

Sustainability Committee

Key summary points for the board from the meeting of the Sustainability Committee held on 26th September 2017.

The Chair expressed his disappointment with the poor attendance at the meeting, particularly representation from the care groups; only Support Services was properly represented.

Financial Position Month 5

The committee discussed the financial position at month 5 noting that before the receipt of STF the Trust recorded a deficit of £10.862 million, £4.974 million worse than plan. The consequences of not receiving STF funding in Quarter 2 and the impact this would have on cash was concerning. Given the current overspend, the expected position at the end of 2017/18 is now £18.004 million deficit. The delivery of actions identified as part of a Recovery Plan could result in a revised outturn position of £10.497, however £4.030 million of the schemes identified were rag rated red risk.

As highlighted last month, the number of contract queries being received from the CCG continues to not only cause concern in terms of the financial scale of challenge (four times greater than the Trust is reserving for), but in terms of the time spent by staff responding to these queries (estimated to be consuming the full time of 4 members of staff).

The committee acknowledged that addressing the agency problem was key to improving the financial position and maintain credibility with NHSI and other stakeholders. The Trust needed to find a way to focus more on this important matter and for more pace to be injected into decision making and in delivering the actions identified, eg decision re weekly pay and ensuring rostering 3 months in advance. It was noted that at a time the majority of Trusts had made good progress, we, at SaTH, had seen a serious deterioration in performance which threatened to undermine quality of care and financial performance. It was not clear to attendees why this had occurred.

Trust Performance Report

A review of the Trust's performance at month 5 took place. The Sustainability Committee congratulated the Scheduled Care Group on the delivery of the 92% RTT target. This is a tremendous effort to bring this position back in line.

The A&E position remains a concern.

Operational Plan 2017/18

An update on performance against the plan was provided. It was noted that a huge amount of work had taken place since the end of August, including the excellent PRH component of the bed realignment project (objective 8) which took place over the weekend.

There was recognition that the delivery of a small number of important objectives were critical and would 'unlock' other issues. The committee requested that these key objectives are highlighted in table (attached: Appendix 1) for the next meeting and that this would be shared with Board as part of the Committee Summary. At present we believe Objectives 3, 4, 5, 6, 8, 14, 15 and 21 are the business and care critical items. This table also illustrates the metric Sustainability Committee is using to get assurance real plans with detail and ownership are in place. As can be seen full assurance has not been received. This should not be a surprise as typically we only deliver half of our plans by the agreed deadlines.

Other issues discussed:

- **Carter Review Update - Model Hospital** – Informative presentation delivered by Keith Roberts, Senior PMO which highlighted that in 2016/17 SaTH appeared in the lower quartile in a number of benchmarked areas indicating a good level of productivity and efficiency. By two strategic measures SaTH was an outstandingly efficient trust. With the exception of the serious deterioration in performance in 2017/18 on agency tier 5 performance this means that finding cost savings proves more difficult.
- **Sustainable Services Programme Update** – received and noted. Overall status RAG rated Amber/Green. In seeking to understand the rigour of the community model, NHS England have requested further information from the CCG. This could lead to a potential impact on commencement of consultation process.

Name of Chair: Clive Deadman

Date report prepared: 27th September 2017

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

Objective	Lead officer	Have we defined the task?	Is there a plan?	Is there ownership of plan delivery?	Are we delivering?
1. RTT to be recovered by individual specialties as per care group model	Carolynne Scott				
2. RTT trajectory delivered as per care group model	Carolynne Scott				
3. Capacity review to be completed by Meridian Consultancy by September	Neil Nisbet				
4. Stream patients effectively, finalise the Urgent Care Centre at PRH and address the Urgent Care Centre deficiencies at RSH by June	Carol McInnes				
5. Complete workforce review or PRH/RSH A&E department and address 6pm-12am capacity shortfall by June	Debbie Jones				
6. Plan to address capacity deficiencies occurring at the weekend addressing insufficient discharges by June	Carol McInnes				
7. Implement Red to Green and SAFER programme from April-June	Kate Shaw				
8. Realign SC & USC beds from April - October	Kate Shaw/ Carolynne Scott/ Carol McInnes				
9. Secure Cancer delivery by addressing Dermatology consultant workforce by May	Sara Biffen				
10. Review capacity requirements in respect of public health campaigns and NICE guidance by September	Carolynne Scott/ Carol McInnes/ Jo Banks/ Debbie Jones				
11. Conclude review of demand and capacity impact arising from direct to test by May	Debbie Jones				
12. Address capacity consequences arising from growth in direct access and internal usage of CT & MRI by May	Debbie Jones				
13. Achieve JAG accreditation by June	Carolynne Scott				
14. Agree and implement the new bed profile in relation to the new nursing structure from April - October	Heads of Nursing				
15. Conclude arrangements to transfer 70 patients to community provision from April - October	Carol McInnes				
16. Construct plans to address medical staff risk by September	Mark Cheetham/ Kevin Eardley/ Andrew Tapp				
17. Conclude LHE maternity review by July (CCG delayed)	Jo Banks				
18. Manage Midwifery staffing model as per review by July	Sarah Jameson				
19. Develop and implement solutions to better align support service activity and workforce by October	Debbie Jones				
20. Progress SSP from April	Kate Shaw				
21. Develop a trajectory for agency usage improvement by April	Alex Brett/ Jill Price				
22. Full analysis of job plans to be put in place aligned to operational needs by September	Edwin Borman				
23. Medical Director to conclude on Paediatric service model by July	Edwin Borman				
24. Implement programme of work associated with the new Leadership Academy from May/June	Victoria Maher				
25. Address specific high risk areas in line with Trusts Capital Programme from April	Dave Thomas				
26. Complete schemes where there is pre committed spend from April	Dave Thomas				
27. Commence procurement exercise to create a Strategic Asset Partner for financing the Hospital reconfiguration business case from April	Neil Nisbet				
28. Review current PAS system and construct a business case by September	Nigel Appleton				
29. Full roll-out the Exemplar Ward Programme by April	Helen Jenkinson				
30. Respond and build upon the results and recommendations identified through the CQC assessment in December 2016 from April	Helen Jenkinson				
31. Review the reporting, process and triangulation of serious incidents from April	Dee Radford				
32. Continue with TCI lean methodology across the organisation from April	Cathy Smith				
33. Review capacity for Lean for Leaders from April	Cathy Smith				
34. Reduce the recurrent deficit to £15.4 million in 17/18 and £12.1 million by 18/19	Jill Price				
35. Deliver a control total deficit in the years 17/18 and 18/19 as set by NHSI of £6.063 million and £2.778 million retrospectively	Jill Price				
36. Deliver required CIP savings targets during 17/18	Carolynne Scott/ Carol McInnes/ Jo Banks/ Debbie Jones/ Corporate Leads				