

Report to Trust Board							
Report Title	Integrated Performance Report - October 2022						
Report from	Jon Spencer - Chief Operating Officer						
Prepared by	Performance And Information Department						
Previously discussed at	Trust Management Committee / Management Executive						
Attachments							
Brief Summary of Report							
<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>							
<u>Executive Summary</u>							
<p>During the month of October the Trust continued to achieve positive activity levels, delivering 101.2% of the elective activity plan achieved in 2019/20 and 106.1% of the outpatient first activity plan. The elective performance represented a continue trend above the 100% target for the past 3 months and the outpatient first performance was the third month in a row that performance has improved as the Trust strives to achieve the target of 110% of the 2019/20 activity levels.</p> <p>Outpatient follow up activity reduced slightly but remains broadly flat at 94.4% and work is ongoing through the Trust's Excellence Programme to seek ways to further reduce this activity level in a safe and appropriate manner. The number of referrals which the Trust received increased slightly to 105.6%, which is now beginning to represent a trend above the level seen in 2019/20. The number of patients seen through a face to face appointment in our A&E dropped to 70.5% in month and the potential reasons for this are being investigated.</p> <p>The number of patients who had waited over 52 weeks for their treatment was maintained at 4 between September and October. Although the number of breaches of this standard remains stable there have been some contributing factors associate with admin delays and referral errors which are being investigated to identify any learning.</p> <p>The number of patients waiting over 18 weeks has reduce significantly from 9384 to 8548, as has the overall number of patients waiting for their treatment. These reductions are due to a number of factors including the planned growth in diagnostic capacity at Brent Cross and an improvement in the booking efficiency of theatre lists by administration teams.</p> <p>The Trust did not achieve either the average call waiting time or call abandonment metrics, however performance improved slightly against both metrics. The reasons for this ongoing poor performance are a continuation of staff sickness and planned annual leave, and new issues relating to the unavailability of the Netcall system, an increase in the required number of bookings to support activity growth and a gap in leadership within the team. A weekly escalation meeting is now in place which is overseeing the delivery of a number of actions to address these issues, and an improvement in performance has been noted in late October / early November.</p> <p>Although performance against the complaints standard improved in the month it remains significantly below the required standard. The Director of Quality and Safety has begun chairing an escalation meeting to review the caseload of the complaints which have been raised and to identify specific initiatives to address them. An independent audit of complaints is due to conclude in December which is expected to make further recommendations to help achieve overall compliance.</p> <p>We did not meet the standard regarding subject access requests being responded to within 28 days due to some short term sickness absence within our Quality Team. This period of sickness absence has now come to an end and we therefore expect to meet the standard again from next month.</p> <p>The Trust's appraisal rates improved significantly in October due to a concerted effort by clinical and corporate teams to address the matter. Based on the current trajectories it is anticipated that the Trust will achieve compliance against this standard in November.</p>							
Action Required/Recommendation							
The report is primarily for information purposes but will inform discussion regarding how the Trust is performing against its key organisational measures. This may in turn generate subsequent action.							
For Assurance	X	For decision		For discussion		To Note	

Context - Overall Activity - October 2022

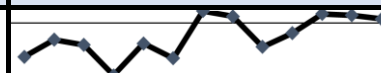

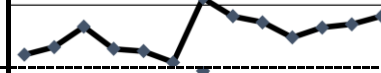
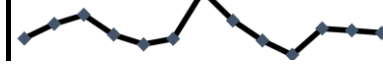
		October 2022	19/20 Mth 1-11 Average	Year To Date
Accident & Emergency	A&E Arrivals (All Type 2)	5,805	8,230	41,831
	Number of 4 hour breaches	23	124	177
Outpatient Activity	Number of Referrals Received	12,275	11,628	82,452
	Total Attendances	51,085	50,447	342,944
	First Appointment Attendances	12,261	11,055	80,806
	Follow Up (Subsequent) Attendances	38,824	39,391	262,138
	% Appointments Undertaken Virtually	6.1%	0.2%	6.4%
Admission Activity	Total Admissions	3,276	3,081	21,958
	Day Case Elective Admissions	3,014	2,747	20,032
	Inpatient Elective Admissions	90	99	545
	Non-Elective (Emergency) Admissions	172	235	1,381

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
October 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, A&E visits), 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		101.2%	
Total Outpatient Activity - % of Phased Plan	Monthly	≥100%	R	3	96.9%	
Outpatient First Appointment Activity - % of Phased Plan	Monthly	≥110%	A	3	106.1%	
Outpatient Follow Up Appointment Activity - % of Phased Plan	Monthly	≥85%	G		94.4%	

Remedial Action Plan - October 2022



Outpatient First Appointment Activity - % of Phased Plan

Amber	Target	≥110%		Current Period Overview	Whilst not achieving the threshold, Performance was slightly above average showing a recent upward trend. It is within its expected variation					
	YTD	Previous Period	Current Period							
	104.4%	103.2%	106.1%							
City Road	North	South	Other							
103.2%	113.9%	105.6%	n/a							
Domain	Activity Vs. Plan			Responsible Director	Jon Spencer		Lead Manager	Kathryn Lennon		
Previously Identified Issues				Previous Action Plan(s) to Improve				Target Date	Status	
City Road: 105% achieved against 2019-20 baseline. Impacted by: (1) Reduced activity secondary to the additional bank holiday in month; (2) Additional activity resulting from planned service developments and TIF bids delayed in line with approval process.				MR, Uveitis and Genetics staffing gaps: resolved in the short/mid-term. Ongoing work to define and implement staffing model fit for the future. 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)	
North Division: Additional bank holiday Monday in September led to reduction by 88 new patients (SOURCE: P&I analysis on cancellations). This would have delivered performance of 111%. Brent Cross remains under plan with ongoing work to improve utilisation of the new slots.				Continued work to improve utilisation of Brent Cross through full set up of cataract lanes and mutual aid.				October 2022	Complete	
South Division: Outpatient activity was reduced due to the additional bank holiday, which led to 120 new patient appointments, which would have delivered 102.5%. Staffing issues in General Ophthalmology also led to a reduction in activity.				Recruitment delays resolving in General Ophthalmology (awaiting visa). Activity for October is expected to improve, with additional sessions being ran across the division to reduce long waiting patient waits.				October 2022	In Progress (Update)	
Reasons for Current Underperformance				Action Plan(s) to Improve Performance				Target Date		
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		
South Division: 105.8% achieved against 2019-20 baseline. Impacted by (1) COS / VISA issues with a consultant, which has delayed his start date and subsequently impacted on our new patient capacity across the division.				General Ophthalmology, Cataract doctor delayed due to VISA/COS issues. Start date is being chased with Medical HR, as this delay is impacting upon our ability to improve our OP first position				December 2022		

Service Excellence (Ambitions)










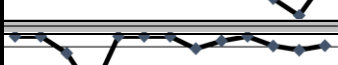
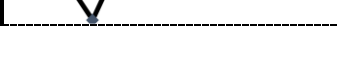
October 2022

Operational Metrics

* Figures Provisional for October 2022


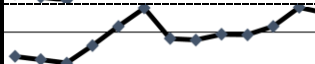





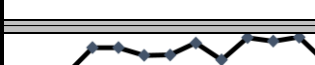


** 18 Week RTT Performance rating will be re-introduced once initial recovery plan has been completed.

*** 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%	G		100.0%	100.0%		97.8%
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Monthly	≥93%	G		90.5%	98.9%		96.9%
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Monthly	≥96%	G		100.0%	100.0%		100.0%
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	Monthly	≥94%	G		100.0%	100.0%		100.0%
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Monthly	≥85%	G		n/a	100.0%		100.0%
Cancer 28 Day Faster Diagnosis Standard	Monthly	≥75%	G		100.0%	100.0%		100.0%
18 Week RTT Incomplete Performance **	Monthly	≥92%			75.8%	77.4%		77.2%
RTT Incomplete Pathways Over 18 Weeks **	Monthly	≤ Previous Mth.	G		9384	8548		
52 Week RTT Incomplete Breaches **	Monthly	Zero Breaches	R	6	4	4		47
A&E Four Hour Performance	Monthly	≥95%	G		98.8%	99.6%		99.6%
Percentage of Diagnostic waiting times less than 6 weeks	Monthly	≥99%	G		98.7%	99.1%		99.3%

Service Excellence (Ambitions)

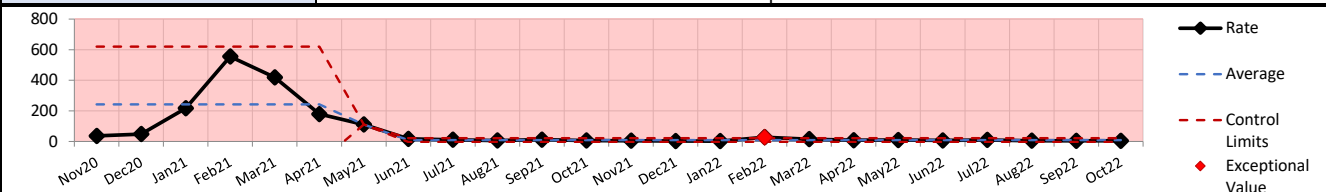
October 2022

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	7	466	414		
Average Call Abandonment Rate	Monthly	≤15%	R	8	23.4%	21.5%		16.5%
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments ***	Monthly	< 102 Mins			105	104		101
Median Outpatient Journey Times - Diagnostic Face to Face Appointments ***	Monthly	< 45 Mins			47	47		45
Median Outpatient Journey Times - Virtual TeleMedicine Appointments ***	Monthly	< 67 Mins			UNDER REVIEW			
Theatre Cancellation Rate (Non-Medical Cancellations)	Monthly	≤0.8%	G		0.72%	0.66%		0.89%
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		2.33%	1.69%		
VTE Risk Assessment	Monthly	≥95%	G		97.9%	99.0%		98.0%
Posterior Capsular Rupture rates (Cataract Operations Only)	Monthly	≤1.95%	G		0.53%	0.74%		0.80%

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

Remedial Action Plan - October 2022

52 Week RTT Incomplete Breaches

Red	Target			Zero Breaches	Current Period Overview	Whilst not achieving the threshold, Performance was below average showing no recent trends. It is within it's expected variation				
	YTD	Previous Period	Current Period	Current Period						
	47	4	4	4						
City Road	North	South	Other	Current Period						
1	0	3	n/a	4						
Domain	Service Excellence (Ambitions)			Responsible Director	Jon Spencer		Lead Manager	Andy Birmingham		
Previously Identified Issues					Previous Action Plan(s) to Improve			Target Date	Status	
The City road breach was due to an internal referral being delayed					The process to transfer patients internally is being investigated and will be updated.			October 2022	In Progress (Update)	
The North breach was the result of a filtering issue when reports were being pulled.					The patient was unavailable for earlier dates and has now been seen and will be treated soon			October 2022	Complete	
South:The patient was part of the previously identified internal referral issue					The process to transfer patients internally is being investigated and will be updated.			October 2022	In Progress (Update)	
Reasons for Current Underperformance					Action Plan(s) to Improve Performance			Target Date		
The Georges 104 + breach was due to be treated on 31/10 but was cancelled due to medical issues					Meeting with lead anaesthetist and new date to be offered soon			November 2022		
The City road breach was due to an internal referral being delayed					Was determined to be not medically suitable for City Road so will be operated on at St George's			November 2022		
1 Breach at Croydon found through validation. 1 breach at St George's due to patient contracting covid before last TCI and consultant on leave.					Patients being offered TCI in November			November 2022		

Remedial Action Plan - October 2022



Average Call Waiting Time

Red	Target	≤ 2 Mins (120 Sec)	Current Period Overview	The threshold was not achieved, with performance above average showing no recent trends, and is within it's expected variation		
	YTD	Previous Period	Current Period			
	n/a	466	414			
City Road	North	South	Other			
n/a	n/a	n/a	n/a			
Domain	Service Excellence (Ambitions)		Responsible Director	Jon Spencer	Lead Manager	Anoju Devi
Previously Identified Issues			Previous Action Plan(s) to Improve		Target Date	Status
Unplanned absences due to sickness combined with staff away on A/L.			<ul style="list-style-type: none"> > Netcall email and WebAssist options to be implemented to reduce wait times and shift email workload online instead > Manage and apply short/long term sickness in line with sickness absence policy. > Use of agency staffing to supply full team of agents. > Team refresher training & 1-1 training to support and explore call handing techniques to improve contact staff performance and improve patient experience. 		October 2022	In Progress (Update)
Reasons for Current Underperformance			Action Plan(s) to Improve Performance		Target Date	
IT/Technical issues Unplanned absences, sickness, leavers, and time required to train new recruits Increase in calls for sites/services managed locally			<ul style="list-style-type: none"> Common IT failure issues to be consolidated for escalated investigation and resolution - Improved performance on last month with new starters in team- Contact Centre establishment and demand and capacity review taking place - Implementation of webassist functionality to reduce wait times, shift email workload online and streamline/remove current manual processes - review of text messaging/letters/website to ensure accurate information is available to direct patients 		December 2022	

Remedial Action Plan - October 2022



Average Call Abandonment Rate






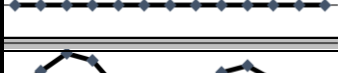




Red	Target	≤15%		Current Period Overview	The threshold was not achieved, with performance above average showing no recent trends, and is within it's expected variation				
	YTD	Previous Period	Current Period						
	16.5%	23.4%	21.5%						
	City Road	North	South	Other					
n/a	n/a	n/a	n/a						
Domain	Service Excellence (Ambitions)			Responsible Director	Jon Spencer		Lead Manager	Anoju Devi	
Previously Identified Issues				Previous Action Plan(s) to Improve				Target Date	Status
<ul style="list-style-type: none"> > Sickness within team & two staff leaving > Complex patient queries > Three part time agents unable to cover some working days/shift times. > Strikes contributing to surges in call volumes > Management of patient query inbox- queries for all sites and services received inappropriately 				<ul style="list-style-type: none"> > Netcall email and WebAssist options to be implemented to reduce wait times and shift email workload online instead > Overtime offered across the team and shift rota changes applied. Real time support from staff in the Booking Centre > Ongoing substantive recruitment and vacancies listed for rolling recruitment to increase pool of suitable candidates. > Continued work with agencies/bank partners. Recruitment business partners to assist with suitable volunteers to support the service. 				November 2022	In Progress (Update)
Reasons for Current Underperformance				Action Plan(s) to Improve Performance				Target Date	
IT/Technical issues Unplanned absences, sickness, leavers, and time required to train new recruits Increase in calls for sites/services managed locally				<ul style="list-style-type: none"> Common IT failure issues to be consolidated for escalated investigation and resolution - Improved performance on last month with new starters in team- Contact Centre establishment and demand and capacity review taking place - Implementation of webassist functionality to reduce wait times, shift email workload online and streamline/remove current manual processes - review of text messaging/letters/website to ensure accurate information is available to direct patients 				December 2022	

Service Excellence (Ambitions)

October 2022

Quality and Safety Metrics



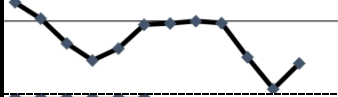

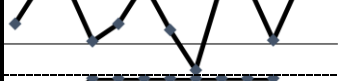




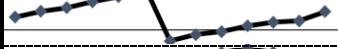

* Complaints performance figures provisionally, data revised for 2022/23 following identification of reporting anomalies.

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Occurrence of any Never events	Monthly	Zero Events	G		0	0		1
Endophthalmitis Rates - Aggregate Score	Quarterly	Zero Non-Compliant			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		93.7%	94.8%		94.6%
A&E Scores from Friends and Family Test - % positive	Monthly	≥90%	G		91.6%	93.3%		91.8%
Outpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		92.7%	92.8%		92.8%
Paediatric Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.2%	95.0%		93.9%

Service Excellence (Ambitions)

October 2022

Quality and Safety Metrics

Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Summary Hospital Mortality Indicator	Monthly	Zero Cases	G		0	0		0
National Patient Safety Alerts (NatPSAs) breached	Monthly	Zero Alerts	G		0	0		
Percentage of responses to written complaints sent within 25 days *	Monthly (Month in Arrears)	≥80%	R	11	28.0%	47.6%		58.9%
Percentage of responses to written complaints acknowledged within 3 days *	Monthly	≥80%	G		71.4%	84.2%		81.8%
Freedom of Information Requests Responded to Within 20 Days	Monthly (Month in Arrears)	≥90%	G		90.6%	100.0%		95.6%
Subject Access Requests (SARs) Responded To Within 28 Days	Monthly (Month in Arrears)	≥90%	R	12	100.0%	71.4%		94.6%
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			203	245		
Research Metrics								
Percentage of Commercial Research Projects Achieving Time and Target	Monthly	≥65%	A	13	60.0%	60.0%		69.4%
Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	Monthly	≥1800			3030	4280		15561
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Monthly	≥2%	G		6.1%	6.0%		

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

Remedial Action Plan - October 2022



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

Red	Target	≥80%		Current Period Overview	The threshold was not achieved, with performance below average showing no recent trends. It is within its expected variation				
	YTD	Previous Period	Current Period						
	58.9%	28.0%	47.6%						
City Road	North	South	Other						
46.2%	60.0%	0.0%	50.0%						
Domain	Service Excellence (Ambitions)		Responsible Director	Ian Tombleson		Lead Manager	Robin Tall		
Previously Identified Issues				Previous Action Plan(s) to Improve			Target Date	Status	
Delays in completion of investigations.				Divisions and the central team continue to put in place local improvements to processes to improve timeliness and efficiency. Beginning late October, the Director of Quality & Safety is chairing a fortnightly collaborative support meeting with the Head of Patient Experience and the Divisional Quality Partners to review the current caseload and put in place bespoke support measures on a case-by-case basis in an effort to avoid any further breaches.			December 2022	In Progress (Update)	
Reasons for Current Underperformance				Action Plan(s) to Improve Performance			Target Date		
Delays in completion of complaints investigations.				Bi-weekly support meetings are continuing, and there has been an improvement in performance noted in September compared to the previous month. The frequency of meetings may be altered as needed as performance continues to recover. The results of an internal audit are expected shortly and this is anticipated to include further areas for improvement.			December 2022		

Remedial Action Plan - October 2022

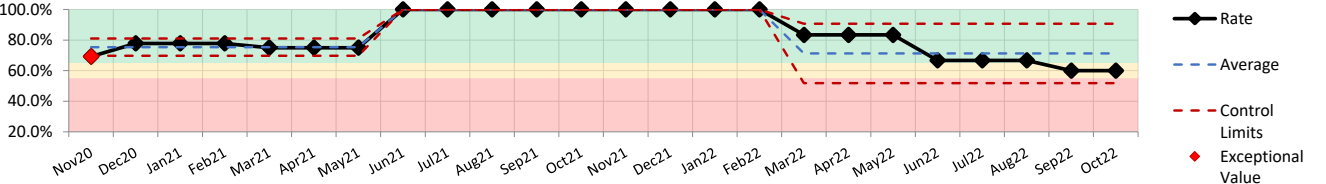



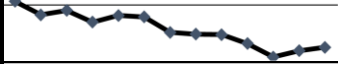

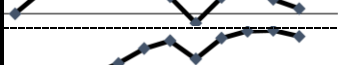


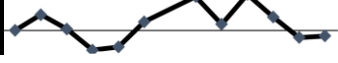
Subject Access Requests (SARs) Responded To Within 28 Days (Month in Arrears)

Red		Target	≥90%	Current Period Overview	The threshold was not achieved, Performance was low indicating indicating a special cause variance. There are no recent trends showing.				
	YTD	Previous Period	Current Period						
	94.6%	100.0%	71.4%						
City Road	North	South	Other						
n/a	n/a	n/a	n/a						
Domain	Service Excellence (Ambitions)		Responsible Director	Ian Tombleson		Lead Manager	Jonathan Mckee		
Previously Identified Issues				Previous Action Plan(s) to Improve			Target Date	Status	
No outstanding issues or actions									
Reasons for Current Underperformance				Action Plan(s) to Improve Performance			Target Date		
Staff sickness has resulted in 4 of 18 late responses; this situation has now passed				Performance is expected to be restored immediately to previous high levels.			November 2022		

Remedial Action Plan - October 2022

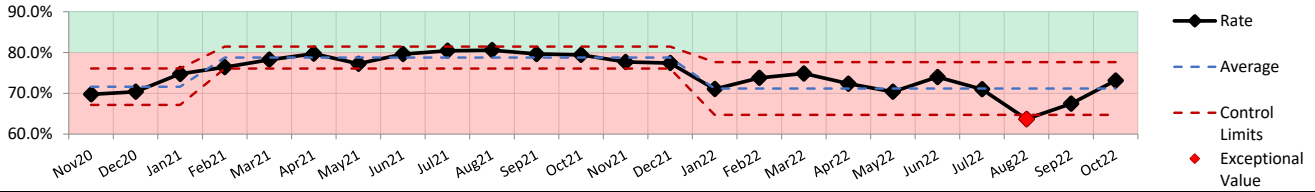
Percentage of Commercial Research Projects Achieving Time and Target

Amber	Target	≥65%	Current Period Overview	The threshold was not achieved, with performance below average showing no recent trends. It is within its expected variation			
YTD	Previous Period	Current Period					
69.4%	60.0%	60.0%					
City Road	North	South	Other				
n/a	n/a	n/a	n/a	Domain	Service Excellence (Ambitions)		
				Responsible Director	Professor Sir Peng Tee Khaw	Lead Manager	Declan Flanagan
Previously Identified Issues				Previous Action Plan(s) to Improve		Target Date	Status
<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)
Reasons for Current Underperformance				Action Plan(s) to Improve Performance		Target Date	
No Further Actions or Issues							

People (Enablers)					October 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
Workforce Metrics								
Appraisal Compliance	Monthly	≥80%	R	15	67.5%	73.1%		
Information Governance Training Compliance	Monthly	≥95%	A	16	89.6%	90.0%		
Staff Sickness (Month Figure) *	Monthly (Month in Arrears)	≤4%			4.3%	4.1%		
Staff Sickness (Rolling Annual Figure) *	Monthly (Month in Arrears)	≤4%	A	17	4.8%	4.7%		
Proportion of Temporary Staff	Monthly	RAG as per Spend			14.6%	14.2%		14.6%
Financial Metrics								
Overall financial performance (In Month Var. £m)	Monthly	≥0	G		0.87	0.70		2.23
Commercial Trading Unit Position (In Month Var. £m)	Monthly	≥0	G		-0.09	-0.07		0.69

Remedial Action Plan - October 2022

Appraisal Compliance

Red	Target	≥80%		Current Period Overview	Whilst not achieving the threshold, Performance was slightly above average showing a recent upward trend. It is within it's expected variation				
	YTD	Previous Period	Current Period						
	n/a	67.5%	73.1%						
City Road	North	South	Other						
n/a	n/a	n/a	n/a						
Domain	People (Enablers)			Responsible Director	Sandi Drewett		Lead Manager	Rachele Johnson	
Previously Identified Issues				Previous Action Plan(s) to Improve			Target Date	Status	
Increase communication to the organisation to respond to frequently asked questions and improve confidence with staff navigating the Insight system				An article was created and posted on EyeQ (trust intranet) home page and weekly newsletter detailing FAQs along with dates for drop-in sessions available for staff to attend. Weekly automated reports are being put in place for divisional managers to identify individual compliance issues - including appraisal.			September 2022	In Progress (Update)	
A significant number of staff have become non-compliant over the summer months (June, July, August).				Divisional Managers and Heads of Nursing have had low compliance rates escalated to them and are supporting the completion of appraisals in their areas. An appraisal improvement plan is in place which includes regular tracking, drop ins and reports is underway.			October 2022	In Progress (Update)	
Provide increased support and resources for managers to conduct appraisals and navigate the Insight page on the Intranet				Planning training content for Appraisal 'meaningful conversations' is underway and delivery is due to roll-out early October. In addition the appraisal policy will be reviewed and a draft version will be available for comments end of September.			October 2022	In Progress (Update)	
Reasons for Current Underperformance				Action Plan(s) to Improve Performance			Target Date		
Managers completion of appraisals				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. Appraisal training 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. This item continues to be included on Senior Management Team agendas and performance meetings. Monitoring and escalation to be continued			November 2022		

Remedial Action Plan - October 2022



Information Governance Training Compliance

Amber	Target	≥95%		Current Period Overview	The threshold was not achieved, with performance slightly below average but showing an upward trend. It is within its expected variation				
	YTD	Previous Period	Current Period						
	n/a	89.6%	90.0%						
City Road	North	South	Other						
n/a	n/a	n/a	n/a						
Domain	People (Enablers)			Responsible Director	Ian Tombleson		Lead Manager	Jonathan Mckee	
Previously Identified Issues				Previous Action Plan(s) to Improve				Target Date	Status
Performance has dropped to 88.4% below the required 95%. A contributory is due to new August starters not being compliant and they are now catching up. More staff have fallen out of compliance with training in the summer months.				Insight system upgrade now completed. Senior managers have been reminded that line managers must be active in managing mandatory training, the outcome of which must be reported externally; the Head of Information Governance has echoed this message in several senior management forums. HR send regular reminders in addition to the automatically generated ones where staff remain non-compliant. HR team share with Business Partners so it can be highlighted at senior divisional meetings. Regular escalations by the Senior Information Risk Owner (SIRO) and Associate Director of Workforce at Senior Management Team meetings. Strong message from COO. Weekly automated compliance reminders have been set up for divisional leads for ease				November 2022	In Progress (Update)
Reasons for Current Underperformance				Action Plan(s) to Improve Performance				Target Date	
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 managers 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	

Remedial Action Plan - October 2022



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

Amber	Target	≤4%		Current Period Overview	The threshold was not achieved, with performance slightly above average showing no recent trends, and is within its expected variation				
	YTD	Previous Period	Current Period						
	n/a	4.8%	4.7%						
City Road	North	South	Other						
n/a	n/a	n/a	n/a						
Domain	People (Enablers)			Responsible Director	Sandi Drewett		Lead Manager	Bola Ogundeji	
Previously Identified Issues				Previous Action Plan(s) to Improve				Target Date	Status
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.				The employee relations (ER) team continue working closely with Line Managers to manage complex long-term sickness cases. Since the last reporting cycle, around 50% of all long-term cases have been closed. There is a plan to develop a robust health and wellbeing plan for long covid cases specifically. Through regular reporting, short-term absences will continue to be managed in line with the Trust's sickness and absence procedure – ensuring that trigger points are monitored. Having gone through a period of resignation and vacancies within the ER team, from September onwards, there will be a full complement of staff. Therefore BAU activities such as additional training and managers workshop will be scaled up. Line management support for newly appointed, newly promoted managers will be enhanced throughout the employee lifecycle, i.e. induction through to development. Workforce information relating to ER activities will be maximised to make an informed decision, flag and mitigate risks.				September 2022	In Progress (Update)
								Reasons for Current Underperformance	
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.				The employee relations (ER) team continue to work closely with Line Managers to manage complex long-term sickness cases. Since the last reporting cycle, some LTS cases have been closed following the staff's return to work. Targeted sickness absence training has also been delivered to those hot spot service line areas within the Trust with high short term sickness absence rates. Focus also is being placed on those LTS cases where staff members are no longer receiving sick pay in getting these staff members back into work, and were this is not possible staff members would be managed under the Trust's Sickness Absence Policy				November 2022	