

Sustainability Committee

Key summary points for the board from the meeting of the Sustainability Committee held on 28th November 2017.

Charitable Funds

The committee received the Draft Charitable Funds Annual Report and Accounts 2016/17 and Management Representation letter noting that Ernst Young had given a clean audit report with no issues. The committee approved these ahead of the Trust Board meeting on 30th November 2017. Due to the value of the charitable fund income an independent review had taken place from rather than a full audit.

Financial Position Month 7

Jill Price presented the financial position for month 7 noting that at the end of month 7 the Trust had planned to deliver an in year deficit, before phased spend and STF, of £7.628 million and actually recorded a deficit of £15.380 million, £7.752 million worse than plan. Spend in October was broadly where it was expected to be with the exception of non-pay which has higher than expected due to high cost drugs. The financial benefits of the reduction in tier 5 nurse agency, had not been realised due to the medical agency staffing expenditure and therefore the Trust continues to exceed the agency ceiling set by NHSI by £4.511 million above the cap.

The Trust was now forecasting an outturn position of a deficit of £19.361 million without rectification. Approximately £8m of this is made up of unbudgeted agency expenditure. This could potentially increase in the light of CQUIN discussions. However, the delivery of the green and amber rated schemes could achieve an outturn position of £16.561 deficit. This was still some £10 million away for the control total set by NHSI.

The committee acknowledged the progress made with regard to reducing nursing agency spend and the need to focus on medical staffing agency to see a real change. The challenge will be to maintain the position going forward. There was a recognition that internal processes need to improve and reference was made to the impact of poor patient flow, stranded patients and escalation beds on the financial position. The committee was reassured by the commitment given to focus attention on these issues however there was no detailed plan in place to address these issues.

The cash position continues to cause severe concern. Payment terms had been revised following production of Quality Impact Assessment which has resulted in a greater unfunded cash gap.

Compliance with the new General Data Protection Regulations (GDPR)

The committee was informed of changes taking place with effect from 25th May 2018 which will introduce greater accountability for organisations and Board members. One of the biggest changes will be the requirement to gain consent regarding data flows and sharing. It is recommended that a Data Protection Officer is appointed and an appropriate accountability framework is developed. It was agreed that a short paper should be submitted to Trust Board outlining the changes in order that a decision can be made by Board as to how to proceed with the management of this important issue.

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. Rachel Brown, Clinical Programme Lead for the SAFER programme and Carol Mcinnes, Assistant Chief Operating Officer (Unscheduled Care) **delivered excellent presentations** on Objective 7 (Implement Red to Green and SAFER programme from April-June) and Objective 15 (Conclude arrangements to transfer 70 beds to community provision from April-October).

Both presentations provided a powerful and impressive insight into the work going on and possible solutions to the poor patient flow issues which have in part resulted in the £8m expected overspend in agency costs in the current financial year. The Trust needs to ensure ownership of such important work and for this to become embedded within day to day business. The importance of triangulating the work of the Medical Director, Director of Nursing and Quality and Chief Operating Officer was deemed to be essential in this regard.

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

Other issues discussed:

- **Implementing the Cancer Recovery Package by 2020** - the committee gave their support to a proposal funded by Macmillan to recruit a Programme Lead and Project Manager for an initial period of three years to scope how the Recovery Package is implemented at SaTH. The project will be reviewed after 18 months to determine the impact and if additional resources are required.
- **Trust Performance Report** – key messages included success in delivery of the RTT, Cancer and Diagnostic targets. The A&E position remains a concern and one of the biggest challenges for the Trust to address.
- **Sustainable Services Programme Update** – received and noted. Overall status RAG rated Amber/Red. Nigel Appleton delivered a presentation on IT dependencies.

Name of Chair: Clive Deadman

Date report prepared: 29th 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	Helen Jenkinson		Escalation Closure				
7. Implement Red to Green and SAFER programme from April-June	Dierdre Fowler		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				