

Performance Committee Summary

The Board are asked to receive and note the Performance Committee Chair's report of the key points from the meeting that it wishes to escalate to the Board

Key points from the meeting held on 26 th November 2019
Drivers of Deficit
<p>The findings of a review undertaken by Deloitte on the Drivers of the Deficit were presented to the committee. The review looked at how Structural, Strategic and Operational drivers contribute to the Trust's recurrent financial deficit. The report suggests that there are operational and productivity opportunities which are within the Trust's control and the Trust should focus on delivering, whilst engaging with the Local Health Economy around improvements to the system drivers.</p> <p>The committee welcomed the detail in the report and was assured that that there was a process to get a plan in place to realise the opportunities. It needs to be established assurance on if and how effectively we can realise these opportunities, but this is dealt with in other parts of the meeting.</p> <p>Assurance: High</p>
Overseas Nurse Recruitment
<p>The committee received an update on overseas nurse recruitment with a view to reducing the number of band 5 vacancies (currently 240) across the Trust. Thirty-six successful candidates are to commence in December/January, with 30 new staff to join the Trust each month until 172 nurses have been recruited. This process was larger and more effective than previous initiatives and this was strongly welcomed. This would result in a financial cost pressure (£1.6m) to the Trust, however payback was extremely attractive at 21 months with positive run rate impact from July 2020 and there were substantial very valuable and essential clinical benefits. The committee discussed the support the individuals would receive. The need to ensure pastoral support was in place was emphasised and on this further assurance is needed.</p> <p>Assurance: Moderate</p>
Electric and Gas Supply Contract
<p>The committee was asked to ratify a decision made by the Executive Directors relating to the renewal of the Trust's Electric and Gas Supply Contract for a period of 4 years commencing 1st April 2020. The board is asked to note this and approve this decision.</p> <p>Assurance: High</p>
Assurance rating key re risk/issue status: High: improving position Moderate: unchanged position Low: worsening position

Data Security and Protection Toolkit Submission

The Trust had submitted its 2019/20 October baseline submission with the disappointing outcome of 'standards not met' (a downgrade from the March 2018/19 submission). The committee noted the significant work required with regard to information governance and the need for a robust action plan to be developed and for this to be presented to the committee on 4th February 2020.

Assurance: Low

Procurement Assurance

Following formal assessment in September 2019, the committee was pleased to receive confirmation that Shropshire Healthcare Procurement Service has been awarded Level 2 accreditation as part of the Towards Excellence Procurement process. Nationally only 23 other Trusts have achieved Level 2 accreditation. The Procurement Department is currently ranked 5th out of 133 Acute Trusts.

Assurance: High

Operational Performance

The following table was presented, which helpfully summarises progress:

Operational Performance											
Metric	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Month	Quarter	YTD
A&E 4 Hour Performance	✗ 95%	68.30%	73.08%	71.14%	73.47%	73.63%	66.10%	64.50%	↓	↓	↓
A&E Minor 4 Hour Performance	✗ 97%	96.40%	97.42%	96.79%	95.75%	95.43%	93.27%	94.06%	↑	↑	↓
Cancer 2WW all cancers, Urgent GP Referral	✗ 93%	82.20%	80.30%	81.70%	81.70%	85.30%	92.70%		↑	↑	↓
Cancer 2WW Symptomatic Breast	✗ 93%	28.00%	12.50%	15.20%	21.00%	44.70%	91.00%		↑	↑	↓
Cancer 31-Day Surgery, subsequent treatments	✓ 94%	86.49%	86.67%	97.50%	90.00%	87.10%	94.90%		↑	↓	↓
Cancer 31-Day Drugs, subsequent treatments	✓ 98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		↑	↑	↑
Cancer 31-Day Diag to treat, all new cancers	✓ 96%	97.50%	97.90%	97.10%	97.00%	98.20%	98.50%		↑	↑	↑
Cancer Waiting Times - 62 Day GP Referral	✗ 85%	72.10%	74.50%	71.60%	73.82%	73.31%	69.40%		↓	↓	↓
Cancer Waiting Times - 62 Day Screening	✓ 90%	92.20%	82.10%	73.70%	95.45%	98.25%	91.70%		↓	↑	↓
Cancer Waiting Times - 62 Day Upgrade		85.60%	86.60%	86.90%	82.32%	88.59%	85.60%		↓	↓	↓
RTT Performance	✗ 92%	87.45%	87.83%	87.01%	85.99%	85.77%	86.15%	85.03%	↓	↓	↓
RTT Volume of Patients on Incomplete Pathways Waiting List	✗ 18,027	18,902	18,745	18,860	18,825	19,176	19,196	19,330	↓	↓	↓
RTT Number of Patients over 52 weeks on Incomplete Pathways Waiting List	✓ 0	0	0	0	0	0	0	0	↑	↑	↑
Waiting Times - Diagnostic Waits <6 weeks	✓ 99%	99.17%	99.28%	99.52%	98.76%	97.58%	97.29%	99.36%	↑	↓	↓

Key points to note include:

- RTT continues to be a challenge driven by capacity issues.
- Diagnostics performance has been recovered as anticipated. Continued pressure in Radiology and backlog in Endoscopy.
- Cancer – 62 day position recovering. Following significant work 2 week wait performance is back on track at 92.5% (target 93%).
- A&E 4 hour performance remains extremely poor at 64.5%, with a concerning increase in the number of 12-hour breaches.
- Chronic peak loading of Urgent Care by the ambulance service was creating unmanageable

Assurance rating key re risk/issue status:

High: improving position

Moderate: unchanged position

Low: worsening position

events. Support was needed with these issues, and regional support has been requested.

Assurance: Low

Finance Report Month 7

At the end of Month 7 the Trust reported a deficit of £11.735 million, £2.909 million adverse to plan. Income was broadly in line with plan. Pay overspent as a result of agency costs and non-delivery of CIP and Non-Pay overspent. It was expected that financial cash support would be required in January.

An update on the investment list/priorities was provided. Of the £9.050 million part year effect plan, the Trust was expecting to spend £8.365 million.

The committee discussed the forecast outturn position and noted that the most likely outturn position would be a deficit of £28.900 million (exc PSF), £11.549 deviation from the control total.

Assurance: Low

Financial Improvement Programme 2019/20

The committee received an update on the Financial Improvement Programme 2019/20, in advance of a separate assurance meeting taking place following the meeting to review CIP in more detail.

Deloitte colleagues indicated that the £8m of Core CIP (ie excluding breakeven items) was deliverable, despite only £5.23 million full year effect in delivery at month 7. However, the key risk to this was 'buy in' and it was suggested that a different approach was required for the second phase with greater resources/PMO, identification of key priorities and ensuring systems, controls and processes are put in place. A subsequent meeting had been convened to scrutinise these issues. (See post meeting note at the end of this report which sought greater assurance).

Assurance: Medium

Board Assurance Framework

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

- RR 561 - We need to have system-wide effective processes in place to ensure we achieve national performance standards for key planned activity (RR 561) – MEDIUM. It was noted that urgent discussions with the Ambulance service were needed to address certain uncontrolled system issues which were at times overwhelming A&E.

Assurance: Low

- RR 670 - We need to live within our financial means so we can modernise our aging estate and equipment and invest in service development and innovation - HIGH

Assurance: Moderate

Assurance rating key re risk/issue status:

High: improving position

Moderate: unchanged position

Low: worsening position

Completed by: Clive Deadman, Chair of Performance Committee
Date: 27th November 2019

Post-Performance Committee Meeting Note

[Written by Clive Deadman on 27/11/19]

Immediately after the Performance Committee a 'deep dive' into a selection of larger but random CIP schemes was undertaken. The purpose of this was to help NED understand the rigour and effectiveness of our cost control and CIP programme.

Five initiatives were looked at in detail by NED with local leaders and executive sponsors who are directly involved in delivery. It was concluded that:

- CIP Initiatives were better defined and delivered than has been the case in the past. This was welcomed.
- However all agreed there was further need for 'pace and urgency', and more support for local leaders or "do-ers" who were delivering improvements daily. Without 'winning' and 'earning' more clinical support for changes and improvements then initiatives would fail to be delivered. We have made progress in the last 3 months **but a further step change in local, strategic and clinical leadership is essential and prioritisation of initiatives** if we are to see the improvements projected and needed.

Assurance: Moderate

Assurance rating key re risk/issue status:

High: improving position

Moderate: unchanged position

Low: worsening position