

<b>Report to Trust Board</b>			
<b>Report Title</b>	<b>Integrated Performance Report - December 2022</b>		
<b>Report from</b>	Jon Spencer - Chief Operating Officer		
<b>Prepared by</b>	Performance And Information Department		
<b>Previously discussed at</b>	Trust Management Committee / Management Executive		
<b>Attachments</b>			
<b>Brief Summary of Report</b>			
<p>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.</p>			
<b>Executive Summary</b>			
<p>During the month of December we maintained positive activity levels, delivering 102.6% of the elective activity plan achieved in 2019/20 and 106.9% of the outpatient first activity plan. These levels of activity were impacted by an unplanned power outage at City Road and the ongoing industrial action by rail employees. Outpatient follow up activity has increased over the past 2 month leading to 102.4% being delivered in December. Although there remain some areas in which further work is needed, these increases have allowed the overall backlog of patients requiring a follow up appointment to reduce back down to pre-Covid levels.</p> <p>The number of referrals which the Trust received dropped significantly to 85.3% however this is believed to be due to the Christmas period and is expected to return to a level above the 2019/20 baseline in January. The number of patients seen through a face to face appointment in our A&amp;E also dropped to 57.6% in month for the same reason.</p> <p>Unusually we breached both of the 2 week wait and 14 day cancer targets. The reasons for these breaches were unavoidable as they were due to patients either not attending or choosing to delay their appointments.</p> <p>The number of patients who had waited over 52 weeks for their treatment increased significantly in November to 20 patients as a result of an internal validation check against our CITO referral management system. 9 of these patients were still due to be treated in December, and it is envisaged that all will have been seen in the Trust by the end of January. An investigation has been undertaken to identify the cause of the fault within CITO and all patients are being reviewed on an individual basis to verify that they have not suffered any harm.</p> <p>Having seen a reduction in the number of patients waiting over 18 weeks in October and November, we saw a partial reversal of this in December. This was due to a combination of us not being able to put on as much additional elective activity as we would have liked and there being less capacity available due to the Christmas period.</p> <p>The Trust did not achieve either the average call waiting time or call abandonment metrics due to increased call volumes during the rail strikes, ongoing staff absence and responses to email queries not being fast enough, which therefore resulted in repeat queries being raised. In response to this a number of new actions are being taken including:</p> <ul style="list-style-type: none"> <li>- Analysis of call timings and reasons to determine whether the hours of the service should be extended and any required interventions</li> <li>- A demand and capacity review to determine whether additional investment is required to support the service</li> <li>- Introduction of a new streamlined process to manage patients queries arriving by email</li> <li>- A number of staff and patient experience actions including a patient survey and customer support training for staff</li> <li>- New Web Assist functionality to be introduced in mid-February reduce call volumes via better signposting of queries</li> <li>- Consideration of how robotic automation will help to support specific requests from patients</li> </ul> <p>There was a spike in theatre cancellations in December predominantly due to the unplanned power outage at City Road. In general the booking of theatre cases has become more effective over the past few months and it is therefore anticipated that this target will be met from January onwards.</p> <p>Although we have seen an improvement in compliance with the appraisal target over the past two months, we are yet to meet the required standard. A number of actions are in place to support this drive and it is hoped that compliance will be achieved by March.</p>			
<b>Action Required/Recommendation</b>			
The report is primarily for information purposes but will inform discussion regarding how the Trust is performing against its key organisational measures. This may in turn generate subsequent action.			
<b>For Assurance</b>	<b>X</b>	<b>For decision</b>	
		<b>For discussion</b>	
			<b>To Note</b>

## Context - Overall Activity - December 2022

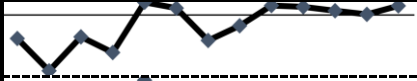
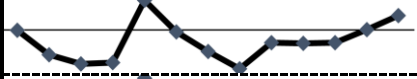
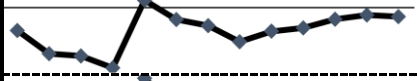
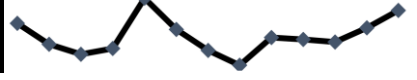
		December 2022	19/20 Mth 1-11 Average	Year To Date
<b>Accident &amp; Emergency</b>	A&E Arrivals (All Type 2)	4,741	8,230	52,191
	Number of 4 hour breaches	19	124	269
<b>Outpatient Activity</b>	Number of Referrals Received	9,914	11,628	104,802
	Total Attendances	41,510	50,447	439,679
	First Appointment Attendances	9,405	11,055	103,261
	Follow Up (Subsequent) Attendances	32,105	39,391	336,418
	% Appointments Undertaken Virtually	7.1%	0.2%	6.4%
<b>Admission Activity</b>	Total Admissions	2,585	3,081	27,943
	Day Case Elective Admissions	2,310	2,747	25,472
	Inpatient Elective Admissions	80	99	697
	Non-Elective (Emergency) Admissions	195	235	1,774

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

**Activity Vs. Plan**
**December 2022**
**Operational Metrics**

Phased Plan' will take into account the number of working days over that period, representing variance against the financial activity plan rather than an average weekly position. Targets to be confirmed as financial planning and recovery targets and initiatives are established.

This represents a comparison of activity (attendances (face to face and virtual), admissions), not financial figures - These are presented in the Finance Report.

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Current Period	13 Month Series
Elective Activity - % of Phased Plan	Monthly	≥100%	G		102.6%	
Total Outpatient Activity - % of Phased Plan	Monthly	≥100%	G		103.4%	
Outpatient First Appointment Activity - % of Phased Plan	Monthly	≥110%	A	3	106.9%	
Outpatient Follow Up Appointment Activity - % of Phased Plan	Monthly	≥85%	G		102.4%	

### Remedial Action Plan - December 2022



#### Outpatient First Appointment Activity - % of Phased Plan

<b>Amber</b>	<b>Target</b>	≥110%		<b>Current Period Overview</b>	Whilst not achieving the threshold, Performance was slightly above average showing no recent trends, and is within it's expected variation				
	<b>YTD</b>	<b>Previous Period</b>	<b>Current Period</b>						
	105.0%	107.5%	106.9%						
<b>City Road</b>	<b>North</b>	<b>South</b>	<b>Other</b>						
105.4%	108.1%	108.7%	n/a						
<b>Domain</b>	<b>Activity vs. Plan</b>			<b>Responsible Director</b>	<b>Jon Spencer</b>		<b>Lead Manager</b>	<b>Divisional Managers</b>	
<b>Previously Identified Issues</b>				<b>Previous Action Plan(s) to Improve</b>				<b>Target Date</b>	<b>Status</b>
City Road: 103% achieved against 2019-20 baseline. Impacted by: (1) Rail strike; (2) Additional activity resulting from planned service developments and TIF bids delayed in line with approval process.				Service developments and TIF bids approved. Project delivery group continues to progress plans; activity re-forecasted in line with recruitment and capital works timeline - activity expected to be on line from M10.				January 2023	In Progress (Update)
South Division: 99.6% achieved against 2019-20 baseline. Impacted by sickness and unexpected emergency annual leave which impacted the position in month.				December already booked at 100% + vs plan. Vacancies within the Division have been recruited to and start dates agreed, which will provide more patient slots to book into in month				January 2023	In Progress (Update)
<b>Reasons for Current Underperformance</b>				<b>Action Plan(s) to Improve Performance</b>				<b>Target Date</b>	
City Road: 105% achieved against 2019-20 baseline. Restricted by (1) Rail strikes; (2) Power failure; (3) Increased DNAs secondary to adverse weather conditions; (4) Additional activity resulting from planned service developments and TIF bids delayed in line with approval process.				Activity related to service developments to commence in February. Ongoing work with the booking centre to ensure all new patient slots are utilised as this has been flagged as an issue early in month.				January 2023	
South Division: 108.7% achieved against 2019-20 baseline. Impacted by sickness and issues with recruitment delays				Vacancies within the Division have been recruited to and start dates agreed, which will provide more patient slots to book into in month. COS/Visa issues have delayed clinical staff joining the Division over the last few months, which has constraint capacity				February 2023	

**Service Excellence (Ambitions)**


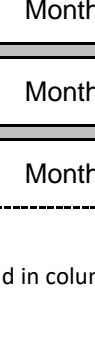
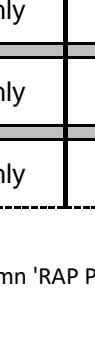
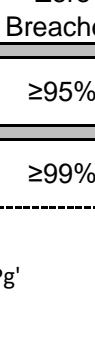


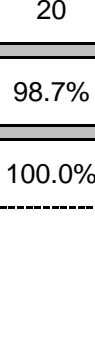
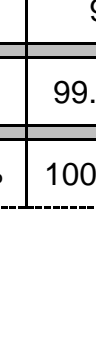
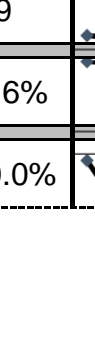
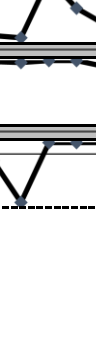
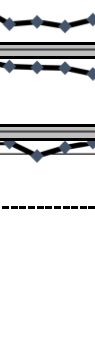
*December 2022*

**Operational Metrics**

\* Figures Provisional for December 2022





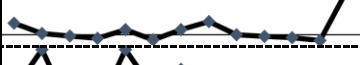





\*\* 18 Week RTT Performance rating will be re-introduced once initial recovery plan has been completed.

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

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Cancer 2 week waits - first appointment urgent GP referral	Monthly	≥93%	R	6	100.0%	90.9%		96.8%
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Monthly	≥93%	R	7	98.0%	91.4%		96.4%
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Monthly	≥96%	R	8	100.0%	93.5%		99.2%
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	Monthly	≥94%	G		100.0%	100.0%		100.0%
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Monthly	≥85%	G		n/a	100.0%		100.0%
Cancer 28 Day Faster Diagnosis Standard	Monthly	≥75%	G		100.0%	100.0%		100.0%
18 Week RTT Incomplete Performance **	Monthly	≥92%	R		78.8%	76.9%		77.3%
RTT Incomplete Pathways Over 18 Weeks	Monthly	≤ Previous Mth.		9	7906	8451		
52 Week RTT Incomplete Breaches	Monthly	Zero Breaches	R	10	20	9		76
A&E Four Hour Performance	Monthly	≥95%	G		98.7%	99.6%		99.5%
Percentage of Diagnostic waiting times less than 6 weeks	Monthly	≥99%	G		100.0%	100.0%		99.4%

**Service Excellence (Ambitions)**

*December 2022*

Operational Metrics								
Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Average Call Waiting Time	Monthly	≤ 2 Mins (120 Sec)	R	11	429	405		
Average Call Abandonment Rate	Monthly	≤15%	R	12	22.2%	20.8%		17.5%
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments ***	Monthly	< 102 Mins			103	100		101
Median Outpatient Journey Times - Diagnostic Face to Face Appointments ***	Monthly	< 45 Mins			49	50		45
Median Outpatient Journey Times - Virtual TeleMedicine Appointments ***	Monthly	< 67 Mins			<i>Under Review</i>			
Theatre Cancellation Rate (Non-Medical Cancellations)	Monthly	≤0.8%	R	13	0.52%	3.01%		1.04%
Number of non-medical cancelled operations not treated within 28 days *	Monthly	Zero Breaches	G		0	0		6
Mixed Sex Accommodation Breaches	Monthly	Zero Breaches	G		0	0		0
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Monthly (Rolling 3 Months)	≤ 2.67%	G		1.27%	0.89%		
VTE Risk Assessment	Monthly	≥95%	G		98.6%	98.2%		98.1%
Posterior Capsular Rupture rates (Cataract Operations Only)	Monthly	≤1.95%	G		0.61%	0.60%		0.76%

Where issued for a metric, the page number of the Remedial Action Plan (RAP) can be found in column 'RAP Pg'  
 Integrated Performance Report - December 2022

**Remedial Action Plan - December 2022**



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

<b>Red</b>	<b>Target</b>	≥93%		<b>Current Period Overview</b>	The threshold was not achieved, with performance slightly below average showing no recent trends. It is within it's expected variation				
	<b>YTD</b>	<b>Previous Period</b>	<b>Current Period</b>						
	96.8%	100.0%	90.9%						
<b>City Road</b>	<b>North</b>	<b>South</b>	<b>Other</b>						
90.0%	n/a	100.0%	n/a						
<b>Domain</b>	<b>Service Excellence (Ambitions)</b>		<b>Responsible Director</b>	Jon Spencer		<b>Lead Manager</b>	Tim Reynolds		
<b>Previously Identified Issues</b>				<b>Previous Action Plan(s) to Improve</b>			<b>Target Date</b>	<b>Status</b>	
No outstanding issues or actions									
<b>Reasons for Current Underperformance</b>				<b>Action Plan(s) to Improve Performance</b>			<b>Target Date</b>		
There was a single unavoidable breach to the two week wait standard in December which was due to a patient not attending the first two appointments booked. Cancer waiting times standards only allow pathway adjustment for each patient's first DNA.				N/A			No Further Action Required		

### Remedial Action Plan - December 2022



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

<b>Red</b>	<b>Target</b>	≥93%		<b>Current Period Overview</b>	The threshold was not achieved, Performance was low indicating indicating a special cause variance as well as showing a recent downward trend.				
	<b>YTD</b>	<b>Previous Period</b>	<b>Current Period</b>						
	96.4%	98.0%	91.4%						
<b>City Road</b>	<b>North</b>	<b>South</b>	<b>Other</b>						
91.4%	n/a	n/a	n/a						
<b>Domain</b>	<b>Service Excellence (Ambitions)</b>			<b>Responsible Director</b>	<b>Jon Spencer</b>		<b>Lead Manager</b>	<b>Tim Reynolds</b>	
<b>Previously Identified Issues</b>				<b>Previous Action Plan(s) to Improve</b>				<b>Target Date</b>	<b>Status</b>
No outstanding issues or actions									
<b>Reasons for Current Underperformance</b>				<b>Action Plan(s) to Improve Performance</b>				<b>Target Date</b>	
<p>There were 7 breaches to the standard in December. All were unavoidable.</p> <p>The first was due to a patient not attending the first two appointments booked. Cancer waiting times standards only allow pathway adjustment for each patient's first DNA.</p>				N/A				No Further Action Required	
5 breaches were as a result of patient choice.				Patient choice breaches historically increase during December and January due to the holiday period. Pathway in place where clinical staff contact patients who choose to book beyond booking window to ensure patients are aware of the reason that a referral is urgent and discuss bringing forward.				No Further Action Required	
1 breach was due to scrutiny instructions being changed following subsequent receipt of additional imaging from the referring team. By the time this decision was made, the breach was inevitable.				N/A				No Further Action Required	



### Remedial Action Plan - December 2022



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

<b>Red</b>	<b>Target</b>	≥96%		<b>Current Period Overview</b>	The threshold was not achieved, Performance was low indicating indicating a special cause variance. There are no recent trends showing.				
	<b>YTD</b>	<b>Previous Period</b>	<b>Current Period</b>						
	99.2%	100.0%	93.5%						
<b>City Road</b>	<b>North</b>	<b>South</b>	<b>Other</b>						
92.9%	n/a	100.0%	n/a						
<b>Domain</b>	<b>Service Excellence (Ambitions)</b>		<b>Responsible Director</b>	Jon Spencer		<b>Lead Manager</b>	Tim Reynolds		
<b>Previously Identified Issues</b>				<b>Previous Action Plan(s) to Improve</b>			<b>Target Date</b>	<b>Status</b>	
No outstanding issues or actions									
<b>Reasons for Current Underperformance</b>				<b>Action Plan(s) to Improve Performance</b>			<b>Target Date</b>		
There were two unavoidable breaches to the 31-day standard in December. Both were as a result of the power failure which meant all surgery was cancelled on Monday 19th December. Both patients are now treated and there is no clinical impact anticipated.				N/A			No Further Action Required		

**Remedial Action Plan - December 2022**



**RTT Incomplete Pathways Over 18 Weeks**

<b>Red</b>		<b>Target</b>	≤ Previous Mth.	<b>Current Period Overview</b>	The threshold was not achieved, with performance slightly below average showing no recent trends. It is within it's expected variation				
	<b>YTD</b>	<b>Previous Period</b>	<b>Current Period</b>						
	n/a	7906	8451						
<b>City Road</b>	<b>North</b>	<b>South</b>	<b>Other</b>						
3984	2455	1990	n/a						
<b>Domain</b>	<b>Service Excellence (Ambitions)</b>			<b>Responsible Director</b>	<b>Jon Spencer</b>	<b>Lead Manager</b>	<b>Andy Birmingham</b>		
<b>Previously Identified Issues</b>				<b>Previous Action Plan(s) to Improve</b>			<b>Target Date</b>	<b>Status</b>	
No outstanding issues or actions									
<b>Reasons for Current Underperformance</b>				<b>Action Plan(s) to Improve Performance</b>			<b>Target Date</b>		
A number of factors including winter issues, cancellations, technical issues within sites(power cuts etc) have led to a temporary deviation.				None required over already established plans			No Further Action Required		

## Remedial Action Plan - December 2022

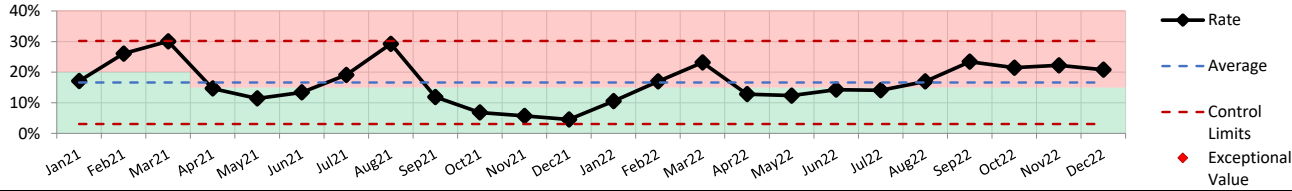


### 52 Week RTT Incomplete Breaches

Red	<b>Target</b>	Zero Breaches	<b>Current Period Overview</b>	Whilst not achieving the threshold, Performance was slightly below average showing no recent trends. It is within it's expected variation		
	YTD	Previous Period	Current Period			
	76	20	9			
<b>City Road</b>	<b>North</b>	<b>South</b>	<b>Other</b>			
6	1	2	n/a			
<b>Domain</b>	<b>Service Excellence (Ambitions)</b>		<b>Responsible Director</b>	<b>Jon Spencer</b>	<b>Lead Manager</b>	<b>Andy Birmingham</b>
<b>Previously Identified Issues</b>			<b>Previous Action Plan(s) to Improve</b>		<b>Target Date</b>	<b>Status</b>
Georges 104 breach now has a TCI in January 2023 due to patient availability			ensure TCI goes ahead		January 2023	In Progress (No Update)
14 patients were identified as 104+ following validations of internal referrals			the patients have all been given dates, a number have already closed. The patients will all be seen before the end of December and there is space to have them treated within January		January 2023	In Progress (Update)
One breach at city road. Patient is a complex medical patient and requires three specific surgeons on a joint list			The team is working hard to arrange this as soon as possible for the patient with a view to it's completion in January		January 2023	In Progress (Update)
<b>Reasons for Current Underperformance</b>			<b>Action Plan(s) to Improve Performance</b>		<b>Target Date</b>	
Of the 6 City Road breaches: 4 are secondary to the internal referral incident raised last month. Of these, 2 pathways are now resolved, with the other 2 due to be treated in January. The final patient was transferred to City Road for surgery late from MEH South. An earlier pathway error was subsequently identified, meaning the RTT clock was backdated. Surgery is scheduled in January.			Includes seven Patients from previous month, all have been given dates with a number have already closed. The patients have all been seen before the end of December and there is space to have them treated within January The City Road team continue to work through this cohort of patients, resolving pathways as quickly as possible and coordinating appropriate harm review. Regarding the final patient, MEH South to reiterate RTT rules to staff member concerned.		January 2023	
1 highly complex patient had surgery cancelled in November due to an overrun on a previous case in theatre. The consultant has now reviewed and altered the planned surgery which will be undertaken in February.			N/A		February 2023	

## Remedial Action Plan - December 2022

### Average Call Abandonment Rate

<b>Red</b>	<b>Target</b>	≤15%		<b>Current Period Overview</b>	The threshold was not achieved, with performance above average showing no recent trends, and is within it's expected variation				
	<b>YTD</b>	<b>Previous Period</b>	<b>Current Period</b>						
	17.5%	22.2%	20.8%						
<b>City Road</b>	<b>North</b>	<b>South</b>	<b>Other</b>						
n/a	n/a	n/a	n/a						
<b>Domain</b>	<b>Service Excellence (Ambitions)</b>			<b>Responsible Director</b>	<b>Jon Spencer</b>		<b>Lead Manager</b>	<b>Anoju Devi</b>	
<b>Previously Identified Issues</b>				<b>Previous Action Plan(s) to Improve</b>				<b>Target Date</b>	<b>Status</b>
IT/Technical issues Ongoing longterm sick - x3 members of team - annual leave 2 part times staff who need to be covered on their non work days				Review of text messaging, letters, website to confirm information is accurate 1 WTE started Dec & 1 WTE to start in January Team extending working hours to clear calls for the day Extra bank staff to clear backlog in emails Require at least 2 dedicated WTE on mail box so all emails for the day are actioned Booking Team to help when on busy times				December 2022	In Progress (Update)
<b>Reasons for Current Underperformance</b>				<b>Action Plan(s) to Improve Performance</b>				<b>Target Date</b>	
Call volume increase during strike periods Long and short term sickness absence Challenges recruiting bank and substantive staff Time required to train new starters Email response times generating repeat phone queries				Demand and capacity review underway to determine establishment levels required and the skillmix. Long and short term sickness management with HR support- review of sickness rates and onward actions needed. Interviews for substantive recruitment scheduled w/c 23/01. Ongoing rolling recruitment in place. Improvement in call volumes noted with introduction of new process to manage patient email inbox - turnaround time reduced from 5-10 working days to 24-48 hours. WebAssist functionality to be introduced by mid-Feb- providing reduction in call volumes (estimated at 3667 per month), improved patient experience, clear audit trail of patient queries with reporting, and clearer signposting of patient queries RPA cancellation- estimated to reduce phone calls by approx 258 calls per month from patients requesting discharge or following up on a DrDoctor cancellation RPA demographics- estimated to reduce phone calls by approx 73 calls per month from patients requesting to update their information Timelines for RPA projects to be confirmed but currently on hold. Deep dive of patient call reasons underway to determine any other forward actions required Reviewing impact of above actions and the data of call volumes received outside of operating hours to understand whether opening hours should be extended A number of staff and patient experience actions including repeating patient satisfaction survey, the development of a L&D pathway for staff, and establishing a working group				March 2023	

### Remedial Action Plan - December 2022



#### Average Call Waiting Time

Red	<b>Target</b>	≤ 2 Mins (120 Sec)	<b>Current Period Overview</b>	The threshold was not achieved, with performance above average showing no recent trends, and is within it's expected variation		
	<b>YTD</b>	<b>Previous Period</b>	<b>Current Period</b>			
	n/a	429	405			
	<b>City Road</b>	<b>North</b>	<b>South</b>			<b>Other</b>
n/a	n/a	n/a	n/a			
<b>Domain</b>	<b>Service Excellence (Ambitions)</b>		<b>Responsible Director</b>	<b>Jon Spencer</b>	<b>Lead Manager</b>	<b>Anoju Devi</b>
<b>Previously Identified Issues</b>			<b>Previous Action Plan(s) to Improve</b>		<b>Target Date</b>	<b>Status</b>
IT/Technical issues Ongoing longterm sick - x3 members of team - annual leave 2 part times staff who need to be covered on their non work days			Review of text messaging, letters, website to confirm information is accurate 1 WTE started Dec & 1 WTE to start in January Team extending working hours to clear calls for the day Extra bank staff to clear backlog in emails Require at least 2 dedicated WTE on mail box so all emails for the day are actioned Booking Team to help when on busy times		December 2022	In Progress (Update)
<b>Reasons for Current Underperformance</b>			<b>Action Plan(s) to Improve Performance</b>		<b>Target Date</b>	
Call volume increase during strike periods Long and short term sickness absence Challenges recruiting bank and substantive staff Time required to train new starters Email response times generating repeat phone queries			Demand and capacity review underway to determine establishment levels required and the skillmix. Long and short term sickness management with HR support- review of sickness rates and onward actions needed. Interviews for substantive recruitment scheduled w/c 23/01. Ongoing rolling recruitment in place. Improvement in call volumes noted with introduction of new process to manage patient email inbox - turnaround time reduced from 5-10 working days to 24-48 hours. WebAssist functionality to be introduced by mid-Feb- providing reduction in call volumes (estimated at 3667 per month), improved patient experience, clear audit trail of patient queries with reporting, and clearer signposting of patient queries RPA cancellation- estimated to reduce phone calls by approx 258 calls per month from patients requesting discharge or following up on a DrDoctor cancellation RPA demographics- estimated to reduce phone calls by approx 73 calls per month from patients requesting to update their information Timelines for RPA projects to be confirmed but currently on hold. Deep dive of patient call reasons underway to determine any other forward actions required Reviewing impact of above actions and the data of call volumes received outside of operating hours to understand whether opening hours should be extended A number of staff and patient experience actions including repeating patient satisfaction survey, the development of a L&D pathway for staff, and establishing a working group		March 2023	

### Remedial Action Plan - December 2022



#### Theatre Cancellation Rate (Non-Medical Cancellations)

<b>Red</b>	<b>Target</b>	≤0.8%		<b>Current Period Overview</b>	The threshold was not achieved, Performance was high indicating indicating a special cause variance. There are no recent trends showing.				
	<b>YTD</b>	<b>Previous Period</b>	<b>Current Period</b>						
	1.04%	0.52%	3.01%						
<b>City Road</b>	<b>North</b>	<b>South</b>	<b>Other</b>						
5.02%	1.75%	0.00%	n/a						
<b>Domain</b>	<b>Service Excellence (Ambitions)</b>		<b>Responsible Director</b>	<b>Jon Spencer</b>		<b>Lead Manager</b>	<b>Divisional Managers</b>		
<b>Previously Identified Issues</b>				<b>Previous Action Plan(s) to Improve</b>			<b>Target Date</b>	<b>Status</b>	
No outstanding issues or actions									
<b>Reasons for Current Underperformance</b>				<b>Action Plan(s) to Improve Performance</b>			<b>Target Date</b>		
City Road - Major incident electrical failure. Majority of patients booked with 28 days, however, a total of 6 patients were booked outside of breach: 2 grafts; 2 complex cases; 1 joint consultant case; 1 biopsy unable to contact and bring forward in time.				N/A			No Further Action Required		










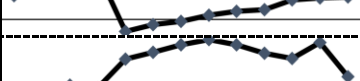

Service Excellence (Ambitions)

December 2022

Quality and Safety Metrics								
Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Occurrence of any Never events	Monthly	Zero Events	G		1	0		2
Endophthalmitis Rates - Aggregate Score	Quarterly	Zero Non-Compliant	G		0	0		
MRSA Bacteraemias Cases	Monthly	Zero Cases	G		0	0		0
Clostridium Difficile Cases	Monthly	Zero Cases	G		0	0		0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Monthly	Zero Cases	G		0	0		0
MSSA Rate - cases	Monthly	Zero Cases	G		0	0		0
Inpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		96.1%	97.3%		95.1%
A&E Scores from Friends and Family Test - % positive	Monthly	≥90%	G		92.6%	94.9%		92.2%
Outpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.6%	94.9%		93.1%
Paediatric Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.9%	94.7%		93.9%

**Service Excellence (Ambitions)**

*December 2022*

Quality and Safety Metrics								
Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Summary Hospital Mortality Indicator	Monthly	Zero Cases	G		0	0		0
National Patient Safety Alerts (NatPSAs) breached	Monthly	Zero Alerts	G		0	0		
Percentage of responses to written complaints sent within 25 days	Monthly (Month in Arrears)	≥80%	G		77.8%	88.9%		67.9%
Percentage of responses to written complaints acknowledged within 3 days	Monthly	≥80%	G		66.7%	100.0%		88.1%
Freedom of Information Requests Responded to Within 20 Days	Monthly (Month in Arrears)	≥90%	G		96.8%	97.0%		95.9%
Subject Access Requests (SARs) Responded To Within 28 Days	Monthly (Month in Arrears)	≥90%	G		96.5%	100.0%		95.6%
Number of Serious Incidents remaining open after 60 days	Monthly	Zero Cases	G		0	0		0
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Monthly	tbc			249	184		
Research Metrics								
Percentage of Commercial Research Projects Achieving Time and Target	Monthly	≥65%	A	16	60.0%	62.5%		67.7%
Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	Monthly	≥1800			4510	4630		24701
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Monthly	≥2%	G		6.3%	5.8%		



**Remedial Action Plan - December 2022**



**Percentage of Commercial Research Projects Achieving Time and Target**

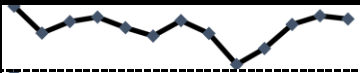
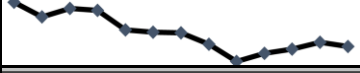





<b>Amber</b>	<b>Target</b>	≥65%		<b>Current Period Overview</b>	The threshold was not achieved, with performance slightly below average showing no recent trends. It is within it's expected variation				
	<b>YTD</b>	<b>Previous Period</b>	<b>Current Period</b>						
	67.7%	60.0%	62.5%						
<b>City Road</b>	<b>North</b>	<b>South</b>	<b>Other</b>						
n/a	n/a	n/a	n/a						
<b>Domain</b>	<b>Infrastructure &amp; Culture (Enablers)</b>			<b>Responsible Director</b>	<b>Professor Sir Peng Tee Khaw</b>		<b>Lead Manager</b>	<b>Declan Flanagan</b>	
<b>Previously Identified Issues</b>				<b>Previous Action Plan(s) to Improve</b>				<b>Target Date</b>	<b>Status</b>
<p>3 studies were met their recruitment targets and 2 multicentre studies failed to reach their recruitment target giving us a 60% success rate against a target of 65% for the reporting period 1st October 2021 to 30th September 2022</p> <p>Study 1. This study which opened to recruitment on 17.05.2021 with a recruitment target of 6 recruited one patient who had to be withdrawn for clinical reasons.</p> <p>Study 2 which opened on 10.02.2022 recruited 3 patients against a target of 24</p> <p>The sponsor terminated both studies at all sites including Moorfields so we did not have the opportunity to meet our recruitment targets.</p> <p>Both studies were sponsored and funded by one commercial company. Early in both studies we were informed that because of the failure of some of their study drugs to achieve the expected outcomes the company decided to prioritise other trials in different fields and terminate some of their studies including the 2 Moorfields studies.</p> <p>We have been reimbursed for all expenses incurred so far, as have the patients and have worked with the company to fully inform the patients concerned. The patients have been informed that the studies were halted for commercial reasons by the company and not for safety reasons.</p> <p>3 patients who had started treatment on one of the trials are being considered for another similar trial with the same sponsor. This other trial was previously only running in North America but is now being extended to the UK.</p>				<p>3 studies were met their recruitment targets and 2 multicentre studies failed to reach their recruitment target giving us a 60% success rate against a target of 65% for the reporting period 1st October 2021 to 30th September 2022</p> <p>Study 1. This study which opened to recruitment on 17.05.2021 with a recruitment target of 6 recruited one patient who had to be withdrawn for clinical reasons.</p> <p>Study 2 which opened on 10.02.2022 recruited 3 patients against a target of 24</p> <p>The sponsor terminated both studies at all sites including Moorfields so we did not have the opportunity to meet our recruitment targets.</p> <p>Both studies were sponsored and funded by one commercial company. Early in both studies we were informed that because of the failure of some of their study drugs to achieve the expected outcomes the company decided to prioritise other trials in different fields and terminate some of their studies including the 2 Moorfields studies.</p> <p>We have been reimbursed for all expenses incurred so far, as have the patients and have worked with the company to fully inform the patients concerned. The patients have been informed that the studies were halted for commercial reasons by the company and not for safety reasons.</p> <p>3 patients who had started treatment on one of the trials are being considered for another similar trial with the same sponsor. This other trial was previously only running in North America but is now being extended to the UK.</p>				No Further Action Required	In Progress (No Update)
<b>Reasons for Current Underperformance</b>				<b>Action Plan(s) to Improve Performance</b>				<b>Target Date</b>	
No Further Issues or Actions									

People (Enablers)

December 2022

Workforce and Financial Metrics

\* Staff Sickness (Month Figure) added to report to show sickness tend. Remedial Action Plan produced for Rolling Sickness rate covering both monthly and 'rolling annual' figures.

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
<b>Workforce Metrics</b>								
Appraisal Compliance	Monthly	≥80%	R	18	75.1%	74.4%		
Information Governance Training Compliance	Monthly	≥95%	A	19	90.6%	90.2%		
Staff Sickness (Month Figure) *	Monthly (Month in Arrears)	≤4%	G		5.0%	5.5%		
Staff Sickness (Rolling Annual Figure) *	Monthly (Month in Arrears)	≤4%	A	20	5.0%	4.6%		
Proportion of Temporary Staff	Monthly	RAG as per Spend	G		14.6%	15.0%		14.7%
<b>Financial Metrics</b>								
Overall financial performance (In Month Var. £m)	Monthly	≥0	G		0.08	0.97		3.42
Commercial Trading Unit Position (In Month Var. £m)	Monthly	≥0	G		-0.54	0.07		0.24

**Remedial Action Plan - December 2022**



**Appraisal Compliance**

<b>Red</b>	<b>Target</b>	≥80%		<b>Current Period Overview</b>	Whilst not achieving the threshold, Performance was slightly above average showing no recent trends, and is within it's expected variation				
	<b>YTD</b>	<b>Previous Period</b>	<b>Current Period</b>						
	n/a	75.1%	74.4%						
<b>City Road</b>	<b>North</b>	<b>South</b>	<b>Other</b>						
n/a	n/a	n/a	n/a						
<b>Domain</b>	<b>People (Enablers)</b>			<b>Responsible Director</b>	<b>Sandi Drewett</b>		<b>Lead Manager</b>		
<b>Previously Identified Issues</b>				<b>Previous Action Plan(s) to Improve</b>			<b>Target Date</b>	<b>Status</b>	
Managers completion of appraisals and education of how to use the on-line 'Perform' appraisal system.				The appraisal action plan remains in place and has seen good progress. Weekly reports remain in place and the L&D team continue to offer dedicated time to review these with line managers. An appraisal training session focussed on having a meaningful performance conversation started in October 22 and will continue to be offered to all line managers on a rolling basis. Compliance continues to be included on Senior Management Team agendas and performance meetings, monitoring and escalation to be continued. Continue to send non-compliant reminders to managers and signpost staff to complete the achievement review elearning module as a guide, prior to undertaking an appraisal.			January 2023	In Progress (Update)	
<b>Reasons for Current Underperformance</b>				<b>Action Plan(s) to Improve Performance</b>			<b>Target Date</b>		
Managers completion of appraisals and education of how to use the on-line 'Perform' appraisal system.				The appraisal action plan is on- going and has seen good progress. Weekly reports remain in place and the L&D team will actively contact HRBPs to offer dedicated time to review reports with line managers. An appraisal training session focussed on having a meaningful performance conversation continues to be offered to all line managers on a rolling basis. Compliance continues to be included on Senior Management Team agendas and performance meetings, monitoring and escalation to be continued. Continue to send non-compliance reminders to managers and signposting staff to complete the achievement review e-learning module as a useful guide, prior to undertaking an appraisal.			February 2023		
Trust wide comms plan to be implemented.				We are enhancing our communication plan to include regular weekly compliance updates and reminder to managers to complete and how to access support.			February 2023		

### Remedial Action Plan - December 2022



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

<b>Amber</b>	<b>Target</b>	≤4%		<b>Current Period Overview</b>	Whilst not achieving the threshold, Performance was slightly below average showing no recent trends. It is within it's expected variation				
	<b>YTD</b>	<b>Previous Period</b>	<b>Current Period</b>						
	n/a	5.0%	4.6%						
<b>City Road</b>	<b>North</b>	<b>South</b>	<b>Other</b>						
n/a	n/a	n/a	n/a						
<b>Domain</b>	<b>People (Enablers)</b>			<b>Responsible Director</b>	<b>Sandi Drewett</b>		<b>Lead Manager</b>	<b>Jackie Wyse</b>	
<b>Previously Identified Issues</b>				<b>Previous Action Plan(s) to Improve</b>				<b>Target Date</b>	<b>Status</b>
Short-term sickness absence remains the main driver for sickness levels primarily due to infectious disease Covid-19 / Self Isolation sickness. There are also some long-standing, long-term absences, some of which are due to long Covid.				<p>The Employee Relations (ER) team continue to work closely with Line Managers to manage complex long-term sickness cases. Some LTS cases have been closed following the staff's return to work, following the last reporting cycle.</p> <p>Targeted sickness absence training continues to be delivered by the ET team , to those hot spot service line areas within the Trust with high short term sickness absence rates to run alongside the formal Sickness Absence Training (a Managing People Relations module) provided via Insight.</p> <p>Focus is on those LTS cases where staff members are no longer receiving sick pay to get these staff members back into work, and where this is not possible staff members will be supported under the Trust's Sickness Absence Policy</p>				December 2022	In Progress (Update)
<b>Reasons for Current Underperformance</b>				<b>Action Plan(s) to Improve Performance</b>				<b>Target Date</b>	
Short-term sickness absence remains the main driver for sickness levels primarily due to infectious disease Covid-19 / Self Isolation sickness. There are also some long-standing, long-term absences, some of which are due to long Covid.				<p>The Employee Relations (ER) team continue to work closely with Line Managers to manage complex long-term sickness cases. Some LTS cases have been closed following the staff's return to work, following the last reporting cycle.</p> <p>Targeted sickness absence training continues to be delivered by the ER team , to those hot spot service line areas within the Trust with high short term sickness absence rates to run alongside the formal Sickness Absence Training (a Managing People Relations module) provided via Insight.</p> <p>Focus continues to be placed on all the LTS cases in facilitating the staff members concerned returning to work as soon as possible; equally so on those staff members who are no longer in receipt of sick pay. Where this is not possible, staff members will be supported under the Trust's Sickness Absence Policy.</p>				January 2023	

### Remedial Action Plan - December 2022



#### Information Governance Training Compliance

<b>Amber</b>	<b>Target</b>	≥95%		<b>Current Period Overview</b>	The threshold was not achieved, with performance slightly below average showing no recent trends. It is within it's expected variation					
	<b>YTD</b>	<b>Previous Period</b>	<b>Current Period</b>							
	n/a	90.6%	90.2%							
<b>City Road</b>	<b>North</b>	<b>South</b>	<b>Other</b>							
n/a	n/a	n/a	n/a							
<b>Domain</b>	<b>People (Enablers)</b>			<b>Responsible Director</b>	<b>Ian Tombleson</b>		<b>Lead Manager</b>	<b>Jonathan Mckee</b>		
<b>Previously Identified Issues</b>				<b>Previous Action Plan(s) to Improve</b>				<b>Target Date</b>	<b>Status</b>	
Performance has decreased by 1% since last month and remains below the required 95%, although at the time of writing it is >91%. The reason relating to new August starters not being compliant was addressed. Further data issues were identified: persistent non-completers; and different measures for HR and IT processes for starters/leavers.				Senior managers have been reminded that line mangers must be active in the management of mandatory training for their staff, the outcome of which must be reported externally; the Head of IG has echoed this message in relation to basic mandatory IG training. HR send regular reminders in addition to the automatically generated ones. HR team share with Business Partners for senior divisional meetings. Regular escalations by SIRO and Associate Director of Workforce at SMT meetings. Weekly automated compliance reminders have been set up for divisional leads for ease. HR is addressing the data issues with IG support.				December 2022	In Progress (Update)	
<b>Reasons for Current Underperformance</b>				<b>Action Plan(s) to Improve Performance</b>				<b>Target Date</b>		
Work with HR colleagues on the data indicates that 0.5-1% variation has been identified between HR and IT systems; work is taking place to resolve this.				IG and HR teams to work with the Information Governance Committee to explore options to raise the importance of IG training. Staff are continuing to be reminded to complete their training on time.				February 2023		