Trust Board

NHS
Gateshead Health
NHS Foundation Trust

Report Cover Sheet

Agenda Item: 9

Date of Meeting:	Wednesday 30 October 2019			
Report Title:	Trust Performance Report			
Purpose of Report:	To provide an overview on performance against national and local operational performance and workforce targets, ensuring the Board receives assurance about the Trust's performance.			
	Decision: ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
Trust Goals that the report relates to: (Including reference to any specific risk)	**Goal 3** In all locations and settings of delivery, our patients will experience excellent, timely and seamless care that meets their individual needs. **Goal 6** We will have an engaged and motivated workforce living the values and behaviours of the organisation, and who are responsive and adaptive to the changing needs of our environment. **Goal 7** We will deliver value for money and help ensure the local health and care system is sustainable and well led.			
Recommendations: (Action required by Board of Directors)	The Board is asked to note the performance of the Trust against key operational performance and workforce metrics, identifying deterioration and under-performance against national standards in some areas: • Urgent and Emergency Care 4 hour standard • Cancer treatment within 62 days In addition, the Board will note ongoing challenge regarding meeting the Trust's internal sickness absence and appraisal targets.			
Financial Implications:	This report contains performance information on sickness absence which is a cost to the organisation. Addressing areas of non-compliance with national access targets may have financial implications but none have been identified at the time of writing.			
Risk Management Implications:	The Trust is reporting two operational support needs (Urgent & Emergency Care 4 hour performance and 62 day cancer) under the SOF as at 30th September. Discussion with NHSI/E at the October review meeting suggests no regulatory actions are currently recommended.			
Human Resource Implications:	The Board is committed to supporting and motivating its workforce and it is disappointing to note that all three agreed metrics used as routine indicators of workforce resilience are currently below target.			
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Objective 1 (patient care)** Every effort is made in meeting the national access standards to ensure all patients receive streamlined accessible services. **Objective 2 (inclusive workforce)** The Trust is committed to supporting its workforce and to demonstrate this via routine review of a number of metrics.			
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Presented by:	Susan Watson, Director of Strategy & Transformation			

1. Single Oversight Framework:

The scorecard below reflects the Trust performance against the operational metrics described in the Single Oversight Framework and if there are any potential support needs. As at 30th September 2019, the Trust is reporting potential support needs for A&E performance and 62 day cancer standard under the operational performance theme of the SOF although discussion with NHSE/I at the October review meeting indicates this is unlikely.

Particular areas of concern include:

- Delivery of the national 4 hour access standard – although the standard has not been met for a number of months the Trust routinely retains its positon among the top 20 performers nationally and at the end of September was the 10th best performing Trust in the country. The Finance and Performance Committee was briefed in detail on the issues and actions being taken at its September meeting and continues to receive regular updates.
- Cancer 62 day standard – the Finance and Performance Committee has received a more detailed report describing the issues at the level of clinical pathways. Four cancer pathways are specifically affected with consultant workforce non-availability being a common cause of non-compliance. In the case of urology a business case for new equipment to improve the pathway has been submitted to the CCG and a decision is awaited.

2019/20 Trust Performance Dashboard
NHS Improvement - Single Oversight Framework

NHS Gateshead Health NHS Foundation Trust

Category	Performance Indicator Information		PSF Trajectory	2018/19	2019/20 Performance Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Standard 2019/20	Trigger for Potential Support Need:- (2 consecutive months of non delivery of standard/PSF trajectory)*
Operational	Incomplete RTT Pathways - Waiting < 18 weeks		N	92.6%	91.7%	92.7%	92.3%	92.2%	92.3%	92.2%							92.2%	92%	
	Maximum Waiting Time 4 hours in A&E		Y	94.0%	92.2%	92.7%	93.8%	93.7%	93.1%	91.0%							92.8%	95%	
	62 day wait for 1st definitive treatments		N	83.6%	89.3%	80.7%	71.9%	77.1%	76.0%	72.6%							78.0%	85%	
	62 day wait for treatment (screening patients)		N	92.8%	95.2%	100%	100%	83.3%	92.0%	91.3%							93.0%	90%	
	Maximum 6-week wait for diagnostic procedures		N	99.5%	99.7%	99.7%	99.6%	99.7%	98.4%	99.5%							99.4%	99%	
	Dementia assessment and referral: the number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours:	Find	N	88.6%	90.4%	90.0%	90.7%	92.9%	92.2%								91.3%	90%	
		Assess		98.5%	100%	100%	100%	100%	98.3%								99.6%	90%	
		Refer		89.3%	100%	100%	100%	100%	98.0%								99.6%	90%	

Dashboard Key:

	Performance is below the required threshold		Indicative performance is below the required threshold
	Performance is above the required threshold		Indicative performance is above the required threshold

2. Workforce metrics

The tables below show current performance across the Trust for delivery of key workforce metrics against agreed internal standards.

While the 12 month rolling average for sickness was 4.45% in September, the in-month figure was 4.17%. CMT has recently approved a revised action plan for the management of sickness that is being implemented.

Core training compliance has slipped below the agreed standard this month with pressures in medicine and surgery when training was stood down to allow staff to be redeployed to meet service pressures.

Appraisals are a priority for improvement in all clinical departments - however this is being balanced alongside core training requirements; both of which take staff away from clinical duties. Focus is being given to ensure both the quality of appraisal conversation, as well as them occurring, with significant scrutiny at HR Committee.

Core training and appraisal numbers are reviewed and discussed by CMT weekly. The Human Resources Committee receives a broader range of metrics and is exploring with teams the reasons for under-performance against targets.

Workforce metrics

No.	Performance Indicator	Target	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
1	Trust sickness absence rate (12 month rolling rate)	4.00%	4.66%	4.65%	4.62%	4.65%	4.58%	4.67%	4.56%	4.53%	4.54%	4.54%	4.56%	4.50%	4.45%
2	Core training compliance (12 month rolling rate)	85%	85.47%	84.69%	83.22%	86.22%	87.20%	87.77%	88.40%	88.51%	88.01%	88.22%	87.66%	88.07%	84.80%
3	Appraisal compliance (12 month rolling rate)	85%	71.00%	72.00%	72.01%	70.14%	71.42%	71.20%	72.53%	75.06%	74.11%	72.28%	69.45%	69.95%	74.69%
4	Staff turnover rate	No target	11.91%	12.59%	12.65%	12.54%	12.20%	12.52%	12.47%	13.23%	12.74%	12.82%	12.86%	13.00%	12.60%

Business Unit / Directorate			Chief Executive	Clinical Support & Screening	Community Services	Finance	IT & Information	Medicine & Elderly	Nursing & Midwifery	Strategy & Transformation	Surgical Services
5	Sickness	4.00%	2.84%	3.28%	5.53%	2.34%	4.52%	5.07%	4.40%	3.67%	4.75%
6	Appraisal	85%	88.89%	77.71%	81.11%	94.12%	88.66%	66.96%	92.00%	92.22%	68.60%
7	Turnover	No target	7.25%	10.97%	10.42%	21.43%	7.99%	13.40%	10.68%	23.26%	14.23%

Key: Confirmed performance on or above target | Performance progress towards target | Confirmed performance below target

Business Unit:	Equality, Diversity and Human Rights	Fire Safety	Heath, Safety and Welfare	Infection Preventon and Control Lvl 1 and 2	Information Governance	Moving and Handling Lvl 1 and 2	NHS Conflict Resolution	Preventing Radicalisation Lvl 1 & 2 and 3, 4 & 5	Resuscitation All Levels	Safeguarding Adults Lvl 1 and 2	Safeguarding Children Lvl 1, 2 and 3	Total
Chief Executive	92.59%	74.07%	92.59%	92.59%	88.89%	96.30%	85.19%	95.83%	100.00%	88.89%	88.89%	89.59%
Clinical Support & Screening	97.42%	81.23%	97.12%	92.23%	83.91%	91.62%	93.35%	96.06%	73.53%	96.97%	94.77%	91.53%
Community Services	97.21%	81.40%	96.74%	82.55%	84.65%	86.72%	95.58%	95.80%	77.94%	96.88%	91.22%	89.86%
Finance	100.00%	91.18%	100.00%	100.00%	91.18%	96.97%	97.06%	100.00%	N/A	100.00%	100.00%	97.60%
IT & Information	97.97%	91.37%	96.95%	98.95%	92.89%	97.42%	95.43%	98.86%	N/A	98.95%	97.42%	96.58%
Medicine & Elderly	88.00%	65.62%	87.14%	68.80%	67.81%	68.60%	85.05%	83.75%	58.08%	88.15%	74.56%	75.99%
Nursing & Midwifery	98.45%	93.02%	98.45%	92.68%	93.02%	94.31%	97.67%	98.33%	75.64%	98.33%	95.42%	94.78%
Strategy and Transformation	96.77%	90.32%	96.77%	96.55%	93.55%	95.45%	95.70%	96.51%	90.00%	96.51%	96.55%	95.38%
Surgical Services	91.80%	72.43%	92.61%	74.18%	74.32%	76.75%	89.28%	86.43%	70.45%	91.62%	74.18%	81.25%