

Performance Committee

Key summary points for the board from the meeting of the Performance Committee held on 26th June 2018 are:

Performance Report - Operational

An update on the Trust's performance against RTT, A&E, Cancer and Diagnostic targets was provided. RTT, Cancer and Diagnostic targets were achieved. Staff involved were to be congratulated. Workforce constraints, in the Emergency Department, particularly middle grade, continue to be an issue. A discussion about 'minors' activity to take place at the next meeting.

The committee discussed the amount of additional money (estimated £1m p.a.) being spent and the valuable clinical resources being consumed and the related safety issues on supporting A&E in its current configuration.

Financial Performance Month 2

In the first two months of the new financial year the Trust is reporting a year to date pre-Provider Sustainability Fund (PSF) deficit of £5.001 million, £0.353 million better than plan. Income overperformed due to increased non elective activity and there were underspends in Pay and Non Pay.

In noting the underspend position it was important to note that Waste Reduction Programme is currently expecting to deliver £150k per month and from July this would sharply increase to £700k per month. The importance of managing this position so as not to affect the cash position was noted.

Waste Reduction Programme

A detailed review of the Waste Reduction trajectory took place. The total value of green and amber rated schemes amounts to £5.4 million (an improvement of £1m from last month) of the overall waste reduction target of £8.198 million. **This improvement was welcomed however until further schemes are put in place and more progress is made with the CIP schemes in the plan there was little confidence the CIP target would be achieved.** There was a recognition within the committee of the level of risk which still exists, particularly in Women & Children's Service schemes and the significant work still to do to be in a position to deliver the programme. **Alternative schemes need to be explored, more progress on existing schemes needs to be made and support from medical staff and Board members in accelerating some of these will be required.**

Board Assurance Framework

The committee reviewed the following risks at the end of the meeting:

If we do not achieve safe and efficient patient flow and	The committee recognised the hard work
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improve our processes and capacity and demand planning then we will fail the national quality and performance standards (CRR 561).	undertaken and some improvement had been made, however concluded that this risk should remain rated as 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

Operational Plan 2018/19

An update on performance against the Operational Plan 2018/19 was received and noted. The top five key schemes and how these link to the Waste Reduction Programme were highlighted in the report as requested and are included in Appendix 1 - Assurance matrix – see attached.

Deep Dives

Deep dives into the Operational Plan Objective 27: Trust's Capital Programme and the Waste Reduction Scheme: Drug Spend, took place.

The committee was satisfied with Trust's approach to prioritise its limited capital resources in areas of high risk and to hold a significant level of contingency funds because of the scale of backlog issues to enable the Trust to respond to unpredictable capital problems. Furthermore, that alternative sources of funding were being explored for the replacement of high value diagnostic equipment.

The committee was assured by the commitment and ownership shown by Bruce McElroy, Care Group Manager/Chief Pharmacist to deliver the Waste Reduction Drug Spend scheme of £180k.

Other items discussed included:

- **Services under the Spotlight** – Update received on the fragile clinical services of Emergency Department, Neurology, Dermatology, Urology, and Breast. The committee received an update on Ophthalmology which was once a challenged service and was impressed by the excellent work undertaken to transform this service.
- **Sustainable Services Programme Update** – Consultation underway. Public events held in Shrewsbury and Telford. Workshop on workforce plans has taken place. A sub-committee of Board known as the Sustainability Committee has been established to scrutinise the sustainable services programme. There will therefore be no further updates to the Performance Committee.
- **Internal Audit Reports** – The committee received and noted the recommendations arising from the internal audit reports relating to Budgetary Control and Financial Reporting, Outpatient Appointment Process, General IT Controls Review and Business Continuity and IT Disaster Recovery Planning.

Completed by: Clive Deadman, Chair of Performance Committee
Date: 29th June 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				