

Report from the Finance and Performance Committee

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Previously considered by:	n/a		

Key points	Purpose:
1. This paper provides a brief summary of the key matters that were discussed at the meetings of the Finance and Performance Committee held on 28 February 2018 and 28 March 2018	To discuss and note

Executive Summary:
The purpose of the Finance and Performance Committee, as set out in its Terms of Reference, is to provide detailed scrutiny of financial and performance matters in order to provide assurance and, if necessary, raise concerns or make recommendations to the Board of Directors.

Financial implications:

Regulatory relevance:

Monitor:	
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Equality Impact / Implications:	<p>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)</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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Other:	
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Strategic Objective:	To deliver our financial plan and key performance targets
<i>Reference to Strategic Objective(s) this paper relates to</i>	

Finance and Performance Committee

The purpose of this paper is to advise the Board of Directors of the key matters discussed and provide a brief summary of the agenda items from the meetings of the Committee held on 28 February 2018 and 28 March 2018.

Finance and Performance Committee: 28 February 2018

1. Key Matters discussed at the meeting held on 28 February 2018

- Draft Financial Plan 2018/19
- Informatics Performance Report
- Performance Report: Referral to Treatment & Cancer Waits
- ECS Presentation

2. Agenda items

2.1 Finance & Performance Committee Dashboard

The key metrics from the dashboard were picked up in other agenda items.

2.2 Finance Report

Key items from the Finance Report were picked up in the discussions held in relation to the Draft Financial Plan 2018/19 and Performance Report.

2.3 Contract Update 2018/19

The key metrics from the Contract Update 2018/19 were picked up in discussions related to the Draft Financial Plan 2018/19 and the Performance Report.

2.4 Draft Financial Plan 2018/19

The committee noted the following key points:

- NHS Improvement had given short notice for the Trust to deliver a draft plan by noon on the 8th March with a Board approved plan to be submitted by 30th April.
- Activity and income was in the process of being agreed with Commissioners and wasn't expected to be concluded until 23 March.
- BTHFT's new control total excluding Sustainability and Transformation Funding (STF) is considerably more challenging as the efficiency requirement will be c£30m
- There is no assurance that the Trust has plans in place to identify £30m of efficiencies (given that it is difficult to quantify benefits that may be achieved in relation to resolved ePR coding and the benefits of Counting & Coding project)
- 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.

The Committee discussed the merits and practicalities of acceptance of the Control Total, considered the inherent risks in not accepting the Control Total and, the possibilities of NHSI amending the Control Total. It was noted that the decision to accept the Control Total would need to be taken at Board level.

Further areas identified by for clarification and to inform discussion at Board level were:

- How the Trust models clinical capacity and demand;
- Liquidity and the cash position;
- Availability of robust and accurate information from ePR and improvements to coding;

2.5 Performance Report

The Chief Operating Officer reported on the development of a detailed RTT recovery plan. The Committee was seeking improvements as it had raised concerns about declining performance prior to the ePR go-live and planned reductions in elective activity.

The Emergency Care Standard was discussed in detail as part of the presentation delivered by the ECS team ("ECS"). The following items were subject to careful focus by the Committee.

- The missed 2 Week Wait and 62 Day Threshold Cancer targets for December
- The Trust is submitting a Diagnostics Waiting Time and Activity Data Set ("DM01") position but it will be lacking data in relation to endoscopy and neuro-physiology and, non-obstetric Ultrasound for Rheumatology. There had been some improvement noted in RTT as a result of the Patient Tracking List ("PTL") split between admitted and non-admitted patients, so the Trust is able to submit more of the required suite of reports. Reporting for endoscopy and neurophysiology has yet to be sorted.
- Ambulance handover times are off target and a detailed action plan was being developed to address. There is though no single overarching theme as to why the breach number is so high.
- 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. Here, the benefit of ePR is that this patient data can be extracted and analysed directly once staff are used to using the assessment tool.

2.6 Informatics Performance Report

- Clinical Coding was being addressed through the Data Quality plan and the metric is showing improvement.
- EPR has impacted on service desk performance but the first-time fix rate has improved. Confidence and speed of dealing with ePR is improving.
- A number of indicators regarding old equipment had turned amber or red. Risk assessments would take place to see what is a reasonable extension for each piece of equipment. In light of a re-assessment, priorities would be identified for capital spend for next year.
- Substantive staffing remains below funded establishment but the overall position has improved.

2.7 Trust Improvement Committee Report

The Trust Improvement Committee report was discussed. The majority of this item was covered under the Finance Report.

2.8 Emergency Care Standard Deep Dive Presentation

Presentation delivered by the ECS team. The following highlights the key outcomes.

- Nationally our 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%. The 4 hour target is not a specific 'Accident & Emergency' target and the NHS and the Trust are

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actively working to ensure it is identified in its wider context as an Emergency Care target. The Trust is working towards achieving 90% by September-18 and 95% by March-19.

- Performance trajectory for the year to date

	Emergency Care Standard											
Month To Date	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
	87.4%	81.9%	86.3%	88.1%	88.3%	88.3%	84.5%	85.0%	83.0%	81.3%	79.4%	
Quarter To Date	Q1			Q2			Q3			Q4		
	85.10%			88.26%			84.12%			80.94%		
YTD	2017/18											
	85.11%											

- The Urgent Emergency Care programme is linked to the wider Trust in assessing improvement look at improving achievement of the ECS.
- There is a GP Stream alongside the ED daily from 12-12, with regular weekly review to look at blockages and improve flow.
- Monthly meetings take place with Yorkshire Ambulance Service ("YAS") take place and a YAS link nurse is looking into improving ambulance turnaround times and patient care. Regarding the Ambulance Handover target, the aim is to have handover from YAS within 15 minutes. At present we are reporting c63% for this.
- The three biggest issues are waits for beds, ED cubicle blockages and the wait to be seen by a doctor, which are often interdependent.
- As far as possible the staffing model aims to have doctors shift patterns aligned to match patient demand within ED.

The minutes from the committee meeting provide a good overview of the discussion held which also looked at organisational development and work with staff and the culture in A&E as well as a focus on patients and actions being taken to educate people on appropriateness of using Accident & Emergency services. And the complex and intricate solutions being sought, in partnership with YAS, to help improve the Ambulance handover rates.

2.9 Board Assurance Framework

It was agreed that the assurance level remained at limited.

2.10 Matters to escalate to the Board of Directors

Committee agreed that the decision regarding formal acceptance of NHS Improvement's Control was to be escalated to the Board of Directors.

3 Recommendation

The Board of Directors is asked to note the above points.

Finance and Performance Committee: 28 March 2018

1. Key Matters discussed at the meeting held on 28 March 2018

- Finance & Performance Committee Dashboard
- Draft Financial Plan 2018/19
- Financial Plan 2018/19
- Capital Budget Setting Report
- Recovery Plans for 2 week cancer targets
- Ambulance Handover Standard

2. Agenda items

2.1 Finance & Performance Committee Dashboard

The Committee received a detailed reporting on all performance areas along with the recovery plans and targets in place to address under performance. The Committee noted

- 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”).
- A Trust wide communications engagement campaign is being undertaken and the Trust is running a focused week on w/c 21st May (similar to last years “Perfect Week” but geared towards behavioural change).
- Waiting List (“WL”) sizes remain a concern and the Trust is progressing with demand and capacity modelling. Weekly activity trackers will be used from April onwards and will track activity against plan. a Data Quality (“DQ”) recovery plan will shortly be in place and will inform a future full WL Validation exercise (six months in duration covering a full end to end pathway review)
- With regard to RTT; Trust sighted on and aware of the concerns of the Committee. 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. With all measures in place the Chief Operating Officer has assured the Committee that she expects to see a gradual improvement over 18 months in RTT performance - back to pre-EPR levels. To note – the 18 month timescale is when additional resource will be utilised, and not a date by which all specialties are expected to be achieving the RTT target.
- The WL is subject to weekly monitoring. Trajectory improved in recent months however, no improvement for March. Baseline now established for progress against the WL.
- 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 remain key areas of concern. The Cancer 2 week target was discussed in detail under a separate agenda item.
- Performance against the 62 day standard remains a concern due to the backlog of patients. The patients affected are being prioritised. Performance in this area is also impacted by transfers from other hospitals.
- Ambulance Handovers from the ambulance team within 15 minutes of arrival at ED has improved slightly. Ambulance handovers was dealt with in more detail under a separate agenda item.
- Emergency Care Standard (“ECS”). February was a challenging month and the lowest achievement that has been reported for some time at c77.3%. The Chief Operating Officer has been in liaison with NHS Improvement in relation to a recovery plan.
- The Trust is on track to better last year’s position for both number of C-difficile and MRSA infections.

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- The trend for patients who are risk assessed for Venous Thromboembolism ("VTE") is also positive.
- Notwithstanding the challenges in neurophysiology and endoscopy the Diagnostics Waiting Time and Activity Data Set ("DM01") submission show a c99% achievement. Solid improvement over the previous month. Issues highlighted previously in Endoscopy have almost been resolved, pending a final validation of the patient lists.

2.2 Finance Report

- The Trust is on plan to achieve the pre-Sustainability and Transformation fund ("STF") Control Total. The Director of Finance expressed confidence about delivery of the year end position.
- 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.

2.3 Financial Plan 2018/19

- This was escalated to the Board from the previous Committee in February. The Director of Finance shared the covering letter to NHSI along with the draft Annual Plan submission.
- Discussions had also continued 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.
- 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.
- NHS England is yet to make any offer for the 2018-19 contract.
- The Trust Improvement Committee will continue to monitor the process for delivery of the overarching improvement plan, but thought is being given as to the governance arrangements required to monitor CIP delivery.
- The Committee was keen to hear how benefits could now be derived from EPR – the committee was advised that a report was being collated. Committee also noted that improvements carrying both qualitative and financial benefits were being recorded as part of the Coding and Council work stream.

2.4 Capital Budget Setting Report

Committee were sighted on the implications of the Capital Budget Setting Report which it noted had been to the Major Projects Committee.

2.5 Performance

Updates on the key items from the Performance report were discussed under other agenda items.

2.6 Informatics Performance Report

The Committee was pleased to note that a new Head of Business Intelligence has now commenced their appointment at the Trust and that the Business Intelligence team has identified a formal apprenticeship programme.

2.7 Trust Improvement Committee Report

The Committee discussed and noted the report highlighting actual and forecast delivery of financial benefits against the original 2017/18 Improvement Programme and the 31st October additional Improvement Plan. Committee noted that;

- 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
- The majority of recorded savings in the Workforce programme relate to agency spend reduction
- The remainder of the programmes highlight the challenge in delivering CIPs and what limited successes have been realised
- The vast majority of the success attributed to the Coding programme relates to more accurate identification of co-morbidities
- Overall – the Trust is forecasting over £21m delivery of CIP for 2017-18, which is the highest annual total ever reported

The Committee noted that there had not been wide communication to staff and requested staff be informed of their part in the success of any achievement of STF funding in a future issue of Let's Talk.

2.8 Recovery Plans for 2 Week Cancer targets

Committee noted the following from the discussion held.

- With regard to Benchmarking against the national picture – for all referrals and all patients seen - the Trust underperforms in skin referrals. There are also challenges with regard to performance in Endoscopy which also impacts performance in lower and upper Gastro Intestinal.
- Technical fixes in EPR for Endoscopy are all complete. Now working through booking, scheduling and process issues to ensure booking of appropriate numbers of patients.
- Breast was only 1 breach away from hitting the target. Haematology has had challenges with capacity and actions have been taken – this includes scheduling of extra clinics. Four week backlog remains in haematology. (18 patients). Chief Operating Officer is confident that this is recoverable.
- Dermatology requires further work to improve performance. Capacity/Demand gaps have been identified within the service. Possibility of a locum appointment has been explored. The Committee undertook detailed discussion in relation to Dermatology and the 2 week wait Cancer targets. Noted that Consultant shortages are the biggest challenge however the Committee extremely concerned that the Trust has the worst performance for Dermatology in the country. Chief Operating Officer sighted on this and advised that recruitment process is ongoing with the Trust investigating the possibility of using agencies/locums. The lack of candidates has led to investigations into region-wide solutions and pathways.

2.9 Ambulance Handover Standard

- The week of 26 March was a difficult week as there have been a high number of ambulance attendances but overall performance against the standard showed a slight improvement.
- The Trust has requested senior support from YAS on site to improve co-ordination and communication and to help ambulance crews prioritise admissions from ambulances.
- A YAS nurse is now working in the department, and this helps YAS understand the transfers into the main hospital.
- Where a patient is not clinically well; unless there is an allocated nurse to take the handover then the paramedics will not handover and this then causes a breach.

2.10 Finance & Performance Committee business work plan 2018/19

The Committee reviewed, discussed and agreed the work plan for 2018/19.

2.11 Board Assurance Framework

The Director of Governance and Corporate Affairs supported a discussion in relation to the Board Assurance Framework, risk and risk appetite. It was noted that the Board session in May should support better understanding of the gaps in assurance that exist and how to use the BAF more effectively within the committee meetings.

2.12 Any other Business

The Committee discussed under this agenda item questions raised by Barrie Senior, NED, Chair of Audit and Assurance Committee.

2.13 Matters to escalate to the Board of Directors

The Committee noted the discussion with NHS England around finalising the 2017-18 position, which the Director of Finance had already raised with the Board of Directors.

The Committee maintained concerns in relation to the performance against the standards for RTT, ECS and Cancer 2 weeks wait target

The Committee would also like to escalate to the Board; the areas of achievement such as 2017-18 CIP achievement, the improvement in submission completeness for the Diagnostics Waiting Time and Activity Data Set ("DM01").

2.14 Matters to escalate to Corporate Risk Register

The Committee noted that, dependent upon the 2018/18 outturn position with regard to the CIP, the Capital Programme 2018/19 may appear on the register.

2.15 Items for Corporate Communication

As discussed in relation to the Trust Improvement Committee Report, if successful in achieving the STF funding, then the Committee would like to suggest an article should feature in Let's Talk to thank and inform staff of the success of the 2017/18 CIP achievement and their role in it. The Committee also endorsed the promotion of the financial benefits of EPR (through improved coding etc.) and reductions in sickness (linking to motivation, performance and outputs) should also be considered.

3 Recommendation

The Board of Directors is asked to note the above points.