

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	4 November 2015
Board Sponsor:	Chair, Finance People & Performance Committee
Paper Author:	Chair, Finance People & Performance Committee
Subject:	Finance, People and Performance Committee – October 2015

Executive Summary

The report describes the discussions at the Committee, which focused on the Turnaround Programme and its component parts: financial control and recovery; urgent care; and 18 weeks.

The Committee also received and noted the annual Health and Safety and Fire Safety reports.

Links to corporate objectives	The focus of the Committee discussions was on the objectives of <i>excellent outcomes; great experience and high productivity</i>
Identified risks and risk management actions	Delivery of the financial plan and CIPs programme; performance against the Accident and Emergency and RTT standards
Resource implications	The M6 finance report will be considered at the Board meeting.
Report history	The Chair of the Committee report to the Board following each meeting of the Committee.
Appendices	None.

Action required by the Board

The Board is asked to note the Finance People and Performance Committee report.

Report to the Board of Directors, 4th November 2015
Finance, People & Performance Committee Report

Items on the Board Agenda

1. Introduction

The Committee discussed the recurring challenge over the engagement of the clinical workforce, whose support and commitment was considered essential to address the Trust's considerable financial and operational challenges.

2. Turnaround Plan

The Committee was advised of the Risk Summit and progress and achievement since the last Committee against the 30/60/90 recovery plan for the Trust.

Key milestones had been achieved as part of the Level 5 Plan: the opening of the Surgical Assessment Unit; Opening of ACU. In addition an increased capacity of 9 beds had been created with the opening of Plumpton Ward. Capacity on Plumpton would increase to 19 beds in the coming weeks. The Committee heard that the opening of Newhaven Down had been problematic and that it should be open on 3 November pending a registration visit from CQC. There remains some risk in recruiting staff to the SAU.

The Committee noted that recent discussions with the local CCG had resulted in securing additional investment which would reduce the backlog and address the aggregate RTT waiting times.

The Deputy CEO advised of the short term appointment of a Turnaround Director with strong commercial experience to provide much needed capacity to align financial and quality metrics to performance. Work has also been done to review projects (47 to date) and agree a go/no go/stop/continue approach going forward.

Further information would be presented to the Board in November.

3. Financial Performance/Finance Report Month 6

The CFO presented the Month 6 Report, confirming that the Trust is reporting a deficit of £20.4m, £3.6m behind the revised TDA plan of £16.7m for the full year.

The Trust is currently forecasting a deficit of £27m for the full year. The Committee discussed the feasibility of realising this position which would require an improvement of £2.4m each month. The Committee also discussed the continuing pressures, stubbornly poor performance and slow speed of improvement.

It was noted that improvement in future months will result from tighter financial controls and actions such as the freeze on hiring nursing and clinical agency staff, having band 7s and matrons work shifts and reductions on non pay spending, no invoice/no pay. The PbR contracts with CCGs and NHS England had still to be fully agreed - a potential risk of £2-£3m. The Committee sought assurance that clinical directors were fully behind the action plans and providing leadership to their directorates to achieve much needed savings.

The Committee considered that the task to achieve the TDA stretch target was an extremely challenging one.

4. Performance Dashboard

The Trust continues to perform poorly at or near the bottom of the national league table. With reference to the 62-day standard for Cancer, the position is relatively reasonable compared to other targets.

The Committee discussed the dashboard and, in particular, the change to the format and presentation. The commentary and narrative will now be embedded with the flags rather than separately. It was noted that the TDA has requested that all Trusts provide performance data through weekly and monthly returns.

5. Urgent Care Transformation

The COO apprised the Committee of the Risk Summit and the priority focus on the Level 5 Plan and on *Right Care, Right Place, Each Time*. The Discharge Lounge had been successful in increasing the number of discharges by noon to 25.

With specific reference to the Level 5 Plan, it was noted that support and engagement from nursing and medical staff had been problematic. Resistance and negativity were proving challenging to overcome and consequently pose a risk to delivery. The COO stated that the objective was for the Trust to develop a robust ED system however this would take time to deliver. There was further work to be done to encourage colleague and partner organisations to help the Trust in the delivery of system-wide targets through for example patients fit for discharge being discharged back into the community, freeing beds and better patient flow supporting ambulance provision. The Committee suggested that this area could be included as an item for discussion at the next CCG board to board.

6. Winter Plan

The Committee was informed that the Trust is subject to additional patient flow pressures over the winter months with consequent increases in lengths of stay. For patient safety and experience to be maintained during this period, it is necessary to have an effective, system wide plan in place to respond to those patients who are medically ready for discharge. Critical to the plan's successful delivery is strong and consistent operational management. In addition, the Committee acknowledged the need for close collaboration with partners across the health and social care economy to ensure they are fully committed to cohesive delivery.

The Committee heard that in previous years, additional funding had been provided specifically to address winter pressures. However, the likelihood of any additional funding being made available was uncertain.

7. 18 Week Performance/Scheduled Care

The COO advised that the position had deteriorated over the last two months. The priority had been to focus on three key areas: data validation, data quality and accuracy; high volume specialties to reduce the numbers; high volume day cases over weekends. It was of concern that Digestive Diseases was again identified for underperformance.

8. People Dashboard

The Committee noted the dashboard and the slight rise in absence rates.

In response to the concerns which had been raised by the Committee about the engagement of the medical workforce, the Operational Director of HR advised that a draft plan would be presented to the Board in November on medical staff engagement which would reflect best practice (such as King's Fund 6 Building Blocks for engagement). The plan will include clinical leadership and development and new recruitment processes to get the right staff in place quickly and ensure that, through induction, they are positively and fully engaged.

The Committee noted that SHINE Week had taken place attended by 200 staff many of whom had given positive feedback. As part of this event, 220 leaders from across the Trust had spent a day out of the organisation focusing on 'doing something different'. The Wellbeing Committee begins next week and will include clinical representation.

9. Health & Safety and Fire Safety Annual Report

The Committee reviewed and discussed the objectives and performance for 2014/15 and the proposed objectives for 2015/16 presented by the Head of Risk Management. It was noted that the two year programme links to value and behaviours and that Health & Safety KPIs are embedded into performance management and risk register to ensure compliance. The Committee heard that the attendance rate overall for mandatory training sessions was approximately 60% and could be improved. Work was underway for this year to: train Risk Champions; review and update the intranet and website; include Electrical Safety training; review compliance of the risk register against CQC requirements; reconstitute a Stress Committee; consider a plan for safe pedestrian access; appoint a new Chair for the Fire Safety Group; increase frequency of fire drills.

Antony Kildare
Chair
Finance, People & Performance Committee
October 2015