Trust Board

Gateshead Health
NHS Foundation Trust

Report Cover Sheet

Agenda Item: 8

Date of Meeting:	29th January 2020			
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, core training 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 31st December.			
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:	Lewis Atkinson, Deputy Director Strategy & Performance			

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 31st December 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.

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 December was the 18th best performing Trust in the country. The Finance and Performance Committee was briefed in detail on the issues and actions being taken at its December 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.
- Diagnostics 6 weeks standard – failed in December due to long waits in endoscopy. Additional external endoscopy capacity is now being purchased.

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%	92.3%	92.0%	92.1%				92.2%	92%	
	Maximum Waiting Time 4 hours in A&E		Y	94.0%	92.4%	92.5%	93.9%	93.7%	93.1%	91.0%	89.8%	85.0%	84.0%				90.5%	95%	
	62 day wait for 1st definitive treatments		N	83.6%	89.3%	80.6%	71.7%	77.4%	75.2%	73.6%	86.4%	72.3%	79.4%				78.4%	85%	
	62 day wait for treatment (screening patients)		N	92.8%	95.2%	100%	100%	83.3%	92.3%	91.3%	92.8%	92.8%	98.6%				93.8%	90%	
	Maximum 6-week wait for diagnostic procedures		N	99.5%	99.7%	99.7%	99.6%	99.7%	98.4%	99.5%	99.6%	99.3%	98.6%				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%	93.4%	90.9%	89.2%					91.2%	90%	
		Assess		98.5%	100%	100%	100%	100%	98.3%	96.3%	94.3%	97%					98.2%	90%	
		Refer		89.3%	100%	100%	100%	100%	98.0%	97.5%	100%	98%					99.2%	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 4.43% in December, the in-month figure was 4.65% (expected due to the Winter period). It is positive to see the absence level has remained static or improved, reducing by 0.22% from Dec-18 to Dec-19; this is against a regional trend of upward escalation. The sickness absence project is being monitored through CMT to continue to provide support and action to line managers and staff.

Core training compliance has again deteriorated and is below the agreed standard which was anticipated due to the pressures on clinical services and where some training has been stood down following appropriate risk assessment. Conversely, appraisals have marginally increased – largely in non-clinical areas where there is a focus of reaching 100% compliance.

Core training and appraisal levels 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	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
1	Trust sickness absence rate (12 month rolling rate)	4.00%	4.65%	4.58%	4.67%	4.56%	4.53%	4.54%	4.54%	4.56%	4.50%	4.45%	4.40%	4.43%	4.43%
2	Core training compliance (12 month rolling rate)	85%	86.22%	87.20%	87.77%	88.40%	88.51%	88.01%	88.22%	87.66%	88.07%	84.80%	87.39%	84.13%	83.53%
3	Appraisal compliance (12 month rolling rate)	85%	70.14%	71.42%	71.20%	72.53%	75.06%	74.11%	72.28%	69.45%	69.95%	74.69%	76.60%	75.85%	77.24%
4	Staff turnover rate	No target	12.54%	12.20%	12.52%	12.47%	13.23%	12.74%	12.82%	12.86%	13.00%	12.60%	13.52%	13.50%	13.83%

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%	3.33%	3.21%	5.72%	1.73%	4.58%	5.13%	4.84%	4.16%	4.76%
6	Appraisal	85%	84.62%	80.82%	81.53%	97.06%	85.87%	73.78%	88.62%	89.01%	70.03%
7	Turnover	No target	10.91%	11.57%	11.88%	22.27%	10.66%	14.14%	12.14%	18.91%	15.89%

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	Appraisal
Chief Executive	96.15%	80.77%	96.15%	96.15%	88.46%	96.15%	76.92%	100.00%	100.00%	92.31%	92.31%	91.51%	84.62
Clinical Support & Screening	95.69%	86.40%	95.11%	92.14%	83.24%	89.92%	91.57%	95.25%	73.37%	96.46%	80.59%	89.79%	79.96
Community Services	93.65%	85.65%	94.82%	82.54%	89.18%	83.81%	89.65%	95.25%	72.22%	95.17%	83.30%	87.65%	81.77
Finance	100.00%	94.12%	100.00%	100.00%	100.00%	93.94%	97.06%	100.00%		96.88%	100.00%	98.21%	97.06
IT & Information	99.46%	90.27%	100.00%	100.00%	92.97%	98.35%	97.30%	98.79%		98.88%	97.84%	97.36%	80.33
Medicine & Elderly	90.82%	72.75%	90.73%	75.17%	71.43%	66.15%	88.08%	86.68%	59.10%	91.06%	73.49%	78.66%	72.99
Nursing & Midwifery	99.20%	94.40%	99.20%	97.46%	98.40%	93.22%	98.40%	99.12%	84.21%	98.26%	95.28%	96.52%	86.07
QEF	56.49%	60.43%	62.40%	60.88%	48.77%	74.36%	75.21%	58.00%	42.31%	58.95%	58.11%	61.20%	79.55
Strategy and Transformation	96.97%	91.92%	96.97%	95.65%	95.96%	95.70%	93.94%	95.56%	100.00%	93.41%	94.90%	95.14%	87.23
Surgical Services	91.57%	76.05%	91.57%	77.56%	74.44%	74.38%	90.22%	87.90%	67.84%	90.51%	71.99%	81.23%	68.18
Total (as at 13-Jan-2020)	88.68%	77.98%	89.43%	80.60%	75.80%	78.86%	88.60%	87.22%	66.29%	88.94%	75.78%	82.06%	76.38%