

Performance Committee

Key summary points for the board from the meeting of the Performance Committee held on 24th July 2018 are:

Charitable Funds

Investments and funds activity for period 1st April – 30th June 2018 were received and noted.

The committee asked for consideration to be given as to how substantial donations can be recognised.

A set of rules to be developed to encourage the timely expenditure of charitable funds and at the same time ensuring that the future needs of the service are taken into consideration. Furthermore, ensuring that items/equipment which are purchased are transferrable between sites. To be included in the Policy and procedure on the receipt and use of Charitable Funds and resubmitted to the committee for approval.

Performance Report – Operational

The committee was updated on the Trust's performance against RTT, A&E, Cancer and Diagnostic targets. Despite RTT performance being achieved in June, there are a number of challenged specialties and therefore the RTT position requires close monitoring. Emergency Department performance in June was 79.36% against a target of 88%. Major challenges continue within workforce, particularly overnight, which is having a significant impact on performance. This is compounded by the increase in A&E attendance rates, particularly at PRH, and an increase in the number of ambulance arrivals.

The committee discussed the continued poor performance and reasons for this and how the Trust was already moving away from assumptions made in the original plan. The committee agreed to spend time at the next meeting discussing the issues and performance in ED.

Cancer – performance in May 2018 was 85.7% against a trajectory of 85%. This performance was welcomed but concern was expressed about the Trust's ability to achieve the target in June.

The committee congratulated the Diagnostics team on their continued success achieving 100% Diagnostic Waiting Times target, despite the increase in demand.

Financial Performance Month 3

There was a slight deterioration in the position in Month 3 as compared to the previous two months.

At the end of quarter 1 the Trust achieved the targeted position with a year to date (pre-PSF) deficit of £7.175 million, £0.008 million better than plan. Income over performed by £0.274 million, pay overspent by £0.758 million and non pay underspent by £0.367 million against the plan.

The Trust is presently forecasting an outturn pre-PSF position of £25.810 million against its control

total of £18.439 million, £7.371 million away from plan. The most significant area contributing towards the failure to deliver the control total is the non delivery of the waste reduction programme, currently £3.7 million gap. There are also significant additional costs (£2.7 million) required to support the ED.

The committee acknowledged the growing understanding of the operational and financial problems and the work undertaken to create opportunities for savings. Strong leadership was required to deliver the opportunities identified.

It was noted that data obtained from Model Hospital showed the care hours per patient day for nursing at SaTH exceeded the national median. It was unclear what the implications of this were and we need to discuss this further.

Board Assurance Framework

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

<p>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).</p>	<p>Despite there being an increased understanding of the issues, achievement of the Super Stranded target of 23%, patient flow had not improved and concluded that this risk should remain rated as RED</p>
<p>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).</p>	<p>Red - No Change</p>
<p>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).</p>	<p>Red – No change</p>

Post implementation Review of the Pathlab Managed Service Contract

The findings of a post project evaluation of the Pathlab Managed Service contract to provide the Trust with laboratory equipment, consumables, maintenance and support was received. Overall the project had been a success; the procurement process went smoothly, was completed in time and within the existing budget.

The committee commended the Pathology Service and Procurement Department for their ownership and success of the project. This was a great example of how corporate services support clinical services within the Trust.

Deep Dives

The committee received Deep Dive presentations on the Bed Reduction Plan and Waste Reduction Schemes relating to recovering income in Radiology and Women and Children's Care Group.

Progress made regarding stranded patient reduction, frailty and SaTH2Home was noted with further actions planned to reduce escalation and boarding. More focus on Safer and stranded patients was required and the need to seek greater medical leadership.

Plans to recover income in Radiology and Women & Children's Care Group were outlined. Radiology was on track to achieve their waste reduction target and possibly even exceed this,

however the Women & Children's Care Group had only identified approximately a third of their target and were exploring alternative opportunities.

Other items discussed included:

- **Terms of Reference** - Reviewed and approved in the light of discussions about the Sustainable Services programme now taking place in the recently convened Sustainability Committee and changes made to reflect the change in name of the committee and committees reporting to Performance Committee.
- **Operational Plan** - A progress update on performance at month 3 against the Trust's delivery of the 2018/19 Operational Plan was provided. Future reports will identify any risk and support needed. Smart and focused objectives were requested.

Completed by:
Date:

Clive Deadman, Chair of Performance Committee
13th August 2018

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

	Have we defined the task?	Is there a plan?	Is there ownership of plan delivery?	Are we delivering ?
18/19 Objectives				
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				