Deliver (Call Centre and Clinical)</b>																							
Average Call Waiting Time	Dec-23	72	≤ 2 Mins (120 Sec)	Monthly	Improvement (Run Below Average)	Hit or Miss	228	8	448	405	270	387	195	122	120	120	87	144	143	104	100	72	
Average Call Abandonment Rate	Dec-23	6.6%	≤15%	Monthly	Improvement (Run Below Average)	Capable	13.3%	3.0%	23.6%	20.8%	15.6%	20.9%	11.5%	8.1%	7.4%	7.2%	5.6%	8.7%	8.9%	6.2%	6.9%	6.6%	
Mixed Sex Accommodation Breaches	Dec-23	0	Zero Breaches	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Dec-23	2.94%	≤ 2.67%	Monthly (Rolling 3 Months)	Common Cause	Hit or Miss	1.78%	-2.73%	6.29%	3.70%	1.09%	3.80%	1.49%	0.00%	6.25%	1.27%	0.00%	1.47%	1.67%	3.03%	3.13%	2.94%	
VTE Risk Assessment	Dec-23	98.2%	≥95%	Monthly	Common Cause	Capable	99.0%	97.7%	100.4%	98.5%	99.4%	99.4%	98.7%	99.5%	99.0%	99.5%	98.9%	98.4%	98.5%	99.7%	98.9%	98.2%	
Posterior Capsular Rupture rates (Cataract Operations Only)	Dec-23	0.42%	≤1.95%	Monthly	Common Cause	Capable	0.91%	0.16%	1.66%	0.59%	0.71%	0.95%	1.05%	0.80%	0.82%	1.03%	0.99%	1.15%	1.05%	1.06%	0.75%	0.42%	
MRSA Bacteraemias Cases	Dec-23	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clostridium Difficile Cases	Dec-23	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Dec-23	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA Rate - cases	Dec-23	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
<b>Deliver (Quality and Safety)</b>																							
Inpatient Scores from Friends and Family Test - % positive	Dec-23	96.3%	≥90%	Monthly	Common Cause	Capable	95.4%	93.3%	97.6%	97.3%	97.1%	97.6%	96.7%	96.0%	95.3%	96.6%	95.5%	94.7%	95.5%	95.4%	96.1%	96.3%	
A&E Scores from Friends and Family Test - % positive	Dec-23	93.6%	≥90%	Monthly	Common Cause	Capable	92.6%	90.2%	95.1%	94.9%	94.2%	93.0%	92.6%	91.3%	90.7%	92.0%	92.5%	93.3%	93.1%	93.3%	94.2%	93.6%	
Outpatient Scores from Friends and Family Test - % positive	Dec-23	94.5%	≥90%	Monthly	Common Cause	Capable	93.4%	92.3%	94.5%	94.9%	94.8%	94.5%	93.5%	93.0%	92.9%	94.2%	93.3%	92.8%	93.3%	93.4%	94.5%	94.5%	
Paediatric Scores from Friends and Family Test - % positive	Dec-23	95.5%	≥90%	Monthly	Improvement (Run Above Average)	Capable	94.3%	90.3%	98.3%	94.7%	95.7%	92.7%	96.7%	96.1%	93.8%	95.3%	94.7%	96.3%	94.6%	96.0%	94.9%	95.5%	
Percentage of responses to written complaints sent within 25 days	Nov-23	81.8%	≥80%	Monthly (Month in Arrears)	Improvement (Run Above Average)	Capable	76.4%	46.3%	106.6%	83.3%	80.0%	72.2%	77.3%	71.4%	84.2%	84.6%	91.7%	88.2%	100.0%	91.7%	81.8%	n/a	
Percentage of responses to written complaints acknowledged within 3 days	Dec-23	100.0%	≥80%	Monthly	Common Cause	Capable	95.7%	81.2%	110.2%	100.0%	100.0%	94.4%	100.0%	85.7%	100.0%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	
Freedom of Information Requests Responded to Within 20 Days	Nov-23	41.5%	≥90%	Monthly (Month in Arrears)	Concern (Run Below Average)	Failing	88.9%	64.9%	113.0%	100.0%	100.0%	90.6%	93.9%	90.9%	95.0%	83.3%	27.7%	52.0%	81.6%	82.5%	41.5%	n/a	
Subject Access Requests (SARs) Responded To Within 28 Days	Nov-23	96.2%	≥90%	Monthly (Month in Arrears)	Common Cause	Hit or Miss	95.5%	84.3%	106.7%	96.5%	91.9%	94.6%	97.6%	100.0%	95.1%	97.2%	97.4%	84.2%	87.8%	94.6%	96.2%	n/a	
<b>Deliver (Incident Reporting)</b>																							
Occurrence of any Never events	Dec-23	0	Zero Events	Monthly	Common Cause	Hit or Miss	0	-1	1	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Summary Hospital Mortality Indicator	Dec-23	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
National Patient Safety Alerts (NatPSAs) breached	Dec-23	0	Zero Alerts	Monthly	Common Cause	Hit or Miss	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	
Number of Serious Incidents remaining open after 60 days	Dec-23	0	Zero Cases	Monthly	Improvement (Run Below Average)	Capable	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Dec-23	206	No Target Set	Monthly	Common Cause	Not Applicable	206	118	294	275	192	149	156	205	212	196	204	197	175	133	151	206	

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
<b>Sustainability and at Scale</b>																						
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments	Dec-23	100	No Target Set	Monthly	Common Cause	Not Applicable	102	96	108	100	103	104	105	105	108	104	104	103	100	99	102	100
Median Outpatient Journey Times - Diagnostic Face to Face Appointments	Dec-23	37	No Target Set	Monthly	Improvement (Run Below Average)	Not Applicable	47	41	53	50	50	50	56	53	52	52	50	48	51	46	40	37
Theatre Cancellation Rate (Non-Medical Cancellations)	Dec-23	1.30%	≤0.8%	Monthly	Common Cause	Hit or Miss	1.02%	-0.30%	2.34%	2.93%	1.16%	0.88%	0.69%	1.21%	0.92%	1.25%	1.80%	0.94%	1.43%	0.74%	0.99%	1.30%
Number of non-medical cancelled operations not treated within 28 days	Dec-23	1	Zero Breaches	Monthly	Common Cause	Failing	2	-3	7	0	6	2	3	3	0	1	2	6	2	3	2	1
Overall financial performance (In Month Var. £m)	Dec-23	6.77	≥0	Monthly	Improvement (Higher Than Expected)	Hit or Miss	1.64	-1.25	4.54	3.42	3.32	3.08	5.61	0.27	1.05	1.75	1.81	1.83	0.18	3.09	4.42	6.77
Commercial Trading Unit Position (In Month Var. £m)	Dec-23	0.03	≥0	Monthly	Common Cause	Hit or Miss	0.60	-0.09	1.28	0.24	-0.12	-0.58	-1.11	-0.06	0.22	0.46	0.48	0.77	0.18	0.47	0.30	0.03
<b>Working Together</b>																						
Appraisal Compliance	Dec-23	76.4%	≥80%	Monthly	Common Cause	Failing	74.5%	68.1%	80.9%	74.4%	73.8%	70.8%	70.6%	71.8%	74.5%	74.9%	76.6%	78.4%	74.4%	69.8%	73.5%	76.4%
Information Governance Training Compliance	Dec-23	91.6%	≥95%	Monthly	Common Cause	Failing	92.2%	89.5%	94.9%	90.2%	89.4%	90.4%	88.9%	90.0%	90.7%	93.7%	92.6%	90.0%	90.9%	93.5%	92.8%	91.6%
Staff Sickness (Month Figure)	Nov-23	4.5%	≤4%	Monthly (Month in Arrears)	Common Cause	Failing	4.5%	3.1%	5.8%	6.0%	4.3%	4.7%	4.7%	3.8%	3.7%	4.3%	4.1%	4.4%	4.4%	5.2%	4.5%	n/a
Staff Sickness (Rolling Annual Figure)	Nov-23	4.5%	≤4%	Monthly (Month in Arrears)	Concern (Run Above Average)	Failing	4.4%	4.0%	4.8%	4.8%	4.8%	4.7%	4.8%	4.8%	4.7%	4.7%	4.5%	4.5%	4.6%	4.6%	4.5%	n/a
Proportion of Temporary Staff	Dec-23	12.7%	No Target Set	Monthly	Common Cause	Not Applicable	13.8%	9.4%	18.3%	15.0%	13.5%	14.3%	11.8%	14.5%	15.5%	15.1%	15.7%	19.3%	14.8%	15.5%	15.8%	12.7%

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
<b>Discover</b>																							
Total patient recruitment to NIHR portfolio adopted studies	Nov-23	209	≥115 (per month)	Monthly (Month in Arrears)	Common Cause	Capable	286	139	434	243	394	334	349	261	266	343	297	211	201	226	209	n/a	
Active Commercial Studies (Open + Closed to Recruitment in follow up)	Nov-23	52	≥44	Monthly (Month in Arrears)	Common Cause	Capable	52	49	54	66	66	65	67	68	67	53	53	51	50	52	52	n/a	
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Nov-23	4.9%	≥2%	Monthly (Month in Arrears)	Common Cause	Capable	4.7%	4.1%	5.4%	5.8%	5.8%	5.8%	5.9%	6.5%	6.6%	5.3%	4.5%	4.5%	4.6%	4.8%	4.9%	n/a	
<b>Context (Activity)</b>																							
Number of A&E Arrivals	Dec-23	5161	No Target Set	Monthly	Common Cause	Not Applicable	5657	4782	6531	4745	5743	5761	6364	6303	6937	6838	6440	5931	5819	6020	5506	5161	
Number of A&E Four Hour Breaches	Dec-23	52	No Target Set	Monthly	Common Cause	Not Applicable	32	-27	92	20	18	60	59	201	174	45	51	8	24	42	28	52	
Number of Outpatient Appointment Attendances	Dec-23	44474	No Target Set	Monthly	Common Cause	Not Applicable	49746	38220	61272	41995	52323	49830	56076	46355	51892	56205	53235	53981	53349	56105	56299	44474	
Number of Outpatient First Appointment Attendances	Dec-23	11091	No Target Set	Monthly	Common Cause	Not Applicable	11474	8977	13970	9564	11750	11445	12872	10798	12616	13356	12882	12886	12648	13222	13414	11091	
Number of Outpatient Follow Up Appointment Attendances	Dec-23	33383	No Target Set	Monthly	Common Cause	Not Applicable	38272	29044	47500	32431	40573	38385	43204	35557	39276	42849	40353	41095	40701	42883	42885	33383	
Number of Referrals Received	Dec-23	11182	No Target Set	Monthly	Common Cause	Not Applicable	12955	10000	15910	10614	13419	13308	15744	12839	15175	14825	14445	14232	13747	14773	14197	11182	
Number of Theatre Admissions	Dec-23	2843	No Target Set	Monthly	Common Cause	Not Applicable	3082	2270	3893	2597	3305	3137	3258	2745	3209	3622	3421	3306	3258	3522	3750	2843	
Number of Theatre Elective Daycase Admissions	Dec-23	2587	No Target Set	Monthly	Common Cause	Not Applicable	2813	2016	3610	2323	2999	2851	2971	2447	2926	3315	3118	3001	2986	3238	3475	2587	
Number of Theatre Elective Inpatient Admission	Dec-23	55	No Target Set	Monthly	Common Cause	Not Applicable	75	49	101	77	103	85	79	70	74	86	74	90	77	79	82	55	
Number of Theatre Emergency Admissions	Dec-23	201	No Target Set	Monthly	Common Cause	Not Applicable	194	152	235	197	203	201	208	228	209	221	229	215	195	205	193	201	