

SUSTAINABILITY COMMITTEE

Key summary points for the Trust Board from the meeting of the Sustainability Committee held on 27th February 2018.

The meeting was attended by SATH's new Chair, Ben Reid.

Board Assurance Framework

The committee looked at the risks

<p>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 (CRR 561)</p>	<p>Red - No Change</p>
<p>□ If we are unable to resolve the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfill our financial duties and address the modernisation of our ageing estate and equipment (670)</p>	<p>Red - No Change</p>
<p>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 (1187)</p>	<p>Red - We have not delivered our CIPs for 2017/18</p>

The committee considered that risk 626 on the BAF should be increased given the very real pressure on SATH's Accident and Emergency departments. The risk is currently described as "Insufficient consultant capacity in Emergency Department which has the potential to adversely affect patient's safety and patient flow" and rated at level 20. This risk should be either escalated so that it formally comes under the active consideration of a board subcommittee or should be incorporated as an explicit sub risk within a broader HR risk.

Cost Improvement Programme (CIP)

The Trust was set a 2% CIP for the year 2017/18 representing a saving of £6.8m for the year. A predicted £4m has been achieved. Key issues contributing to this under achievement is the SATH to Home and the Meridian Efficiency Programme. Key lessons need to be learned for the 2018/19 programme with respect to the ability of programmes to deliver within a 12-month period. The Board should consider this in reviewing proposals for 2018/19 and in explicitly monitoring the CIP programme.

Charitable Funds

The committee received a number of papers that described the current status and aspirations to increase the charitable funds. These demonstrated that SATH's charitable funds are in good order and that there are well developed plans to attract additional funds, for example, by building stronger links with local businesses.

Mortality

The committee noted the mortality reported in the performance report. Whilst it is clear that the Q&S committee oversee the learning from death, it is important that the overall mortality profile is under the explicit review of a subcommittee. This will be considered by the Chair within a revised subcommittee structure.

Elective Targets

The committee was pleased to note the ongoing excellent performance against:

Diagnostic Waiting Times

Access to diagnostics is a key element of patient pathways and continued good performance in this respect is to be celebrated.

Cancer Waiting Times

SATH continues to perform well against these national targets despite pressures within the hospitals and within the wider system.

Completed by: David Lee, Acting Chair of Sustainability Committee
Date: 28th February 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				