

Report to Trust Board							
Report Title	Integrated Performance Report - June 2022						
Report from	Jon Spencer - Chief Operating Officer						
Prepared by	Performance And Information Department						
Previously discussed at	Trust Management Committee / Management Executive						
Attachments							
Brief Summary of Report							
<p>The Integrated Performance Report highlights a series of metrics regarded as Key Indicators of Trust Performance and cover a variety of organisational activities within Operations, Quality and Safety, Workforce, Finance, Research, Commercial and Private Patients . The report uses a number of mechanisms to put performance into context, showing achievement against target, in comparison to previous periods and as a trend. The report also identifies additional information and Remedial Action Plans for KPIs falling short of target and requiring improvement.</p>							
Executive Summary							
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 summer.</p> <p>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.</p> <p>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.</p> <p>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.</p>							
Action Required/Recommendation							
The report is primarily for information purposes but will inform discussion regarding how the Trust is performing against its key organisational measures. This may in turn generate subsequent action.							
For Assurance	X	For decision		For discussion		To Note	

Context - Overall Activity - June 2022

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



Service Excellence (Ambitions)

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 comparison 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%	A	4	102.6%	
Outpatient Follow Up Appointment Activity - % of Phased Plan	Monthly	≥85%	G		92.4%	

Remedial Action Plan - June 2022



Elective Activity - % of Phased Plan

Red	Target	≥100%		Current Period Overview	Whilst not achieving the threshold, Performance was slightly above average but showing a recent downward trend. It is within it's expected variation				
	YTD	Previous Period	Current Period						
	98.9%	101.5%	92.5%						
City Road	North	South	Other						
89.1%	100.3%	88.1%	n/a						
Domain	Activity Vs. Plan			Responsible Director	Jon Spencer		Lead Manager	Jeet Virdee and Jack Wooding	
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	
Increased cancellation rate (both patient and hospital initiated) secondary to strike action on train and underground systems WB 20/06/2022				Additional elective activity has been booked in July 2022.				July 2022	
City Road Theatres Clinical Governance Day on 29/06/22. Only emergency theatre activity proceeded on this date.				Additional elective activity has been booked in July 2022.				July 2022	
Unplanned staff sickness at St George's resulting in patient cancellations				Continue to manage sickness in line with Trust policy. Additional elective activity has been booked in July 2022 to increase activity levels.				July 2022	

Remedial Action Plan - June 2022



Outpatient First Appointment Activity - % of Phased Plan

Amber	Target	≥110%		Current Period Overview	Whilst not achieving the threshold, Performance was slightly above average but showing a recent downward trend. It is within it's expected variation				
	YTD	Previous Period	Current Period						
	106.9%	106.0%	102.6%						
City Road	North	South	Other						
100.4%	116.6%	96.9%	n/a						
Domain	Activity Vs. Plan			Responsible Director	Jon Spencer		Lead Manager	Jeet Virdee and Jack Wooding	
Previously Identified Issues				Previous Action Plan(s) to Improve				Target Date	Status
South Division not reaching >110% OP attendances based upon previous 2019/20 patient attendances				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 is fully captured. This is being monitored weekly by the ADM's and fedback at the weekly internal and access performance review meetings				June 2022	Complete
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 underground systems WB 20/06/2022.				Service Development plans to exceed 19/20 activity levels are yet to be approved. Additional new patient clinics are booked in July 2022 to increase activity levels.				September 2022	
City Road Theatres Clinical Governance Day on 29/06/22. Only emergency theatre activity proceeded on this date.				Service Development plans to exceed 19/20 activity levels are yet to be approved. Additional new patient clinics are booked in July 2022 to increase activity levels.				September 2022	

Service Excellence (Ambitions)



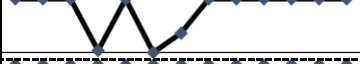


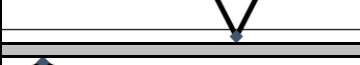





June 2022

Operational Metrics

* Figures Provisional for June 2022


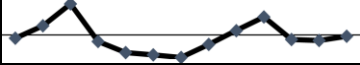

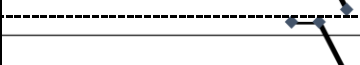
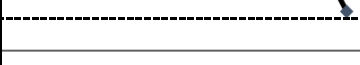





** 3 out of the 7 '52 Week Breaches' are Mutual Aid patients. 18 Week RTT Incomplete Performance rating to be reintroduced once recovery plan is completed.

*** 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%

Service Excellence (Ambitions)

June 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	9	195	213		
Average Call Abandonment Rate	Monthly	≤15%	G		12.3%	14.3%		13.2%
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments ***	Monthly	< 102 Mins			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			<i>Under Review</i>			
Theatre Cancellation Rate (Non-Medical Cancellations)	Monthly	≤0.8%	R	10	0.56%	1.04%		0.86%
Number of non-medical cancelled operations not treated within 28 days *	Monthly	Zero Breaches	R	11	1	2		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%

Remedial Action Plan - June 2022

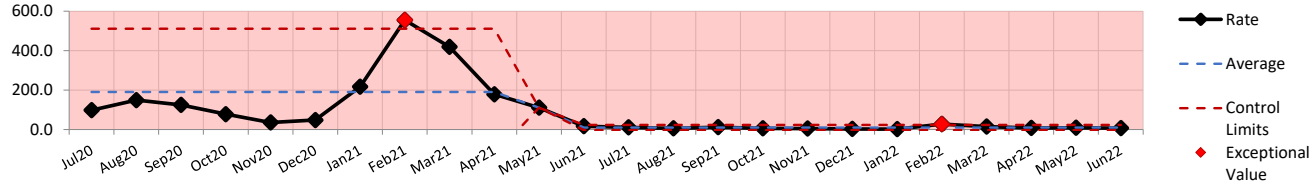


RTT Incomplete Pathways Over 18 Weeks

Red	Target		≤ Previous Mth.	Current Period Overview	Whilst not achieving the threshold, Performance was slightly above average showing no recent trends, and is within it's expected variation				
	YTD	Previous Period	Current Period						
	n/a	8400	8830						
City Road	North	South	Other						
3541	2808	2458	n/a						
Domain	Service Excellence (Ambitions)		Responsible Director	Jon Spencer		Lead Manager	Jeet Virdee and Jack Wooding		
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		
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		

Remedial Action Plan - June 2022

52 Week RTT Incomplete Breaches

Red	Target			Zero Breaches	Current Period Overview	Whilst not achieving the threshold, Performance was below average showing no recent trends. It is within it's expected variation			
	YTD	Previous Period	Current Period						
	24	9	7						
City Road	North	South	Other						
3	0	4	n/a						
Domain	Service Excellence (Ambitions)			Responsible Director	Jon Spencer		Lead Manager	Andrew 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 reiew via PTL validation and weekly PTL meetings with RTT team.			June 2022	Complete
Six x 52 week breaches recorded for the South Division in Month. 3 of these patients had issues related to the OpenEyes software, which resulted in them appearing on the PTL at a high waiting time period.					All patients are reviewed in waiting time order and plans are implemented to ensure patients are seen as soon as clinically appropriate. Robust validation of patient pathways is in place, and a weekly meeting is held internally and with the access performance team to review long waiting patients. All patients currently showing as 52 week waiters have plans in place to be seen either in clinic or for surgery shortly.			June 2022	Complete
Reasons for Current Underperformance					Action Plan(s) to Improve Performance			Target Date	
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	
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	

Remedial Action Plan - June 2022



Average Call Waiting Time

Red	Target	≤ 2 Mins (120 Sec)	Current Period Overview	Whilst not achieving the threshold, Performance was below average showing no recent trends. It is within it's expected variation		
	YTD	Previous Period	Current Period			
	n/a	195	213			
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
May performance impacted by unplanned absences particularly post bank holidays, as well as a spike in call volumes. This is despite mitigations including extended hours and redirection to email put in place. Performance on April however continues to improve and shows a downward trend.			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. Ongoing review of reasons for inbound calls to apply mitigations.		July 2022	Complete
Reasons for Current Underperformance			Action Plan(s) to Improve Performance		Target Date	
Spikes in call volumes due to strike action on train and underground systems WB 20062022			Demand and capacity on-going to plan for spikes in call volumes		September 2022	
Unplanned absences and vacant substantive posts requiring resource allocation to cover team workload			Substantive recruitment successfully completed in July with additional 5.0 WTE staff expected to start in September to provide stability within the team and further improvements in performance.		September 2022	

Remedial Action Plan - June 2022



Theatre Cancellation Rate (Non-Medical Cancellations)

Red	Target	≤0.8%		Current Period Overview	The threshold was not achieved, with performance above average showing no recent trends, and is within it's expected variation				
	YTD	Previous Period	Current Period						
	0.86%	0.56%	1.04%						
City Road	North	South	Other						
0.94%	0.10%	3.14%	n/a						
Domain	Service Excellence (Ambitions)			Responsible Director	Jon Spencer		Lead Manager	Jack Wooding and Jeet Virdee	
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	
South Division: a lack of anaesthetic cover on the day of surgery				Further meeting to be scheduled with St George's Hospital to review Anaesthetic cover provision				August 2022	
South Division: issues related to list planning: transport issues, patients cancelled due to lack of attendance for their COVID swab, patients cancelled due to lists overrunning.				Daily meetings between management team and admissions manager to review lists proactively, identifying any potential issues in advance, in terms of clinical cover or patient related issues, and working through at pace to resolve.				August 2022	
City Road: Increased cancellations secondary to strike action on train and underground systems WB 20/06/2022.				All services are working to undertake additional activity where feasible.				July 2022	


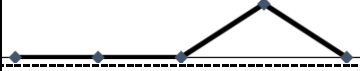



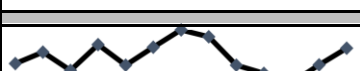
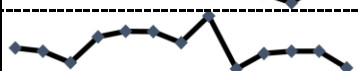
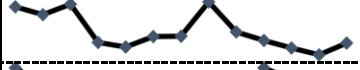


Remedial Action Plan - June 2022

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

Red	Target	Zero Breaches	Current Period Overview	The threshold was not achieved, with performance above average showing no recent trends, and is within it's expected variation		
	YTD	Previous Period	Current Period			
	6	1	2			
City Road	North	South	Other			
0	0	2	n/a			
Domain	Service Excellence (Ambitions)		Responsible Director	Jon Spencer	Lead Manager	Jack Wooding
Previously Identified Issues			Previous Action Plan(s) to Improve		Target Date	Status
Patient cancelled on 8th April 2022 as no Toric lens was available, due to a lack of stock availability at that time. As such, patient was rebooked to 20th May 2022 to accommodate delays in delivery of the required lens. Patient was cancelled on 20th May 2022 as the required lens was still not available.			Awaiting delivery of lens prior to rebooking/booking patients for surgery, to help ensure the patient is not cancelled again. reviewing lists prior to day of surgery to ensure that all required equipment is in place (correct lens allocated) Ongoing audit of stock mix by theatres to ensure sufficient stock of lenses		August 2022	Complete
Reasons for Current Underperformance			Action Plan(s) to Improve Performance		Target Date	
Patient cancelled on the day of surgery due to theatre estates issues at Queen Mary's Hospital. Patient offered new date within 28 days, but declined. Patient offered subsequent 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	



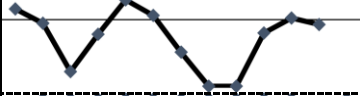

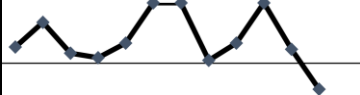


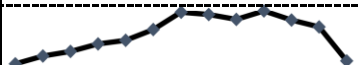



Service Excellence (Ambitions)

June 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		0
Endophthalmitis 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%

Service Excellence (Ambitions)

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%		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%		

Remedial Action Plan - June 2022



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

Red	Target	≥80%		Current Period Overview	The threshold was not achieved, with performance below average showing no recent trends. It is within it's expected variation				
	YTD	Previous Period	Current Period						
	75.0%	80.8%	77.8%						
City Road	North	South	Other						
88.9%	80.0%	100.0%	33.3%						
Domain	Service Excellence (Ambitions)		Responsible Director	Ian Tomblason		Lead Manager	Nisha Domadia		
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		
Overall complaints performance is slightly below the 80% target which accords with a focussed effort from all teams. If transport complaints managed by an external provider (DHL/RF) are excluded our performance was 89%				In July/August we will continue to request DHL/RF provide responses within the time frame. A DHL/RF complaints manager has been appointed to handle transport complaints.			July 2022		

Remedial Action Plan - June 2022



Freedom of Information Requests Responded to Within 20 Days (Month in Arrears)

Red	Target	≥90%		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						
	89.4%	92.3%	85.7%						
City Road	North	South	Other						
n/a	n/a	n/a	n/a						
Domain	Service Excellence (Ambitions)			Responsible Director	Ian Tombleson		Lead Manager	Llinos Bradley	
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		
This is an exceptional month not expected to repeated due to two main reasons: 1) delays in receiving approvals from responsible managers 2) escalations within the IG team when there are delays				Escalation process now restored to Head of IG and SIRO where delays are experienced.			July 2022		


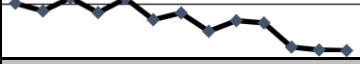
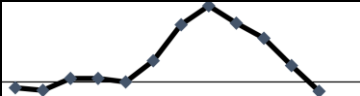
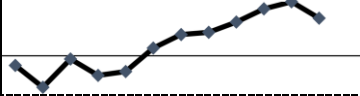

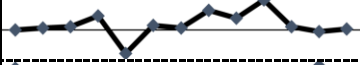

People (Enablers)

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

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%	A	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%	A	19	4.7%	4.5%		
Proportion of Temporary Staff	Monthly	RAG as per Spend		**	16.6%	11.7%		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

Remedial Action Plan - June 2022



Appraisal Compliance

Red	Target	≥80%		Current Period Overview	Whilst not achieving the threshold, Performance was slightly above average showing no recent trends, and is within it's expected variation				
	YTD	Previous Period	Current Period						
	n/a	70.4%	74.0%						
City Road	North	South	Other						
n/a	n/a	n/a	n/a						
Domain	People (Enablers)			Responsible Director	Sandi Drewett		Lead Manager	Bola Ogundeji	
Previously Identified Issues				Previous Action Plan(s) to Improve				Target Date	Status
Appraisal completion to continue to be promoted and prioritised - managers are encourage to plan ahead and block out protected time for appraisals where possible				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.				July 2022	In Progress (No Update)
Provide increased support and resources for managers to conduct appraisals and navigate the Insight page on the Intranet				There is an improvement project underway to improve the templates and training resources available to support managers with appraisal conversations.				August 2022	In Progress (No Update)
Reasons for Current Underperformance				Action Plan(s) to Improve Performance				Target Date	
Appraisal performance has improved this month by 2.6% following the actions taken above. The rate remains under 80% target.				Continue with actions detailed above. Also following Insight upgrade w.c 20th June where the system was offline for one week, the Learning and Development Team are undertaking a 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.				August 2022	

Remedial Action Plan - June 2022



Information Governance Training Compliance

Amber	Target	≥95%		Current Period Overview	The threshold was not achieved, with performance slightly below average and showing an downward trend. It is within it's expected variation				
	YTD	Previous Period	Current Period						
	n/a	91.5%	91.5%						
City Road	North	South	Other						
n/a	n/a	n/a	n/a						
Domain	People (Enablers)			Responsible Director	Ian Tombleson		Lead Manager	Llinos Bradley	
Previously Identified Issues				Previous Action Plan(s) to Improve			Target Date	Status	
Performance has decreased to 91.5% 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 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.				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 for Current Underperformance				Action Plan(s) to Improve Performance			Target 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.			August 2022		

Remedial Action Plan - June 2022



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

Amber	Target	≤4%		Current Period Overview	The threshold was not achieved, with performance slightly above average showing no recent trends, and is within it's expected variation				
	YTD	Previous Period	Current Period						
	n/a	4.7%	4.5%						
City Road	North	South	Other						
n/a	n/a	n/a	n/a						
Domain	People (Enablers)			Responsible Director	Sandi Drewett		Lead Manager	Rachele Johnson	
Previously Identified Issues				Previous Action Plan(s) to Improve				Target Date	Status
Developing confidence in line managers with managing people - Turnover is currently very high across the Trust resulting in new managers been unfamiliar or lacking in confidence when applying the Trust sickness and absence policy.				The ER team will review future dates for training 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 approaches are taken to managing different types of absences i.e. short term vs long term				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	