

Performance Committee

Key points from the meeting of the Performance Committee held on 24th September 2019 are:

Attendance

The meeting was poorly attended. Although 5 Non-Executive Directors were able to attend the Committee was not quorate as key representatives from some care groups/the executive were not present. This was not helpful.

Annual Review of Terms of Reference

The committee reviewed and approved the revised Terms of Reference, subject to some changes being made including the need for a clear emphasis on the committee's assurance (rather than management) role.

Assurance: Good

Quarter 1 Update – Monitoring performance of the Trust Objectives

The committee received a paper outlining the Trust's performance against operational, quality and financial objectives for quarter 1. This document replaces the Operational Plan update the committee previously received. The committee welcomed the new format however content was missing and it was felt that it needed to provide greater assurance regarding the action plans which sat behind this.

The executive were invited to stop producing other reports to save work if the new proposed report format allowed it.

Assurance: Poor

Operational Performance Report

- RTT – decline in performance noted – 85% against a target of 92%.
- Temporary deterioration of Diagnostic DMO1 performance. Expect this to be recovered by end of October/November.
- Cancer performance is slowly recovering, but still not achieving the targets. Key challenge is in Breast.
- A&E performance remains well below the national target.

The committee sought a more forward looking approach to reporting performance and requested a year end projection at the next meeting for all important performance and financial measures.

This would allow the Performance Committee to review current performance against agreed targets, review the recovery/improvement plans are in place to deliver future expected performance levels. The Committee can then review delivery risks and form a view on the adequacy of recovery/improvement plans.

There was a recognition of the need for improved working with system partners/STP, including ambulance colleagues, in order to better understand the issues and with a view to working collaboratively to resolve issues and improve performance.

Assurance: Poor

Financial Performance Month 05

At the end of Month 5 the Trust reported a deficit of £9.557 million (pre PSF), £3.3 million away from the planned deficit of £6.257 million.

If the Trust does not achieve the control total for Q2, the Trust will lose PSF funding of circa £1.68 million.

The committee was advised of a potential cash shortfall in November 2019 which would require financial support. Proposals for managing this cash position will be reviewed at the next meeting.

Assurance: Poor

Financial Improvement Plan 2019/20 Update

Obi Hasan, Financial Improvement Director presented an update on delivery and progress of the Financial Improvement Plan for 2019/20 against a savings target of £18.9 million. At month 05 the Trust had delivered £4.64 million (£1.3 million core CIPs and £3.3 million break-even schemes). The Trust is currently forecasting to deliver £11.74 million at year end with an expectation that this will increase by a further £2.0 million.

The committee expressed their disappointment with the level of expected CIP delivery, which equates to approx. 30% of the target (or 2% of costs).

Assurance: Poor

Forecast outturn

The year end forecast position is £31.122 million deficit, which is £13.771 million away from the control total of £17.351 million. A further deficit of £10.7 million of non-receipt of support (PSF/MRET) making the overall variance from the total control total of zero of £24.475 million.

It was noted that the £13.771 million variance from control total is due to £4.900 million CIP delivery and £8.674 million of costs associated with workforce, bed capacity and emergency activity.

The forecast outturn position had been based on a number of assumptions which included CIP delivery of £8.0 million, breakeven schemes of £5.8 million, £2.2 million of investments (which require further board approval) and alignment of the winter plan.

Assurance: Poor

Business case approval limits, business case process and performance management framework

A proposal outlining business case approval limits, business case process and the performance management framework for implementation wef April 2020 was presented to the committee by James Drury. The paper confirmed the committee's delegated approval limit of £0.2 million and

provided clarification of the respective roles in respect of capital and revenue business cases, the former being approved by Sustainability Committee and the latter by Performance Committee. Whilst it was acknowledged that further areas need to be explored including sign-off levels within care groups and the approach to innovation, the committee strongly supported this structured approach to the management of business cases. It was agreed that an update is provided to the next meeting for approval. A request was made for this to be taken to the Sustainability Committee too.

Assurance: Good

Options for Modular Building

The committee noted that two options to provide a modular ward on the Princess Royal Hospital site had been considered by the Executive Team and Option 2, to place this behind Women and Children's Centre, had been recommended. The committee believed it did not have all the information available to be able to make a decision regarding which option and referred this back to the Executive Team to make the decision.

Assurance: n/a

Clinical IT Systems Contract Award for ED, Maternity and eObservations

A paper seeking approval to award the contract to provide a clinical IT system for ED, Maternity and eObservations was received. It was noted that the business case had previously been approved by Sustainability Committee and Trust Board. Subject to a review of the process for approving contracts and approval by the Chair of the Trust, the committee recommended approval of the contract award but was unable to approve the transaction as the committee was not quorate.

Assurance: n/a

Procurement Transformation Plan

Paula Davies returned to the committee following attendance in 28th May 2019 to confirm that she had attended numerous groups/committees to seek the required support to the Procurement Transformation as requested. In recognition of this and after consideration, the committee recommended support of the Procurement Transformation Plan by Trust Board and wished the Procurement Team good luck with their Level 2 Assessment on 27th September 2019. **The board is asked to note this and approve this decision.**

Assurance: Good

Fertility Funding Scheme

A proposal to introduce a funding scheme to the Fertility Department as an option for private patients was presented to the committee for approval. The scheme would offer an alternative self-funding route to couples being treated privately by the department. After consideration, the committee recommended approval by Trust Board. **The board is asked to note this and approve this decision.**

Assurance: Good

Board Assurance Framework

The committee reviewed the Board Assurance Framework and the rating of the following risks and confirmed no changes were required:

- We need to have system-wide effective processes in place to ensure we achieve national performance standards for key planned activity (RR 561) – MEDIUM.
- We need to live within our financial means so we can modernise our aging estate and equipment and invest in service development and innovation (RR 670) - HIGH

Assurance: Good

Other items discussed included:

- **Performance Committee Annual Self-Survey** – As part of the Well-Led Quality Improvement Plan and to ensure good governance the committee received a self-survey document which was based on the objectives within the Terms of Reference. To be circulated for completion.
- **26 week choice programme and system implementation plans** – received for information. Work across systems is being encouraged to ensure patients are given choice and opportunities to ensure treatment within 26 weeks.

Completed by:

Clive Deadman, Chair of Performance Committee

Date:

26th September 2019