Report to Trust Board	
Report Title	**Integrated Performance Report - August 2022**
Report from	Jon Spencer - Chief Operating Officer
Prepared by	Performance And Information Department
Previously discussed at	Trust Management Committee / Management Executive
Attachments	

Brief Summary of Report

The Integrated Performance Report highlights a series of metrics regarded as Key Indicators of Trust Performance and cover a variety of organisational activities within Operations, Quality and Safety, Workforce, Finance, Research, Commercial and Private Patients . The report uses a number of mechanisms to put performance into context, showing achievement against target, in comparison to previous periods and as a trend. The report also identifies additional information and Remedial Action Plans for KPIs falling short of target and requiring improvement.

Executive Summary

Despite the challenges which were created by the national strike action, high temperatures and upgrade of the Open Eyes system, the Trust performed well in August. We delivered 102.7% of the elective activity which we delivered in 2019/20 and 102.1% of the outpatient first attendances. Although outpatient follow up attendances were less than the outpatient first attendances (95.5%), work is continuing to balance finding appropriate ways to reduce the number of follow ups towards our 85% target, without creating a backlog of patients who require an appointment. The Trust has seen a slight increase in the number of patients in this situation and regular meetings are therefore taking place to address this.

Although the number of patients who were seen face to face in the A&E service dropped slightly to 74%, we are now seeing an average attendance level of C. 75% which is a significant increase on the level seen 6 months ago. The referral rate for the month was 104.2% which again represents an increased trend from 6 months ago.

The number of patients who had waited over 52 weeks for their treatment was reduced from 10 to 5 in the month, however some of the remaining breaches were potentially avoidable due to errors being made in the tracking or referral of patients. Additional failsafe processes are being put in place to seek to prevent this from occurring. Although the number of patients waiting over 18 weeks has risen, the overall waiting list has now stabilised and is starting to reduce slightly.

The Trust did not achieve either the average call waiting time or call abandonment metrics due to a combination of staff sickness and planned annual leave. Work continues to increase staffing levels and provide improved cover when staff are sick, and the team are also exploring digital solutions to see how they may help to streamline calls.

A never event occurred at our Bedford site as a result of a wrong site surgery. This is being investigated and it is anticipated that the outcome of this investigation will be known by November.

Having met the metric measuring complaint responses in July, we saw a deterioration in August. This was due to delays in the sign off of some of the responses to the complaints. A review is underway to improve this process through increased training for managers and a revised escalation process for sign off.

The Trust's appraisal rate dropped significantly in month. In response to this a communication has been provided to help staff undertake the documentation for their appraisal and managers are being informed and supported to address where they have staff who have slipped out of compliance over the summer. Managers have been asked to address this issue as a priority.

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 - August 2022

		August 2022	19/20 Mth 1-11 Average	Year To Date
Accident & Emergency	A&E Arrivals (All Type 2)	6,094	8,230	30,358
	Number of 4 hour breaches	47	124	90
Outpatient Activity	Number of Referrals Received	12,117	11,628	58,218
	Total Attendances	48,695	50,447	240,871
	First Appointment Attendances	11,303	11,055	56,612
	Follow Up (Subsequent) Attendances	37,392	39,391	184,259
	% Appointments Undertaken Virtually	6.7%	0.2%	6.5%
Admission Activity	Total Admissions	3,203	3,081	15,360
	Day Case Elective Admissions	2,912	2,747	13,955
	Inpatient Elective Admissions	90	99	379
	Non-Elective (Emergency) Admissions	201	235	1,026

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

August 2022

Operational Metrics

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

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

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Current Period	13 Month Series
Elective Activity - % of Phased Plan	Monthly	≥100%	G		102.7%	
Total Outpatient Activity - % of Phased Plan	Monthly	≥100%	R	3	96.9%	
Outpatient First Appointment Activity - % of Phased Plan	Monthly	≥110%	A	3	102.1%	
Outpatient Follow Up Appointment Activity - % of Phased Plan	Monthly	≥85%	G		95.5%	

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

Remedial Action Plan - August 2022

Outpatient First Appointment Activity - % of Phased Plan

Amber		Target	≥110%
	YTD	Previous Period	Current Period
	104.3%	98.6%	102.1%
City Road	*North*	*South*	*Other*
96.6%	*110.3%*	*105.7%*	*n/a*

Current Period Overview: Whilst not achieving the threshold, Performance was slightly above average showing no recent trends, and is within it's expected variation

120.0%
110.0%
100.0%
90.0%
80.0%
Apr21 May21 Jun21 Jul21 Aug21 Sep21 Oct21 Nov21 Dec21 Jan22 Feb22 Mar22 Apr22 May22 Jun22 Jul22 Aug22
Rate
Average
Control Limits
Exceptional Value

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: Hoxton facility non-operational 21/07 to 23/07 due to sewage leak. OPA cancellations were necessary. Additional activity resulting from planned service developments delayed in line with approval process.	Activity was transferred to City Road hubs where possible to mitigate. Service developments now approved. Reforecasting activity projection in line with recruitment and capital works timelines.	September 2022	Complete
North Division: combined impact of annual leave and underutilisation of Brent Cross	Accelerate standing up fo Brent Cross cataract lanes (to start Aug) Bedford / Luton mutual aid for Glaucoma will increase demand into Brent Cross by ~700 new patients	August 2022	Complete
South Division: Cancellations (both patient and hospital initiated) secondary to the recent heatwave across the South Division over the month of July	Service Development plans to exceed 19/20 activity levels being further reviewed. Additional new patient clinics are booked in August 2022 and September 2022 to increase activity levels.	August 2022	Complete

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
South Division: Performance for August was the strongest so far for the division this year. There were also combined factors including clinical annual leave and a planned additional session not running due to unforseen circumstances (clinician had an urgent commitment arise)	Additional sessions planned to run in September 2022 to increase activity levels, as well as a business case for 2 x Paediatric consultants and associated staff to support the improvement of activity. The business case is being submitted for Business Case Review Group on 14th September	September 2022
City Road: Impacted by reduced activity secondary to the Open Eyes upgrade, and staffing gaps across MR, Uveitis and Genetics. Additional activity resulting from planned service developments and TIF bids delayed in line with approval process.	MR, Uveitis and Genetics staffing gaps: Recruitment plan in place, including agency cover. Service developments and TIF bids approved; project delivery group stood up; reforecasting activity in line with recruitment and capital works timeline.	September 2022

Service Excellence (Ambitions)

August 2022

Operational Metrics

* Figures Provisional for August 2022
** RTT Figures Provisional for August 2022. 3 out of the 5 '52 Week Breaches' are Mutual Aid patients.
*** Median Clinic Journey Time Metrics and targets in development. These will be reviewed on a continuous basis as data quality improves, 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		75.0%	100.0%		97.2%
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology) *	Monthly	≥93%	G		97.5%	98.8%		97.9%
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%			100.0%	n/a		100.0%
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Monthly	≥85%			100.0%	n/a		100.0%
Cancer 28 Day Faster Diagnosis Standard *	Monthly	≥75%	G		100.0%	100.0%		100.0%
18 Week RTT Incomplete Performance **	Monthly	≥92%			77.3%	76.9%		77.5%
RTT Incomplete Pathways Over 18 Weeks **	Monthly	≤ Previous Mth.	R	6	9098	9189		
52 Week RTT Incomplete Breaches **	Monthly	Zero Breaches	R	7	10	5		39
A&E Four Hour Performance	Monthly	≥95%	G		99.7%	99.2%		99.7%
Percentage of Diagnostic waiting times less than 6 weeks *	Monthly	≥99%	G		100.0%	99.1%		99.5%

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

Service Excellence (Ambitions)

August 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	8	215	285		
Average Call Abandonment Rate	Monthly	≤15%	R	9	14.1%	17.0%		14.1%
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments ***	Monthly	tbc			97	104		101
Median Outpatient Journey Times - Diagnostic Face to Face Appointments ***	Monthly	tbc			45	48		45
Median Outpatient Journey Times - Virtual TeleMedicine Appointments ***	Monthly	tbc			*Under Review*			n/a
Theatre Cancellation Rate (Non-Medical Cancellations)	Monthly	≤0.8%	G		1.43%	0.80%		0.97%
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		2.31%	2.22%		
VTE Risk Assessment	Monthly	≥95%	G		99.1%	97.4%		97.9%
Posterior Capsular Rupture rates (Cataract Operations Only)	Monthly	≤1.95%	G		0.72%	0.71%		0.88%

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

Remedial Action Plan - August 2022

Moorfields Eye Hospital NHS Foundation Trust NHS

RTT Incomplete Pathways Over 18 Weeks

Red		Target	≤ Previous Mth.	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	9098	9189		
City Road	*North*	*South*	*Other*		
3939	*3007*	*2224*	*n/a*		

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 reason for the increase in over 18 week patients in this period was due to a large number of mutual aid patients, combined with increased cataract patient numbers.	Royal free patients have been booked and will be treated in due course. There are efforts to manage and increase outpatient cataract capacity across all divisions. It is important to note that during this period, there has been a reduction in the over 36 weeks patients.	December 2022	In Progress (No Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
No Further Issues or actions reported		

Remedial Action Plan - August 2022

52 Week RTT Incomplete Breaches

Red		Target	Zero Breaches
	YTD	Previous Period	Current Period
	39	10	5
City Road	*North*	*South*	*Other*
1	*1*	*3*	*n/a*

Current Period Overview: Whilst not achieving the threshold, Performance was below average showing no recent trends. It is within it's expected variation

600
400
200
0
Sep20 Oct20 Nov20 Dec20 Jan21 Feb21 Mar21 Apr21 May21 Jun21 Jul21 Aug21 Sep21 Oct21 Nov21 Dec21 Jan22 Feb22 Mar22 Apr22 May22 Jun22 Jul22 Aug22

Rate
Average
Control Limits
Exceptional Value

Domain	Service Excellence (Ambitions)	Responsible Director	Jon Spencer	Lead Manager	Andy Birmingham

Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
All three City Road breaches were patients transferred from the Royal Free as part of mutual aid.	Mutual aid patients are being reviewed and treated as early as possible, with variation dependent on the sub-specialty scrutiny indicates is most appropriate. Ongoing review via PTL validation and weekly PTL meetings with RTT team.	July 2022	In Progress (No Update)
Three patients breached 52 weeks at St George's due to incorrect RTTs being applied then found and validated. One patient remains from the previous OpenEyes issues.	All patients have TCIs in early July. An individual training issue has been identified and addressed.	July 2022	Complete

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
The North breach was the result of a filtering issue when reports were being pulled.	Training with the individual involved and additional failsafe measures have been put in place.	September 2022
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
The three patients carried over were due to patient unavailability following long pathways.	This is due to long waiters caused by RTT issues, training is still being given. It is worth noting that the patients in question have already closed as of early September	September 2022

Moorfields Eye Hospital NHS Foundation Trust NHS

Remedial Action Plan - August 2022

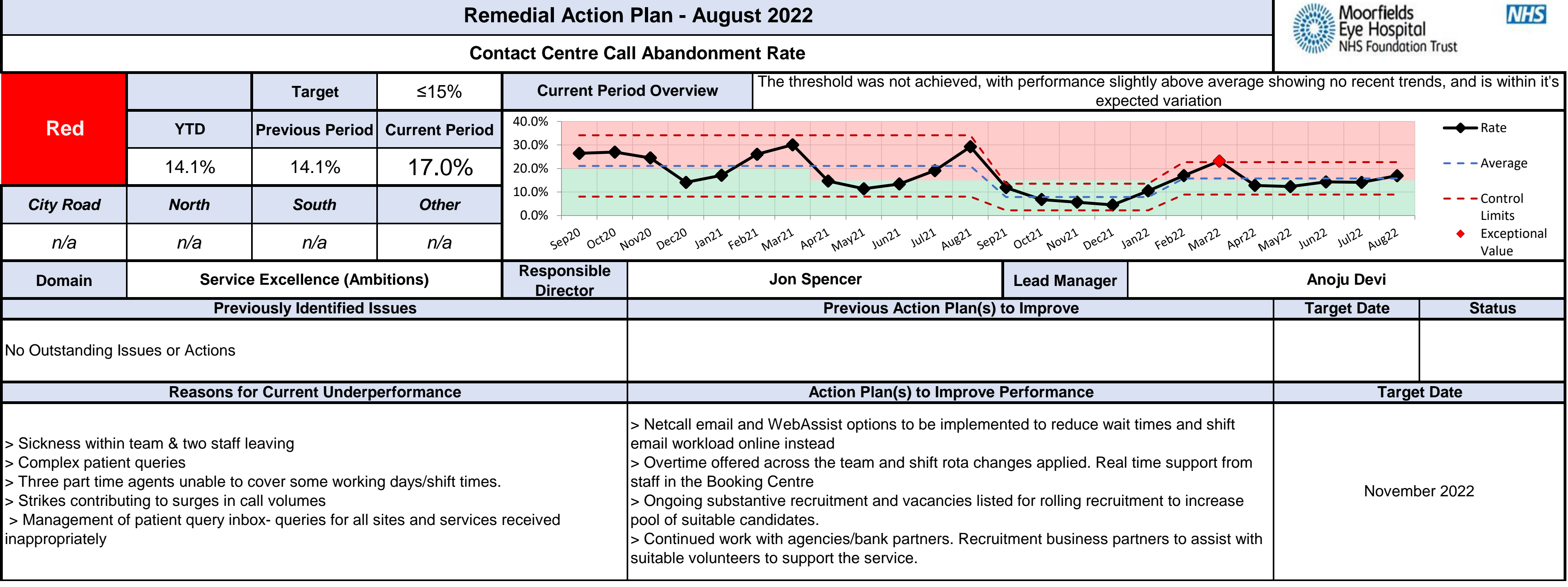
Average Call Waiting Time

Red		Target	≤ 2 Mins (120 Sec)	Current Period Overview	The threshold was not achieved, with performance above average showing a recent upward trend. It is within it's expected variation
	YTD	Previous Period	Current Period		
	n/a	215	285		
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 and sickness .	Demand and capacity on-going to plan for spikes in call volumes, ongoing substantive recruitment and liaising with bank partner colleagues for temporary staff, managing long term sickness cases with HR support. Plans to introduce web assist/email functionality to reduce inbound calls and improve patient experience are in progress	September 2022	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Unplanned absences due to sickness combined with staff away on A/L.	> 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



Remedial Action Plan - August 2022

Contact Centre Call Abandonment Rate

Moorfields Eye Hospital NHS Foundation Trust | NHS

Red		Target	≤15%
	YTD	Previous Period	Current Period
	14.1%	14.1%	17.0%
City Road	*North*	*South*	*Other*
n/a	*n/a*	*n/a*	*n/a*

Current Period Overview: The threshold was not achieved, with performance slightly above average showing no recent trends, and is within it's expected variation

Domain	Service Excellence (Ambitions)	Responsible Director	Jon Spencer	Lead Manager	Anoju Devi

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
> 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	> 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

Service Excellence (Ambitions)	August 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	R	12	0	1		1
Endopthalmitis 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		95.7%	95.0%		94.8%
A&E Scores from Friends and Family Test - % positive	Monthly	≥90%	G		92.0%	90.2%		91.5%
Outpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.1%	92.3%		92.8%
Paediatric Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.7%	91.1%		93.8%

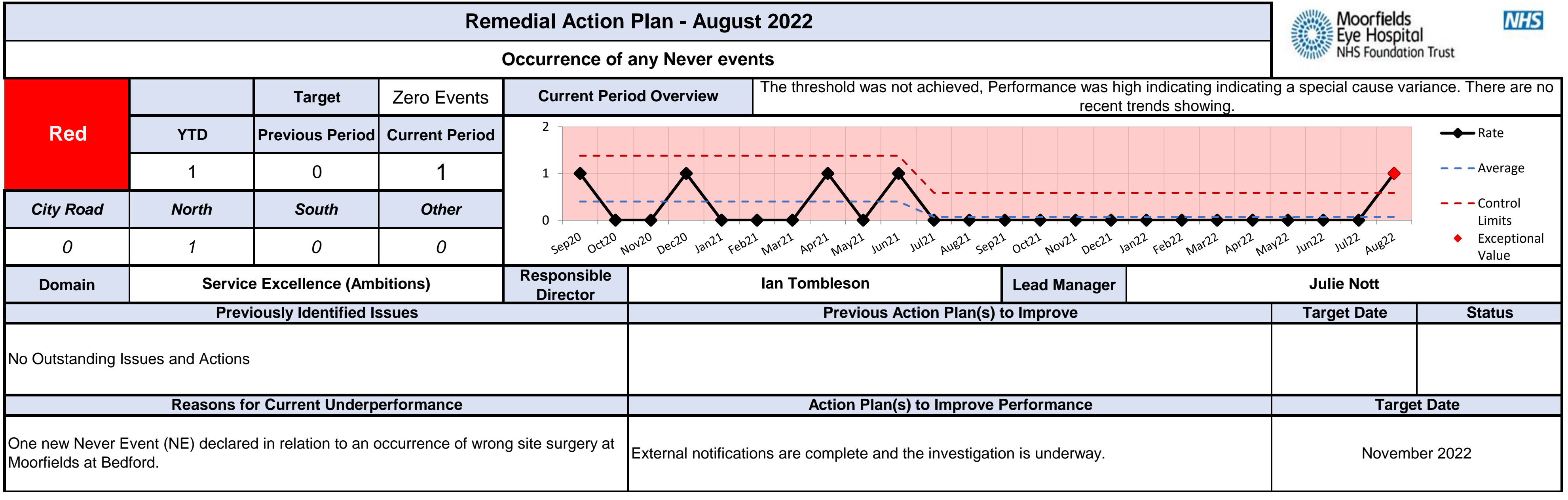
Where issued for a metric, the page number of the Remedial Action Plan (RAP) can be found in column 'RAP Pg'

Service Excellence (Ambitions)

August 2022

Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Quality and Safety Metrics								
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	13	88.2%	66.7%		78.0%
Percentage of responses to written complaints acknowledged within 3 days	Monthly	≥80%	G		100.0%	100.0%		100.0%
Freedom of Information Requests Responded to Within 20 Days	Monthly (Month in Arrears)	≥90%	G		100.0%	100.0%		95.7%
Subject Access Requests (SARs) Responded To Within 28 Days	Monthly (Month in Arrears)	≥90%	G		100.0%	100.0%		100.0%
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			220	250		
Research Metrics								
Percentage of Commercial Research Projects Achieving Time and Target	Monthly	≥65%	G		66.7%	66.7%		71.8%
Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	Monthly	≥1800			2340	2850		8251
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Monthly	≥2%	G		6.3%	6.2%		

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



Remedial Action Plan - August 2022

Occurrence of any Never events

Moorfields Eye Hospital NHS Foundation Trust

NHS

Red		Target	Zero Events	Current Period Overview	The threshold was not achieved, Performance was high indicating indicating a special cause variance. There are no recent trends showing.
	YTD	Previous Period	Current Period		
	1	0	1		
City Road	*North*	*South*	*Other*		
0	*1*	*0*	*0*		

Domain	Service Excellence (Ambitions)	Responsible Director	Ian Tombleson	Lead Manager	Julie Nott

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

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
One new Never Event (NE) declared in relation to an occurrence of wrong site surgery at Moorfields at Bedford.	External notifications are complete and the investigation is underway.	November 2022

Remedial Action Plan - August 2022

Moorfields Eye Hospital NHS Foundation Trust — NHS

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

Red		Target	≥80%
	YTD	Previous Period	Current Period
	78.0%	88.2%	66.7%
City Road	*North*	*South*	*Other*
85.7%	*33.3%*	*0.0%*	*33.3%*

Current Period Overview: The threshold was not achieved, with performance below average showing no recent trends. It is within it's expected variation

Domain	Service Excellence (Ambitions)	Responsible Director	Ian Tombleson	Lead Manager	Robin Tall

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
Despite best efforts, overall complaints performance is below the 80% target due to staff sickness and leave in Moorfields North (MEHN) and a high-complexity case being delayed in order to ensure clinical accuracy in MEH South (the only case due in the period).	Complaint investigations and responses are being assigned to additional staff to cover during leave. Additional training sessions are being provided and the complaints delay escalation process within Divisions is being reviewed. The Complaints, Litigation and PALS (CLIP) meeting will move from bi-weekly to weekly and the meeting is being extended to 30 minutes for each site to enable discussion and resolution of complaints within the prescribed timeframe. A complaints internal audit is underway and this will support improved management and processes.	November 2022

People (Enablers)

August 2022

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Workforce and Financial Metrics								
* Staff Sickness (Month Figure) added to report to show recent staff sickness trend. Remedial Action Plan produced for Rolling Sickness rate covering both monthly and 'rolling annual' figures. ** For commentary, please refer to the Finance Report presented to board								
Workforce Metrics								
Appraisal Compliance	Monthly	≥80%	R	15	71.0%	63.7%		
Information Governance Training Compliance	Monthly	≥95%	R	16	90.4%	88.8%		
Staff Sickness (Month Figure)	Monthly	≤4%		*	4.4%	5.4%		
Staff Sickness (Rolling Annual Figure)	Monthly (Month in Arrears)	≤4%	A	17	4.7%	4.8%		
Proportion of Temporary Staff	Monthly	RAG as per Spend			15.4%	15.6%		14.7%
Financial Metrics								
Overall financial performance (In Month Var. £m)	Monthly	≥0	G		0.27	0.20		0.66
Commercial Trading Unit Position (In Month Var. £m)	Monthly	≥0	G		0.46	0.17		0.84

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

Remedial Action Plan - August 2022

Appraisal Compliance

Red		Target	≥80%	Current Period Overview	The threshold was not achieved, Performance was low indicating indicating a special cause variance as well as showing a recent downward trend.
	YTD	Previous Period	Current Period		
	n/a	71.0%	63.7%		
City Road	***North***	***South***	***Other***		
n/a	*n/a*	*n/a*	*n/a*		

Chart: 85.0%, 80.0%, 75.0%, 70.0%, 65.0%, 60.0%; Sep20, Oct20, Nov20, Dec20, Jan21, Feb21, Mar21, Apr21, May21, Jun21, Jul21, Aug21, Sep21, Oct21, Nov21, Dec21, Jan22, Feb22, Mar22, Apr22, May22, Jun22, Jul22, Aug22. Legend: Rate, Average, Control Limits, Exceptional Value

Domain	People (Enablers)	Responsible Director	Sandi Drewett	Lead Manager	Rachele Johnson

Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
Non completion of appraisals - a number of appraisals became non compliant in July which has impacted the compliance rate. Some delays are due to annual leave and other staff unavailability	Continue with communication plan roll out; this includes being a regular agenda item at Senior Manangement Team meetings and compliance information is included in all performance reports. HR Business Partners receive regular non-compliance reports to support completion of appraisal by working closely with divisional managers.	September 2022	In Progress (Update)
Merging of completion rates for appraisals completed online and on paper forms is currently manual. This is to become automated this month for more regular up to date compliance	Automation of appraisal information for paper process and via Insight.	August 2022	Complete
Provide increased support and resources for managers to conduct appraisals and navigate the Insight page on the Intranet	Templates going through governance process. Training is currently being updated and will be rolled out in September	September 2022	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
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
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
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 addtion the appraisal policy will be reviewed and a draft version will be available for comments end of September.	October 2022

Remedial Action Plan - August 2022

Information Governance Training Compliance

Red		Target	≥95%
	YTD	Previous Period	Current Period
	n/a	90.4%	88.8%
City Road	*North*	*South*	*Other*
n/a	*n/a*	*n/a*	*n/a*

Current Period Overview: The threshold was not achieved, Performance was low indicating indicating a special cause variance as well as showing a recent downward trend.

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 90.4% below the required 95%. The specific reason for this is due to new August starters not being compliant and they are catching up. The main reasons for this position continue to be consistent with previously reported. Staff have fallen out of compliance with training; some IT accounts have been disabled but Insight is still displaying users as active; small numbers of new starters are yet to complete their training.	Continuing to escalate to HR team the anomalies in data reporting to remove leavers from Insight to ensure IG training for recruitment of new starters; and ascertaining employment positions on ESR to clarify root causes. Insight system upgrade now completed. IG team continue to send reminder emails to individuals where compliance has expired. 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 SIRO and Associate Director of Workforce at SMT meetings.	October 2022	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
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 mangers 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

Remedial Action Plan - August 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 a recent upward trend. It is within it's expected variation
	YTD	Previous Period	Current Period		
	n/a	4.7%	4.8%		
City Road	*North*	*South*	*Other*		
n/a	*n/a*	*n/a*	*n/a*		

Domain	People (Enablers)	Responsible Director	Sandi Drewett	Lead Manager	

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 (No Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
No Further Issues or Actions Reported		