The Shrewsbury and Telford Hospital

Paper 4

NHS Trust

Sustainability Committee

Key summary points for the board from the first meeting of the Sustainability Committee held on 26th April 2016:

The purpose and objectives of the committee were discussed and it was noted that:

- 1) To be effective the Sustainability Committee needed to be much more than a 'Finance' committee, which would therefore require a greater focus on performance, safety and value for money.
- 2) To achieve this effectively it would need to support, but not duplicate, the Board and the other Tier 2 Committees. This might mean, **for example**, that although 'Workforce' issues are critical for Budget/Performance/Safety delivery the Sustainability committee:
 - a. Would not eclipse in any way the key leadership/value added of the Workforce Committee and workforce leaders.
 - b. Would offer support when it was requested, and would undertake an occasional 'deep dive' into CIP delivery progress/risks. The style of these 'deep dives' would be supportive with the objective of recognising realistic and likely outcomes long before end of year, so the Board was aware of any strategic opportunities and risks.
- 3) To ensure Finance issues were strategically tracked and where necessary scrutinised it was proposed:
 - a. Each Committee meeting would review a 2-3 short summary of Profit & Loss and cash flow which reviewed spend in month against budget, spend to date against budget and expected out turn at year end against budget.
 - b. Each Committee meeting would review a short strategic CIP delivery report which would summarise delivery progress and risks.
 - c. At the end of Q1, Q2 and Q3 the Ctte would devote a larger part of the agenda for a deeper review of financial performance.
- 4) To ensure Performance issues were strategically tracked some type of 'high level performance dashboard' would be helpful. In conjunction 'deep dives' lead by leaders/owners of those issues this would ensure support could be provided to areas in stress, and realistic expected end of year outcomes could be recognised. Ideally new initiatives/outperformance in other areas would allow the Trust to delivery its strategic objectives.

Terms of Reference

Discussed and noted. The focus of the new committee will be much broader than finance and will consider value for money and performance across the organisation and follow a deep dive approach on critical areas. The CIP deep dive topic for the next meeting was agreed as Nursing and Medical Agency Cap and Unavailability.

A Forward Plan is being developed to ensure all duties included in the Terms of Reference will be addressed. The Terms of Reference to be revisited after three meetings and any recommendations to be considered by the Board.

Finance Report Month 12 2015/16

At the end of the financial year the Trust delivered a £14.6 million deficit, an improvement on the required £14.8 million stretch target set by the TDA, a feat achieved by only a small number of acute service providers. The Committee acknowledged the outstanding work from across the organisation which had allowed us to deliver this excellent outcome.

Operational Performance 2015/16

The committee reviewed the operational performance as at month 12, noting the specialties which were not achieving and actions being taken to address this. There were particular successes with regard to cancer targets which were now consistently being delivered and as a result the Trust had been asked to present nationally on how this had been achieved.

Operating Plan 2016/17

The committee received and approved a mock-up example of the proposed performance monitoring 'dash board' report for the Sustainability Committee and Trust Board which would provide a comprehensive understanding of how the Trust is performing against their Operational Plan. Other Committees, which owned and lead many of the issues covered in this proposed report, would be consulted on the style and content. It was essential they also found the report helpful.

Reconfiguration of Cardiology to provide a Non Primary Percutaneous Coronary Intervention Service

The committee considered a proposal to develop and extend the cardiology service to enable the provision of a non-primary Percutaneous Coronary Intervention (PCI) Service. The committee supported the proposal in principle: it had enormous benefits for patients, clinical excellence, savings for Commissioners and it had a 2 year 'payback'. The committee gave approval to start the self-assessment and peer review process with the British Cardiological Intervention Society (BCIS) which was expected to take between 6-12 months, on the proviso that:

- There would be a presumption that the proposed savings would be realised (reduction of 12 beds.)
- It was unclear how the £417,000 capital cost would be funded. It was considered it was the task of the Sustainability Committee to try and find a financial solution for this challenge.
- Some of the financial figures were uncertain. The project proposers were invited to ensure all capex/revenue/opex costs were confirmed.

Name of Chair: Clive Deadman

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