



	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	Х	For decision	For discussion	To Note	
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Context - Overall Activity - August 2022

		August 2022	19/20 Mth 1-11 Average	Year To Date
Accident &	A&E Arrivals (All Type 2)	6,094	8,230	30,358
Emergency	Number of 4 hour breaches	47	124	90
	Number of Referrals Received	12,117	11,628	58,218
Outpotions	Total Attendances	48,695	50,447	240,871
Outpatient Activity	First Appointment Attendances	11,303	11,055	56,612
Activity	Follow Up (Subsequent) Attendances	37,392	39,391	184,259
	% Appointments Undertaken Virtually	6.7%	0.2%	6.5%
	Total Admissions	3,203	3,081	15,360
Admission	Day Case Elective Admissions	2,912	2,747	13,955
Activity	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%	Α	3	102.1%	
Outpatient Follow Up Appointment Activity - % of Phased Plan	Monthly	≥85%	G		95.5%	→





Outpatient First Appointment Activity - % of Phased Plan

		Target	≥110%	Current Per	od Overview	Whilst not achieving	the threshold,		ightly above averag cted variation	e showing no recent t	rends, and is within		
Amber	YTD	Previous Period	Current Period	120.0% 110.0%							→ Rate		
	104.3%	98.6%	102.1%	100.0%	_		•			•	Average		
City Road	North	South	Other	90.0%	•						 ControlLimits		
96.6%	110.3%	105.7%	n/a	Apr21 Mar	51 ^{mu5} 1 mi51	AUB ²¹ SEP ²¹ Oct ²¹	Nov21 Dec51	Jan22 Feb22 Mar22	Apr22 May25 Jur	122 Jul22 Aug22	Exceptional Value		
Domain		Activity Vs. Plan		Responsible Director		Jon Spencer		Lead Manager		Kathryn Lennon			
	Prev	iously Identified Is	ssues			Previous A	ction Plan(s)	to Improve		Target Date	Status		
cancellations were	e necessary.	ational 21/07 to 23/ unned service deve	· ·		Service developr	sferred to City Road hu ments now approved. F capital works timelines.	eforecasting a	· ·	ne with	September 2022	Complete		
North Division: co	mbined impact of	annual leave and u	underutilisation of	Brent Cross		ing up fo Brent Cross on nutual aid for Glaucom			Cross by ~700 new	August 2022	Complete		
		patient and hospita n over the month of		lary to the recent		ment plans to exceed 1 cs are booked in Augus				August 2022	Complete		
	Reasons fo	or Current Underp	erformance			Action Plan(s	s) to Improve	Performance		Targe	t 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 a pusinges case for 2 x Pagiliatric consultants and associated staff to support the									Septemb	per 2022			
staffing gaps acro	ss MR, Uveitis an resulting from pla	ctivity secondary to ad Genetics. anned service deve			Sontomb								





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%	$\overline{}$	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%





August 2022

	Operation	al 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		Г	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 l	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	$\sim \sim$	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%	V~~~	0.88%

Moorfields Eye Hospital NHS Foundation Trust NHS Remedial Action Plan - August 2022 **RTT Incomplete Pathways Over 18 Weeks** ≤ Previous Whilst not achieving the threshold, Performance was slightly above average showing a recent upward trend. It is Target **Current Period Overview** within it's expected variation Mth. 20,000 Previous Period Current Period Red YTD Rate 15,000 9098 9189 – – Average n/a 10,000 - - - Control City Road North South Other 5,000 Limits 12 LE ESDY WALL POLL WART MAL MILL MARY SEBY OCKY, MONT DECY 12 LE ESDY WALL WORL WALL MAKE MAL MAKE MAL MAKE Exceptional 3939 3007 2224 n/a Value Responsible Service Excellence (Ambitions) Jon Spencer Lead Manager **Andy Birmingham** Domain Director **Previously Identified Issues** Previous Action Plan(s) to Improve **Target Date** Status Royal free patients have been booked and will be treated in due course. There are efforts to The reason for the increase in over 18 week patients in this period was due to a large In Progress (No manage and increase outpatient cataract capacity across all divisions. It is important to note December 2022 number of mutual aid patients, combined with increased cataract patient numbers. Update) that during this period, there has been a reduction in the over 36 weeks patients. Reasons for Current Underperformance Action Plan(s) to Improve Performance **Target Date** No Further Issues or actions reported





52 Week RTT Incomplete Breaches

		Target	Zero Breaches	Current Per	iod Overview	Whilst not achieving the thres		was below average shected variation	owing no recent trend	ls. It is within it's
Red	YTD	Previous Period	Current Period	600		*				Rate
	39	10	5	200						Average
City Road	North	South	Other	0			**		***	Control Limits
1	1	3	n/a	sep20 Oct20,	10150 Dec50 19U51 Lep	57 Wassy Malsy Massy Inusy Inusy Massy 26,	bs, Octs, Mons, Decs,	Jan 22 Fep 55 Wal 55 Wa	y22 jun22 jul22 AUB22	Exceptional Value
Domain	Service	e Excellence (Ami	bitions)	Responsible Director		Jon Spencer	Lead Manager		Andy Birmingham	
	Prev	iously Identified Is	ssues			Previous Action Plan(s) to Improve		Target Date	Status
All three City Road mutual aid.	d breaches were p	oatients transferred	I from the Royal Fr	ee as part of	dependent on the	nts are being reviewed and treated a e sub-specialty scrutiny indicates is nd weekly PTL meetings with RTT to	most appropriate. (July 2022	In Progress (No Update)
		at St George's due ent remains from th			All patients have addressed.	TCIs in early July. An individual trai	ining issue has bee	n identified and	July 2022	Complete
	Reasons fo	or Current Underp	erformance			Action Plan(s) to Improve	e Performance		Targe	t Date
The North breach	was the result of	a filtering issue wh	en reports were be	ing pulled.	Training with the	individual involved and additional fa	ailsafe measures ha	ve been put in place.	Septemb	per 2022
The City road brea	ach was due to an	internal referral be	eing delayed		The process to tr	ansfer patients internally is being in	vestigated and will	be updated.	Octobe	r 2022
The three patients	carried over were	e due to patient un	availability followin	g long pathways.		g waiters caused by RTT issues, tra atients in question have already clos			Septemb	per 2022

NHS Remedial Action Plan - August 2022 Moorfields Eye Hospital **Average Call Waiting Time** ≤ 2 Mins (120 The threshold was not achieved, with performance above average showing a recent upward trend. It is within it's **Current Period Overview** Target expected variation Sec) Red YTD **Current Period** Rate **Previous Period** 600 400 215 285 – – Average n/a 200 - - Control City Road North South Other Limits OCTO MONDO DECTO POUT EGOS MONT MONT MONT MUST MINT PROBY SEDT OCTS MONT DECT POUT EGOS MONT WONT WONT MONT MINT MUST PROBY Exceptional n/a n/a n/a n/a Value Responsible Jon Spencer Lead Manager Domain Service Excellence (Ambitions) Anoju Devi Director **Previously Identified Issues** Previous Action Plan(s) to Improve **Target Date** Status 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 Unplanned absences and sickness In Progress September 2022 sickness cases with HR support. Plans to introduce web assist/email functionality to reduce (Update) inbound calls and improve patient experience are in progress Reasons for Current Underperformance Action Plan(s) to Improve Performance **Target Date** > 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. Unplanned absences due to sickness combined with staff away on A/L. October 2022 > 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.

NHS Moorfields Eye Hospital Remedial Action Plan - August 2022 NHS Foundation Trust **Contact Centre Call Abandonment Rate** The threshold was not achieved, with performance slightly above average showing no recent trends, and is within it's ≤15% **Target Current Period Overview** expected variation 40.0% Red YTD Previous Period Current Period Rate 30.0% 17.0% - - Average 14.1% 14.1% 20.0% 10.0% – – Control City Road South Other North 0.0% Limits Sep20 Octo Monto Decro Paury Leby Marty Ma Exceptional n/a n/a n/a n/a Value Responsible Service Excellence (Ambitions) Domain Jon Spencer Lead Manager Anoju Devi Director 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** > Netcall email and WebAssist options to be implemented to reduce wait times and shift Sickness within team & two staff leaving email workload online instead Complex patient queries > Overtime offered across the team and shift rota changes applied. Real time support from > Three part time agents unable to cover some working days/shift times. staff in the Booking Centre November 2022 > Strikes contributing to surges in call volumes > Ongoing substantive recruitment and vacancies listed for rolling recruitment to increase > Management of patient query inbox- queries for all sites and services received pool of suitable candidates. inappropriately > Continued work with agencies/bank partners. Recruitment business partners to assist with suitable volunteers to support the service.





August 2022

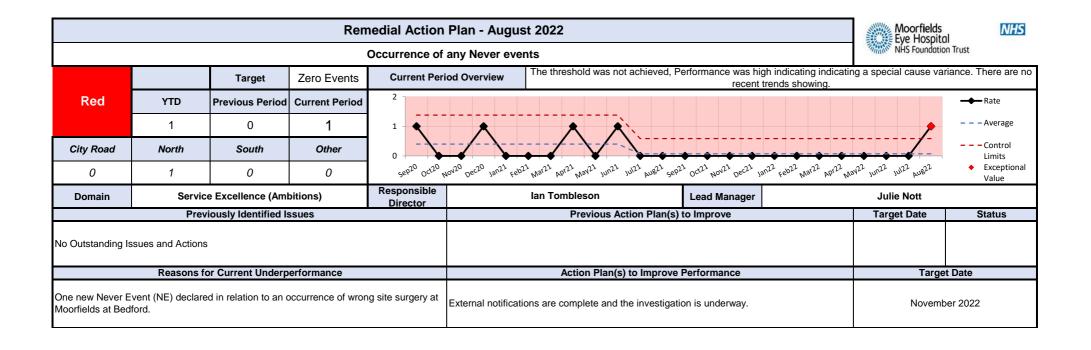
	Quality and S	afety Metrics						
Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Occurrence of any Never events	Monthly	Zero Events	R	12	0	1		1
Endopthalmitis Rates - Aggregate Score	Quarterly	Zero Non- Compliant			0			
MRSA Bacteraemias 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%





August 2022

	Quality and S	afety 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	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%	\sim	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%		



Remedial Action Plan - August 2022 Moorfields NHS Eye Hospital NHS Foundation Trust Percentage of responses to written complaints sent within 25 days (Month in Arrears) The threshold was not achieved, with performance below average showing no recent trends. It is within it's expected **Current Period Overview** Target ≥80% variation 100.0% Red Previous Period Current Period YTD Rate 90.0% 80.0% 66.7% – – Average 78.0% 88.2% 70.0% 60.0% – – Control City Road North South Other 50.0% Limits Sep20 OCTO NOVED DECTO JANET FEDEL MORTH POLITY MATE THE THE POLITY MORT SEPEN OCTIV MONT DECT JANET POLITY MORTH POLITY M Exceptional 85.7% 33.3% 0.0% 33.3% Value Responsible Service Excellence (Ambitions) Ian Tombleson Lead Manager Robin Tall Domain Director 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** Complaint investigations and responses are being assigned to additional staff to cover during leave. Additional training sessions are being provided and the complaints delay Despite best efforts, overall complaints performance is below the 80% target due to staff escalation process within Divisions is being reviewed. The Complaints, Litigation and PALS sickness and leave in Moorfields North (MEHN) and a high-complexity case being (CLIP) meeting will move from bi-weekly to weekly and the meeting is being extended to 30 November 2022 delayed in order to ensure clinical accuracy in MEH South (the only case due in the minutes for each site to enable discussion and resolution of complaints within the prescribed period). timeframe. A complaints internal audit is underway and this will support improved management and processes.





People (Enablers)

August 2022

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

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
	Workforc	e 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%	Α	17	4.7%	4.8%		
Proportion of Temporary Staff	Monthly	RAG as per Spend			15.4%	15.6%	~~~~	14.7%
	Financia	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

NHS Remedial Action Plan - August 2022 Moorfields Eye Hospital NHS Foundation Trust **Appraisal Compliance** The threshold was not achieved, Performance was low indicating indicating a special cause variance as well as ≥80% **Current Period Overview Target** showing a recent downward trend. 85.0% Red YTD Previous Period Current Period Rate 80.0% 75.0% n/a 71.0% 63.7% – Average 70.0% 65.0% - Control City Road North South Other 60.0% Limits) Jan 27 EGDT Mar 1 ADLI War 1 MUST MAS EGDT OCT MONT DECT AUS EGDT WAS EGDT WAS EGDT "WAL WOLF "WAS MUST Exceptional n/a n/a n/a n/a Value Responsible People (Enablers) Sandi Drewett Domain Lead Manager Rachele Johnson Director Previously Identified Issues Previous Action Plan(s) to Improve Status **Target Date** Continue with communication plan roll out; this includes being a regular agenda item at Non completion of appraisals - a number of appraisals became non compliant in July Senior Manangement Team meetings and compliance information is included in all In Progress which has impacted the compliance rate. Some delays are due to annual leave and other September 2022 performance reports. HR Business Partners receive regular non-compliance reports to (Update) staff unavailability support completion of appraisal by working closely with divisional managers. 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 Automation of appraisal information for paper process and via Insight. Complete August 2022 compliance Provide increased support and resources for managers to conduct appraisals and Templates going through governance process. Training is currently being updated and will In Progress September 2022 navigate the Insight page on the Intranet be rolled out in September (Update) Reasons for Current Underperformance Action Plan(s) to Improve Performance **Target Date** An article was created and posted on EyeQ (trust intranet) home page and weekly newsletter Increase communication to the organisation to respond to frequently asked questions and detailing FAQs along with dates for drop-in sessions available for staff to attend. Weekly September 2022 improve confidence with staff navigating the Insight system automated reports are being put in place for divisional managers to identify individual compliance issues - including appraisal. Divisional Managers and Heads of Nursing have had low compliance rates escalated to A significant number of staff have become non-compliant over the summer months (June them and are supporting the completion of appraisals in their areas. An appraisal October 2022 improvement plan is in place which includes regular tracking, drop ins and reports is July, August). underway. Planning training content for Appraisal 'meaningful conversations' is underway and delivery

Integrated Performance Report - August 2022 Page 15

version will be available for comments end of September.

is due to roll-out early October. In addtion the appraisal policy will be reviewed and a draft

October 2022

Provide increased support and resources for managers to conduct appraisals and

navigate the Insight page on the Intranet



Information Governance Training Compliance

			IIIIOIIII	ation Governa	ice maining c	Omphance			INCOME AND DESCRIPTION OF THE PROPERTY OF THE	
		Target	≥95%	Current Per	iod Overview	The threshold was not achieved,		low indicating indicat ecent downward trend	• .	ariance as well as
Red	YTD	Previous Period	Current Period	100.0%						→ Rate
	n/a	90.4%	88.8%	95.0%	4	* * * * * *		→ • • •		– – – Average
City Road	North	South	Other	90.0%			`			Control Limits
n/a	n/a	n/a	n/a	sep20 Oct20,	Monso Decso lausz tep	Natra Abisa Wansa musa misa Angga Seba	J Oct21 NOV21 Dec51	an22 Fep55 Wat55 Wat55 Wa	W22 Jun22 Jul22 AUB22	Exceptional Value
Domain		People (Enablers)	Responsible Director		lan Tombleson	Lead Manager		Jonathan McKee	
	Prev	riously Identified Is	ssues			Previous Action Plan(s)	to Improve		Target Date	Status
is due to new Aug reasons for this p fallen out of comp	just starters not bosition continue to bliance with training	6 below the required eing compliant and be consistent with g; some IT accoun ill numbers of new s	they are catching previously reported ts have been disaled	up. The main ed. Staff have bled but Insight is	positions on ESF continue to send regular reminder compliant. HR te	e IG training for recruitment of new sta R to clarify root causes. Insight system I reminder emails to individuals where is in addition to the automatically gene arm share with Business Partners so it ar escalations by SIRO and Associate	n upgrade now con compliance has e erated ones where it can be highlighte	npleted. IG team expired. HR send staff remain non- ed at senior divisional	October 2022	In Progress (Update)
	Reasons f	or Current Underp	erformance			Action Plan(s) to Improve	Performance		Targe	t Date
Reasons for Current Underperformance Action Plan(s) to Improve Performance 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										er 2022







Staff Sickness (Rolling Annual Figure) (Month in Arrears)										NHS Foundation Trust	
		Target	≤4%	Current Per	od Overview	The threshold was not ach	chieved, with		ightly above average s pected variation	showing a recent upw	ard trend. It is within
Amber	YTD	Previous Period	Current Period	5.0%				//			
	n/a	4.7%	4.8%	4.0%							Average
City Road	North	South	Other	3.5%	3.5% 3.0% Septh Oction Novin Decin Jaury tepth Wally Wally Wally Marky						
n/a	n/a	n/a	n/a	sep ²⁰ oct ²⁰ ,							
Domain		People (Enablers))	Responsible Director Sandi Drewett Lead Manager							
Previously Identified Issues						Previous Action	on 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											