Bradford Teaching Hospitals NHS Foundation Trust

Board of Directors: 8.3.18
Agenda Item: Bo.3.18.23

Confirmed Finance & Performance Committee Minutes December 2017 & January 2018

Presented by:	Pauline Vickers, Chair	**Author:**	Fiona Ritchie, Trust Secretary
Previously considered by:	Finance & Performance Committee		

Key points	**Purpose:**
Finance & Performance Committee minutes 20 December 2017 & 31 January 2018	To note

Executive Summary
Finance & Performance Committee minutes 20 December 2017 & 31 January 2018

Financial implications:
No

Regulatory relevance:

Monitor:	

Equality Impact / Implications:	Choose an item.
	Choose an item.
	Choose an item.
	Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights) Yes ☐ No ☒ If yes, what is the mitigation against this?

Other:	

Strategic Objective: *Reference to Strategic Objective(s) this paper relates to*	To deliver our financial plan and key performance targets
	Choose an item.
	Choose an item.

FINANCE AND PERFORMANCE COMMITTEE
MINUTES, ACTIONS & DECISIONS

Date:	Wednesday 20 December 2017	**Time:**	08:30 – 10:30
Venue:	Conference Room, Field House, BRI	**Chair:**	Pauline Vickers, Non-Executive Director
Present:	Non-Executive Directors: - Mrs Pauline Vickers, Non-Executive Director (PV) - Mr Trevor Higgins, Non-Executive Director (TH) - Ms Laura Stroud, Non-Executive Director (LS) Executive Directors: - Mr. Matthew Horner, Director of Finance (MH) - Mrs Cindy Fedell, Director of Informatics (CF) - Ms Donna Thompson, Director of Governance and Operations (DT) - Ms Karen Dawber, Chief Nurse (KD)		
In Attendance:	- Mr James Mackie, Head of Performance (JM) - Ms Fiona Ritchie, Trust Secretary (FR) - Mr Chris Callaghan, Divisional Head of Finance – Minute taker (CCa) - Mrs Sandra Shannon, Associate Director of Operations for Planned Care (SSh) for item F.12.17.8		
Observing	- Mr Steven Picken (SP) Deloitte - Mr Barry Senior, Non-Executive Director (BS)		

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F.12.17.1	**Apologies for absence**	
	Apologies were received from: Dr Mohammed Iqbal, Non-Executive Director (MI)	
F.12.17.2	**Declaration of Interests**	
	There were no declarations of interest.	
F.12.17.3	**Minutes of the Finance & Performance Committee meeting held on 29th November 2017**	
	PV advised that a minor amendment was to be made to page 3 in the 7th paragraph. Subject to the above change the minutes were accepted as a correct record.	
F.12.17.4	**Matters Arising**	
	F.9.17.8 General Surgery Exception report – update in October. MH advised that he and JM had only received an updated report yesterday (19th December) so it hasn't yet been internally validated. The validated report will therefore be sent to Committee members electronically as soon as possible, with feedback virtually to MH. TH requested if it could be sent	

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	before Xmas and MH confirmed that if the validation process can be completed it will be sent before Xmas. Action: Director of Finance F.11.17.8 Invalidated RTT Report – at the last meeting it was requested CF share what had been sent to NHSI (emailed 14.12.17). PV stated it was useful particularly around 52 week waiters. Item Concluded	
F.12.17.5	**Finance & Performance Committee Dashboard and Committee Effectiveness**	
	Committee Effectiveness PV stated that following the Well Led review it was suggested that a self-assessment of "Committee Effectiveness" be added in to the agenda. This would assess the committee's effectiveness in holding itself to account and effectively discharging its duties. A discussion followed concerning what effectiveness measures could be assessed at the end of each meeting. PV suggested assessing the Executive Director's view as to whether or not the Non-Executive Directors have added value PV summarised the areas in which the effectiveness of the committee will be assessed at the end of the meeting as : • Impact and value of Non-Executive Directors • The way the committee ask, challenge and support each other • 18 Week RTT position, linked into finance and how these fit together • Remain sighted on improvement areas previously identified – e.g. cancer, A&E target etc. • Assess how benchmarking is utilised and how this is used to make decisions and identify opportunities • Is the Finance and Performance Committee Dashboard providing all relevant information and are we working together as a team to continuously improve. Do we question the narrative and the data. The Committee agreed this approach. DT stated that SSh is attending this meeting to present on Referral To Treatment ("RTT"), which the Finance & Performance Committee requested; to review the position in light of the winter plan, and potential impacts on finance, patient safety and quality of patient services. PV agreed that this was a key purpose of the committee, and confirmed with DT that this focus can be applied to current and future plans. LS queried whether the Committee considers comparative benchmarking to assess the organisations position. PV confirmed it does and DT added that it looks at national targets and also how we measure against our own trajectories, to ensure both an internal and external focus. MH suggested that from a finance perspective, benchmarking will become	

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	more important (especially around the Getting It Right First Time ("GIRFT") agenda). The Productivity and Efficiency Group ("PEG") does identify pipeline opportunities, which are sourced from benchmarking information. ***Finance and Performance Committee Dashboard*** PV introduced the new dashboard and focussed the Committee discussion to the risk indicators, noting that the Committee had already undertaken deep dives and received exception reports (e.g. the access standards for ECS, Cancer, RTT and the finances). PV suggested the committee work through the dashboard with each lead Executive Director discussing the information relating to their own portfolio. ***Operational Elements of Dashboard*** DT discussed: • Length of Stay (split between Elective and Non-Elective admissions), noting nationally recognized low lengths of stay with elderly care a particular contributor. NHS Improvement visited recently and an area identified where we're known nationally in a positive light is our low Length of Stay and this is reflected in the dashboard. It is particularly influenced by the low length of stay figures from care of elderly (especially the virtual ward). Bed occupancy is running at c93% as at October, and more recently is c96%. • Discharges before 1pm is showing a positive picture as we have renewed focus on SAFER principles and patient flow. • DNA (did not attend) for outpatient appointments for new & follow up appointments. The Foundation Trust is an outlier with performance improvement a focus for the Outpatient Improvement Programme. PV requested that an outline of the Outpatient Improvement Programme work schedule be discussed at the February 2018 meeting of the Finance and Performance Committee. • The technical issues associated with letters and EPR was discussed with CF confirming the situation had been resolved. • KD also noted that the Trust has seen an increase in complaints to Patient Advice And Liaison Service ("PALS") around DNAs (e.g. with patients attending an Outpatient appointment which had been cancelled but not communicated). LS queried what analysis had been undertaken regarding DNA's, for example a demographic analysis. MH confirmed that the productivity and efficiency group had undertaken this analysis, which would be shared with the outpatient improvement group. • First to Follow Up ratios, with the Trust identified as an outlier. A range of specialties, practices and pathways are being reviewed by the Outpatient improvement. Day case percentages are reporting variable performance, with the	Acting Chief Operating Officer

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	environment a contributory factor. Short notice clinical cancellations which have been the subject of an exception report to the committee, with agreed actions which have resulted in improvements in the three biggest outlying specialities. PV noted some common themes, particularly capacity planning and using data to make intelligent decisions. TH stated that EPR is a massive source of new data and that the Non-Executive Directors have an important role to play in prioritising the workplan to fully utilise all of this data. LS stated that for streamlining multiple appointments for these patients with long term conditions is an area that should be considered and CF confirmed that in certain areas this is being looked at. ***Finance Elements of Dashboard*** MH stated that everything on the dashboard will be picked up under agenda item F.12.17.6. KD queried the liquidity charts as to whether they along with the narrative gave a complete and accurate picture. It was agreed that the planned trajectory would be added to provide context given the Foundation Trust is currently reporting an on plan position for liquidity (and as such is generating an overall green rating), but noting the future risk if the improvement plan is not delivered. A detailed discussion then took place on the performance of the Surgery and Diagnostics Division and the contributory factors driving the off plan variance. TH expressed concern about the year on year off plan performance reported by the Division and what would be different for 2018/19. MH confirmed that the Committee needed to understand and be fully sighted on the assumptions underpinning the 2018/19 financial plan and how delivery of the control total impacts on the Divisional financial planning parameters, with a fundamental element of planning focussing on the capacity and demand modelling at speciality level that will facilitate quantification of the activity and income plans. Following a discussion around financial planning assumptions for 2017/18 and 2018/19 MH agreed that the 2018-19 Annual Plan, when available, and associated assumptions will be brought to a future committee to discuss. ***Performance Elements of Dashboard*** MH stated that the access standard (Diagnostic reports, Cancer targets and Emergency care standard information are in the Performance Report and this will be reported on under agenda item F.12.17.9. RTT will be covered by SSh in the presentation under agenda item F.12.7.8.	Director of Informatics

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	TH questioned why the RTT regulatory report hasn't yet been produced, with CF detailing the system and data quality work underway to ensure future production but it is a complex process. PV commented that the interim report sent to NHS Improvement and shared virtually with the committee was useful. DT stated that SSh is implementing a revised process to review patients at certain points in the pathway.	
F.12.17.6	**Finance Report**	
	MH stated he intended to provide a clear understanding of where the organisation is financially. The current level of risk and mitigation will be identified in the context of what this means from a cash perspective and also progress against the Improvement Plan. There will be therefore a focus on the Summary report (F.12.17.6a) rather than the detailed Finance report. Table 1 in the Summary Report reflects the original plan sent to NHS Improvement at the start of the year. Regarding the pre STF position the in-month plan shows a £100k surplus was expected. The in-month actual position was a deficit of £869k (an improvement on October's position). The year to date ("YTD") plan shows an expected pre STF deficit margin of £4.2m, whereas actual performance was a deficit margin of £7.5m (i.e. £3.3m off original plan). Against the improvement plan the Trust is £1.3m off its improvement trajectory (last month this was £1m and relates to reduced income above plan in October and is associated with EPR go-live). Work continues to validate this position and as such the income position is not yet finalised. The freeze date for October has been extended to accommodate the validation work. The second graph plots the current trajectory which without additional improvement initiatives will result in a £4.6m shortfall and will produce an overall forecast deficit of £12.4m. All opportunities both recurrent and non recurrent are being explored to address this shortfall, which include opportunities to improve income, to review all planned spend up to 31 March, improve financial control and explore any further non recurrent opportunities. MH highlighted that a shortfall of £4.6m against the required level of savings would still result in the Trust delivering in excess of £21m of savings in year, which will be the highest annual value ever achieved, with a 50/50 split between recurrent and non recurrent. MH reiterated the importance of delivering the control total and the financial incentive for doing so (i.e. the offer of a 2:1 bonus STF for each pound delivered in excess of the control total) LS queried the Foundation Trust's sustainability plans and the opportunity to generate savings with MH commenting on the work and success already achieved by the Estates and Facilities team PV commented on the c135 improvement initiatives in terms of bandwidth and whilst the Executive Directors have ownership of the initiatives, do	

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	middle managers also own the plans and do they need more support. KD stated that the two leadership events allowed Executive Directors and senior managers to be creative and tackle these sorts of problems, with a detailed report expected shortly that captures the outcomes The Trust Improvement Committee (TIC) will continue to focus on performance management and delivery of the plans and will escalate, by exception, any issues/areas that are not delivering as planned. MH agreed that the scale and volume of the initiatives is significant and the cultural shift is a key element, but also the change in operational procedures to embed change. MH highlighted that the delivery of the improvement plan continues to rely on non recurrent and technical accounting measures. It is imperative that the operational/transformation change initiatives are now implemented To communicate the challenge MH commented on the wider engagement and communications e.g. the recent Senior Leaders Forum presentation and the Executive Director led budget meetings. MH agreed with PV that engagement is key and the Finance department who see budget holders constantly play an important role in this. DT commented on the recent correspondence received from the centre regarding ECS performance and the request to review and delay elective care to protect acute flow over the winter period. The Foundation Trust is still waiting on an official instruction, but DT felt that this Committee should be made aware, with MH commenting that it could have a material impact on income and cash.	
F.12.17.7	**Medical Pathways Review by NHSI**	
	DT stated that we have reviewed the detail of the letter and incorporated some of the findings into our overall Urgent Care improvement plan. Dr Brad Wilson, Clinical Director for Medicine Division, has demonstrated this at the Executive Management Team meeting yesterday (19th December 2018). The Foundation Trust has spoken to NHS Improvement about the support that is mentioned in the letter and a call has been set up.	
F.12.17.8	**RTT position update**	
	SSh attended the meeting for the RTT presentation. There has been a significant increase in the waiting list with the total incomplete Patient Tracking List ("PTL") increasing from 24,000 to 31,000 patients. The increase relates to both an activity drop and data quality issues associated with the EPR system build and removal of automatic RTT exclusion rules that were in the previous system. The latest position is that the incomplete PTL can now be run on a daily basis. The Trust is sighted on each of the data quality issues (with the data quality tool run on a daily basis) and has corrective action plans in place. The key issues are: • Patients admitted via a Non-Elective route rather than Elective. Cymbio are correcting this.	

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	• The inability to split the waiting list between admitted and non admitted. Cerner are working on a technical fix • Identification of all pathways and associated clockstops • DM01 waiting times and activity reporting with Cerner again working on a technical fix A key issue remains the separation of waiting lists from the PTL as a consultant may have a number of waiting lists and as such it is difficult to identify which patients are in which queue. The next step is stabilisation. When the Foundation Trust is confident that it is treating all patients in order it can go back to full external reporting. The Trust needs to finalise the technical solution and validate the entire waiting list for this to occur (which has never been done before). The operational grip around booking patients needs to be firmed up and carried out in a standard way. Outpatient templates need to be reviewed on a frequent basis and capacity and demand needs to be managed effectively. In the long term there needs to be an assessment of pathway management, removing non-value adding elements in the patient journey and eradicating data errors by users. The Capacity and Demand modelling work will continue with a focus on achieving a sustainable Waiting List. There is a direct correlation between size of Waiting List and organisational performance. TH queried what the completion date is for these next steps SSh confirmed that a detailed recovery plan is currently being completed, which includes dates, and this will come to a future meeting. CF queried whether this plan will include trajectories for incomplete RTT. SSh confirmed that there is a work plan with Cerner to develop this and demonstrate month by month recovery, reduce errors and develop Standard Operating Procedures. When embedded SSh confirmed that a week by week tracker will need to be in place to allow immediate focus and corrective action. PV queried if the recovery plan will cover stabilisation, and also any lessons learned from CHFT's EPR implementation. SSh confirmed this was the case. PV queried whether we should be worried about the current position regarding 52 week waiters in some areas. Are we confident we can identify these in a timely manner. DT responded that it was appropriate to be worried. In some areas we are very close and we have avoided three in the last week. This demonstrates that we can see, track and prioritise patients but some areas are very close, with Trauma and Orthopaedics and Plastic Surgery being at risk specialties. PV added that this helps gives assurance that escalation and prioritisation measures are in place and working effectively.	

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	SSh commented that the Performance team have been modelling the capacity and demand work underpinning this. The focus has been on services that had very long waiting lists initially, and then also areas where there appears to be no problem, as they may have excess capacity. PV queried if SSh is receiving all of the support that is required to complete this work. SSh commented that it will be a difficult year ahead, with a number of high volume specialities currently reporting capacity gaps (e.g. ENT). Each specialty is reviewing its options to extend capacity to meet waiting times. MH commented on the 2018/19 planning round and the importance of understanding the gaps for contract planning. MH commented that the Data Quality/validation work does carry a risk on the income position as we don't have 100% certainty on an income forecast.	
F.12.17.9	**Performance Report**	
	MH stated that the full report was available and that he would present the key elements at the Committee. The ECS was 85% for November 2017. Nationally the position was c82.3% DT commented that last week (w/c 10th December 2017) we were at 82%. MH continued that C-Difficile infections were 12 (with 7 awaiting post infection review). Last year at this stage it was 17 (with 6 awaiting post infection reviews). MRSA infections are 3 (with last year's position being 5). The position regarding diagnostic waits and the DM01 standard is that we are awaiting data for endoscopy and neurophysiology but for other tests we were just under the 99% threshold. There was an issue with recording Non Obstetric Ultrasound tests (particularly Rheumatology) but the division has rectified this immediately. The stroke target was achieved in November. The trend on Venous Thromboembolism ("VTE") is worrying as it shows 80.22% in November. The Ambulance handover target is improving but still above expected tolerance. Cancelled operations are running above target by 0.8% DT commented that regarding Ambulance handovers there has been a push from the Centre towards delivering these to timescale. The Quality committee are due to discuss the quality of the services and will discuss work being done with YAS. PV queried whether this committee can see this and DT confirmed that following the discussions this would be available.	

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	MH stated that the Host Commissioner has sent a Contract performance notice for recovery trajectories for RTT, Cancer and for A&E. DT, CF and MH have a conference call planned with them to discuss this. The ECS improvement plan, Cancer improvement plan and a copy of SSh presentation will be shared with the Host Commissioner.	
F.12.17.10	**Integrated Quality & Performance Dashboard: Night time transfers**	
	KD stated that the report and update shows 2 spikes in September/October 2017. 14 patients were moved after 10pm at night, and this is reported as a Performance and a Quality indicator. Although the number of these patients is reported, the detail of why this happens and what is done to prevent it isn't reported. BS queried if these are they inter-facility transfers or provider transfers. KD confirmed that these are just inter-facility.	
F.12.17.11	**Trust Improvement Committee Report**	
	DT stated that the items for the Trust Improvement Committee ("TIC") report have been covered in the previous discussions in Committee today. MH commented that feedback from NHS Improvement has been received following their recent attendance at TIC. They were encouraged by the process of the committee (particularly the Executive Director lead for respective areas going through the plan line by line but not so delving into the detail so much as to lose sight of the overall picture). They were encouraged as it shows it's not a slash and burn approach but focusses more on sustainable improvement.	
F.12.17.12	**Informatics Performance Report**	
	CF commented on the regular monthly report, which is a shorter version of a more in depth Quarterly report. The RTT Regulatory report and EPR have already been discussed and as these are the significant areas addressed in the monthly report, there is nothing further to highlight.	
F.12.17.13	**Board Assurance Framework**	
	PV introduced the Board Assurance Framework and commented that the risk appetite which is cautious and the current level of assurance which is limited appeared to be realistic in the current environment. MH requested of the Committee their view as to whether they felt there were any gaps in assurance. PV stated that some of these gaps are driven by a lack of available data/information. For example the capacity and demand position isn't as yet fully understood, but assurance is gained around whether the Non-Executive Directors can see actions taken to fill the gap.	

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	KD queried if it would be appropriate for Internal Audit to give this assurance around data gaps. TH agreed that this was a sensible idea. MH commented that doing so may mean re-prioritising Internal Audit plan and agreed to look into this. TH stated that where there is a lack of data (e.g. RTT regulatory reports) and there is no date when this will be available, this is a current assurance gap. PV stated that the Non-Executive Directors have reassurance that the organisation is working on this, but not assurance on this. For other areas, recovery plans and trajectories are in place.	Director of Finance
F.12.17.14	**Any other business**	
	PV referred back to the effectiveness assessment. TH commented on the structured nature of the meeting but CF noted that the free flowing nature of the discussion did allow for wider understanding and the Committee demonstrated how all the measures/issues reviewed linked together. PV further commented on the integrated rather than linear nature of the discussions, with KD adding the importance of the dashboard discussion at the start of the meeting to focus and link the discussions throughout the meeting MH stated that how we review the Board Assurance Framework at the end of the discussion will help reflect on what's been said. MH queried whether the Committee should consider the framework at each agenda point to identify gaps in assurance. The Committee agreed that this will be considered	
F.12.17.15	**Matters to escalate to the Board of Directors**	

	• Financial Metrics
	• Trust Improvement Plan
	• Organisational Performance
	  ▪ RTT
	  ▪ Cancer waits
	  ▪ VTE	

F.12.17.16	**Matters to escalate to Corporate Risk Register**	
	PV stated that the Committee has concern about the impact on our plan if the Centre mandates a bed occupancy rate change to 85% but for now this is not to be escalated.	
F.12.17.17	**Items for Corporate Communication**	

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	There were no items for Corporate Communications	
F.12.17.18	**Date and time of next meeting**	
	31 January 2018, 08:30-10:30 Conference Room, Field House, BRI	

Bradford Teaching Hospitals NHS
NHS Foundation Trust

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE – 20th DECEMBER 2017

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
27/09/2017	F.9.17.8	General Surgery exception report to be produced.	Director of Finance	31/12/2017	Verbal update given at October 2017 Committee. Exception report due November 2017. Discussed at December Committee. Paper not available. Validated paper to be sent out virtually to the Committee once available.
20/12/2017	F.12.17.5	CF and MH to meet to discuss presentation of Liquidity chart to ensure narrative, RAG rating and charts presented display a clear, consistent message	Director of Informatics	31/01/2018	
20/12/2017	F.12.17.5	Outpatient Improvement Programme to be discussed at the February Finance and Performance Committee	Acting Chief Operating Officer	28/02/2018	
20/12/2017	F.12.17.13	MH to consider re-prioritising the Internal Audit annual plan	Director of Finance	28/02/2018	

FINANCE AND PERFORMANCE COMMITTEE
MINUTES, ACTIONS & DECISIONS

Date:	Wednesday 31 January 2018	**Time:**	08:30 – 10:30
Venue:	Conference Room, Field House, BRI	**Chair:**	Pauline Vickers, Non-Executive Director
Present:	Non-Executive Directors: - Mrs Pauline Vickers, Non-Executive Director (PV) - Mr Trevor Higgins, Non-Executive Director (TH) - Ms Laura Stroud, Non-Executive Director (LS) - Dr Mohammed Iqbal, Non-Executive Director (MI) Executive Directors: - Mr. Matthew Horner, Director of Finance (MH) - Mrs Cindy Fedell, Director of Informatics (CF) - Mrs Sandra Shannon, Acting Chief Operating Officer (SSh)		
In Attendance:	- Mr James Mackie, Head of Performance (JM) - Ms Fiona Ritchie, Trust Secretary (FR) - Mr Chris Callaghan, Divisional Head of Finance (CCa) – Minute taker - Ms Sally Scales, Deputy Chief Nurse (SSc) – Attending for Karen Dawber - Mr Chris Smith, Deputy Finance Director (CS)		
Observing	- Mr Barry Senior, Non-Executive Director (BS)		

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F.1.18.1	**Apologies for absence**	
	Apologies were received from: - Ms Karen Dawber, Chief Nurse (KD) - Ms Donna Thompson, Director of Governance (DT)	
F.1.18.2	**Declaration of Interests**	
	There were no declarations of interest.	
F.1.18.3	**Minutes of the meeting held on 20 December 2017**	
	The minutes were accepted as a correct record, subject to the following corrections : Page 4 - F.12.17.6 Paragraph 4 requires a change in the narrative from change “The second graph plots the current trajectory which without additional improvement initiatives will result in a £4.6k shortfall” to “The second graph plots the current trajectory which without additional improvement initiatives will result in a £4.6m shortfall”	
F.1.18.4	**Matters Arising**	
	F.9.17.8 General Surgery Exception report – update in October. The validated report will be distributed following the committee meeting. F.12.17.5 – Dashboard update. CF and MH to meet to discuss the presentation of the liquidity chart to ensure narrative, RAG rating and charts presented display a clear, consistent message reflecting the report	Director of Finance

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	with the financial plan and it will be completed for next month.	
	Board Dashboard	
F.1.18.5	**Finance & Performance Committee Dashboard**	
	PV stated that the aim from the previous committee meeting was to focus on the dashboard, and encourage challenge to each lead Executive Director. It is also the intent to consider the Board Assurance Framework ("BAF") at each agenda point rather than at the end of the meeting. ***Finance and Performance Committee Dashboard*** PV introduced the discussion on the Dashboard, beginning with the Operational elements. ***Operational Elements of Dashboard*** SSh discussed the key highlights from the dashboard : • Increased Length of Stay, noting this was to be expected over a winter period (particularly in the areas of Respiratory and Gastroenterology). In order to address this, the Trust is to develop the use of the virtual ward and virtual diagnostics and expand and embed SAFER principles on the wards. LS queried regarding whether BTH Performance targets had been amended following the recent instruction to Trust to cancel non urgent procedures and to focus on Non Elective patients. SSh confirmed that no target was amended. A discussion followed regarding winter planning and management of the resulting pressures. SSh confirmed that part of the winter planning process is to optimise current capacity. Length of Stay will always fluctuate and systems should be put in place to manage this. For next year the Trust needs to consider increasing activity prior to winter. PV queried how Non-Executive Directors can gain assurance that this will actually happen as it was also discussed to do this last year. SSh referred to the second phase 2 of the demand and capacity modelling and that by April the Trust will have a weekly activity monitoring tool to enable weekly tracking of activity which will help with the clearance of Waiting List backlogs and forward plan for winter. Separating Elective and Non Elective workflows allows better control over capacity and the reconfiguration of the bed base will help reduce outliers, providing beds where they're needed. SSc agreed and commented that ward reconfiguration has helped protect the bed base and should be completed by end of February. TH referred the Committee back to the dashboard and queried why indicators such as Length of Stay are reporting figures outwith the SPC range and the actions being taken.	

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	CF replied that if it's a continued trend it would be explored in greater detail. Work continues on the creation and validation of a number of indicators which includes the Length of stay indicator but it was agreed that this was a fair challenge and as we've historically had a low Length of Stay it has not been a focus. SSh drew attention to the other key highlights contained within the dashboard : • Bed occupancy has been consistently at 95% for a number of months. Such a low level of spare capacity gives challenges for bed availability. The focus on the SAFER work will help, as it will generate discharges earlier in the day, and allow a focus on non added-value delays in the patient pathway. Occupancy can be affected by number of admissions but also by the number of hours in a bed, time of day etc. A discussion followed regarding the optimum bed capacity. PV queried the organisations view on the targeted level of occupancy. SSh replied that the optimum would be 85% although it's not clear how many Trusts are actually achieving this, especially as over the years there's been such an increase in demand for services. BTH does a lot better than many other Trusts over winter where SSh has previously worked, through successful initiatives such as virtual ward etc. • There are a number of issues concerning DNA's, which relate to both data quality and process issues. The majority of services are back to planned ePR activity levels. There are a small number of services where clinicians are still struggling with ePR, with the Trust looking at options to support them to increase productivity (e.g. extra admin staff). Pre-ePR there was a tendency for some areas to overbook clinics to offset DNAs but ePR won't allow this, so there's an ongoing piece of work to review templates. The first priority is of course to get to root cause of why patient's DNA. TH stated there was an impatience around the availability of post ePR data analysis and trends on levels of DNA's as it has been on the agenda for a while but not yet delivered. SSh stated that there is now a dashboard available to the Outpatient Improvement Programme that allows the group to monitor trends at specialty level, to target services where there are higher DNAs. Work is ongoing on the other factors that impact DNAs e.g. sending letters. PV requested that an update to the outpatient improvement workstream is provided to the next committee. LS queried if there is there a systematic review of DNA's by demographic as health literacy is an issue. SSh confirmed that the Trust is aware of this and that there are mandatory fields to identify interpreter, special needs etc. With some high risk patients e.g. suspected cancer in children, for repeated DNAs the Access	Director of Informatics

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	policy allows for us to contact the GP to investigate and obtain further information. Regarding First to Follow Up Ratios and their influence on DNAs, there are some services with lifelong follow ups and people become complacent in their attendance. We need to look at delivering that support in a different way e.g. services closer to home, virtual follow up/telephone clinics and considering how the Trust can support the patient to manage their own follow up. PV queried if the Trust has the resource and capacity to move this forward at the pace it desires SSh commented that it would be fair to say there hasn't been as much focus as there ought to have been due to other priorities. For 18/19 the improvement programmes need to focus in these areas. The Trust needs to optimise the capacity we've got to reduce unnecessary follow ups. PV noted short-notice cancellations have been previously discussed. ***Finance Elements of Dashboard*** MH discussed the key highlights from the dashboard : • First table highlights that the Trust is materially off plan for December 17, showing a pre Sustainability and Transformation Fund ("STF") deficit of £7.7m against a control total of £6.1m (£1.6m variance). As such the Trust is unable to recover STF income for Q3 c£3m. • The improvement plan forecast a deficit of c£7.7m and as such the Trust is on trajectory with continued efforts to deliver the control total by Mar-18. The Trust is carrying a risk of c£4.7m in the plan, with ongoing discussions with NHS Improvement ("NHSI") was around the plausibility of the plan and the ability to recover an element of the gap from our Host Commissioner. The gap has worsened over recent months due to a deterioration in the underlying run rate which has been offset through the use of non recurrent measures to support the position. There are now very few non recurrent items left with which to provide further support. In reality the Trust is struggling to materialise the transformational and productivity changes in the improvement plan which is posing a significant delivery risk in Q4. • Discussions continue with the Commissioner but the limited assurance available on the income and activity position as a result of a range of ePR issues are compromising the discussions, particularly in light of the significant degree of estimation used to derive the figures. • It is anticipated that the commissioner discussions will be concluded shortly which will determine the internal improvement challenge required to deliver the control total. The scale of the challenge has been highlighted at the recent budget meetings with further controls expected around expenditure approvals/escalation.	

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	TH queried the level of support and realised benefits from the work being undertaken by GE Healthcare Finnamore. MH commented that the steering group meeting with GE Healthcare Finnamore has taken place. There was a focus on Gastroenterology, Orthopaedics and some outpatient work in 3 specialties. The opportunities are there but we are struggling to realise them for various reasons. In Orthopaedics the acute work is impacting on the ability to sustainably run the proximity lists, but when they are run they are proving very productive, with one consultant significantly reducing their waiting list size. In Gastroenterology the Trust is running on average at about 8.5 points per list. GE Healthcare Finnamore had targeted that by April it would be 13 points per list, subject to the EPR issues being resolved. MH will update at the next committee meeting. MH confirmed that process for admitting patients onto EPR is having a significant bearing on the data quality with Elective patients admitted as Non Elective. SSh added that some of these issues are related to user error and that the Trust is working through the backlog to ensure correct data recording. Once complete this also will impact on the Waiting List (i.e. if patients have been admitted Non-Electively but are booked for an Elective procedure, the Elective procedure will remain on the Waiting List). PV queried what the timeframe is for this piece of work. SSh confirmed that it is ongoing, with week on week monitoring. It will be at least a 6 month programme of work to get full assurance that the data quality is error free. TH queried what support was available from NHSI, particularly if there was any flexibility on the control total or if they were looking for an exemplar Trust and could BTH fill this role? MH confirmed the Trust is in regular dialogue with NHSI and they are acutely aware of the risks we carry. At this point PV requested an assessment of whether anyone perceived any gaps in control or gaps in assurance. MH commented that from his perspective the gaps in assurance are the deliverability of the schemes in the improvement plan. MH commented that it has been widely communicated that the Non recurrent measures used to support the position would eventually be exhausted and that sustainability will be reliant on transformational and behavioural change. MH continued the key highlights from the dashboard : • Regarding the Use of Resources ratings, it was noted that 3 of the 5 metrics are reporting the highest level of risk category. The 2 metrics supporting the overall rating are liquidity and agency spend. Liquidity is at risk and the Trust will quickly have a significant liquidity risk based on underlying income and expenditure run rates and steps must be taken to protect cash The Trust has an aspirational clinical strategy which will need cash	Director of Finance

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	to support the potential investments which will only be available if the Trust has a sustainable financial plan. • The overall CIP position reports that the Trust is on track at the end of December 17, but it is very reliant of the non recurrent measures. The plan submitted to NHSI detailed c£3m of technical accounting adjustments. In this month's report the technical accounting adjustments equate to c£7m. If the Trust delivers what is currently projected (i.e. c£22m) this is a significant saving and a huge achievement, which should be celebrated. Last year's achievement (16-17) was the largest ever recorded at the Trust (c£16m). ***Performance Elements of Dashboard*** SSh discussed the key highlights from the dashboard : • Reporting diagnostic waits, The Trust is unable to report endoscopy and neuro-physiology modalities as a result of data quality and EPR issues. December's achievement was 98% and the key risk was non Ultrasound test for Rheumatology. The team has a plan for this and JM stated that this will be back on trajectory soon but this is not likely by next month as they have had administration booking issues and consultant capacity issues. PV queried if there is a timeframe for resolution of these data quality issues. SSh commented that there is no definitive timeframe, but a significant amount of work continues with a key challenge being how and when the backlog will be addressed. There are significant challenges booking patients and filling the available lists. • The Emergency Care Standard ("ECS") remains a significant challenge with the Trust implementing a number of additional support measures. SSh highlighted the changes in clinical leadership to provide more focus. PV commented she recently went in to the Emergency Department ("ED") to observe, particularly the links to assessment areas and the Clinical Decisions Unit ("CDU"). With a reasonable flow it was clear to see how the whole system functions well together. PV queried how the staff are feeling and SSh commented that they are coping well. ED staff are proud to work in ED, but it is accepted that it can be de-motivating to work as hard as they do and then not meet the targets so the Trust needs to support them and keep morale high. Bed pressures have an impact, if there are patients waiting it can cause crowding which then impacts on the pace of flow through the department. There is evidence that this slows down decision making. SSh has spoken to the head of flow about how the Trust adopts a zero tolerance on bed waits. LS commented that every year c230 students from the Leeds School of Medicine volunteer to help with winter pressures and queried if BTH use this additional resource. SSh replied that we have put expressions out for people in doing extra work (e.g. retired nurses etc.) but the proposal will be	Acting Chief Operating Officer

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	explored. A discussion took place regarding the recovery plan and the assurance provided to the committee (inclusive of the additional measures being taken). TH expressed concern about the current level performance against the expected standard. Both the overall size of the Waiting List and waiting times have increased. A small number of specialties have significant capacity gaps exacerbated by planned capacity reductions. Trauma & Orthopaedics have a particular problem around a specific hip procedure. The two 52 week wait patients in this specialty were as a result of loan equipment availability. MH noted the concerning trend regarding 40 week waiters. TH agreed and stated that focus should be addressed here rather than wait until patients get to a 52 week wait. PV commented that the action plans for these specialties were discussed in the Quality Committee. PV queried if there were any further assurance or data gaps not picked up in the discussion and it was agreed that there were not.	
	Finance	
F.1.18.6	**Finance Report**	
	MH commented that there was nothing to add further to what has already been discussed in this Committee meeting. The key messages around the Trust Improvement plan have been discussed. LS noted that agency costs are exceeding the ceiling value and queried if this is well controlled. MH confirmed that it was and that there is a robust process for agency requests. The vacancy recruitment panel meets weekly and assesses each individual request. This has been discussed at recent committee meetings. Currently the Trust is reporting an agency spend position that is similar to last year's spend at this point of the year, but the mix is different (more medical and nursing spend and less administration and clerical). A discussion followed concerning the impressive reductions in sickness levels and how this can be translated into financial benefits. MH commented that there has been a 1% improvement in overall sickness, and this should translate to an improvement in agency spend. It is difficult to quantify a direct correlation due to changes in funded establishment and the mix of agency spend. TH commented that it was still felt to be a worthwhile exercise to investigate this area. MH agreed to consider this and PV and TH offered support to assist.	Director of Finance
F.1.18.7	**Trust Improvement Plan**	
	It was agreed that this had been covered through discussion elsewhere in the agenda.	
F.1.18.8	**Contract update 2018/19**	
	MH updated on the 2018/19 contract noting that the national timescales for the overall operational plan were not available. The Trust is working with	

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	Bradford and Districts CCG to discuss the outturn position, which is taking up a significant amount of time but the Trust already has a signed 18-19 contract as it set a 2 year contract. The Divisions have been issued the 18-19 capacity templates to complete to inform any adjustments to activity. PV queried how the Trust can give assurance the capacity work will be more effective this year. MH responded that this assurance cannot be provided at this time due to outstanding issues concerning ePR. It was agreed to defer this agenda item to the next committee meeting.	
F.1.18.9	**2018/19 Financial Plan**	
	MH stated that a presentation will be delivered at the Board of Directors development session on the 2018/19 Financial Plan, but an overview would be provided to the Committee. MH referred to the "Draft Financial Plan 2018/19" document and commented that the Trust has a clear mission, clear clinical strategy and a range of strategies in support of this. Work has been undertaken with internal and external stakeholders and an internal engagement programme has been completed but to deliver its strategic ambition the Trust requires a sustainable financial plan. MH drew attention to: • The current underlying run rate • The new cost pressures identified in year • The key drivers behind the off plan variance • The workforce changes over recent years (circa 500 more than 15/16) • The trend in the income profile and in particular the drop in elective income • The potential investments for 18/19 • The cash and liquidity challenge faced and the implications • The current 18/19 financial challenge (c£30m CIP) and the indicative/unconfirmed list of opportunities, that must be validated and impact assessed	Director of Finance
	Performance	
F.1.18.10	**Performance Report**	
	PV confirmed that there were no further points to be raised other than those already discussed and the report was noted.	
F.1.18.11	**Trust Improvement Committee Report**	
	PV commented that there was nothing to note regarding this report.	
F.1.18.12	**Informatics Performance Report**	
	The report was noted. CF confirmed that the Informatics Performance Report is a quarterly report so there are some areas that haven't been discussed in Committee	

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	recently. This agenda item will be deferred to the agenda of the next Committee meeting.	
F.1.18.13	**Post EPR Outpatients Productivity**	
	The report was noted.	
F.1.18.14	**Cancer Deep Dive Presentation**	
	SSh noted the key points of the presentation : • Since August the Trust has struggled with 62 day and 2 week wait standards. The issue with the PPM interface and Cerner did have an impact in terms of visibility of where each patient was in their pathway. The Trust now has a detailed improvement plan in place, by tumour site, and the Transformation Team has been requested to identify initiatives to improve pathway design. The key area of focus is on for the 2 week wait and the demand/capacity modelling and ensuring a recovery plan is in place for endoscopy (which impacts lower Gastro-Intestinal ("Lower GI")). • Skin cancer waits are an ongoing challenge and the Trust is seeing 65% of all skin referrals as 2 week waits which puts pressure on capacity. • A number of pathway changes are underway in a range of specialties e.g. dermatology, straight to test colonoscopy and the haematuria one stop shop starts in March. The Prostate shared care pathway starts in March, which will have a significant impact on early diagnosis. The other key factor that impacts the 62 day target is that the size of the overall Patient Tracking List ("PTL") which currently outstrips capacity. The Trust is therefore focusing on reducing long waiters to avoid people becoming breaches. For December 17, January 18 and February 18 the key focus is to get those who've already breached the 62 day threshold treated. • Inter trust transfers are another area of focus, with a particular challenge faced in Urology who reported 77 breaches in 2017. Detail was provided for the profile of the referrals for the 77 patients. • The Cancer Alliance breach reallocation process came into force this year and now allocates any breaches for patients transferred out after day 38 to the transferring Trust. Any breaches on patients transferred before day 38 are wholly owned by the receiving Trust. TH queried if there are any 3 way transfers. SSh confirmed that there are some. Complex head and neck cancers are an example of these but they are long and complex pathways. It can be hard to confirm diagnosis for such cases. Nationally 62 day performance is c74% for head and neck. LS queried if the Trust is sighted on the effect such breaches have on the patient, and has any work been completed regionally on this e.g. are they	

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	more likely to be a re-admission? SSh replied that the Cancer Alliance has discussed this. The Trust has got some projects underway (e.g. Haematuria, straight to test colonoscopy etc.) and other Trusts are working together to look at inter trust referral processes. In February we are looking to establish a breach panel to review each and every breach, to look at risk of harm and identify areas to reduce breaches.	
F.1.18.15	**Board Assurance Framework**	
	PV commented that the level of assurance remains as limited based on what has been discussed in Committee today.	
F.1.18.16	**Any other business**	
	No other business to discuss.	
F.1.18.17	**Matters to escalate to the Board of Directors**	
	To note MH has an action to add a detailed 18-19 Financial Plan discussion to the agenda for the Board timeout.	
F.1.18.18	**Matters to escalate to Corporate Risk Register**	
	PV noted • Increasing risk on 62 day cancer breaches • Liquidity and overall financial position, particularly the risk to achieving control total It was agreed that there was no cause for formal escalation on these matters. The Trust is still sighted on the financial plan and performance has looked at key targets. Finance will be covered in detail at the Board timeout next week.	
F.1.18.19	**Items for Corporate Communication**	
	No items were noted for Corporate Communication.	
F.1.18.20	**Date and time of next meeting**	
	28 February 2018, 08:30-10:30 Conference Room, Field House, BRI	

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE – 31st JANUARY 2018

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
27/09/2017	F.9.17.8	General Surgery exception report to be produced.	Director of Finance	31/12/2017	Verbal update given at October 2017 Committee. Exception report due November 2017. Discussed at December Committee. Paper not available. Validated paper to be sent out virtually to the Committee once available.
20/12/2017	F.12.17.5	CF and MH to meet to discuss presentation of Liquidity chart to ensure narrative, RAG rating and charts presented display a clear, consistent message	Director of Informatics	31/01/2018	
20/12/2017	F.12.17.5	Outpatient Improvement Programme to be discussed at the February Finance and Performance Committee	Acting Chief Operating Officer	28/02/2018	To include update on the Outpatient Dashboard being developed for the Outpatient Improvement Programme (added 31/01/2018).
20/12/2017	F.12.17.13	MH to consider re-prioritising the Internal Audit annual plan	Director of Finance	28/02/2018	
31/01/2018	F.9.17.8	MH to distribute General Surgery exception report to Committee Members	Director of Finance	15/02/2018	
31/01/2018	F.1.18.5	CF to consider how internally set targets for Length of Stay benchmark against national indicators with a view to ensuring they are appropriate metrics to use for the dashboard	Director of Informatics	15/02/2018	

31/01/2018	F.1.18.5	MH to update the Committee members before the next meeting regarding the measures being put in place to address ePR issues in Gastroenterology around booking patients onto Waiting Lists, with a view to increasing the number of points per list up to the GE Finnamore recommended level of 13 points per list	Director of Finance	15/02/2018	
31/01/2018	F.1.18.5	SSh to investigate the potential to ask medical students to volunteer to assist in the Emergency Department in the same way as that utilised by Leeds Teaching Hospitals NHS Trust.	Acting Chief Operating Officer	28/02/2018	
31/01/2018	F.1.18.6	MH to investigate an analysis of the link between a reduction in reported sickness rates and any associated reduction in expenditure	Director of Finance	28/02/2018	
31/01/2018	F.1.18.6	MH to add “Financial Plan 18/19” to agenda of upcoming Board Meeting, where a detailed discussion will take place	Director of Finance	01/02/2018	