



Report to Trust Board  port Title Integrated Performance Report - June 2022							
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Report from Jon Spencer - Chief Operating Officer							
Performance And Information Department							
Trust Management Committee / Management Executive							
achments							
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#### **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**

Having delivered 106% of the 2019/20 average outpatient first attendances in May, the Trust delivered 102.6% in June. Performance against the elective activity average was 101.5% in May and 92.5% in June. The reduction in both of these activity levels in June was primarily due to an increase in patient and hospital initiated cancellation rates caused by the industrial action on the railway lines, however a planned reduction in activity to facilitate a whole day clinical governance event for the City Road theatre service also contributed.

Although the number of outpatient follow up attendances reduced from 98.2% to 92.4% this was a positive movement for the Trust as we are now only paid for 85% of the average level achieved in 2019/20. Work is ongoing to reduce this number further so that the outpatient capacity can be used to treat a greater number of new patients. The number of patients who are being seen face to face in the A&E service has increased to 77% in both May and June which is assumed to be due to workers returning to central London in greater numbers. Work is ongoing to continue to increase attendances in A&E through virtual appointments and a potential hub and spoke model to other A&E departments across London.

Referral rates rose in both May (97.4%) and June (105.2%) which put additional pressure on attempts to reduce the backlog of new patients who are waiting for treatment. The number of patients waiting over 18 weeks for their treatment rose by 430 to 8830. Although a triage remains in place to ensure that only less urgent cases wait this long, work is underway to increase the capacity available in the Trust to start to reduce this list down to zero.

In June, the Trust had 7 patients who had waited over 52 weeks for their treatment. The reasons for this were split evenly between patients who had been transferred to us from the Royal Free and those who breached internally as a result of validation errors. Training has been put into place to prevent the validation errors from reoccurring.

Although the Trust again met the average call abandonment rate in June, we did not achieve the average call waiting time. This was again due to spikes in call volumes, this time caused by the industrial action and unplanned staff absences. Following a successful recruitment campaign of five new substantive staff it is anticipated that performance will sustainably improve by late

The Trust had a higher theatre cancellation rate in June due to the industrial action impacting on the City Road Division and an estates failure and lack of external anaesthetic availability impacting on the South Division. Of the patients who were cancelled, two could not be rebooked within 28 days because one patient was unfit for surgery and the other chose to delay their procedure.

Having seen an improvement in performance over the past two months, the turnaround time to respond to written complaints dipped just below the required standard. This was primarily due to concerns raised about patient transport which we are working with our third party supplier to improve. Performance against the standard of responding to freedom of information requests dipped below the required standard in month, however this is the first time that this has happened in over two years and acceptable performance should be achieved again by next month.

Work is ongoing to improve appraisal, IG training and sickness absence rates, focusing on data quality issues and the provision of local support to managers. Compliance with the appraisal and sickness absence standards are starting to show early signs of progress but significant further work is required.

#### 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 - June 2022**

		June 2022	19/20 Mth 1-11 Average	Year To Date
Accident &	A&E Arrivals (All Type 2)	6,322	8,230	18,287
Emergency	Number of 4 hour breaches	10	124	26
	Number of Referrals Received	11,325	11,628	34,013
Outpotions	Total Attendances	47,132	50,447	144,789
Outpatient Activity	First Appointment Attendances	11,241	11,055	33,961
Activity	Follow Up (Subsequent) Attendances	35,891	39,391	110,828
	% Appointments Undertaken Virtually	7.1%	0.2%	6.6%
	Total Admissions	2,930	3,081	8,997
Admission	Day Case Elective Admissions	2,637	2,747	8,164
Activity	Inpatient Elective Admissions	64	99	215
	Non-Elective (Emergency) Admissions	229	235	618

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.





June 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) and admissions), not financial figures - These are presented in the Finance Report.

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Current Period	13 Month Series
Elective Activity - % of Phased Plan	Monthly	≥100%	R	3	92.5%	~~~
Total Outpatient Activity - % of Phased Plan	Monthly	≥100%	R	4	94.6%	
Outpatient First Appointment Activity - % of Phased Plan	Monthly	≥110%	Α	4	102.6%	
Outpatient Follow Up Appointment Activity - % of Phased Plan	Monthly	≥85%	G		92.4%	

#### Moorfields Eye Hospital NHS Foundation Trust NHS Remedial Action Plan - June 2022 **Elective Activity - % of Phased Plan** Whilst not achieving the threshold, Performance was slightly above average but showing a recent downward trend. It **Current Period Overview** ≥100% Target is within it's expected variation 110.0% Red YTD Previous Period Current Period Rate 100.0% – Average 98.9% 101.5% 92.5% 90.0% – – Control City Road North South Other 80.0% Limits APr21 Exceptional 89.1% 100.3% 88.1% n/a Value Responsible Activity Vs. Plan Jon Spencer Jeet Virdee and Jack Wooding Domain Lead Manager Director **Previously Identified Issues** Previous Action Plan(s) to Improve Status **Target Date** No Outstanding Issues or Actions Reasons for Current Underperformance Action Plan(s) to Improve Performance **Target Date** Increased cancellation rate (both patient and hospital initiated) secondary to strike action Additional elective activity has been booked in July 2022. July 2022 on train and underground systems WB 20/06/2022 City Road Theatres Clinical Governance Day on 29/06/22. Only emergency theatre Additional elective activity has been booked in July 2022. July 2022 activity proceeded on this date. Continue to manage sickness in line with Trust policy. Additional elective activity has been Unplanned staff sickness at St George's resulting in patient cancellations July 2022 booked in July 2022 to increase activity levels.

#### NHS Remedial Action Plan - June 2022 Moorfields Eye Hospital **Outpatient First Appointment Activity - % of Phased Plan** Whilst not achieving the threshold, Performance was slightly above average but showing a recent downward trend. It **Current Period Overview** Target ≥110% is within it's expected variation 120.0% **Amber** YTD Rate **Current Period** Previous Period 110.0% 106.9% 106.0% 102.6% – – Average 100.0% 90.0% – – Control City Road Other North South 80.0% Limits Jun22 Sep21 0ct21 Exceptional 96.9% 100.4% 116.6% n/a Value Responsible Activity Vs. Plan Jeet Virdee and Jack Wooding Jon Spencer Lead Manager Domain Director Previously Identified Issues Previous Action Plan(s) to Improve Target Date Status This issue has been discussed with the teams, and further recording of patient activity is being picked up by the admin teams (Minor-Ops and Urgent Care) to ensure that all activity South Division not reaching >110% OP attendances based upon previous 2019/20 June 2022 Complete is fully captured. This is being monitored weekly by the ADM's and fedback at the weekly patient attendances internal and access performance review meetings Reasons for Current Underperformance Action Plan(s) to Improve Performance Target Date Cancellations (both patient and hospital initiated) secondary to strike action on train and Service Development plans to exceed 19/20 activity levels are yet to be approved. Additional underground systems WB 20/06/2022. September 2022 new patient clinics are booked in July 2022 to increase activity levels. City Road Theatres Clinical Governance Day on 29/06/22. Only emergency theatre Service Development plans to exceed 19/20 activity levels are yet to be approved. Additional September 2022 activity proceeded on this date. new patient clinics are booked in July 2022 to increase activity levels.





June 2022

# **Operational Metrics**

- \* Figures Provisional for June 2022
- \*\* 3 out of the 7 '52 Week Breaches' are Mutual Aid patients. 18 Week RTT Incomplete Performance rating to be reintroduced once recovery plan is completed.
- \*\*\* Median Clinic Journey Time Metrics and targets in development. These will be reviewed on a continuous basis as data quality improves.

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%		100.0%
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Monthly	≥93%	G		98.8%	93.4%	~~~	97.6%
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Monthly	≥96%	G		100.0%	100.0%		100.0%
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	Monthly	≥94%	G		100.0%	100.0%		100.0%
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Monthly	≥85%			n/a	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%			79.2%	77.8%	^~~~	77.8%
RTT Incomplete Pathways Over 18 Weeks **	Monthly	≤ Previous Mth.	R	7	8400	8830		
52 Week RTT Incomplete Breaches **	Monthly	Zero Breaches	R	8	9	7	~~~~~	24
A&E Four Hour Performance	Monthly	≥95%	G		99.8%	99.8%	~~~	99.8%
Percentage of Diagnostic waiting times less than 6 weeks	Monthly	≥99%	G		98.8%	99.6%		99.4%





### June 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	9	195	213	<b>△</b>	
Average Call Abandonment Rate	Monthly	≤15%	G		12.3%	14.3%	<b>△</b>	13.2%
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments ***	Monthly	< 102 Mins		Г	101	99		101
Median Outpatient Journey Times - Diagnostic Face to Face Appointments ***	Monthly	< 45 Mins			45	41		45
Median Outpatient Journey Times - Virtual TeleMedicine Appointments ***	Monthly	tbc			Under	Review		
Theatre Cancellation Rate (Non-Medical Cancellations)	Monthly	≤0.8%	R	10	0.56%	1.04%	<b>✓</b>	0.86%
Number of non-medical cancelled operations not treated within 28 days *	Monthly	Zero Breaches	R	11	1	2	<b>^</b> ~~~	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		2.17%	1.73%		
VTE Risk Assessment	Monthly	≥95%	G		98.2%	98.3%	~~~~	97.8%
Posterior Capsular Rupture rates (Cataract Operations Only)	Monthly	≤1.95%	G		0.91%	1.35%	~~~	0.99%

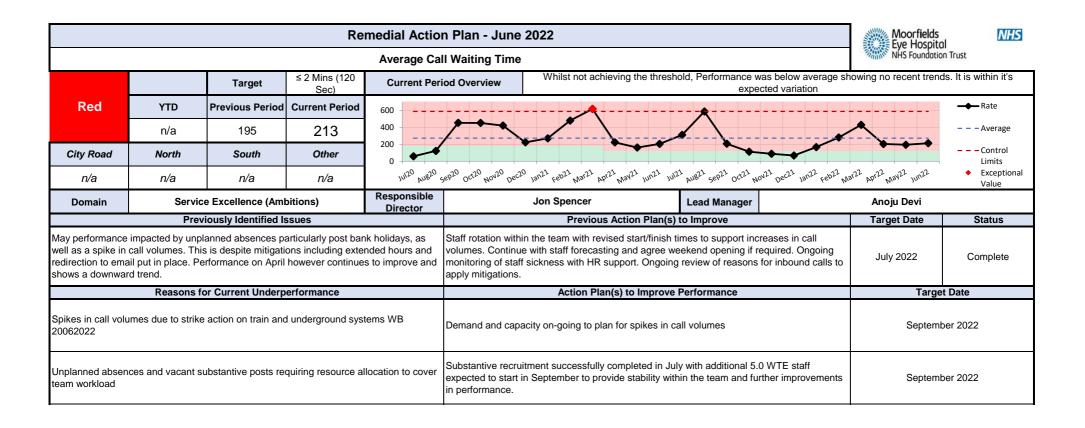
#### Moorfields Eye Hospital NHS Foundation Trust NHS Remedial Action Plan - June 2022 **RTT Incomplete Pathways Over 18 Weeks** ≤ Previous Whilst not achieving the threshold, Performance was slightly above average showing no recent trends, and is within **Current Period Overview** Target Mth. it's expected variation 25,000 Red YTD Previous Period Current Period Rate 20,000 8830 - - - Average n/a 8400 15,000 10,000 – – Control City Road North South Other 5,000 Limits 10150 80850 26650 OCTO MONTO DECSO 19451 LEBY MALT ADLIS MANT 10151 NOTT 80651 26651 DECS 19451 LEBY MANT 10151 NOTT 80651 DECS 19451 LEBY MANT 10151 Exceptional 3541 2808 2458 n/a Value Responsible Service Excellence (Ambitions) Jon Spencer Lead Manager Jeet Virdee and Jack Wooding Domain Director **Previously Identified Issues** Previous Action Plan(s) to Improve Status **Target Date** No Outstanding Issues or Actions **Reasons for Current Underperformance** Action Plan(s) to Improve Performance Target Date 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 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. that during this period, there has been a reduction in the over 36 weeks patients.





NHS

			5	2 Week RTT In	complete Brea	ches			NHS Foundation	n Trust
		Target	Zero Breaches	Current Per	iod Overview	Whilst not achieving the t		as below average sh cted variation	owing no recent trend	s. It is within it's
Red	YTD	Previous Period	Current Period	600.0						Rate
	24	9	7	200.0						Average
City Road	North	South	Other	0.0	-		<b>*</b>	- <del></del>	<del></del>	Control Limits
3	0	4	n/a		Sep20 Oct20 NOV20 Dec	50 19UST EGDST WALST WOLST WANST INC	22 July Augzi Seby Octsi Mc	NSI Decsi Janss tepss Wa	122 Apr22 May22 Jun22	<ul> <li>Exceptional Value</li> </ul>
Domain	Servic	e Excellence (Ami	bitions)	Responsible Director		Jon Spencer	Andrew Birmingham			
	Prev	iously Identified Is	ssues			Previous Action Pl	lan(s) to Improve		Target Date	Status
All three City Roa mutual aid.	All three City Road breaches were patients transferred from the Royal Free as part of nutual aid.					nts are being reviewed and trea e sub-specialty scrutiny indicate and weekly PTL meetings with R		June 2022	Complete	
	he OpenEyes sof	or the South Divisic tware, which result			are seen as soon and a weekly me waiting patients.	eviewed in waiting time order and as clinically appropriate. Robueting is held internally and with All patients currently showing and or for surgery shortly.	ust validation of patient pa the access performance	thways is in place, team to review long	June 2022	Complete
	Reasons fo	or Current Underp	erformance			Action Plan(s) to Imp	prove Performance		Target	Date
All three City Roa mutual aid.	d breaches were p	patients transferred	I from the Royal Fr	ree as part of	dependent on the	nts are being reviewed and trea e sub-specialty scrutiny indicate nd weekly PTL meetings with R		July 2022		
		at St George's due ent remains from th			All patients have addressed.	TCIs in early July. An individua	July 2022			



#### Moorfields Eye Hospital NHS Foundation Trust NHS Remedial Action Plan - June 2022 Theatre Cancellation Rate (Non-Medical Cancellations) The threshold was not achieved, with performance above average showing no recent trends, and is within it's **Current Period Overview** ≤0.8% Target expected variation 2.0% Red YTD Previous Period Current Period Rate 1.5% 0.86% 0.56% 1.04% – – Average 1.0% 0.5% - - - Control City Road South Other North 0.0% Limits NREGO SEBED OCCIO MONTO DECO 1915, ESPET MOLE MONEY MONEY MONEY PER PORT MONEY DECEN 1945 ESPET MONEY POLIT MONEY MONEY Exceptional 0.94% 0.10% 3.14% n/a Value Responsible Service Excellence (Ambitions) Jon Spencer Lead Manager Jack Wooding and Jeet Virdee 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** Further meeting to be scheduled with St George's Hospital to review Anaesthetic cover South Division: a lack of anaesthetic cover on the day of surgery August 2022 provision Daily meetings between management team and admissions manager to review lists South Division: issues related to list planning: transport issues, patients cancelled due to proactively, identifying any potential issues in advance, in terms of clinical cover or patient August 2022 lack of attendance for their COVID swab, patients cancelled due to lists overrunning. related issues, and working through at pace to resolve. City Road: Increased cancellations secondary to strike action on train and underground All services are working to undertake additional activity where feasible. July 2022 systems WB 20/06/2022.





#### Number of non-medical cancelled operations not treated within 28 days

		Target	Zero Breaches	Current Per	iod Overview	Th	ne thresho	old was n	not achiev	ed, with			ve avera variation		ing no re	cent trends	, and is within it's
Red	YTD	Previous Period	Current Period	6.0													<b>→</b> Rate
	6	1	2	2.0		X											– – Average
City Road	North	South	Other	0.0				_		~					*		<ul><li> Control Limits</li></ul>
0	0	2	n/a	Wahsz	Jun21 Jul21	AUB21	Sep21	0ct21	MONSI	Dec 21	Jan22	Feb22	Mar22	APr22	Wah55	Jun <sup>22</sup>	<ul><li>Exceptional Value</li></ul>
Domain	Servic	e Excellence (Am	bitions)	Responsible Director	Jon Spencer Lead Manager								Jack V				
	Previously Identified Issues						Previous Action Plan(s) to Improve									jet Date	Status
Patient cancelled availability at that delays in delivery required lens was	to accommodate	Awaiting delive patient is not reviewing lists (correct lens a Ongoing audi	cancelled a s prior to da allocated)	again. ay of surge	ery to en	sure that	all requi	ired equip	oment is	•	e the	Augu	ıst 2022	Complete			
	Reasons fo	or Current Underp	erformance				Action I	Plan(s) t	o Improv	/e Perfo	rmance					Targe	et Date
Hospital. Patient of	atient cancelled on the day of surgery due to theatre estates issues at Queen Mary's lospital. Patient offered new date within 28 days, but declined. Patient offered ubsequent date and treatment received.						Admissions team to continue to escalate any issues with 28 day rebooks, and potential for breaches, to Assistant Divisional Manager for review and to Divisional Manager if required.								July	2022	
Patient cancelled on the day of surgery, due to theatres estates issues at Queen Mary's Hospital. New date offered and confirmed with 28 days. Patient subsequently cancelled as unfit for surgery and required alternative treatment. Patient seen in outpatients and care is on-going.					Admissions team to continue to escalate any issues with 28 day rebooks, and potential for breaches, to Assistant Divisional Manager for review and to Divisional Manager if required.  July 2022						2022						





### June 2022

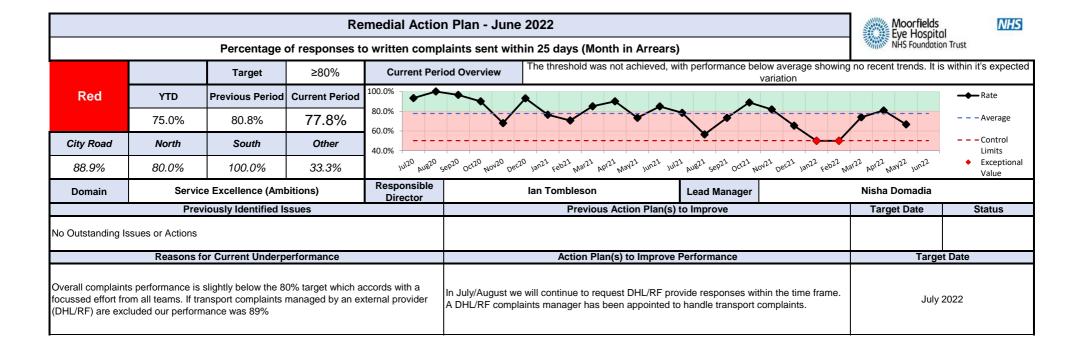
	Quality and S	afety Metrics						
Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Occurrence of any Never events	Monthly	Zero Events	G		0	0	\	0
Endopthalmitis Rates - Aggregate Score	Quarterly	Zero Non- Compliant	G		1	0		
MRSA Bacteraemias 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		94.5%	95.4%	~~~	94.4%
A&E Scores from Friends and Family Test - % positive	Monthly	≥90%	G		92.1%	91.0%		91.8%
Outpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		92.8%	93.0%	~~~	92.9%
Paediatric Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.8%	94.8%	~~~~	94.5%

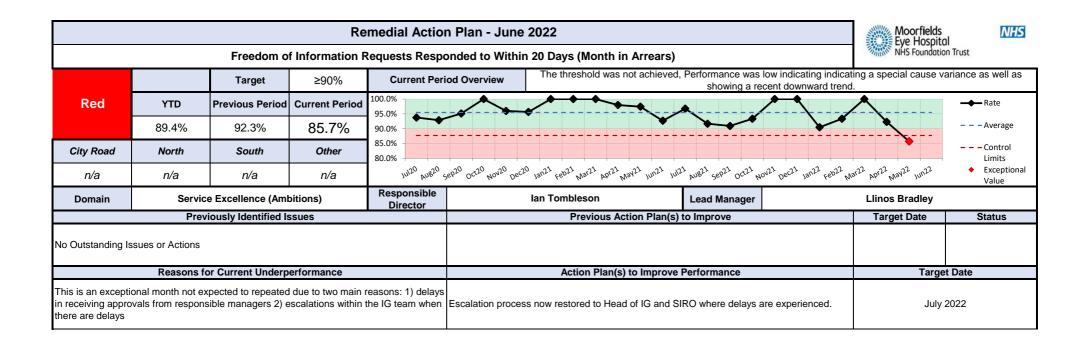




### June 2022

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	14	80.8%	77.8%		75.0%		
Percentage of responses to written complaints acknowledged within 3 days	Monthly	≥80%	G		94.4%	100.0%		98.3%		
Freedom of Information Requests Responded to Within 20 Days	Monthly (Month in Arrears)	≥90%	R	15	92.3%	85.7%	$\sim$	89.4%		
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			279	161				
	Research	Metrics								
Percentage of Commercial Research Projects Achieving Time and Target	Monthly	≥65%	G		83.3%	66.7%		76.2%		
Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	Monthly	≥1800			1180	1580		3061		
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Monthly	≥2%	G		6.1%	6.2%				









People (Enablers)

June 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

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Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date			
Workforce Metrics											
Appraisal Compliance	Monthly	≥80%	R	17	70.4%	74.0%					
Information Governance Training Compliance	Monthly	≥95%	Α	18	91.5%	91.5%	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
Staff Sickness (Month Figure) *	Not Set	≤4%			4.4%	3.8%					
Staff Sickness (Rolling Annual Figure) *	Monthly (Month in Arrears)	≤4%	Α	19	4.7%	4.5%					
Proportion of Temporary Staff	Monthly	RAG as per Spend		**	16.6%	11.7%	<b>^</b> ~~	14.2%			
	Financial	Metrics									
Overall financial performance (In Month Var. £m)	Monthly	≥0	G	**	-0.11	0.08		0.19			
Commercial Trading Unit Position (In Month Var. £m)	Monthly	≥0	G	**	0.43	0.08		0.79			

#### NHS Remedial Action Plan - June 2022 Moorfields Eye Hospital NHS Foundation Trust **Appraisal Compliance** Whilst not achieving the threshold, Performance was slightly above average showing no recent trends, and is within ≥80% **Current Period Overview** Target it's expected variation 85.0% Red YTD Previous Period Current Period Rate 80.0% 70.4% 74.0% - - Average n/a 75.0% 70.0% – – Control City Road South Other North 65.0% Limits ) MONJO DECTO 1945, EEDIJ MALT MALT MAKT MAKT MAKT MAKT EEDIJ OCCTI MONJ DECT 1945 EEDIJ MALT WALT WAKT MAKT MAKT Exceptional n/a n/a n/a n/a Value Responsible People (Enablers) Sandi Drewett Lead Manager Bola Ogundeji Domain Director Target Date Previously Identified Issues Previous Action Plan(s) to Improve Status Continue with communication plan roll out; this includes being a regular agenda item at Appraisal completion to continue to be promoted and prioritised - managers are Senior Manangement Team meetings and compliance information is included in all In Progress (No July 2022 encourage to plan ahead and block out protected time for appraisals where possible performance reports. HR Business Partners receive regular non-compliance reports to Update) support completion of appraisal by working closely with divisional managers. Provide increased support and resources for managers to conduct appraisals and There is an improvement project underway to improve the templates and training resources In Progress (No August 2022 navigate the Insight page on the Intranet available to support managers with appraisal conversations. Update) **Reasons for Current Underperformance** Action Plan(s) to Improve Performance **Target Date** Continue with actions detailed above. Also following Insight upgrade w.c 20th June where Appraisal perfomance has improved this month by 2.6% following the actions taken the system was offline for one week, the Learning and Development Team are undertaking a August 2022 above. The rate remains under 80% target. full audit of the appraisal completion process and rate. An article will also be published to all staff to advise them of how to complete their appraisals on line or via paper submission.





				NHS Foundation	n Trust					
		Target	≥95%	Current Per	iod Overview	The threshold was not achieved,		slightly below averag expected variation	e and showing an dov	vnward trend. It is
Amber	YTD	Previous Period	<b>Current Period</b>	100.0% 98.0%						<b>→</b> Rate
	n/a	91.5%	91.5%	96.0%		1.				– – Average
City Road	North	South	Other	92.0% 90.0%		9-		`	* * *	<ul><li> Control</li><li>Limits</li></ul>
n/a	n/a	n/a	n/a	Jul <sup>20</sup> AUB <sup>20</sup> (	sep20 Oct20 Nov20 Dec	TO Jans, Eepsy Wars, Wars, Wahs, Inus, Ins	21 AUB21 SEP21 Oct21 N	onsy Decsy Pauss Lepsy W.	ar22 Apr22 May22 Jun22	<ul><li>Exceptional Value</li></ul>
Domain		People (Enablers)		Responsible Director		lan Tombleson	Llinos Bradley			
	Prev	iously Identified Is	ssues			Previous Action Plan(s)	to Improve		Target Date	Status
Escalating 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 torm 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 been updated on the Insight system.  Escalating 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 shortly. IG continue to send reminder emails where compliance has expired. HR send regular reminders in addition to the automatically ones received where staff remain non-compliant. HR and SIRO share this information with the HR Business Partners so that it can be highlighted at senior meetings within divisions. Bi-weekly escalation by SIRO and Associate Director of Workforce and OD at every SMT meeting (chaired by COO)								July 2022	In Progress (Update)	
	Reasons fo	or Current Underp	erformance			Action Plan(s) to Improve	Performance		Targe	t Date
Performance remains at 91.5% 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 been 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 been updated on the Insight system.  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 taking place in July. IG 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 Business Partners so that it can be highlighted at senior divisional meetings. Bi-weekly escalation by SIRO and Associate Director of Workforce at SMT meetings.								Augus	t 2022	





Staff Sickness (Rolling Annual Figure) (Month in Arrears)									NHS Foundation Trust	
		Target	≤4%	Current Per	iod Overview  The threshold was not achieved, with performance slightly above average sexpected variation			showing no recent trends, and is within it's		
Amber	YTD	Previous Period	Current Period	5.0%			,			<b>→</b> Rate
	n/a	4.7%	4.5%	4.0%						<ul><li>– – Average</li></ul>
City Road	North	South	Other	3.5%  3.0%  JUNIO AURIO SERIZO OCIZIO NOVIO DECCIO JANIZI FEBIZI MARIZI ADRIZI MARIZI JUNIZI JUNIZI JUNIZI AURIZI SERIZI OCIZI MONZI DECZI JANIZI FEBIZI MARIZI MARIZI JUNIZI						Control Limits
n/a	n/a	n/a	n/a							<ul><li>Exceptional Value</li></ul>
Domain		People (Enablers)	)	Responsible Director	S	andi Drewett	Lead Manager		Rachele Johnson	
Previously Identified Issues					Previous Action Plan(s) to Improve			Target Date	Status	
nigh across the Trust resulting in new managers been unfamiliar or lacking in confidence when applying the Trust sickness and absenge policy					The ER team will review future dates for trainining provision and invigorate the process for training new and existing managers. Managers who haven't completed the training will be encourage to attend all Managing people training. Following a pause, employee relations surgeries will be reinstated.				September 2022	In Progress (Update)
Different approach long term	nes are taken to m	nanaging different t	types of absences	i.e. short term vs	Ongoing support will be given to managers through training and challenge meetings to facilitate robust and consistent management of sickness absences regardless of type.			October 2022	In Progress (No Update)	
Reasons for Current Underperformance					Action Plan(s) to Improve Performance			Target Date		
Infectious diseases (COVID-19) continue to drive the current levels of sickness but there is a sustained focus on reducing STS, which is impacting sickness rate significantly.					ER Team to continue to work closely with line managers, providing monthly gentle reminders to those who have triggered Stage 1 STS. ER Advisor to focus on hot spot areas which continue to be high and will support managers to understand main challenges and advise accordingly.			September 2022		