

### Report to Trust Board

<b>Report Title</b>	<b>Integrated Performance Report - March 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>	

**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**

Within March 2022 the greater number of working days in the month helped the Trust to achieve 98.9% of the elective activity and 99.7% of outpatient activity that we were required to deliver by our commissioners. Weekly run rates averaged 93.9% and 99% respectively. Although there were two specific challenges relating to failing estate at the St Ann's and Ealing sites, the primary driver for us not achieving 100% of the required level of activity was a continued raised sickness level of 4.4%.

The level of referrals received increased significantly for a second month in a row to 106% of the level seen before the pandemic. This rise in referrals and the ongoing mutual aid which we are providing to the Royal Free Hospital Group has caused a continued increase in our new patient waiting list. Work is underway to identify the level of activity which can be delivered through 2022/23 so that we can develop a timeline to address this backlog of new patients.

Our A&E attendances rose significantly in month to 70%. Although it is too early to confirm that this is a trend, work will be undertaken to assess the drivers behind this including whether it is linked to a greater number of individuals returning to work in Central London.

The number of patients waiting over 52 weeks for their treatment has dropped to 16 which shows the progress that we are making in treating the patients who have transferred to us from the Royal Free. The number of patients waiting over 18 weeks has continued to rise, however the proportion of patients who are receiving their care within 18 weeks has remained consistent.

The Trust did not meet the average call waiting or abandonment rates for our booking centre. This was again due to challenges around the level of sickness absence within the team and the unreliability of temporary staff.

Although the Trust saw a slight improvement in performance against the metric which monitors our complaint responses, performance was still below the required standard. This was caused by a continuation of the issues highlighted in previous months, however additional support has been resourced to further improve this position.

We did not meet either the appraisal and IG targets in the month, although performance improved slightly against the appraisal metric. Actions are continuing to improve the quality of our data and to target where individuals need to be booked in for their appraisal or training.

**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.

<b>For Assurance</b>	<b>X</b>	<b>For decision</b>		<b>For discussion</b>		<b>To Note</b>	
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## Context - Overall Activity - March 2022

		March 2022	19/20 Mth 1-11 Average	Year To Date
<b>Accident &amp; Emergency</b>	A&E Arrivals (All Type 2)	5,767	8,230	61,367
	Number of 4 hour breaches	0	124	31
<b>Outpatient Activity</b>	Number of Referrals Received	12,378	11,628	125,378
	Total Attendances	50,317	50,447	563,321
	First Appointment Attendances	10,840	11,055	124,113
	Follow Up (Subsequent) Attendances	39,477	39,391	439,208
	% Appointments Undertaken Virtually	6.5%	0.2%	8.1%
<b>Admission Activity</b>	Total Admissions	3,047	3,081	34,116
	Day Case Elective Admissions	2,769	2,747	31,107
	Inpatient Elective Admissions	89	99	887
	Non-Elective (Emergency) Admissions	189	235	2,122

These figures are not subject to any finance or commissioning business logic. They present all activity, whether chargeable or not

**Service Excellence (Ambitions)**












*March 2022*

**Operational Metrics**

\* Figures Provisional for March 2022

\*\* RTT ratings will be re-introduced once initial recovery plan has been completed. 12 out of the 16 '52 Week Breaches' are Mutual Aid patients.


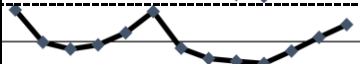



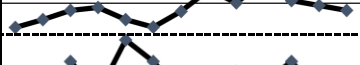
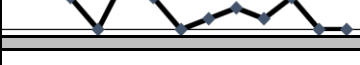


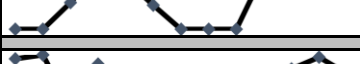
\*\*\* Median Clinic Journey Time Metrics under review and due to be reported from April, as definitions are updated to account for different clinic environments (e.g Face-to-Face & Video appointments, Diagnostic Hubs)

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%		98.7%
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Monthly	≥93%	G		94.7%	98.9%		97.9%
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Monthly	≥96%	G		100.0%	100.0%		99.1%
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%			100.0%	n/a		100.0%
Cancer 28 Day Faster Diagnosis Standard	Monthly	≥75%	G		71.4%	100.0%		93.3%
18 Week RTT Incomplete Performance **	Monthly	≥92%			77.5%	77.8%		78.1%
RTT Incomplete Pathways Over 18 Weeks **	Monthly	≤1608 (Avg. 2019/20)			8606	8842		
52 Week RTT Incomplete Breaches **	Monthly	Zero Breaches			28	16		396
A&E Four Hour Performance	Monthly	≥95%	G		100.0%	100.0%		99.9%
Percentage of Diagnostic waiting times less than 6 weeks *	Monthly	≥99%	G		100.0%	100.0%		99.0%

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

**Service Excellence (Ambitions)**

*March 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	4	281	430		
Average Call Abandonment Rate	Monthly	≤15%	R	5	17.0%	23.1%		14.5%
Median Clinic Journey Times - New Patient appointments ***	Monthly	≤ 95 Mins (tbc)			Under Review			77
Median Clinic Journey Times -Follow Up Patient appointments ***	Monthly	≤ 85 Mins (tbc)			Under Review			84
Theatre Cancellation Rate (Non-Medical Cancellations)	Monthly	≤0.8%	G		0.74%	0.62%		0.70%
Number of non-medical cancelled operations not treated within 28 days *	Monthly	Zero Breaches	G		0	0		18
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		2.05%	1.85%		
VTE Risk Assessment	Monthly	≥95%	G		99.5%	98.7%		98.6%
Posterior Capsular Rupture rates (Cataract Operations Only)	Monthly	≤1.95%	G		1.07%	1.57%		1.03%

### Remedial Action Plan - March 2022



#### Average Call Waiting Time

<b>Red</b>	<b>Target</b>	≤ 2 Mins (120 Sec)	<b>Current Period Overview</b>	The threshold was not achieved, with performance above average showing a recent upward trend. It is within its expected variation			
	<b>YTD</b>	<b>Previous Period</b>	<b>Current Period</b>				
	n/a	281	430				
<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>
Staffing levels within the team have been challenged due to unplanned short and long term sickness during February.			Staff rotation within the team with revised start/finish times to support increases in call volumes. Continue with staff forecasting. Ongoing monitoring of staff sickness with HR support- there has been improvement in February and further improvement expected going into March. 2.0 WTE agency staff now in place to backfill sickness. 2.0 WTE substantive recruitment- employments checks in progress. April start dates anticipated. Continuing to work with Bank Partners to increase short notice cover as required.			April 2022	In Progress (Update)
<b>Reasons for Current Underperformance</b>			<b>Action Plan(s) to Improve Performance</b>			<b>Target Date</b>	
March staffing levels within the team have continued to be challenged due to unplanned short and long term sickness and staff spending annual leave for 21/22. Further challenges encountered with unreliable agency staff.			Staff rotation within the team with revised start/finish times to support increases in call volumes. Continue with staff forecasting and agree weekend opening if required. Ongoing monitoring of staff sickness with HR support. 2.0 further agency staff awaiting onboarding in April. Substantive recruitment in progress of 1.0 WTE- 1 candidate withdrew. Continue to work with Bank Partners to increase short notice cover as required.			April 2022	

**Remedial Action Plan - March 2022**








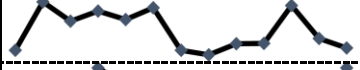




**Average Call Abandonment Rate**

<b>Red</b>	<b>Target</b>	≤15%		<b>Current Period Overview</b>	The threshold was not achieved, with performance above average showing a recent upward trend. It is within it's expected variation				
	<b>YTD</b>	<b>Previous Period</b>	<b>Current Period</b>						
	14.5%	17.0%	23.1%						
<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>
Staffing levels within the team have been challenged due to unplanned short and long term sickness during February.				Staff rotation within the team with revised start/finish times to support increases in call volumes. Continue with staff forecasting. Ongoing monitoring of staff sickness with HR support- there has been improvement in February and further improvement expected going into March. 2.0 WTE agency staff now in place to backfill sickness. 2.0 WTE substantive recruitment- employments checks in progress. April start dates anticipated. Continuing to work with Bank Partners to increase short notice cover as required.				April 2022	In Progress (Update)
<b>Reasons for Current Underperformance</b>				<b>Action Plan(s) to Improve Performance</b>				<b>Target Date</b>	
March staffing levels within the team have continued to be challenged due to unplanned short and long term sickness and staff spending annual leave for 21/22. Further challenges encountered with unreliable agency staff.				Staff rotation within the team with revised start/finish times to support increases in call volumes. Continue with staff forecasting and agree weekend opening if required. Ongoing monitoring of staff sickness with HR support. 2.0 further agency staff awaiting onboarding in April. Substantive recruitment in progress of 1.0 WTE- 1 candidate withdrew. Continue to work with Bank Partners to increase short notice cover as required.				April 2022	



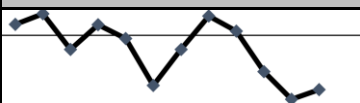

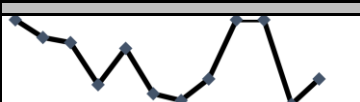
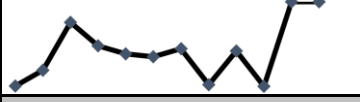

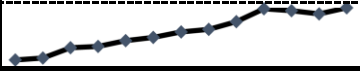



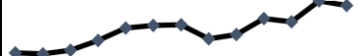
**Service Excellence (Ambitions)**

*March 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		0	0		2
Endophthalmitis Rates - Aggregate Score	Quarterly	Zero Non-Compliant	R	8	0	1		
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		94.4%	94.0%		95.0%
A&E Scores from Friends and Family Test - % positive	Monthly	≥90%	G		91.0%	92.0%		92.7%
Outpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.1%	93.0%		93.3%
Paediatric Scores from Friends and Family Test - % positive	Monthly	≥90%	G		91.5%	95.9%		93.7%

**Service Excellence (Ambitions)**

*March 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	9	50.0%	54.5%		73.5%
Percentage of responses to written complaints acknowledged within 3 days	Monthly	≥80%	G		100.0%	100.0%		99.0%
Freedom of Information Requests Responded to Within 20 Days	Monthly (Month in Arrears)	≥90%	G		90.5%	93.3%		95.3%
Subject Access Requests (SARs) Responded To Within 28 Days	Monthly (Month in Arrears)	≥90%	G		100.0%	100.0%		96.0%
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			305	334		
Research Metrics								
* Metric frequency changed to Quarterly as data is measured over a 12 month period, a more responsive version of this metric is being investigated.								
Median Time To Recruitment of First Patient (Days)	Quarterly	≤ 70 Days			<i>Under Review</i>			
Percentage of Commercial Research Projects Achieving Time and Target	Monthly	≥65%	G		100.0%	83.3%		93.6%
Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	Monthly	≥1800			6286	7830		42733
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Monthly	≥2%	G		5.6%	5.6%		



**Remedial Action Plan - March 2022**



**Endophthalmitis Rates - Aggregate Score**

<b>Red</b>	<b>Target</b>	Zero Non-Compliant	<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	0	1					
<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>Sheila Adam</b>		<b>Lead Manager</b>	<b>Catherine Wagland</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>In 2020/21 there were no cases of post glaucoma endophthalmitis, however this year has seen a slight increase in the number of cases with a single case leading to a breach in the expected benchmark. There were 3 cases overall with two occurring in April 2021 and one in January 2022. The benchmark rate for post glaucoma endophthalmitis is set at 1:1000, service performance currently stands at 1.12. Recommendations from the root cause analysis undertaken identified that documentation and aspects of the clinical procedure could be improved and therefore staff required appropriate training to ensure that patients receive optimal care.</p>				<p>In April 2021 the IPCT notified the service lead of two cases, these were to be discussed at the glaucoma service meeting to raise awareness. Further monitoring continued until a 3rd case was identified in January and subsequent notification was undertaken. There were no cumulative factors identified as causative agents for this increase in number. Glaucoma Service Lead to confirm actions to be taken to reduce the current rate of infection.</p>			<p>April 2022</p>	

### Remedial Action Plan - March 2022



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

<b>Red</b>	<b>Target</b>	≥80%		<b>Current Period Overview</b>	The threshold was not achieved, with performance below average showing no recent trends. It is within it's expected variation				
	<b>YTD</b>	<b>Previous Period</b>	<b>Current Period</b>						
	73.5%	50.0%	54.5%						
<b>City Road</b>	<b>North</b>	<b>South</b>	<b>Other</b>						
1	0.666667	1	n/a						
<b>Domain</b>	<b>Service Excellence (Ambitions)</b>			<b>Responsible Director</b>	Ian Tombleson		<b>Lead Manager</b>	Nisha Domadia	
<b>Previously Identified Issues</b>				<b>Previous Action Plan(s) to Improve</b>			<b>Target Date</b>	<b>Status</b>	
<p>The main contribution comes from CR division. This was due to a combination of factors, largely a continuation of the issues from the previous months:</p> <ul style="list-style-type: none"> <li>Continued Sickness absence due to COVID</li> <li>More complex complaints requiring significant investigation across multiple services</li> </ul>				<p>The senior management escalation process is now being embedded and offers support to complaint leads if they anticipate delays. This will be monitored by the team.</p>			April 2022	In Progress (Update)	
<b>Reasons for Current Underperformance</b>				<b>Action Plan(s) to Improve Performance</b>			<b>Target Date</b>		
<p>The increase in overdue complaints related to estates is driven by DHL staff sickness and staff leave.</p>				<p>DHL have appointed complaints manager and responses should be sent within the time frame.</p>			May 2022		
<p>Main contribution for complaints under performance continues to come from a number of factors and is a continuation of the issues from previous months:</p> <ul style="list-style-type: none"> <li>Continued sickness due to COVID</li> <li>Staff vacancies</li> <li>More complex complaints requiring significant investigation and focus across multiple services</li> </ul>				<p>Support is offered by the central team to complaint leads as required and if they anticipate delays. New bi-weekly catch up with QPs and central team being introduced. An agency member of staff has been employed by CR to focus on complaints until the substantive QP commences their role. The CR senior management escalation process is now being embedded and offers support to complaint leads if they anticipate delays. This will be monitored by the team. Training will be offered to any new complaint leads as staff change.</p>			July 2022		

People (Enablers)

March 2022

Workforce and Financial Metrics								
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	11	73.8%	74.9%		
Information Governance Training Compliance	Monthly	≥95%	A	12	93.8%	93.6%		
Staff Sickness (Rolling Annual Figure)	Monthly (Month in Arrears)	≤4%	A	13	4.3%	4.4%		
Proportion of Temporary Staff	Monthly	RAG as per Spend			14.1%	15.5%		12.2%
<b>Financial Metrics</b>								
Overall financial performance (In Month Var. £m)	Monthly	≥0	G		0.85	2.15		4.58
Commercial Trading Unit Position (In Month Var. £m)	Monthly	≥0	G		-0.21	0.11		1.17

### Remedial Action Plan - March 2022



#### Appraisal Compliance

<b>Red</b>	<b>Target</b>	≥80%		<b>Current Period Overview</b>	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	73.8%	74.9%						
<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>	Sandi Drewett		<b>Lead Manager</b>	Bola Ogundeji	
<b>Previously Identified Issues</b>				<b>Previous Action Plan(s) to Improve</b>				<b>Target Date</b>	<b>Status</b>
Current appraisal compliance rate for the trust is 74%. Partially due to absence levels in February.				Continued reminders sent out. Review of data shows that individuals on maternity leave/career break/suspended do not skew the compliance information. Hot spot area work continues.				April 2022	In Progress (Update)
<b>Reasons for Current Underperformance</b>				<b>Action Plan(s) to Improve Performance</b>				<b>Target Date</b>	
Some managers are not aware that they need to email L&D immediately after completing an appraisal. The appraisal system on Insight does not alert managers to email L&D immediately after appraisal completion.				Introduce clear messaging on the current appraisal system on Insight to alert managers to email L&D immediately after completing an appraisal. Work with Julian to edit the appraisal landing page and add in alerts where appropriate.				May 2022	
We need to ensure managers are fully equipped to conduct meaningful appraisal ensuring all 3 parts of the appraisal process is completed, which includes (my objectives, my development and my reviews). All aspects of the process needs to be completed in order for appraisal completions to be captured.				Promote and emphasise the importance of managers conducting appraisals and to encourage managers to undertake completing the Achievement and Performance Review Training. Work with Comms team to launch an appraisal compliance campaign.				May 2022	

### Remedial Action Plan - March 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>	98.0%					
	n/a	93.8%	93.6%	96.0%					
<b>City Road</b>	<b>North</b>	<b>South</b>	<b>Other</b>	94.0%					
n/a	n/a	n/a	n/a	92.0%					
<b>Domain</b>	<b>People (Enablers)</b>			<b>Responsible Director</b>	<b>Ian Tombleson</b>		<b>Lead Manager</b>	<b>Llinos Bradley</b>	
<b>Previously Identified Issues</b>				<b>Previous Action Plan(s) to Improve</b>				<b>Target Date</b>	<b>Status</b>
At 14/3/22 compliance is 93.8%. The four main reasons for this position continue to be the same as previously reported. Staff have fallen out of compliance with training; some IT accounts have disabled but Insight is still displaying users as active; small number of new starters yet to complete training; some having completed the training on e-LfH platform which has not yet updated on Insight.				Continuing to escalate to HR team the anomalies in data reporting to remove leavers from Insight, ensure IG training for recruitment of new starters and ascertaining employment positions on ESR to clarify the root cause. IG continue to send reminder emails to individuals and line managers where IG compliance has expired. On-going push at SMT meetings to encourage compliance in all teams and departments.				April 2022	In Progress (Update)
<b>Reasons for Current Underperformance</b>				<b>Action Plan(s) to Improve Performance</b>				<b>Target Date</b>	
Performance remains good at 93.8% but below the required 95%. The four main reasons for this position continue to be consistent with previously reported. Staff have fallen out of compliance with training; some IT accounts have disabled but Insight is still displaying users as active; small numbers of new starters are yet to complete their training; some have completed training on e-LfH platform which has not updated on Insight system				Continuing to escalate to HR team the anomalies in data reporting to remove leavers from Insight, ensure IG training for recruitment of new starters and ascertaining employment positions on ESR to clarify the root cause. Insight system upgrade taking place in July. IG continue to send reminder emails to individuals and line managers where compliance has expired. On-going reminders at SMT meetings to encourage compliance in all teams and departments.				June 2022	

### Remedial Action Plan - March 2022

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

<b>Amber</b>	<b>Target</b>	≤4%		<b>Current Period Overview</b>	The threshold was not achieved, Performance was high indicating indicating a special cause variance as well as showing a recent upward trend.				
	<b>YTD</b>	<b>Previous Period</b>	<b>Current Period</b>	<p>Legend: Rate (black line with diamonds), Average (blue dashed line), Control Limits (red dashed lines), Exceptional Value (red diamond).</p>					
	n/a	4.3%	4.4%						
<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>Bola Ogundeji</b>	
<b>Previously Identified Issues</b>				<b>Previous Action Plan(s) to Improve</b>				<b>Target Date</b>	<b>Status</b>
Due to the departure of two staff members within the team, it has only been possible to cover one of the vacancies so far. This has, therefore, impacted the regularity of reports shared by the ER team on sickness absence.				The Employee Relations Lead will review any gaps in reporting structure and frequency. She will also ensure improved engagement and responsiveness between the employee relations advisors and managers in managing sickness cases. For cases stuck at stage 2 level, the ER team will ensure that there is timely escalation to stage 3 - the final sickness hearing as this will help mitigate against long drawn out absences. There will be a regular liaison with divisional HRBPs to ensure divisional oversight and ownership for promptly managing sickness issues.				March 2022	In Progress (Update)
New managers to the trust are often less familiar with the Trust's sickness management policy and triggers				Highlight upcoming training sessions to managers four weeks before sickness absence management training is due to be delivered - ongoing.				March 2022	In Progress (Update)
<b>Reasons for Current Underperformance</b>				<b>Action Plan(s) to Improve Performance</b>				<b>Target Date</b>	
The vacant post is being recruited into, which will enable regularity of reports from the ER team.				ER team to continually improve engagement and responsiveness with managers and progress long - term sickness absence to stage 3 hearing. To liaise with the HRBPs to ensure oversight of sickness absence issues.				April 2022	
New managers to the trust are often less familiar with the Trust's sickness management policy and triggers				ER team will support and coach new and existing line managers with the application of the sickness absence policy.				April 2022	