

Board of Directors: 10.5.18

Agenda Item: Bo.5.18.25

**Confirmed Finance & Performance Committee Minutes  
February & March 2018**

|                                  |                                 |                |   |
|----------------------------------|---------------------------------|----------------|---|
| <b>Presented by:</b>             | Pauline Vickers, Chair          | <b>Author:</b> | Sheridan Osbourne, Corporate Governance Officer |
| <b>Previously considered by:</b> | Finance & Performance Committee |                |   |

|   |                 |
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| <b>Key points</b>   | <b>Purpose:</b> |
| Finance & Performance Committee minutes 28 February & 28 March 2018 | To note         |

|   |
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| <b>Executive Summary</b>  |
| Finance & Performance Committee minutes 28 February & 28 March 2018 |

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|--------------------------------|
| <b>Financial implications:</b> |
| No                             |

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| <b>Regulatory relevance:</b> |
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| <b>Monitor:</b> |  |
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| <b>Equality Impact / Implications:</b> | Choose an item.   |
|  | Choose an item.   |
|  | Choose an item.   |
|  | <p><b>Is there likely to be any impact on any of the protected characteristics?</b><br/>(Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p> |

|               |  |
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| <b>Other:</b> |  |
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|   |   |
|---|---|
| <b>Strategic Objective:</b><br><i>Reference to Strategic Objective(s) this paper relates to</i> | To deliver our financial plan and key performance targets |
|   | Choose an item.   |
|   | Choose an item.   |

# FINANCE AND PERFORMANCE COMMITTEE MINUTES, ACTIONS & DECISIONS

|                       |  |               |                                      |
|-----------------------|--|---------------|--------------------------------------|
| <b>Date:</b>          | Wednesday 28 February 2018   | <b>Time:</b>  | 08:30 – 10:30                        |
| <b>Venue:</b>         | Conference Room, Field House, BRI  | <b>Chair:</b> | Laura Stroud, Non-Executive Director |
| <b>Present:</b>       | <p>Non-Executive Directors:</p> <ul style="list-style-type: none"> <li>- Professor Laura Stroud, Non-Executive Director (LS)</li> <li>- Mr Jon Prashar, Non-Executive Director (JP)</li> <li>- Mr Trevor Higgins, Non-Executive Director (TH) – Attending via telephone conference call</li> <li>- Mrs Pauline Vickers, Non-Executive Director (PV) – Attending via telephone conference call</li> </ul> <p>Executive Directors:</p> <ul style="list-style-type: none"> <li>- Professor Clive Kay, Chief Executive (CK)</li> <li>- Mrs Cindy Fedell, Director of Informatics (CF)</li> <li>- Mrs Sandra Shannon, Chief Operating Officer (SSh)</li> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> </ul>           |               |                                      |
| <b>In Attendance:</b> | <ul style="list-style-type: none"> <li>- Mr James Mackie, Head of Performance (JM)</li> <li>- Mr Chris Callaghan, Divisional Head of Finance (CCa) – Minute taker</li> <li>- Mr Chris Smith, Deputy Finance Director (CS) – Attending for Matthew Horner</li> <li>- Mrs Corinne Jeffrey, Divisional General Manager (CJ) – Attending for F.2.18.12 - Emergency Care Standard Deep Dive Presentation</li> <li>- Ms Sue King, Clinical Lead Urgent Care, A&amp;E Consultant (SKg) – Attending for F.2.18.12 - Emergency Care Standard Deep Dive Presentation</li> <li>- Mr Simon Kirk, Directorate Manager Urgent Care (SKk) – Attending for F.2.18.12 - Emergency Care Standard Deep Dive Presentation</li> </ul> |               |                                      |
| <b>Observing</b>      |  |               |                                      |

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| <b>F.2.18.1</b> | <b>Apologies for absence</b>   |         |
|                 | <p>Apologies were received from:</p> <ul style="list-style-type: none"> <li>- Mr Matthew Horner, Director of Finance (MH)</li> <li>- Ms Donna Thompson, Director of Governance (DT)</li> </ul>                         |         |
| <b>F.2.18.2</b> | <b>Declaration of Interests</b>  |         |
|                 | There were no declarations of interest.  |         |
| <b>F.2.18.3</b> | <b>Minutes of the meeting held on 31 January 2018</b>  |         |
|                 | <p>The minutes were accepted as a correct record, subject to the following corrections :</p> <p>Page 4 - F.1.18.5<br/> “GE Fিন্নamore” are now called “GE Health”, so the minutes will be amended to reflect this.</p> |         |
| <b>F.2.18.4</b> | <b>Matters Arising</b>   |         |
|                 | F.9.17.8 – General Surgery Exception report was discussed at December  | Head of |

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|     | <p>Committee meeting. JM to ensure report has been distributed and action can be closed.</p> <p>F.12.17.5 – CF and MH met to discuss presentation of Liquidity chart to ensure narrative, RAG rating and charts to ensure they present a clear, consistent message in the dashboard. Action closed.</p> <p>F.12.17.5 –Outpatient Improvement Programme was not added to the agenda for this meeting, as the Emergency Care Deep Dive Presentation is taking place. SSh has a suite of information regarding the Outpatient Improvement Programme available including details on individual schemes and new dashboards. This will be circulated around Committee members outside of the meeting.</p> <p>F.12.17.13 - MH and CS met with Karina Rodgers (KR) Head of Internal Audit, to discuss a 3 year plan, which will be presented firstly to Executive Directors and then the Audit Committee for formal approval. Action closed.</p> <p>F.1.18.5 – CF confirmed that Length of Stay thresholds have been reviewed and draft RAG ratings have been proposed. Governance arrangements around these are being discussed, and they should be in place for next meeting. Action closed.</p> <p>F.1.18.5 – CS updated the Committee regarding 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. There has been approval to recruit additional agency staff to help with booking issues. At the same time an external company (Cymbio) are helping to address issues of interface between ePR and the Gastroenterology booking system. Action closed.</p> <p>PV queried whether there are measures in place to track the improvement and CS confirmed it's a substantial part of the GE Finnamore workplan and they are required to report KPIs on progress in this area at the regular progress meetings.</p> <p>TH stated that this committee needs to see such KPIs and it was agreed that Executive Leads would let Committee members know in advance of meetings if any reports or updates from the action log haven't been progressed so the Committee is aware.</p> <p>F.1.18.5 – SSh updated regarding the potential to ask medical students to volunteer to assist in the Emergency Department in the same way as utilised by Leeds Teaching Hospitals NHS Trust. Dr Alex Brown (AB) (Consultant Physician in Elderly Medicine/Deputy Medical Director, Care of the Elderly) is keen to be involved in setting up a robust annual system but as he has been undertaking a significant amount of clinical work recently it hasn't been possible to formally meet to discuss. The work experience offered to students should contribute to the student's training. SSh to update at next Committee meeting following discussion with AB.</p> <p>LS clarified that the Leeds School of Medicine scheme utilises 5th year students who volunteer to help winter pressures and Leeds Teaching</p> | <p>Performance</p> <p>Chief Operating Officer</p> <p>Chief Operating Officer</p> |

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|          | <p>Hospitals NHS Trust would decide where they would be deployed, which is not necessarily in the Emergency Department.</p> <p>F.1.18.6 – CS confirmed that the only areas where there is potential for a reduction in spend relating to reduced sickness are Nursing/Health Care Assistants and Ancillary staff in Estates &amp; Facilities as these are the only staff groups where short term sickness is routinely backfilled with agency or bank staffing. There is a 4.5% uplift in Nursing budgets to cover sickness absence and the actual sickness rate is still above this, so there is no opportunity to reduce nursing budgets.</p> <p>There is currently such a high level of substantive vacancies in nursing that require agency and bank cover that any reduction in sickness would improve shift cover without reducing demand for bank and agency staffing.</p> <p>A discussion concerning sickness absence and fill rates followed</p> <p>KD commented that currently fill rates are c80% so a sickness reduction improves the fill rate rather than reducing cost. Such an improvement in fill rate would be the difference between moving from providing safe care to providing optimal care.</p> <p>CS confirmed that for Ancillary roles in Estates &amp; Facilities there is a possibility that reducing sickness could reduce agency and bank costs but that the Trust would need to decide whether the benefit of this sickness reduction should be taken as increased service levels or reduced expenditure.</p> <p>Long term sickness is generally difficult to reduce and the sickness policy focusses more on short term sickness. Short term sickness is generally not covered by agency so there is no cost saving to be realised.</p> <p>TH commented that it was disappointing that this action from the previous Committee meeting hadn't been actioned. It was agreed that MH would speak to Pat Campbell, Director of Human Resources and Pauline Vickers regarding this action.</p> | Director of Finance |
|          | <b>Board Dashboard</b>  |                     |
| F.2.18.5 | <b>Finance &amp; Performance Committee Dashboard</b>  |                     |
|          | <p>Discussion around the key metrics from the dashboard were picked up in other agenda items, particularly F.2.18.8 – Draft Financial Plan 2018/19 and F.2.18.9 – Performance Report.</p> <p>SSh confirmed that regarding discharging patients before 1pm, there has been much more of a Trustwide campaign focussing on this, highlighting the SAFER bundle. Informatics are also developing a report where the Trust has visibility (updated broadly every couple of hours) on expected admission and discharges. This allows the Trust to assess what is needed to accommodate these admissions. Capacity and demand management on a live basis. Business Intelligence have developed a board in support of this and a number of other pieces of work are underway.</p> <p>TH commented that it is important to retain focus on Referral to Treatment</p>  |                     |

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|                 | <p>("RTT"), to ensure there is no drift in reported metrics.</p> <p>LS confirmed that the Stroke Strategy is being discussed at the Quality Committee meeting held today (28<sup>th</sup> February).</p>   |        |
|                 | <b>Finance</b>   |        |
| <b>F.2.18.6</b> | <b>Finance Report</b>  |        |
|                 | <p>Discussion around the key items from the Finance Report were picked up in other agenda items, particularly F.2.18.8 – Draft Financial Plan 2018/19 and F.2.18.9 – Performance Report.</p>   |        |
| <b>F.2.18.7</b> | <b>Contract update 2018/19</b>   |        |
|                 | <p>Discussion around the key metrics from the Contract Update 2018/19 were picked up in other agenda items, particularly F.2.18.8 – Draft Financial Plan 2018/19 and F.2.18.9 – Performance Report.</p>  |        |
| <b>F.2.18.8</b> | <b>Draft Financial Plan 2018/19</b>  |        |
|                 | <p>CS updated on the Draft Financial Plan 2018/19.</p> <p>NHS Improvement gave short notice to deliver a draft plan by noon on the 8<sup>th</sup> March, which doesn't require formal Board approval. The next Board meeting is set to be the afternoon of 8<sup>th</sup> March. A Board approved plan must be submitted by 30<sup>th</sup> April.</p> <p>Activity and income is in the process of being agreed with Commissioners. This process isn't mandated to be concluded until 23rd March. For the 2017/18 contract a 2 year activity and income plan was agreed, so this is available to submit as the 2018/19 plan if a formal agreement with Commissioners isn't made by the submission date.</p> <p>Key items to note include :</p> <ul style="list-style-type: none"> <li>• Control total regime will continue</li> <li>• BTHFT's control total excluding Sustainability and Transformation Funding (STF) is considerably more challenging. The 2017/18 control total was a deficit of £7.8m and the 2018/19 is a deficit of £2.5m.</li> <li>• The efficiency requirement will be c£30m (the meeting papers quote a figure of c£32m but work completed since the papers were distributed suggests the figure is nearer c£30m).</li> <li>• There is no assurance that the Trust has plans in place to identify £30m of efficiencies. Work is still however ongoing from the 2017/18 schemes, which will be a good starting point if these schemes can begin to deliver in 18-19.</li> <li>• The Board is formally required to inform NHS Improvement whether the Trust accepts the control total in the final plan submission on 30th April 2018</li> </ul> <p>CS further stated that the £30m efficiency target is based on productivity and income continuing at the same rate. Until ePR coding issues are fully resolved and benefits realised it isn't known if the £30m is actually</p> |        |

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|     | <p>overstated. The Counting &amp; Coding project suggests there may be benefits in excess of £2m, but at present there is no accurate way of quantifying this.</p> <p>A discussion followed concerning the merits and practicalities of acceptance of the control total.</p> <p>CK commented that not accepting the control total would mean we are subject to the penalty regime, which could be a c£5m cost and also would have no access to STF incentives.</p> <p>CS stated that during an informal conversation with NHS Improvement last Friday it was made clear that NHS Improvement would be very disappointed if there were any changes regarding Board acceptance of the control total between submission of the draft and the final plan.</p> <p>CK commented that the Trust were able to amend the 2017/18 control total via a letter to Jim Mackey who was at the time Chief Executive of NHS Improvement, so it should be considered whether a similar letter for the 2018/19 control total could be sent.</p> <p>There are therefore 3 recommendations for this Committee to approve.</p> <ul style="list-style-type: none"> <li>• Formal delegated authority for MH and CK to submit a draft plan on 8<sup>th</sup> March</li> <li>• Draft declaration that the Trust accepts control total regime</li> <li>• Production of a side letter highlighting Board reservations of delivery of control total, and itemising suggested amendments to the control total</li> </ul> <p>It was agreed that whilst this Committee will approve the financial plan it cannot approve the decision to accept the control total, which must be at Board level. This would therefore require Board acceptance at the draft submission stage (noon on 8<sup>th</sup> March), noting that the Board of Directors meeting is after this submission deadline. The control total declaration in the draft submission will not therefore have formal Board approval but will instead be approved by the Chairman, Chief Executive and Director of Finance.</p> <p>It was further agreed that the Committee will support the joint delegation of authority to the Director of Finance and Chief Executive to propose to NHS Improvement amendments to the control total, if this course of action is agreed by the Board.</p> <p>PV summarised the current position around the 2018/19 plan, highlighting areas of clarification and risks, including</p> <ul style="list-style-type: none"> <li>• how the Trust models clinical capacity and demand</li> <li>• liquidity and the cash position</li> <li>• availability of robust and accurate information from ePR and improvements to coding</li> </ul> <p>CK queried when the Trust will be in a position to report activity through to commissioners. CF believed the plan was still from April. It was agreed that the Committee should be sighted on this and that CF, MH and SSH</p> | <p>Director of Informatics</p> |

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|          | would meet to agree how this is communicated.  |        |
|          | <b>Performance</b>   |        |
| F.2.18.9 | <b>Performance Report</b>  |        |
|          | <p>SSh discussed the key highlights from the report :</p> <ul style="list-style-type: none"> <li>• The Trust is developing a detailed RTT recovery plan to support improvements in this area. Performance was starting to decline before ePR go-live. Data Quality issues and the planned reduction in elective activity hasn't helped, so this is where the focus is for the plan.</li> <li>• Regarding 52 week incomplete breaches, the Trust reported 2 for January. One was a General Surgery patient who had had an incorrect clock stop applied which, when corrected, appeared as a long waiter. The patient had holidays planned so it was unable to process this as an urgent booking once discovered. The other was a Trauma and Orthopaedics patient waiting for a Birmingham hip procedure, for which the Trust no longer has the equipment to perform. A root cause analysis on this has been requested.</li> <li>• The Emergency Care Standard ("ECS") is discussed in detail under F.2.18.12.</li> <li>• Cancer targets for December have been submitted. The Trust missed achieving targets both 2 week wait and 62 day threshold. Regarding 62 day threshold the Trust now has tumour site specific action plans in place. Regarding 2 weeks waits the issue is mainly in Dermatology and Upper Gastro Intestinal and recovery plans are in place. Regarding Endoscopy the Trust has a recovery plan in place but dermatology has had difficulty in recruitment and it's a longer term challenge.</li> <li>• There has been 15 C-Difficile cases so far this year, one of which was in January. This is below trajectory and the Trust benchmarks well in this area.</li> <li>• There have been 4 MRSA cases so far this year, one of which was in January. KD commented that for 2017/18 the Trust reported 6 MRSA cases, and for 2018/19 there have been a number of months with no cases reported. It is not as easy to check VIP scoring with ePR as it was previously and this is being looked into, but it is not believed that staff are missing checking cannula sites.</li> <li>• The Trust are submitting a Diagnostics Waiting Time and Activity Data Set ("DM01") position but are not able to submit endoscopy and neuro-physiology. There is steady progress towards being able to do so. The only other challenge regarding the DM01 return is on non-Obstetric Ultrasound for Rheumatology, although when the Trust can report endoscopy it will help the DM01 position. The Trust is aware of the issues and how to fix them, and is working through them.</li> <li>• The times reported for Ambulance handover are off target and although the Trust is yet to develop a detailed action plan, one needs to be completed quickly. There is no single overarching</li> </ul> |        |



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|           | <p>theme as to why the breach number is so high.</p> <p>LS queried the scale of penalties relative to the breach, and which were the most significant. It was confirmed that under the control total regime penalties are suspended, but if penalties were to be applied then per individual case MRSA carried the largest financial penalty and in absolute terms breach of the ECS attracts the largest financial penalty.</p> <ul style="list-style-type: none"> <li>• Venous Thromboembolism (“VTE”) shows that for January 93.8% patients received a VTE assessment out of the total number of admissions that were clinically appropriate to receive a VTE assessment. The benefit of ePR is that this patient data can be extracted and analysed directly once staff are used to using the assessment tool.</li> <li>• There was 1 Duty of Candour breach for January due to late submission.</li> </ul> <p>TH stated that it was good to see RTT improvement. SSh confirmed that there is now a Patient Tracking List (“PTL”) split between admitted and non-admitted patients, so the Trust can now submit the full suite of reports (apart from endoscopy and neurophysiology as previously mentioned).</p> <p>TH stated concern around performance against the 2 week cancer target, where the Trust have the lowest achievement in the country, and requested SSh brought these tumour specific recovery plans to the next Committee meeting.</p> | <p>Chief Operating Officer</p> |
| F.2.18.10 | <b>Informatics Performance Report</b>   |                                |
|           | <p>CF discussed the key highlights from the report :</p> <ul style="list-style-type: none"> <li>• Regarding Clinical Informatics and ePR adoption, the metrics proposed are continued, and the threshold on discharge summaries shows good uptake and improving over time. Other indicators are stable and each threshold in turn will be assessed as to appropriateness. Research in other areas show that the Trust benchmarks well.</li> <li>• Clinical Coding has been Red rated on lost income from uncoded spells for a number of months. The Trust has been struggling with data quality and the impact of ePR on the ability of coders to actually code records (not the quality of the actual coding once completed).<br/>This is being addressed through the Data Quality plan and the metric is showing improvement so by end of year there will be the ability to reconcile potential lost income (which is still only potential at this point until all issues are resolved).</li> <li>• The licensing review for Oracle is completed so this risk is being de-escalated. Focus will now turn to establishing Cerner licensing metrics. The big 3 license reviews going forward will therefore be Cerner, Oracle and Microsoft.</li> <li>• EPR has impacted on service desk performance but the first-time</li> </ul>  |                                |



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|           | <p>fix rate has improved. Many places don't have as good a performance as at the Trust but the service desk are still dropping calls so the Trust are looking at matching resource against peak times and this is expected to therefore improve. Confidence and speed of dealing with ePR is improving.</p> <ul style="list-style-type: none"> <li>A number of indicators regarding old equipment have turned amber or red. These relate to user devices, telephony exchange and some equipment in the data centre. The Trust are going to risk assess and see what is a reasonable extension for each piece of equipment. In light of the assessment, the metrics will be re-assessed and this in turn will feed into the prioritisation of expected capital spend for next year.</li> <li>Substantive staffing is still below funded establishment but the overall position is an improvement. There has been a large gap in Business Intelligence which is being addressed, and the gap is now largest the Information Technology team (which is related to staff turnover and can therefore be filled).</li> </ul> <p>On the 12th March a new Head of Business Intelligence will start at the Trust (a post which has been vacant for 2 years) which will support Business Intelligence, who are currently executing the change process in restructuring teams and adding in an apprenticeship programme so there's a broader spectrum of untrained people (who will be trained up to allow growth in skill set).</p> <p>TH commented that it is a concern if consistency of approach and adoption are still an issue 6 months post go-live.</p> <p>A discussion followed concerning the fact that ePR management metrics seem to be focussed on adoption in clinical areas, and what the risks/cost envelope around sub-optimal administrative and clinical uptake would be.</p> <p>CF agreed there has been a clinical focus, and although there are currently no consistency metrics, this will be considered along with adding appropriate metrics and trajectories around standard use in administrative areas. Progress on this will be reported back at the next Committee meeting.</p> <p>PV queries progress in completing clinical coding accurately, from both the point of view of performance and ensuring the Trust is fairly reimbursed. Is this a gap in assurance? CS commented that from the financial reimbursement perspective there is a gap in assurance and confirmed that the Finance Department is an end user of this information for the purposes of charging clinical activity to commissioners.</p> | <p>Director of Informatics</p> |
| F.2.18.11 | <b>Trust Improvement Committee Report</b>  |                                |
|           | <p>Discussion around the key metrics from the Contract Update 2018/19 were picked up in other agenda items.</p>  |                                |

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| F.2.18.12 | <b>Emergency Care Standard Deep Dive Presentation</b>  |        |
|           | <p>SSh introduced the presentation stating that the national targets are the minimum requirement and the Trust has aspirations to exceed these and measures are being put in place to do so through such things as additional management support.</p> <p>Corinne Jeffrey (Acting Divisional General Manager for Medicine Division), Sue King (Clinical Lead Urgent Care, A&amp;E Consultant), Simon Kirk (Directorate Manager Urgent Care) and Joanna Stedman (Matron for Emergency Department) attended to present the Emergency Care Standard Deep Dive.</p> <p>Key points raised were :</p> <ul style="list-style-type: none"> <li>Nationally the Trust is in the top 5 busiest Emergency departments in the country (16-17). There are c135,000 annual attendances against a national average of c86,000. The overall conversion rate (attendance to admission) is 26.0% against a national average of 26.2%</li> <li>The Urgent Emergency Care programme is linked to the wider Trust in assessing improvement look at improving achievement of the ECS. The ED have a nominated member of the management team working alongside team leader to support patient flow</li> </ul> <p>There is daily performance validation through shift rosters and a nominated team member to ensure performance submissions are accurate. Flow facilitators from the Clinical Site Co-ordinators team work alongside ED to improve flow. There is also a daily management team huddle to look at last and next 24 hours and how this impacts the ECS (regarding staffing, external factors etc.) and dedicated Transformation Team support to drive change</p> <ul style="list-style-type: none"> <li>There is a GP Stream alongside the ED daily from 12-12, with regular weekly review to look at blockages and improve flow. ED are also working in the department with voluntary sector, particularly Carers Resource and Safer Spaces team</li> </ul> <p>Monthly meeting with Yorkshire Ambulance Service ("YAS") take place and a YAS link nurse is looking into improving ambulance turnaround times and patient care.</p> <p>Regarding the Ambulance Handover target, the aim is to have handover from YAS within 15 minutes. At present we are reporting c63% for this. There are several challenges, which are being addressed jointly with YAS through such things as self-handover (where patients can be brought into waiting area as they aren't so unwell they need to be brought straight into a cubicle). The issue is with YAS staff being able to co-operate fully with this.</p> <p>There is also an issue with keying in and keying out patients, which YAS have acknowledged gets worse around mandatory paramedic break times. We have a dedicated YAS nurse and developed an</p> |        |

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|     | <p>SOP for that nurse and promoting this to improve performance.</p> <p>The recent NHS Improvement “Fit to Sit” campaign encouraged self-handover and an Ambulance Lead Nurse, who is clinical champion, to improve performance. Whilst we do have an ambulance assessment area, although they don’t immediately need to go to a cubicle, they do need to be observed and how do we cohort those patients so that we can take handover.</p> <ul style="list-style-type: none"> <li>3 biggest issues are waits for beds, ED cubicle blockages and the wait to be seen by a doctor, which are often interdependent.</li> </ul> <p>Admission avoidance across the Trust is encouraged through such things as hot clinics, bring patients back for assessment the next day etc.).</p> <p>The aim is to establish a directory of services and options as alternatives to admission e.g. Plastics trauma clinic, eye casualty clinic.</p> <p>There are several pathways available as well as the use of the Clinical Decisions Unit (“CDU”) and Ambulatory Care Unit (“ACU”) with the aim that only those that require admission are actually admitted.</p> <ul style="list-style-type: none"> <li>As far as possible the staffing model aims to have doctors shift patterns aligned to match patient demand within ED. This is continually refined, for example ED are currently training 6 Advanced Clinical Practitioners.</li> </ul> <p>The number of junior doctors available is unlikely to rise in the short term so ED are looking at training Paramedics and Physiotherapists as Clinical Practitioners in the department which should increase middle grade cover in ED eventually. BTH is an outlier on middle grade cover nationally.</p> <p>LS queried if there was an opportunity to address middle grade cover as the number of physician associates graduating is increasing. However the level of supervision required has been an issue, as the additional support needed in ED is of most benefit from staff who can prescribe.</p> <p>SKK – another area is admission and work done with specialties. The Directorate Management team can promote pathways and what [pathways are available to push flow through the department. Work to be done around CDU and Ambulatory Care Unit and working with other specialties to look at admission avoidance (e.g. hot clinics, bring back next day etc.).</p> <p>JP queried if any work around staff resilience had been undertaken, and also what has been done to educate public around other options to attending ED.</p> <p>JS confirmed that ED have things such as a compliments board, and share emails and letters from the public and the Chief Executive thanking staff. Morale is addressed regularly in meetings and at handover and the</p> |        |

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|     | <p>management team have an open door policy to hear concerns, which has had positive feedback. The Organisational Development team are also looking at culture within ED, which will be a staff led piece of work.</p> <p>KD added that the Trust (and particularly the consultant body) are keen to implement Schwartz rounds as a way of clinical teams doing a multi-disciplinary de-brief</p> <p>Regarding education, historically the Trust have advertised on buses and there is a large sign outside ED. Part of collaborative working with Primary Care is promoting this and educating patients within the department by gently re-directing them to more appropriate pathways (pharmacist, GP etc.). The single biggest issue around the high level of attendances is that Bradford does not have a GP led Walk in Centre. Ultimately this education needs to start at school level.</p> <p>Also there is an issue regarding keying in and keying out patients, which YAS have acknowledged is worse around mandatory paramedic break times and are therefore addressing this. The Trust has a dedicated YAS nurse and developed a Standard Operating Procedure ("SOP") for promoting this to improve performance.</p> <p>A recent NHS Improvement campaign entitled "Fit to Sit" was designed to encourage self-handover and establishing an Ambulance Lead Nurse who is a clinical champion and can improve performance.</p> <p>For patients who don't immediately need to go to a cubicle but do need to be observed for a time (anecdotally such patients as elderly respiratory patients, or patients with mental health issues) the Trust has an ambulance assessment area and work is ongoing around how to cohort those patients so that an effective and timely handover can be taken.</p> <p>In order to improve Time to Assessment to the targeted time of 15 minutes there has been a review of nurse staffing model aligning rotas to the peak demand times when patients present. The Health Care Assistant ("HCA") role has also been reviewed and ED are introducing band 3 posts to improve flow. ED are also working on an education package surrounding triage to improve triage skills and to improve the times taken to triage the patients. There is also a streaming nurse in post who and work in underway to assess how this can support the initial assessment e.g. could they direct appropriate patients to other pathways for such patients as those who wouldn't need clinical observations done, who wouldn't need a more in depth clinical assessment etc.). There is also a fortnightly monitoring of clinical assessment indicators.</p> <p>A discussion followed concerning the Ambulance Handover target and the ECS. CK clarified that the 4 hour target is not a specific Accident &amp; Emergency target and the NHS and the Trust are actively working to ensure it is identified it wider as an Emergency Care target. Constitutionally the ECS is attainment of at least 95% at the moment. The Trust is working towards achieving 90% by September-18 and 95% by March-19.</p> <p>Regarding Ambulance Handover TH queried if the work done c18 months</p> |        |

| No.       | Agenda Item  | Action  |
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|           | <p>ago to improve this standard had been assessed to see if any measures implemented at the time could be resurrected and re-applied. Previously the Trust had a Hospital Ambulance Liaison Officer (“HALO”), which was felt to be beneficial. An ED team member was previously a senior educator at YAS and therefore can promote awareness of this. SKK agreed to look at lessons learned from previous actions.</p> <p>TH queried whether the team thought the ECS was achievable and if the ECS was a measure of quality as well as absolute performance.</p> <p>SKG commented that it is achievable. The Trust was previously high performing against the ECS and it is felt to be a measure of patient care and a quality target. An overcrowded ED is unsafe and the benefit of the standard is to promote flow, so achievement improves safety.</p> <p>SSh commented that the Trust has higher aspirations than only achieving the minimum ECS. In terms of a realistic trajectory the Trust is aiming for a month on month improvement, by setting a slightly higher week by week standard attainment. In this way attainment will be incremental rather than by a step change. This will be achieved by changing key processes, improving assessment, streaming, triage, co-ordination, implementing lessons learned from breaches etc. One of the key areas to drill down into is breaches from minors who aren't seriously ill, as the Trust has c25 breaches per day, which are avoidable.</p> <p>SKK commented that the ED are working with the Transformation team to develop a dashboard to be situated in in the administration section of ED. that will display KPIs on it so all team members can view trends and performance, assessment times etc. This visibility will encourage team members to take ownership, of the target and the care provided.</p> <p>PV requested a progress update on the ward reconfiguration and queried if there was a timescale around benefit realisation. SSh commented that the Trust has increased the number of short stay beds and provided additional Surgical Assessment Unit (“SAU”) trollies. There has been a slight decrease in occupancy, which is helpful, but there are still some bed waits in ED. There is more work to do regarding timing of discharge (i.e. the intent to discharge earlier in the day) to improve flow out and match to flow in rather than reduce Length of Stay.</p> | <p>Directorate Manager<br/>Emergency Care / Chief Operating Officer</p> |
| F.2.18.13 | <b>Board Assurance Framework</b>   |   |
|           | It was agreed that the assurance level remained at limited.  |   |
| F.2.18.14 | <b>Any Other Business</b>  |   |
|           | LS congratulated SSh on the permanent appointment to Chief Operating Officer, a view which was echoed by all.  |   |
| F.2.18.15 | <b>Matters to share with other Committees</b>  |   |
|           | It was noted that the Stroke Strategy is being discussed at the Quality Committee meeting held today (28 <sup>th</sup> February).  |   |

| No.       | Agenda Item   | Action |
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| F.2.18.16 | <b>Matters to escalate to the Board of Directors</b>  |        |
|           | The decision regarding formal acceptance of NHS Improvement's Control Total regime is to be escalated.  |        |
| F.2.18.17 | <b>Matters to escalate to Corporate Risk Register</b>   |        |
|           | The previous discussion concerning Finance and governance regarding the decision to formally accept NHS Improvement's control total regime was noted, but formal escalation was not required.   |        |
| F.2.18.18 | <b>Items for Corporate Communication</b>  |        |
|           | TH thanked the ED team for attending the committee and presenting on such a busy day. The ED team were commended for their work and resilience and a communication concerning reinforcing the fact that the ECS is a Trust wide target was discussed. |        |
| F.2.18.19 | <b>Date and time of next meeting</b>  |        |
|           | 28 <sup>th</sup> March 2018, 08:30-10:30<br>Conference Room, Field House, BRI   |        |

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST  
ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE – 28<sup>th</sup> FEBRUARY 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 | JM to ensure report has been circulated. Action Closed.  |
| 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 | Action Closed.   |
| 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 | SSh to circulate Outpatient Improvement Programme details on individual schemes and new dashboards around Committee members following 28 <sup>th</sup> February meeting – Action Closed. |
| 20/12/2017      | F.12.17.13  | MH to consider re-prioritising the Internal Audit annual plan  | Director of Finance            | 28/02/2018 | Action closed.   |
| 31/01/2018      | F.9.17.8    | MH to distribute General Surgery exception report to Committee Members   | Director of Finance            | 15/02/2018 | Action closed.   |
| 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 | Action closed.   |
| 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 Finnmore recommended level of 13 points per list | Director of Finance            | 15/02/2018 | Action closed.   |
| 31/01/2018      | F.1.18.5    | SSh to investigate the potential to ask medical students to volunteer to assist in the Emergency   | Acting Chief Operating Officer | 28/02/2018 | Verbal update at March meeting.  |



|            |           |   |   |            |                                 |
|------------|-----------|---|---|------------|---------------------------------|
|            |           | Department in the same way as that utilised by Leeds Teaching Hospitals NHS Trust   |   |            |                                 |
| 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.<br><br>MH to discuss options for reducing expenditure following sickness reductions with PV | 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 | Action Closed.                  |
| 28/02/2018 | F.2.18.8  | PV, CS and MH to arrange meeting to discuss 18/19 Financial Plan in detail  | Director of Finance   | 28/03/2018 | Action Closed.                  |
| 28/02/2018 | F.2.18.8  | CF, MH and SSh to clarify when activity data will begin to be submitted to Commissioners, and how this will be communicated to the Committee  | Director of Finance, Director of Informatics, Chief Operating Officer | 28/03/2018 | Verbal update at March meeting. |
| 28/02/2018 | F.2.18.9  | SSh to bring details of recovery plans for 2 week cancer target to next Committee meeting   | Chief Operating Officer   | 28/03/2018 | On March agenda. Action closed  |
| 28/02/2018 | F.2.18.10 | CF to investigate adding metrics around standardised ePR use in administrative areas to include trajectory and timelines  | Director of Informatics   | 30/05/2018 |                                 |
| 28/02/2018 | F.2.18.12 | SSh to review previous actions taken to address Ambulance Handover Standard and assess what lessons learned can be applied  | Chief Operating Officer   | 28/03/2018 | On March agenda. Action closed  |

# **FINANCE AND PERFORMANCE COMMITTEE MINUTES, ACTIONS & DECISIONS**

|                       |  |               |   |
|-----------------------|--|---------------|---|
| <b>Date:</b>          | Wednesday 28 <sup>th</sup> March 2018  | <b>Time:</b>  | 08:30 – 10:30                             |
| <b>Venue:</b>         | Conference Room, Field House, BRI  | <b>Chair:</b> | Mr Trevor Higgins, Non-Executive Director |
| <b>Present:</b>       | <p>Non-Executive Directors:</p> <ul style="list-style-type: none"> <li>- Ms Laura Stroud, Non-Executive Director (LS)</li> <li>- Mr Jon Prasher, Non-Executive Director (JP)</li> <li>- Mr Trevor Higgins, Non-Executive Director (TH)</li> <li>- Mrs Pauline Vickers, Non-Executive Director (PV) – Attending via telephone conference call</li> </ul> <p>Executive Directors:</p> <ul style="list-style-type: none"> <li>- Mr Matthew Horner, Director of Finance (MH)</li> <li>- Mrs Cindy Fedell, Director of Informatics (CF)</li> <li>- Mrs Sandra Shannon, Chief Operating Officer (SSh)</li> </ul> |               |   |
| <b>In Attendance:</b> | <ul style="list-style-type: none"> <li>- Mr James Mackie, Head of Performance (JMa)</li> <li>- Mr Chris Callaghan, Divisional Head of Finance (CCa) – Minute taker</li> <li>- Ms Sally Scales, Deputy Chief Nurse (SSc) – Attending for Karen Dawber</li> <li>- Ms Tanya Claridge, Director of Governance and Risk (TC) – Attending for F.3.18.5 – Board Assurance Framework and F.3.18.16 - Finance &amp; Performance Committee business workplan 2018/19</li> <li>- Ms Jacqui Maurice, Head of Corporate Governance (JMu)</li> </ul>   |               |   |
| <b>Observing</b>      |  |               |   |

| No.             | Agenda Item   | Action |
|-----------------|---|--------|
| <b>F.3.18.1</b> | <b>Apologies for absence</b>  |        |
|                 | <p>Apologies were received from:</p> <ul style="list-style-type: none"> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> </ul>  |        |
| <b>F.3.18.2</b> | <b>Declaration of Interests</b>   |        |
|                 | There were no declarations of interest.   |        |
| <b>F.3.18.3</b> | <b>Minutes of the meeting held on 28 February 2018</b>  |        |
|                 | The minutes were accepted as a correct record.  |        |
| <b>F.3.18.4</b> | <b>Matters Arising</b>  |        |
|                 | F.1.18.5 – SSh provided a verbal update regarding the use of volunteer medical students to help with winter pressures. SSh has spoken to Dr Alex Brown (AB) (Consultant Physician in Elderly Medicine/Deputy Medical Director, Care of the Elderly) who assures the Committee that the Trust is fully engaged with this process and has been for several years. It is co-ordinated through the Education and Training department. |        |

| No.      | Agenda Item  | Action |
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|          | <p>F.1.18.6 – Regarding quantifying a financial benefit from a reduction in reported sickness absence. MH apologised as this has not yet been actioned and it was agreed to defer for two more months before reporting back, due to the many variables involved in such an analysis. TH commented that the benefits might relate to patient safety as well as being financial.</p> <p>F.2.18.8 – A telephone meeting took place between PV, MH, CF and SSh to discuss the plan for 28/19. Action closed.</p> <p>F.2.18.8 – MH provided a verbal update to clarify the date from which activity data will be sent to commissioners. The Trust has committed to commissioners that it will submit April data in line with normal timescales (by c20<sup>th</sup> May). There is a detailed workplan detailing how this will be achieved.</p> <p>F.2.18.9 – 2 week cancer recovery plans is on the agenda under F.3.18.13. Action closed.</p> <p>F.2.18.10 – Regarding standardised metrics for the Electronic Patient Record (“EPR”) in administrative areas. CF provided a brief update and it was agreed to defer this until the next Committee meeting.</p> <p>F.2.18.12 – A review of previous actions taken to assist in achieving target for ambulance handover is on the agenda under F.3.18.14. Action closed.</p> |        |
| F.3.18.5 | <b>Board Assurance Framework</b>   |        |
|          | <p>PV commented that the Board Assurance Framework (“BAF”) is highlighted at the beginning of the meeting to remind everyone to be mindful of it. It will also be re-iterated at each agenda item.</p> <p>TC will provide clarity and detail around what areas to focus on and how practically to apply the BAF to the Committee meeting.</p>  |        |
|          | <b>Board Dashboard</b>   |        |
| F.3.18.6 | <b>Finance &amp; Performance Committee Dashboard</b>   |        |
|          | <p>TH commented that there would be a deep dive concerning the dashboard, which will also cover other agenda items as the discussion progresses.</p> <p>PV commented that with regard to the recovery plans/targets, the Committee are aware of the challenges and would require updates on progress towards these to fully understand the position.</p> <p>SSh updated on the performance elements of the dashboard:</p> <ul style="list-style-type: none"> <li>Performance regarding discharges before 1pm has deteriorated. This is a key area of focus as it impacts managing patient flow, which causes crowding in the Emergency Department (“ED”).</li> </ul> <p>A Trust wide communications engagement campaign is being undertaken and the Trust is running a focused week on w/c 21<sup>st</sup></p>   |        |

| No. | Agenda Item  | Action |
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|     | <p>May (similar to last years “Perfect Week” but geared towards behavioural change). This is supported by Colin Beesting, EPR Communications and Engagement Lead, who coordinated the communications for EPR engagement. This approach worked well and will inform this new initiative (e.g. for staff training, floor walkers etc.)</p> <ul style="list-style-type: none"> <li>Waiting List (“WL”) sizes remain a concern and the Trust is progressing with demand and capacity modelling. Weekly activity trackers, which will be used from April onwards, will track activity against plan. There is a Data Quality (“DQ”) recovery plan in place, and this is progressing, which will inform a future full WL Validation exercise</li> </ul> <p>CF queried how long the WL validation will take and SSh confirmed that it would be around 6 months, as it’s a full end to end pathway review. There will need to be a balance between resource availability and the time taken to perform a full validation which is sustainable from a DQ perspective. Part of the DQ plan is to stop errors at source. The validation is a key element of improvements to the 18 week Referral to Treatment (“RTT”) target.</p> <p>TH commented that his main concern in this area is accuracy of data. To improve RTT achievement requires system wide changes, takes longer and can cause disruption. TH queried if this been costed (if e.g. additional consultancy or additional pay costs will be required). SSh confirmed that this has been assessed for both this validation exercise and extra validation over 18 months until WL are at more manageable levels and DQ assurance is much higher. For patients who have waited a long time the Trust is also evaluating the use of a Clinical Harm Panel who will undertake a root cause analysis on such patients.</p> <p>SSh confirmed that the 18 month timescale is when the extra resource will be utilised, and not a date by which all specialties are expected to be achieving the RTT target. There will be a gradual improvement over the 18 months by which time the Trust will be back at pre-EPR levels.</p> <p>TH commented that the Trust wasn’t meeting the RTT target before EPR, so should the aim be for a position better than that seen immediately prior to EPR implementation. SSh confirmed that EPR has identified further previously unknown issues, which can now be resolved.</p> <p>The Trust will need to plan in additional activity to clear the WL and the validation work will identify the requirement. Some services will be able to do this quickly e.g. Cardiology now has an additional Cardiologist who will be commencing employment imminently. Others will take more time e.g. ENT is recognised as a nationwide problem with WL, so the Trust WL is unlikely to be clear within the first year. The recovery plans are being completed to support this; the Elective Care Recovery plan is complete and needs to go through Trust governance structures for approval and then to the Commissioners for their approval.</p> |        |

| No. | Agenda Item  | Action                         |
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|     | <p>SSh confirmed that a presentation will be added to the agenda for the next Committee meeting to demonstrate the weekly Activity Tracker and trajectories by specialty. It is about fully optimising capacity and not wasting anything, which is part of the weekly tracking process. Where additional resource and physical space are available the Trust will use this opportunity to reduce WL.</p> <p>JM commented that the WL is monitored weekly and March's position doesn't show the increasing trajectory that has been seen in recent months and therefore a baseline can be established for progress against the WL. MH added that Commissioners have suggested there may be up to £1.7m available for WL backlog costs in 2018-19, either directly to Providers or via subcontracted work.</p> <ul style="list-style-type: none"> <li>• The target for the Cancer 2 week from GP urgent referral to first consultant appointment standard, and the 62 day standard from urgent GP referral for suspected cancer to first definitive treatment are key areas of concern. The Cancer 2 week target is discussed in F.3.18.3. Performance against the 62 day standard is a concern due to the backlog of patients. Until it is cleared an improvement in the position will not be apparent, and these patients are the priority. Performance is also impacted by transfers from other hospitals.</li> <li>• Performance against the target for Ambulance Handovers from the ambulance team within 15 minutes of arrival at ED has improved slightly but the Trust is still some distance from where it needs to be. The ED is focused on processes to look at increasing capacity and have met with a manager from the Yorkshire Ambulance Service ("YAS") to discuss ways to do this.</li> </ul> <p>There is also a YAS supervisor working in ED to manage waits, and who also attends monthly meetings to try and increase YAS presence on site.</p> <p>JP queried if the Trust is proactive around managing risks for patients who miss a First Outpatient appointment after discharge. SSh confirmed that the Access policy states for patients who Do Not Attend ("DNA's") they will be offered a new date, and a letter will be sent to the GP.</p> <p>Whilst these patients are Inpatients they would be informed about the outpatient appointment, what services are available plus options to change appointments if necessary. For vulnerable groups e.g. those with learning disability or children they will be followed up with further dates and GP letters.</p> <p>JP queried that, as there is reference to single sex provision, is the Trust sighted on this in relation to transgender patients. SSh confirmed that this is reflected in Trust policy.</p> <p>MH highlighted the Emergency Care Standard ("ECS"). February was a challenging month and the lowest achievement that has been reported for some time at c77.3%. Recognising this, SSh has been in liaison with NHS Improvement around a recovery plan.</p> | <p>Chief Operating Officer</p> |

| No.             | Agenda Item  | Action |
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|                 | <ul style="list-style-type: none"> <li>Regarding infection rates, the Trust is on track to better last year's position for both number of C-difficile and MRSA infections. There is a new nurse consultant in infection control and the Trust is hoping to see an improvement in MRSA infection rates.</li> </ul> <p>The trend for patients who are risk assessed for Venous Thromboembolism ("VTE") is also positive.</p> <ul style="list-style-type: none"> <li>Notwithstanding the challenges in neurophysiology and endoscopy the Diagnostics Waiting Time and Activity Data Set ("DM01") submission show a c99% achievement.</li> </ul> <p>The issues in Endoscopy have been almost sorted, pending a final validation of the patient lists.</p> <p>TH commented on the fantastic achievement and stated that it was important to celebrate success.</p>  |        |
|                 | <b>Finance</b>   |        |
| <b>F.3.18.7</b> | <b>Finance Report</b>  |        |
|                 | <p>MH discussed the key highlights from the report :</p> <ul style="list-style-type: none"> <li>As per the February-18 position the Trust is on plan to achieve the pre-Sustainability and Transformation fund ("STF") control total, and there is therefore increased confidence in delivering the year end position.</li> <li>The post STF year to date plan was for a surplus of c£650k, against which the actual position reported was a deficit of c£1.1m (c£1.8m behind post STF plan). This is due to A&amp;E targets being missed and as the Trust is not likely to meet this target, it will therefore not receive the STF funding associated with this.</li> <li>The rules around the bonus regime for STF at year end are not yet clear. For every £1 over control total the Trust will receive £1 bonus from NHS Improvement. Last year an over delivery of £200k generated £200k then a further £1.3m bonus in STF Funding.</li> <li>Year-end agreements have been made with all Commissioners with the exception of NHS England. The Informatics and Finance teams have provided validated data to NHS England. NHS England has sent a letter challenging the activity numbers, despite previous assurances that NHS England was satisfied from a Data Quality viewpoint. Discussion around the year end position and 18/19 plan are ongoing.</li> </ul> |        |

| No.      | Agenda Item   | Action |
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|          | <p>TH queried whether this means the Trust might fail to achieve the control total and MH confirmed that the overall Trustwide position will be known over the next couple of weeks and the level of flexibility will be known.</p> <p>LS queried if committee dates are aligned so that escalations to the board can be made in a timely fashion. At the last meeting it was stated that the 8<sup>th</sup> March submission date for the draft Annual Plan submission was discussed at the Board of Directors where a decision was taken not to accept the control total. There is also an exceptional Board meeting on 25<sup>th</sup> April to approve the final plan submission for 2018/19,</p> <ul style="list-style-type: none"> <li>• P.14 in the detailed Finance report highlights the worsening cash position. The impact of the Income and Expenditure (“I&amp;E”) position on the cash position and the fact that we have used significant non recurrent measures in-year has been highlighted in a planning paper submitted to Board.</li> </ul> <p>The year-end plan was for £36m of cash but it is forecast to be £21.8m as a result of delivering the I&amp;E position. This cash forecast doesn’t include any STF or bonus STF funding, which would be paid over in June/July, if achieved.</p> <ul style="list-style-type: none"> <li>• Although cash is materially off plan, liquidity is broadly on line with plan. The cash and liquidity forecasts necessitate assessing different approaches to the Capital programme, depending on how much cash is available.</li> </ul> <p>Regarding potential future NHS wide funding increases the West Yorkshire Association of Acute Trusts (“WYAAT”) Director of Finance group have written to the centre about plans to remove the STF regime in 2019/20.</p> |        |
| F.3.18.8 | <b>Financial Plan 2018/19</b>   |        |
|          | <p>MH shared the covering letter that was sent to NHS Improvement along with the draft Annual Plan submission. The associated paper that was presented to the Board is broadly what was submitted to NHS Improvement.</p> <p>MH discussed the key points of the plan submission:</p> <ul style="list-style-type: none"> <li>• The Trust did not accept the control total of £2m. A deficit position of £13.5m was submitted.</li> <li>• The covering letter emphasised various discussions that had taken place with NHS Improvement over a number of years concerning such things as earned autonomy etc. and emphasised that the Trust has historically delivered the plan.</li> </ul> <p>The Trust has achieved over £40m over the last 2 years in Cost Improvements. The covering letter also emphasised staff involvement and the positive culture.</p>  |        |



| No. | Agenda Item  | Action |
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|     | <p>The Board of Directors is committed to being part of the financial regime and recognises their responsibilities. They are supportive of a challenging but realistic Cost Improvement Programme (“CIP”) target. There is a concern that a c£30m CIP target (as is currently suggested by the 2018-19 plan) may compromise patient care. The covering letter stressed that the Board did not have assurance at the time of submission of the draft plan that there are sufficient plans in place to achieve c£30m savings.</p> <p>The Agency celling has also been reduced, with the Trust emphasising all of the work that has been undertaken to control spend in this area. For 2017-18 the level of agency spend is likely to be the same as that for 2016-17 but there has been a switch in where this spend has occurred. Administration and Clerical, Allied Health Professionals and Estates agency spend has fallen by c£2m in one year but Consultant, Nursing and Medical agency spend has gone up by c£2m. This is due to ensuring maintenance of service and patient safety, in specialties which are difficult to recruit to, where there are vacancies or long term sickness.</p> <p>MH stated that the Trust has also continued discussion with Commissioners for 2018-19. The potential of setting up a different payment mechanism has been explored and a number of rounds of discussion have taken place. No agreement has yet been made concerning this.</p> <p>The Trust and Commissioners independently established a quantum for 2018-19, and there was a disparity between these quantum of c£5m. The assumptions taken by the Trust were felt to be prudent (e.g. established the baseline plan on a forecast using April – August activity with no flex for seasonality. Activity for this time period was lower than usual due to training on the Electronic Patient Record (“EPR”).</p> <p>A number of options for a payment mechanism were proposed by MH e.g.</p> <ul style="list-style-type: none"> <li>• Block funding for the entire contract</li> <li>• Payment by Results (“PBR”) funding for the entire contract</li> <li>• PBR Funding excluding an amount for the Commissioners Quality, Innovation, Productivity and Prevention (“QIPP”) schemes, due to there being no robust data available to support their figures</li> <li>• A hybrid of PBR and Block funding where certain elements of the contract are under block funding (e.g. Outpatients) and others have PBR rules applied (e.g. Elective Inpatients)</li> </ul> <p>In the spirit of collaborative working, it has been agreed to set an income quantum that reflects a PbR contract inclusive of a proportion of the Commissioners QIPP target. The Trust is currently calculating if this will affect the amount of savings required through CIP for 2018-19.</p> <p>NHS England are yet to make any offer for the 2018-19 contract.</p> |        |

| No.      | Agenda Item  | Action              |
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|          | <p>MH stated that the Trust Improvement Committee will continue to monitor the process for delivery of the overarching improvement plan, but thought is being given as to what governance is required to monitor CIP delivery. There will need to be a change in emphasis going forward. MH agreed to update at the next Committee meeting.</p> <p>TH raised a general point concerning EPR. EPR has had several problems which have caused issues across the Trust. The project is now at the stage of deriving benefits and consideration needs to be given to realising these.</p> <p>CF commented that there is now full electronic visibility (when compared to paper medical records) but the Trust is also seeing benefits around quality of care and a reduction in duplicate testing ordered. A report on benefits is being collated.</p> <p>MH commented on the Counting and Coding workstream and the improvements already recorded that carry both qualitative and financial benefits. A discussion took place around the financial implications and the likelihood of recovery given Clinical Commissioning Groups (“CCG”) affordability. MH confirmed that discussions had taken place with the Bradford and Airedale CCGs and any improvements would be discussed and agreed throughout the year.</p>                               | Director of Finance |
| F.3.18.9 | <b>Capital Budget Setting Report</b>   |                     |
|          | <p>MH tabled the Capital Budget Setting Report and highlighted the key points :</p> <ul style="list-style-type: none"> <li>• The report has been to the Executive Management Team (“EMT”) and to the Major Projects Committee and is tabled here to ensure the Committee is sighted on its implications.</li> <li>• The importance and availability of cash is key to the Capital programme. Work has been undertaken over the last 6 months to save money on the value of the estate and to extend the life of assets, thus reducing depreciation. This however impacts the amount of cash available for the capital programme.</li> <li>• The Trust planned a programme of c£75m over the next 5 years but cash forecasts suggest that this may need to be curtailed. A draft plan has gone to NHS Improvement where the programme matches depreciation funding available (down to £8m in 2018-19 from 2017-18’s £10m). The Trust will therefore need a prioritisation process to identify where to invest (e.g. high risk equipment, essential services, Information Technology, equipment strategy etc.) whilst delivering the clinical strategy. This prioritisation process hasn’t as yet been completed</li> <li>• If the 2017-18 control total is achieved, STF funding may go straight to the capital programme to bolster it.</li> </ul> |                     |

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|           | <ul style="list-style-type: none"> <li>The programme is therefore at risk of being curtailed, whilst some items in the programme carry additional risk (e.g. the aging telephone network is on the risk register). At the moment backlog maintenance, essential equipment and slippage from 2017-18 (especially the cladding of the maternity block) takes up a large portion of the 2018-19 programme already.</li> </ul>  |        |
|           | <b>Performance</b>  |        |
| F.3.18.10 | <b>Performance Report</b>   |        |
|           | Updates on the key items from the Performance report were discussed under other agenda items.   |        |
| F.3.18.11 | <b>Informatics Performance Report</b>   |        |
|           | <p>CF updated on the key highlights from the report:</p> <ul style="list-style-type: none"> <li>Following a 2 year recruitment process to find a suitable candidate, a new Head of Business Intelligence has now started with the Trust</li> <li>The Business Intelligence team has identified a formal apprenticeship programme. Over the next few months this should see vacancies filled and the team can plan for the future</li> </ul>   |        |
| F.3.18.12 | <b>Trust Improvement Committee Report</b>   |        |
|           | <p>MH stated that this is a brief report highlighting actual and forecast delivery of financial benefits against the original 2017/18 Improvement Programme and the 31<sup>st</sup> October additional Improvement Plan. MH updated on the key highlights from the report:</p> <ul style="list-style-type: none"> <li>The Carter improvement programme is forecasting to over deliver in terms of actual savings delivered against plan. The vast majority of this is due to non-recurrent measures taken in year</li> <li>The majority of recorded savings in the Workforce programme relate to agency spend reduction</li> <li>The remainder of the programmes highlight the challenge in delivering CIPs and what limited successes have been realised</li> <li>The vast majority of the success attributed to the Coding programme relates to more accurate identification of co-morbidities</li> <li>Overall – the Trust is forecasting over £21m delivery of CIP for 2017-18, which is the highest annual total ever reported</li> </ul> <p>SSc commented that there are also a lot of clinical benefits from improved coding. Key to the coding is engagement with the clinicians to getting clinicians to record appropriately at source.</p> |        |

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|           | <p>PV queried how this is being communicated. MH commented the success to date hasn't been widely communicated as the focus had been on the scale of the challenge. MH agreed to include details of this success and any achievement of STF funding in a future issue of Let's Talk.</p>   | <p>Director of Finance</p> |
| F.3.18.13 | <p><b>Recovery Plans for 2 week cancer targets</b></p>   |                            |
|           | <p>SSh provided an overview of the recovery plans for Cancer 2 week target.</p> <ul style="list-style-type: none"> <li>Benchmarking against the national picture (for all patients seen and referrals) the areas the Trust underperforms in relates to skin referrals. As these are such high numbers it reduces overall performance. The other area of challenge has been in endoscopy, which impacts performance in lower and upper Gastro Intestinal.</li> </ul> <p>Regarding endoscopy, the technical fixes in EPR are all done. The Trust is now working through the administration, booking, scheduling and process issues and getting staff back on track in terms of booking appropriate numbers of patients.</p> <ul style="list-style-type: none"> <li>Breast was only 1 breach away from hitting the target. Haematology has had challenges with capacity and actions have been taken (e.g. extra clinics have been put on and job plans and clinic templates are being reviewed) so this is recoverable. There is still a backlog of 4 weeks (18 patients) within Haematology.</li> <li>Dermatology require further work to improve performance. There are capacity/demand gaps within the service and the possibility of a locum appointment has been explored. There are changes in pathways planned around what Commissioners can direct to the community. The Trust are also engaged with the WYAAT Cancer Alliance to look at telemedicine and e-triage (this is a region wide project but it has not yet begun).</li> </ul> <p>A discussion took place around Dermatology in relation to the Cancer 2 week wait targets.</p> <p>TH commented that consultant shortages are the biggest challenge. However the Trust has the worst performance for Dermatology in the country so other Trusts aren't suffering as much.</p> <p>SSh commented that there is another retirement planned but the recruitment process is ongoing. Job adverts are published and the Trust is investigating the possibility of using at agencies/locums. There is a lack of candidates, hence the requirement to investigate region wide solutions and pathways. The Trust has run a Dermatology service on behalf of other Trusts – e.g. Airedale NHS Foundation Trust doesn't provide the service so referrals are re-directed. Some Trusts already have a telemedicine solution, but there is a national shortage of dermatologists. If capacity is available it can be set up as a one stop shop.</p> <p>Suspected skin cancer referrals often aren't cancer. Only 25% come out as a form of cancer and most will be low level cancers. 4% are serious cases that need quick treatment. There are other Dermatological</p> |                            |

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|           | <p>conditions that are life limiting and have more impact on patients health and wellbeing (but aren't cancer). The clinicians see patients in order of clinical priority rather than identifying 2 week waiters just to achieve the target. The Trust are evaluating whether capacity can be focussed more towards the 2 week wait patients without disadvantaging this other group.</p> <p>LS queried if it was possible to train other clinicians to support e.g. nurses, Physician Associates, Advanced Nurse Practitioners, Clinical Nurse Specialists etc.</p> <p>SSh agreed this would be a positive step. Whilst there are things only a doctor can treat, this would undoubtedly help with capacity. Other options being considered are making better use of GP services or looking to private providers to help with capacity.</p> <p>TH queried if timelines for the actions in progress were available and SSh confirmed that these are on the detailed specialty level recovery plans for cancer. These haven't been tabled to this Committee as the plans cover a wider remit than just 2 week waits. SSh agreed to put the action plans on the shared drive for Committee members to access.</p>  | Chief Operating Officer |
| F.3.18.14 | <b>Ambulance Handover Standard</b>   |                         |
|           | <p>SSh updated on the Ambulance Handover standard</p> <ul style="list-style-type: none"> <li>• This week (w/c 26<sup>th</sup> March) has been a difficult week as there have been a high number of ambulance attendances but overall performance against the standard has shown a slight improvement.</li> <li>• The Trust has requested senior support from YAS on site. This is to improve co-ordination and communication and to help ambulance crews prioritise admissions from ambulances. It allows them to double up on patients where appropriate and encourages working with the "Fit to Sit" process.</li> <li>• There is already a YAS nurse working in the department, and this helps YAS understand the transfers into the main hospital. There has been a focus on allowing a consultant to be at the front door for patients brought in by ambulance to assess if they're fit to sit, can wait or need immediate admission.</li> <li>• This will support achievement of the Emergency Care Standard.</li> </ul> <p>CF queried if there are any quality aspects to handovers that have yet to be considered. SSh commented that if the patient isn't clinically well, unless there's an allocated nurse to take the handover then the paramedics won't handover, which then causes breaches.</p> |                         |
| F.3.18.15 | <b>Finance &amp; Performance Committee business workplan 2018/19</b>   |                         |
|           | The Finance & Performance Committee business workplan for 2018/19 is included in the papers attached to the agenda. The workplan is tabled for information.  |                         |

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|           | <p>PV queried if the Committee should schedule regular recovery plans to be presented. At the moment recovery plans are requested but not in a programmed manner (recent examples of recovery plans which were requested and subsequently presented include RTT, ECS, Outpatients and Ambulance handover).</p> <p>It was agreed that JMu would add “Recovery Plans” to add to the Finance &amp; Performance Committee business workplan for 2018/19.</p>   | Head of Corporate Governance   |
| F.3.18.16 | <b>Board Assurance Framework</b>   |  |
|           | <p>It was requested that TC attend this Committee meeting to help identify the challenge and assurance and to report back to Executive Directors. A further aim was to gain an understanding of how the committee works and the nature of the discussions that take place. There is a board discussion scheduled around risk and appetite towards risk where this can be picked up.</p> <p>A discussion took place around the BAF.</p> <p>MH commented that since the new BAF, the Committee has discussed where there are gaps in assurance and where the evidence is lacking in providing this assurance. It is felt that the Committee has not fully addressed this issue.</p> <p>TC commented that there are likely to be gaps. For example, within finance the NHS England challenge to 2017-18 activity figures is a potential risk to achieving the financial plan and gives rise to a gap in assurance.</p> <p>TC and SSh agreed to meet to discuss controls and look at positive and negative assurance. TC gave the example that positive assurance is where there is a plan in place, but negative assurance is that it is not being delivered.</p> <p>PV confirmed that the Committee should review the assurance at the end of each agenda item and challenge where appropriate.</p> <p>LS commented that a lot of discussion in Committee concerns interactions within a complex system. It should be considered how this is situated within the Committee’s own risk appetite. Safety thermometers and benchmarking data can inform this but the narrative is often ad-hoc.</p> <p>TC commented that this hasn’t yet been aligned with the Corporate Risk Register to identify any discrepancies between the register and the discussion and see if they line up.</p> <p>As risks are escalated it should be considered if the items on the Corporate Risk Register reflect the discussions that take place in Committee. Specific corporate risks that inform these discussions and ultimately the risk appetite should form part of the discussion.</p> | Chief Operating Officer and Director of Governance and Corporate Affairs |

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|                  |  |                     |
| <b>F.3.18.17</b> | <b>Any other business</b>  |                     |
|                  | <p>PV presented the contents of a letter from Barry Senior, Non-Executive Director, regarding the concern that due to a lack of resource, patients are undergoing different types of surgery rather than being offered the most upto date, technologically advanced techniques.</p> <p>MH is not aware of any decision to do this. The Trust has invested in the Da Vinci robot, which significantly reduces surgery time, and use of this is actively promoted. There is also a very successful Simulation Suite that is actively used.</p> <p>SSh confirmed Bryan Gill will discuss this during Any Other Business in the Quality Committee. The response for this is wider than a financial response as it includes such aspects as length of stay, patient experience etc.</p> |                     |
| <b>F.3.18.18</b> | <b>Matters to share with other Committees</b>  |                     |
|                  | None.  |                     |
| <b>F.3.18.19</b> | <b>Matters to escalate to the Board of Directors</b>   |                     |
|                  | <p>TH noted the discussion with NHS England around finalising the 2017-18 position, which MH has already raised with the Board of Directors and will update at the next Committee meeting.</p> <p>Also noted were :</p> <ul style="list-style-type: none"> <li>• concerns around performance against the standards for RTT, ECS and Cancer 2 weeks</li> <li>• areas of achievement such as 2017-18 CIP achievement, the improvement in submission completeness for the Diagnostics Waiting Time and Activity Data Set ("DM01").</li> </ul>   |                     |
| <b>F.3.18.20</b> | <b>Matters to escalate to Corporate Risk Register</b>  |                     |
|                  | MH commented that potentially the Capital Programme for 2018-19 may appear on the register depending on the 2017-18 outturn position. MH agreed to feedback at the next Committee meeting.   | Director of Finance |
| <b>F.3.18.21</b> | <b>Items for Corporate Communication</b>   |                     |
|                  | <p>It was agreed that details of the success of the 2017-18 CIP achievement and any STF funding which is secured will appear in a future issue of Let's Talk.</p> <p>JP commented that promoting the financial benefits of EPR (through improved coding etc.) and reductions in sickness (which links to motivation, performance and outputs) should also be considered.</p>   |                     |



| No.       | Agenda Item   | Action |
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|           |   |        |
| F.3.18.19 | <b>Date and time of next meeting</b>  |        |
|           | 25 <sup>th</sup> April 2018, 08:30-10:30<br>Conference Room, Field House, BRI |        |

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST  
ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE – 28<sup>th</sup> MARCH 2018**

| Date of Meeting | Agenda Item | Required Action  | Lead                    | Timescale  | Comments/Progress  |
|-----------------|-------------|--|-------------------------|------------|--|
| 31/01/2018      | F.1.18.5    | SSh to update March Committee around the potential to ask medical students to volunteer to assist with winter pressures in the same way as that utilised by Leeds Teaching Hospitals NHS Trust | Chief Operating Officer | 28/02/2018 | Verbal update at March meeting.  |
| 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 | Deferred for 2 months until agenda for May 2018 Committee meeting.   |
| 28/02/2018      | F.2.18.9    | SSh to bring details of recovery plans for 2 week cancer target to next Committee meeting  | Chief Operating Officer | 28/03/2018 | Recovery plans circulated to committee. Action closed.   |
| 28/02/2018      | F.2.18.10   | CF to investigate adding metrics around standardised ePR use in administrative areas, to include trajectory and timelines  | Director of Informatics | 28/03/2018 | Deferred until April Committee meeting. On April agenda. Post meeting note - Update include as part of the Performance Report Action complete. |
| 28/03/2018      | F.3.18.6    | SSh confirmed that a presentation will be added to the agenda for the next Committee meeting to demonstrate the weekly Activity Tracker and trajectories by specialty.                         | Chief Operating Officer | 25/04/2018 | Paper on April agenda.   |
| 28/03/2018      | F.3.18.8    | MH to update at the next Committee meeting on any changes to governance around achievement of the annual plan and CIP targets.   | Director of Finance     | 25/04/2018 |  |
| 28/03/2018      | F.3.18.13   | SSh agreed to put individual specialty Cancer recovery plans on the shared drive for Committee members to access.  | Chief Operating Officer | 16/04/2018 | Recovery plans on shared drive. Action closed  |

|            |           |   |  |            |                                    |
|------------|-----------|---|--|------------|------------------------------------|
| 28/03/2018 | F.3.18.15 | It was agreed that JMu would add "Recovery Plans" to add to the Finance & Performance Committee business workplan for 2018/19.  | Head of Corporate Governance   | 25/04/2018 | Added to workplan. Action complete |
| 28/03/2018 | F.3.18.16 | TC and SSh agreed to meet to discuss controls and look at positive and negative assurance. E.g. positive assurance is where there is a plan in place, but negative assurance is that it is not being delivered. | Chief Operating Officer and Director of Governance and Corporate Affairs | 25/04/2018 |                                    |
| 28/03/2018 | F.3.18.20 | MH agreed to feedback at the next Committee meeting regarding the potential for the Capital Programme for 2018-19 to appear on the Corporate Risk register.   | Director of Finance  | 25/04/2018 |                                    |