

## Performance Committee

Key summary points for the board from the meeting of the Performance Committee held on 1<sup>st</sup> May 2018 are:

### Financial Performance Month 12

The Trust ended the financial year 2017/18 where it expected to with a deficit (before STF) of £21.332 million. This was £5.964 million worse than plan. Taking account of STF income received the deficit reduced to £17.400 million.

### Financial Strategy 2018/19 Update

A non-recurring revision to SaTH's control total for 2018/19 has been agreed by NHSI. The revised control total is a deficit of £8.615 million. The reduction in control total is accompanied by a reduction in the Provider Sustainability Fund (PSF) (formerly STF). As a result of the reduction in the PSF and in order to deliver the revised control total, the Trust will now need to increase its level of waste reduction schemes to deliver £8.1 million.

### Board Assurance Framework

The committee reviewed the following risks

If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards (CRR 561).	<b>Red - No Change</b>
If we are unable to resolve the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfill our financial duties and address the modernisation of our ageing estate and equipment (670).	<b>Red - No Change</b>
If we do not deliver our CIPs and budgetary control totals then we will be unable to invest in services to meet the needs of our patients (1187).	<b>Red – No change</b>

At the end of the meeting the committee confirmed that the above three risks had been considered in the discussions which had taken place at the meeting.

### Trust Performance Report

An update on the Trust's performance against RTT, A&E, Cancer and Diagnostic targets was provided. Despite significant efforts, RTT, A&E and 62 day Cancer targets were not achieved during March. The Trust continues to achieve the Diagnostic target.

## **Operational Plan 2017/18**

Progress report for performance at month 12 against the Trust's delivery of Part 1 of the 2017/18 Operational Plan was received and noted. Appendix 1 - Assurance matrix for business and care improvement objectives – is attached.

## **Operational Plan 2018/19**

As requested at the last meeting, the committee was provided with further detail behind the Operational Plan 2018/19, including trajectories. Six key areas of focus had been identified and each one assigned with a key senior lead from either SaTH, the CCGs or the Local Authorities.

The committee noted the A&E trajectory to achieve a target of 86.45% at the end of March 2019. The workforce, system wide support and continued performance management would be critical to delivering this. Plans to reduce winter beds and the number of escalation beds by 1<sup>st</sup> July 2018 were shared. This would not only allow the Trust to deliver bed occupancy of 92% but would be a key enabler to the waste reduction schemes associated with agency usage. The Trust's focus on workforce in 2018/19 was explained to the committee and would include improving agency bookings through the preferred supplier, removal of tier 4 and 5 agency and recruiting 30 wte registered nurse.

The committee is to continue to seek assurance on improved agency performance as part of the committee's discussions and monitoring of the Waste Reduction schemes. Details of the schemes were shared and their current status noted (majority red). Potential waste reduction schemes amounting to £8.890 million have been identified. However in the light of the revised control total and now the need to deliver £8.198 million CIP (2.2%), this leaves little room for slippage/non-delivery. A monthly waste removal group has been established and a robust governance structure put in place. The committee will continue its monitoring of the programme through it's 'deep dive' of the schemes. Nurse agency and bed reduction will be the subject of the 'deep dive' at the next meeting.

## **Services under the Spotlight**

The committee was updated on services currently provided by the Trust that are considered fragile due to workforce constraints which impact on service delivery. These are the Emergency Department, Neurology Outpatient Service and Dermatology Outpatient Service. The key risks, actions taken to date and next steps were outlined to the committee.

The committee was encouraged by the recent successes in the recruitment of consultant staff which positively impacts on the ability to attract middle-grade staff, although acknowledged that this would not solve the short term challenges the Trust is facing, particularly with regard to the Emergency Department. The committee requested that these services remain under intense spotlight to ensure the safety of all concerned.

## **Sustainable Services Update**

Sustainable Services Programme Update received and noted.

The committee was invited to comment on the Northumbria Technical Report circulated to members.

**Completed by:** Clive Deadman, Chair of Performance Committee  
**Date:** 2<sup>nd</sup> May 2018

## Appendix 1: Assurance matrix for business and care improvement objectives.

Objective	Lead officer	Related CIP scheme	Related Financial Recovery Objective	Have we defined the task?	Is there a plan?	Is there ownership of plan delivery?	Are we delivering?
1. RTT to be recovered by individual specialties as per care group model	Kerry Malpass						
2. RTT trajectory delivered as per care group model	Kerry Malpass						
3. Capacity review to be completed by Meridian Consultancy by September	Neil Nisbet	Outpatient theatre review	Meridian				
4. Stream patients effectively, finalise the Urgent Care Centre at PRH and address the Urgent Care Centre deficiencies at RSH by June	Carol McInnes						
5. Complete workforce review or PRH/RSH A&E department and address 6pm-12am capacity shortfall by June	Carol McInnes						
6. Plan to address capacity deficiencies occurring at the weekend addressing insufficient discharges by June	Helen Jenkinson		Escalation Closure				
7. Implement Red to Green and SAFER programme from April-June	Dierdre Fowler		Escalation Closure				
8. Realign SC & USC beds from April - October	Kerry Malpass/ Carol McInnes	Bed realignment	Bed realignment				
9. Secure Cancer delivery by addressing Dermatology consultant workforce by May	Sara Biffen						
10. Review capacity requirements in respect of public health campaigns and NICE guidance by September	Kerry Malpass/ Carol McInnes/ Jo Banks/ Sheila Fryer						
11. Conclude review of demand and capacity impact arising from direct to test by May	Sheila Fryer						
12. Address capacity consequences arising from growth in direct access and internal usage of CT & MRI by May	Sheila Fryer						
13. Achieve JAG accreditation by June	Kerry Malpass						
14. Agree and implement the new bed profile in relation to the new nursing structure from April - October	Heads of Nursing	Unavailability improvement Bed realignment	Bed realignment				
15. Conclude arrangements to transfer 70 patients to community provision from April - October	Carol McInnes	Bed realignment	Bed realignment				
16. Construct plans to address medical staff risk by September	Mark Cheetham/ Kevin Eardley						
17. Conclude LHE maternity review by July (CCG delayed)	Jo Banks						
18. Manage Midwifery staffing model as per review by July	Sarah Jameson						
19. Develop and implement solutions to better align support service activity and workforce by October	Sheila Fryer						
20. Progress SSP from April	Neil Nisbet						
21. Develop a trajectory for agency usage improvement by April	Victoria Maher/ Jill Price	Bank rate review Agency Cap Savings Cease all HCA Agency	Agency Cap				
22. Full analysis of job plans to be put in place aligned to operational needs by September	Edwin Borman						
23. Medical Director to conclude on Paediatric service model by July	Edwin Borman						
24. Implement programme of work associated with the new Leadership Academy from May/June	Victoria Maher						
25. Address specific high risk areas in line with Trusts Capital Programme from April	Dave Thomas						
26. Complete schemes where there is pre committed spend from April	Dave Thomas						
27. Commence procurement exercise to create a Strategic Asset Partner for financing the Hospital reconfiguration business case from April	Neil Nisbet						
28. Review current PAS system and construct a business case by September	Nigel Appleton						
29. Full roll-out the Exemplar Ward Programme by April	Helen Jenkinson						
30. Respond and build upon the results and recommendations identified through the CQC assessment in December 2016 from April	Helen Jenkinson						
31. Review the reporting, process and triangulation of serious incidents from April	Dee Radford						
32. Continue with TCI lean methodology across the organisation from April	Cathy Smith						
33. Review capacity for Lean for Leaders from April	Cathy Smith						
34. Reduce the recurrent deficit to £15.4 million in 17/18 and £12.1 million by 18/19	Jill Price		Credit Suppression Bed realignment Agency Cap Meridian USCG CIP Escalation Closure Winter Funding STP Cost Recharge Maternity over establishment				
35. Deliver a control total deficit in the years 17/18 and 18/19 as set by NHSI of £6.063 million and £2.778 million retrospectively	Jill Price		Credit Suppression Bed realignment Agency Cap Meridian USCG CIP Escalation Closure Winter Funding STP Cost Recharge Maternity over establishment				
36. Deliver required CIP savings targets during 17/18	Kerry Malpass/ Carol McInnes/ Jo Banks/ Debbie Jones/ Corporate Leads	Procurement Unavailability improvement Bed realignment Outpatient Theatre review Bank rate review SCG tier 1/2/3 USCG tier 1/2/3 W&C's tier 1/2/3 Agency cap savings Cease all HCA agency Carter Support Services Corporate Services	Bed realignment Agency Cap Meridian USCG CIP				