

## Sustainability Committee

Key summary points for the board from the meeting of the Sustainability Committee held on 24<sup>th</sup> October 2017.

### Financial Position Month 6

At the end of month 6 the Trust had planned to deliver an in year deficit, before phased spend and STF, of £7.018 million and actually recorded a deficit of £13.423 million, £6.405 million worse than plan. Although there were some issues relating to pay and non-pay, the position was compounded by non-receipt of STF and an underperformance in income of £1.720 million. As a result of the overspend that exists to date, the expected forecast outturn position at the end of 2017/18 is now £18.887 million deficit, £12.824 away from the control total set by NHSI.

The committee discussed the Recovery Plan and it was noted that if the Trust delivered the green and amber rag rated schemes the Trust would outturn at £13.897 million deficit, £7.834 million gap. This was considered the most likely outcome. Delivery of red, amber and green would achieve a forecast outturn position of £13.225 million deficit. It was noted that delivery of the Red schemes would be extremely challenging. Suggestions to close the gap of £7.834 million were outlined and if delivered would result in a revised gap of £1.794 million.

The impact of the current financial position on cash flow was presented to the committee. The committee was informed of the difficulties being experienced by operational and other services as a result of extended payment terms. The committee expressed concern about the current position and the impact this was having on service delivery.

### Electronic Patient Record (EPR) External Consultancy Option Appraisal

The committee received and approved a proposal to appoint an external IT specialist consultancy firm to provide an options appraisal to enable the completion of a strategic outline business case for the future Electronic Patient Record solution.

### Board Assurance Framework

The Committee reviewed the BAF risks and agreed that the RAG ratings should remain as follows:

Risk 561      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.    RED

Risk 670      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 & address the modernisation of our ageing estate & equipment. RED

Risk 1187      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. RED.

There were no new risks to add.

### **Operational Plan 2017/18**

An update on performance against the plan was provided and presentations were delivered on the following objectives:

Objective 4 – Streamline patients effectively, finalise the Urgent Care Centre at PRH and address the Urgent Care Centre deficiencies at RSH

Objective 5 – Complete workforce review of PRH/RSH A&E department and address 6pm – 12am capacity shortfall

Objective 6 – Plan to address capacity deficiencies occurring at the weekend addressing insufficient discharges by June

Objective 21 - Develop a trajectory for agency usage improvement by April

Assurance matrix for business and care improvement objectives attached at Appendix 1.

### **Policies for Ratification**

The committee received and ratified the following policies:

- Lock down Policy
- Waste Management Policy
- Electrical Safety Policy
- Information and Information Security Policy
- Operational Policy for Clinical Validation
- Laser Radiation Protection

### **Other issues discussed:**

- **#3 Meridian Project:** Productivity improvement across Outpatients, Theatres and Radiology – an explanation of the many reasons for the delay were provided by representatives of the Scheduled Care Group who attended the meeting at the request of the committee to share their views of the project. It was noted that some consultant 'buy in' has been lost as a consequence of this project to date. The committee sought and received assurance that there was deep commitment to deliver the outcomes targeted by this business change project and the Committee thanked the project leaders for their ownership and tenacity of these complex issues.

- Sustainable Services Programme Update – received and noted. Overall status RAG rated Amber/Red. Victoria Maher delivered a presentation on the Sustainable Services Workforce Plan. There were a number of risks associated with the plan relating to supply and recruitment of key staff, double running costs and delivery of a new IT programme. There was a recognition that SaTH is behind other Trusts in a number of workforce related areas. The challenge is for the Trust to implement the changes at pace and at a scale in order for them to have an impact

Name of Chair: Clive Deadman

Date report prepared: 6<sup>th</sup> November 2017

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

Objective	Lead officer	Related CIP scheme	Related Financial Recovery Objective	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	Outpatient theatre review	Meridian				
4. Stream patients effectively, finalise the Urgent Care Centre at PRH and address the Urgent Care Centre deficiencies at RSH by June	Colin Ovington						
5. Complete workforce review or PRH/RSH A&E department and address 6pm-12am capacity shortfall by June	Colin Ovington						
6. Plan to address capacity deficiencies occurring at the weekend addressing insufficient discharges by June	Debbie Jones		Escalation Closure				
7. Implement Red to Green and SAFER programme from April-June	Kate Shaw		Escalation Closure				
8. Realign SC & USC beds from April - October	Kate Shaw/ Carolynne Scott/ Carol McInnes	Bed realignment	Bed realignment				
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	Unavailability improvement Bed realignment	Bed realignment				
15. Conclude arrangements to transfer 70 patients to community provision from April - October	Carol McInnes	Bed realignment	Bed realignment				
16. Construct plans to address medical staff risk by September	Mark Cheetham/ Kevin Eardley						
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	Bank rate review Agency Cap Savings Cease all HCA Agency	Agency Cap				
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		Credit Suppression Bed realignment Agency Cap Meridian USCG CIP Escalation Closure Winter Funding STP Cost Recharge Maternity over establishment				
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		Credit Suppression Bed realignment Agency Cap Meridian USCG CIP Escalation Closure Winter Funding STP Cost Recharge Maternity over establishment				
36. Deliver required CIP savings targets during 17/18	Carolynne Scott/ Carol McInnes/ Jo Banks/ Debbie Jones/ Corporate Leads	Procurement Unavailability improvement Bed realignment Outpatient Theatre review Bank rate review SCG tier 1/2/3 USCG tier 1/2/3 W&C's tier 1/2/3 Agency cap savings Cease all HCA agency Carter Support Services Corporate Services	Bed realignment Agency Cap Meridian USCG CIP				