

Performance Committee

Key summary points for the board from the meeting of the Performance Committee held on 25th May 2018 are:

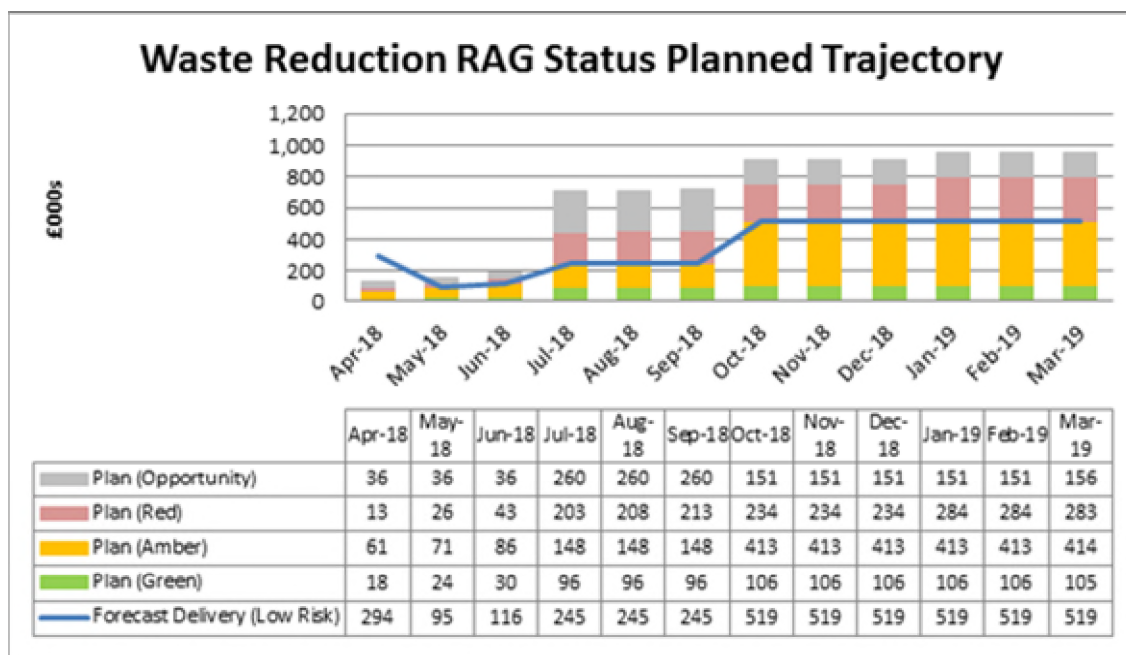
Financial Performance Month 01

In the first month of the new financial year the Trust reported an in month pre-Provider Sustainability Fund (PSF) deficit of £2.995 million, £0.048 million better than plan. Inclusion of the PSF reduced the in month deficit to £2.504 million. Future reports to focus on performance against the £18.439 million control total pre PSF.

Income was under by £0.44 million as a result of reduced capacity in Theatres. Pay was broadly balanced. This was made up of both adverse and favourable variances. In month the Trust has introduced weekly bank, which has had an adverse impact on the Trust of c£0.200 million offset by a favourable variance against pay waste reduction schemes of c£0.180 million. There was an underspend on Non Pay of £0.057 million linked to income.

The total agency spend planned for the 2018/19 financial year is £16.660 million inclusive of waste reduction schemes (£6.101 million higher than the agency cap). In month 1, the Trust had planned agency expenditure of £1.631 million, the actual in month position was £1.211 million an underspend £0.420 million. The underspend was linked to a reduction in nursing associated with the earlier than anticipated closure of escalation spaces and a switch to substantive workforce within medics. It is important to note that given the fragility of the ED workforce an underspend in medical agency is not expected to continue at the same level.

A review of the Waste Reduction trajectory and status took place. There was an in month over performance against plan of £0.165 million due to earlier than anticipated closure of escalation spaces. There was also some encouraging news on increased flow of patients through the hospital. Despite this over performance, there was a recognition of significantly higher targets from Quarter 2 onwards. The committee discussed confidence in delivering the programme. As at month 1 the Trust was mostly confident in its delivery of those schemes that are badged as green and amber. However 98% delivery of all Green/Amber/Red schemes is needed if we are to hit our current NHSI agreed profile. Work is ongoing to further develop those schemes identified to be high risk with either a red or grey rating, with one to one meetings taking place between the care groups and Chief Operating Officer early June 2018. **The committee was not assured of the Trust's ability to deliver the target of £8.198 million and asked for an updated view of the position particularly from Quarter 2 in order for the Board to be advised.** The committee suggested that the Board may wish to consider re-profiling its CIP trajectory/target. It also recommended that all steps should be taken to support the executive in accelerating delivery of the 2018/19 waste reduction programme. In particular the executive was invited to be bold in looking for efficiency and effectiveness improvements and where there are difficult decisions to be made invited the executive team to bring those issues to the board for resolution.



The above graph shows forecast delivery based on those schemes identified to be low risk and the profile of the waste reduction schemes linked to the actions contained within the operational plan.

Trust Performance Report

An update on the Trust's performance against RTT, A&E, Cancer and Diagnostic targets was provided. Care Groups were commended on their achievement of the RTT target and stranded patient work. Workforce constraints in the Emergency Department continue to be an issue. All 9 cancer targets were achieved at the end of the year.

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).	Red - No Change
If we are unable to resolve the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment (670).	Red - No Change
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).	Red – No change

In addition to the above risks, the committee's attention was drawn to a risk relating to A&E workforce, particularly middle grade and consultants. This had been highlighted at other committees.

Meridian Post Project Evaluation

Post Project Evaluation document received and noted. It was important that the Trust takes forward the findings of this work. A group has been convened to realise the efficiencies and improvements identified by Meridian in Theatres, Outpatients and Radiology.

Operational Plan 2018/19

The Operational Plan 2018/19, as submitted to NHSI on 30th April 2018, was received and noted. An update on progress at month 01 was provided. The top five key schemes and how these link to the waste reduction programme to be highlighted in future reports. Appendix 1 - Assurance matrix – is attached.

Deep dive presentations were delivered on Nurse Agency Premium and Unavailability and Bed Reduction, key components of the Operational Plan 2018/19.

The Committee ratified:

- Cost Process 2017/18
- Charity Fundraising Policy

Other items discussed included:

- **Services under the Spotlight** – Breast Services (Imaging) and Urology now considered fragile due to workforce constraints.
- **EPR/IT System Solution** – Draft proposal to develop Outline Business Case by October 2018 and Full Business Case by May 2019 received for consideration.
- **Sustainable Services Programme Update** – Consultation commences 30th May 2018 for a period of 14 weeks.
- **Presentation/Update on Model Hospital**

Completed by:

Clive Deadman, Chair of Performance Committee

Date:

29th May 2018

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

18/19 Objectives	Have we defined the task?	Is there a plan?	Is there ownership of plan delivery?	Are we delivering?
1. Ring-fence AEC & CDU capacity in order to optimise same day Emergency Care				
2. Stream patients effectively, finalise the Urgent Care Centre at PRH and address the Urgent Care Centre deficiencies at RSH				
3. Deliver the SAFER programme objectives (inc. Red2Green and Criteria Led Discharge)				
4. Realise the full potential of SaTH2HOME				
5. Reduce the number of stranded patients in order to reduce bed occupancy				
6. Make the improvements in admitted and non-admitted pathways				
7. Develop a sustainable workforce model within A&E				
8. RTT improved performance to be maintained through 2018/19				
9. Continue to maintain Cancer performance, addressing known demand issues and capacity constraints				
10. Progress the development of services within Scheduled Care as a result of service appraisal				
11. Conclude discussions with regard to the configuration of Gastroenterology inpatient services and implement agreed actions				
12. Continue discussions to design and implement Radiology replacement programme				
13. Complete analysis and implement solutions including E-Roster that aligns Clinical support workforce with acuity of need				
14. Review service costs and/or plan to recover loss of income across specialities within Women and Children's Care Group				
15. Implement actions arising out of planned CCG Public Consultation regarding maternity services in Shropshire				
16. Continued development of integrated acute and community Paediatric pathways of care				
17. Complete delivery of improvements to the Colposcopy facilities				
18. Increase income through market driven growth in activity for Fertility Services				
19. Respond and build upon the results and recommendations identified through ongoing CQC assessments				
20. Continue to roll-out the Exemplar Ward Programme				
21. Complete data analysis and construct plans to address continuing medical staff risk				
22. Continue to work towards managing expenditure on agency staff in line with agency cap, expanding focus to include retention as well as recruitment				
23. Continue to develop the consultant job planning process to ensure job plans are aligned to operational needs				
24. Continue to realise the gains based on the Meridian Review				
25. Continue to progress SSP work programme				
26. Review and further development of the Trust's new Leadership Academy to underpin People strategy				
27. Continue to address specific high risk areas in line with Trust's Capital Programme				
28. Continue to implement Trust's I.T. strategy				
29. Continue rolling out TCI lean methodology across the organisation				
30. Achieve financial sustainability through the delivery of the Trust's Waste reduction schemes				