

Performance (Sustainability) Committee

Key summary points for the board from the meeting of the Performance (Sustainability) Committee held on 27th March 2018 are:

Financial Performance Month 11

The committee was reminded of the Trust's plan constructed in November (which we have discussed with NHSI) to deliver a revised forecast of £12.025 million, a shortfall of £5.962 million from the original control total of £6.063 million. After accounting for the additional shortfall in STF payments of £8.127 million, the Trust would deliver a deficit of £20.152 million at the end of the year. We are now confident we will be able to deliver this outturn.

Financial Strategy 2018/19

The Committee received and discussed the 2018/19 Financial Strategy. The Financial Strategy has been developed to deliver a control total deficit of £6.5 million. It was noted however that NHSI expect the Trust to deliver a surplus of £660,000 (after receipt of £13.1 million STF). Accordingly, there is a £7m difference between our and NHSI's expectations.

The 2018/19 Financial Strategy has been built up from the following assumptions:

- Receipt of STF Funding of £13.1m.
- Cost efficiencies of £7.0 million, equivalent to 2% of operational spending. At present we have potential CIP measures which could deliver £8.9m of savings. However almost all these plans are poorly defined and are of low confidence. ('Red' rated)
- pay expenditure increases by 2% and non-pay by 4%. At present no account has been taken for 'agenda for change' which should be 'fully funded'.
- £2.3 million of funding for winter.

A consequence of this Financial Strategy is we expect to significantly overspend the Agency Cap figure. When this becomes apparent NHSI may request further discussions.

The committee received and considered the Capital Programme for 2018/19, noting that the Trust will need to explore alternative financing solutions to support the replacement particularly of high cost diagnostic equipment. Furthermore that it will need to continue to retain sizeable contingency resources to be able to respond to unexpected need throughout the year.

The committee RECOMMENDED APPROVAL of the 2018/19 budget and Capital Programme to Trust Board.

Board Assurance Framework

The committee reviewed the follow risks

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).	Red - No Change
f 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).	Red - No Change
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).	Red – No change

Further discussion and clarification needed regarding the risks the Sustainability Committee are responsible for and those that require escalation. It is understood that a full review of the new BAF is taking place from April 2018.

Operational Plan 2018/19

The committee received an extract of the Operational Plan for 2018/19 relating to Unscheduled Care Group. It was acknowledged that the detail behind this and other areas of the Operational Plan, including the risks, is still required. It was agreed that the majority of next meeting of the Sustainability Committee will focus on the detail and the milestones.

Trust Performance Report

The committee was pleased to note that despite the hospital pressures, there continued to be excellent performance against the Diagnostic Waiting Times, Cancer Waiting times and RTT. A&E performance continued to be challenging.

Completed by: Clive Deadman, Chair of Sustainability Committee
Date: 28th March 20

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	Kerry Malpass						
2. RTT trajectory delivered as per care group model	Kerry Malpass						
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	Carol McInnes						
5. Complete workforce review or PRH/RSH A&E department and address 6pm-12am capacity shortfall by June	Carol McInnes						
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	Kerry Malpass/ 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	Kerry Malpass/ 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	Kerry Malpass						
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	Neil Nisbet						
21. Develop a trajectory for agency usage improvement by April	Victoria Maher/ 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	Kerry Malpass/ 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				