

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>30<sup>th</sup> November 2015</b>
<b>Board Sponsor:</b>	<b>Chair, Finance People &amp; Performance Committee</b>
<b>Paper Author:</b>	<b>Chair, Finance People &amp; Performance Committee</b>
<b>Subject:</b>	<b>Finance People and Performance Committee – November 2015</b>

### **Executive Summary**

The report describes the discussions at the Committee which focused on: progress with the Turnaround Programme; urgent care recovery; 18 weeks performance; and Month 7 financial performance.

The Committee also discussed plans to enhance medical engagement which will be discussed further at the Board.

<b>Links to corporate objectives</b>	The report concerns the objectives of <b><i>empowered skilled staff; high productivity; excellent outcomes and great experience</i></b>
<b>Identified risks and risk management actions</b>	Delivery of the financial plan; 18 week performance; and sustainable improvements in urgent care performance
<b>Resource implications</b>	The M7 finance report will be considered at the Board meeting
<b>Report history</b>	The Chair of the Committee report to the Board following each meeting of the Committee
<b>Appendices</b>	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, 30th November 2015**  
**Finance People & Performance Committee Report**

**Items on the Board agenda**

**1. Turnaround Plan**

It was noted that a meeting and detailed discussion on the Turnaround Plan had taken place on 20 November.

The Deputy CEO presented the updated Turnaround Plan and confirmed that the 90 day actions had been completed on time. Assurance was provided that much work had been done since the previous FPPC meeting in October to secure the delivery of unscheduled care, 18 weeks Referral to Treatment (RTT), including cancer targets, and financial control. The Committee was advised of the Plan's four priority areas of focus: Controls; Commissioners; Managing Activity; and Improving Operations. Work had been completed to refine the waterfall, introduce cadence management, establish support systems and a dedicated support unit, develop stakeholder dashboards and directorate plans, all of which would address the risks around capacity, people and actions necessary to deliver turnaround. A two month programme of intensive support for RTT and Unscheduled Care had been introduced with the objective to create stability and reduce pressure on the system. In addition, all projects and programmes had been reviewed to ensure these are being focused to secure robust financial control and ensure greater accountability. A number of major programmes had been deferred in order to release capital/programme budgets. Changes had also been made to CIP commitments and targets to reduce pressure on Clinical Directorates.

**2. Financial Performance/Finance Report Month 7**

The Month 7 Report was presented by the CFO who confirmed that the Trust is reporting a deficit of £23.1m, c £6m behind the revised TDA plan of £16.7m for the full year. The Committee was advised that to recover the position and achieve this revised target, the Trust would need to deliver breakeven at least each month for the remainder of the financial year. This was considered extremely challenging to deliver.

The Committee noted that there were modest improvements in pay expenditure, with, for example, agency costs reducing as a result of much tighter control. However, agency costs were still over £1m per month. There was a downward trend in administration and nursing agency spend, but as yet no impact had been realised in medical, professional and technical staffing costs. A pay recovery plan was necessary and in place to significantly reduce the monthly pay bill as soon as possible. It was noted that actual non pay expenditure was running c £2m above plan.

With reference to Payment by Results (PbR) activity, discussions had continued in earnest with CCGs and NHS England. The CFO indicated that there was potential to secure additional income.

The Committee discussed the Trusts' cash position, the impending cash risk and mitigations.

**3. Operational Performance**

**3.1 Performance Dashboard**

The COO advised of the key activities and areas of operational performance under scrutiny internally, locally by partners and stakeholders and nationally: A&E, 18 week Referral to Treatment including the 62 day standard for cancer, diagnostics (99% of

referrals within 6 weeks). The Trust was required to report very frequently on operational performance and metrics.

The Committee discussed the dashboard and was advised that some improvement had been recorded in respect of urgent care and cancer performance.

### **3.2 Urgent Care Transformation**

The COO advised that there had been an improved level of clinical engagement in support of the Level 5 Plan and *Right Care Right Place Each Time*. The intention was for the Plan to be further embedded. The Emergency Care Improvement Programme (ECIP) was providing additional clinical resource, advice and support which was having a positive impact.

With reference to the 12 hour breach position, the Committee was advised that there had been 34 breaches in October.

It was noted that 95% performance had been achieved on Saturday and Sunday.

As part of the Level 5 Plan changes, increased capacity was available at Newhaven Downs (Phases 1) and Plumpton. The capacity would be further extended in January, providing additional beds and a hospital at home service.

In preparation for possible strike action from junior doctors, all clinical directorates are preparing business continuity plans to ensure delivery of critical functions.

The 'newsflash' for *Right Care, Right Place, Each Time* provided a clear and concise format for reporting on the key deliverables of the plan. This was positively received by the Committee.

### **3.3 18 Week Performance/Scheduled Care**

The COO advised that the exercise to cleanse data and confirm the number of patients awaiting treatment was nearing completion following an intensive and focused period of data validation. Progress had been made in a number of areas and would quicken through support from the Operational Support Unit (OSU) including: booking clinics six weeks ahead; outpatient follow up by telephone; clinic outcome sheets for patients seen as out patients; completion of rotas in all specialties in good time.

With reference to diagnostic referrals/tests, the Trust is reporting 549 breaches of standard for October, a slight deterioration against September performance.

It was noted that the two-week cancer wait was being delivered though routine patients were being cancelled in digestive diseases to make space for patients referred under the two –week cancer rule. Performance against the 62 day cancer target was 83.9% against the 85% target in September. This position was considered to be improving but deterioration was being seen in waiting time for urology patients of cancer pathways.

Approximately 468 patients were on the list of patients who are undiagnosed, diagnosed and treated.

Overall, the Trust remains at significant risk in relation to delivery.

## **4. People Dashboard**

The Committee noted the workforce key performance indicators and, in particular, the staff turnover figure which had increased to 13.1% from 11.2% for the same period the previous year. The Operational Director of HR advised that the turnover rate was at its

highest level for over two years and that nursing turnover was at 14%. 1:5 new starters leave the Trust within one year. The Committee was advised that recruitment and retention of staff would be priority areas of the HR Plan going forward.

The Committee requested an earlier agenda slot at its next meeting.

**5. Medical Leadership & Engagement Plan**

The Chief Medical Officer delivered a presentation which had not been circulated in advance. The Committee provided feedback on content and proposed that the overall plan could be improved by including sharper definition of accountabilities, responsibilities, targets/KPIs and deliverables.

It was agreed that the suggestions and feedback would be incorporated into the next version of the plan.

**6. Board Assurance Framework**

The Committee reviewed the risks and ratings and requested that the framework be updated to include the work streams, activities and risks related to the Turnaround Plan and medical leadership and engagement.

**Antony Kildare**  
**Chair**  
**Finance People & Performance Committee**  
**November 2015**