

## Sustainability Committee

Key summary points for the board from the meeting of the Sustainability Committee held on 30<sup>TH</sup> January 2018.

### Financial Position Month 9

At this time of the financial year, the committee focused their discussion on the Trust's performance against the forecast outturn position and it was noted that within month 9 the Trust had over performed against the forecast by £0.233 million. This was mainly due to not spending as much as expected on pay. The Trust now needs to continue this improved position for the remaining three months of the year and deliver what was agreed in terms of pay and non pay expenditure, including a pay reduction of £1.5 million. Although the in month position had improved, without any rectification and recovery plan, combined with the loss of STF, the forecast outturn position has moved to £20,152 million deficit, £14,089 million away from the original control total. Discussions were taking place with NHSI regarding this.

### 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 and 2018/19

An update on performance against the plan for 2017/18 was received. Assurance matrix for business and care improvement objectives is attached as Appendix 1.

A general discussion took place about progress with the 2018/19 plan compared to where the Trust was at the same time last year. It was recognised that some of the schemes in 2017/18 plan would be rolled over and continued into 2018/19, however there was further work to be undertaken to refine the plan and gain ownership in all areas for 2018/19 so that this could be in place soon.

An informative presentation on Criteria Led Discharge (Objective 6) was delivered by Helen Jenkinson, Deputy Director of Nursing and Quality. Progress was being made but several examples where in some areas tactical or procedural issues were getting in the way of delivery patient care and safety were discussed. There was disappointment that these issues could not be overcome particularly recognising the potential impact this could have on patient flow. The committee requested a further update on this in April 2018 at which time hopefully they would be resolved.

**Other issues discussed:**

- **Meridian Post Project Evaluation** – Views on Meridian’s final report being obtained from Care Groups. Formal document to be shared in due course. Acknowledged that there have been some successes but also some issues and lessons to be learned.
- **Review of Trust’s Conflict of Interest Register and Single Source Waiver** - a review of Trust’s Conflict of Interest Register and Single Source Waivers for the period 1st April 2017 to 31st December 2017 concluded that there had been no potential conflicts of interest. However a very high volume of waivers was noted. The committee requested Corporate Governance attend a future meeting to provide assurance regarding the completeness of the Declaration of Interest register, particularly in relation to medical staff.
- **Sustainable Services Programme Update** – received and noted Overall status remains RAG rated Amber/Red. Consultation continues to be delayed pending notification from NHSE on approval to progress.

Name of Chair: Clive Deadman

Date report prepared: 31<sup>st</sup> January 2018

**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				