

Meeting Title	Board of Directors		
Date	8.11.18	Agenda item	Bo.11.18.34

CONFIRMED MINUTES OF FINANCE & PERFORMANCE COMMITTEE MEETINGS 29 AUGUST & 26 SEPTEMBER 2018

Presented by	Chair of the Finance & Performance Committee		
Author	N/A		
Lead Director	Matthew Horner, Director of Finance and Sandra Shannon, Chief Operating Officer		
Purpose of the paper	To present the Board with the confirmed minutes of the Finance & Performance Committee 29 August & 26 September		
Key control	<p>This paper provides the minutes of the meeting of a Board Committee that assures the strategic objectives to:</p> <ul style="list-style-type: none">- deliver the Foundation Trust's financial plan and to- deliver the Foundation Trust's key performance targets.		
Action required	To receive		
Previously discussed at/ informed by	Finance & Performance Committee		
Previously approved at:	Committee/Group	Date	
	Finance & Performance Committee	29 August 2018 & 31 October 2018	
Recommendation			
The Board is asked to note the content of the minutes and any actions and escalations identified.			

FINANCE AND PERFORMANCE COMMITTEE MINUTES, ACTIONS & DECISIONS

Date:	Wednesday 29 August 2018	Time:	08:30 – 10:30
Venue:	Conference Room, Field House, BRI	Chair:	Mrs Pauline Vickers, Non-Executive Director
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Mrs Pauline Vickers, Non-Executive Director (PV) - Mr Jon Prashar, Non-Executive Director (JP) - Professor Laura Stroud, Non-Executive Director (LS) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Mrs Sandra Shannon, Chief Operating Officer (SES) - Ms Karen Dawber, Chief Nurse (KD) - Mr Matthew Horner, Director of Finance (MH) - Ms Cindy Fedell, Director of Informatics (CF) 		
In Attendance:	<ul style="list-style-type: none"> - Professor Bill McCarthy, Chairman (BMC) - Professor Clive Kay, Chief Executive (CLK) - Mr Carl Stephenson, Acting Head of Performance (CSt) - Ms Jacqui Maurice, Head of Corporate Governance (JM) - Mr Rob Jones, Divisional Head of Finance (RJ) – Minute taker 		

No.	Agenda Item	Action
F.8.18.1	Apologies for absence	
	Mr Trevor Higgins, Non-Executive Director (TH)	
F.8.18.2	Declaration of Interests	
	There were no declarations of interest	
F.8.18.3	Minutes of the meeting held on 25th July 2018	
	A correction to the minutes was noted. Cindy Fedell is a member of the Committee not in attendance. With the above exception, the minutes were agreed and accepted as an accurate record.	
F.8.18.4	Matters Arising	
	F.7.18.6 – SES updated the Committee regarding the use of volunteers in the Emergency Department. SES explained that there was definitely more opportunity to use volunteers particularly in ED. SES has asked the Directorate Manager to explore their use in more detail.	Chief Operating Officer
	F.7.18.6 – CF stated that the time from referral to report would be added to the diagnostic wait section in the dashboard.	Director of Informatics
	F.7.18.6 – CF explained that it was not possible to add trajectories to all the indicators on the Finance and Performance Committee Dashboard but proposed that trajectories be added for the main Trust targets of ECS, RTT and Cancer.	Director of Informatics
	F.7.18.7 - Executive Summary to be added to Finance Report. <u>Action closed.</u>	

No.	Agenda Item	Action
F.8.18.5	Finance and Performance Committee Annual Report 2017/18	
	The F&P Annual Report was approved. LS commented that it was a comprehensive report. LS noticed that her name should be added to section 4.2.	Head of Corporate Governance
F.8.18.6	Board Assurance Framework	
	<p>MH explained that the two key financial issues were:</p> <ol style="list-style-type: none"> 1) Delivery of the BIP 2) Assurance and evidence that activity and income was being recorded correctly and could be recovered from commissioners. <p>MH also commented that we had seen improvement in the capture and coding of activity in ED.</p> <p>SES highlighted that her biggest area of concern is Cancer. The DOH intensive support team are coming into the Trust on Friday 31st August to implement their pathway audit model. The focus will be on Urology. The Trust is looking to support this process with a turnaround team. An update would be provided to the Committee on the outcomes from the IST visit.</p> <p>CLK commented that Urology performance is poor but that this was not down to a lack of Consultants as the service had 7 Consultants. CLK stated that the Committee might like to investigate if there had been a shift of activity for non-cancer work from Airedale/Calderdale and to investigate if The Trust had seen an increase in referrals. CLK further commented that particular attention should be paid to prostate cancer due to the two recent high profile media campaigns. The Committee agreed that it would like to consider the outcomes of such an investigation.</p> <p>SES explained that A&E performance was at 89%.</p>	<p>Chief Operating Officer</p> <p>Chief Operating Officer</p>
	Board Dashboard	
F.8.18.7	Finance & Performance Committee Dashboard	
	<p>Performance</p> <p>SES updated on the performance elements of the dashboard. The key items discussed and noted were;</p> <p><u>Length of Stay (LOS)</u>: Pre-EPR day cases had been classed as inpatients so LOS was greater than had been reported. The Trust is now ensuring that all lists are booked out at 4 weeks which had previously been as low as 1.5 weeks.</p> <p>There was a discussion concerning understanding how EPR is improving data quality and the current position. CF reported that updates on data quality will be brought back to the Committee.</p> <p>PV enquired whether a financial adjustment was required in the accounts. MH replied that current estimates of this impact have already been taken into account. CSt added that the Specialty/Point of Delivery meetings with services were taking place this week and next and that the findings would be written up the following week.</p>	Director of Informatics

No.	Agenda Item	Action
	<p><u>Bed Occupancy:</u> SES updated that there had been an increase in NEL admissions in July however the A&E attendance to admission ratio had reduced i.e. we had a very busy A&E department in July. The number of discharges before 1pm had increased and the focus was on long waiting patients which have recently reduced from 120 to 80. PV asked whether some of these need social care and whether there is an improvement as a result of short term focus but then performance drops back. SES replied that there was a target to reduced patients with LOS > 21 days by 25% however that some of our community hospital patients were skewing the numbers, where it is planned that patients will stay longer than 21 days. CF reported that this metric is to be added to the Dashboard.</p> <p><u>DNAs:</u> SES explained that The Trust was implementing 2 way texting and that it would have a positive impact.</p> <p>The main area of concern was Cancer access - particularly in Dermatology where the Trust has taken action to involve GPSI providers as part of a referral triage system. The Trust needs to consider whether it needs to do follow-ups as this will also help reduce DNA rates. It was also noted that DNA rates are lower where technology was used as part of non-face to face services. The Committee noted that a 'no-follow' up policy was also being implemented for all new patients. CLK commented that he has recently joined a national steering group looking at outpatient services and that NHSI had commissioned Deloitte to understand opportunities around digital non-face-to-face solutions such as virtual fracture clinics. SES stated that the data suggests BTHFT is performing reasonably on follow up DNA rates but worse than the rest of Yorkshire & Humber with regard to new appointments. It was also recognised that there may be some data quality issues.</p> <p><u>Elective waiting list:</u> The Trust is starting to see improvements through the improvement programme with more focus on patient tracking lists (PTL) to improve managers' understanding of what is required. PV asked how realistic the trajectories to get back on plan were and if the Trust understood the true position of the waiting list. SES said that the focus was to clear the longest waiters.</p> <p><u>Ambulance Handovers:</u> YAS will be providing a HALO (hospital ambulance liaison officer) to help improve handover times as part of winter planning.</p> <p><u>Infection Control:</u> KD provided an update on infection control. The Trust was in a positive position with regard to MRSA and C Diff was at reasonable levels. The Committee noted and recognised the good work that had been done by the Infection Control Team.</p> <p>The Committee also noted that VTE was on track. Key benefits had resulted from EPR.</p>	
F.8.18.8	Feasibility of adding trajectories to dashboard to be considered	
	An update on this item had been provided by CF under matters arising.	
	Finance	
F.8.18.9	Finance Report	

[illegible]

	<p>MH asked for agreement that the 2017/18 reference costs could be submitted by 31st August 2018. The Committee agreed.</p> <p>MH updated on some of the issues with the previous submission namely that the quantum had been understated by the value of the SFT. MH explained that The Trust will present the final outputs from 2017/18 reference costs once they were available.</p>	
F.8.18.11	2018/19 Capital Budget Setting	
	<p>MH reported that the capital budget for 18/19 was £18.3m and explained to the Committee how this figure had been derived as per the Capital Budget Setting report.</p> <p>MH stated that the Trust is currently planning to spend the full value of the capital programme. He asked the Committee to note, on page 8 of the report, the exclusion of the hybrid theatre as a separate STP bidding process is expected to fund this development. MH cautioned that depending upon the delivery of the BIP; the Trust may need to reprioritise the capital programme. The Committee noted that the allocation for in-year business cases of £0.6m which could be used to deliver additional opportunities. MH added that BTHFT would be meeting with the Commissioners on 19 September to understand the position before a final decision is made.</p> <p>BM suggested that the Committee might like to recommend that a re-prioritisation process be undertaken to review options to protect the cash position. The Committee agreed.</p>	Director of Finance
F.8.18.12	Sector Development Report	
	<p>PV asked the Committee to note that the Sector Development Report had been considered by the Audit and Assurance Committee which had recommended that the Finance and Performance Committee take note of the contents of page 5; 'The right healthcare the right way: case studies in reducing low value-care'. MH suggested that the Trust should understand the value associated with implementing these solutions and agreed to provide an update to the next meeting.</p>	Director of Finance
	Performance	
F.8.18.13	Performance Report	
	<p>PV asked the Committee to note that the key points of the performance report had been discussed as part of the earlier discussion on the Dashboard. SES asked the committee to note that, in addition to the earlier discussion;</p> <ul style="list-style-type: none"> - The A&E target was at 89% - July referrals were up - There was a focus on access to admitted and ambulatory care pathways - Improving capacity in the ambulatory care unit - The focus on the respiratory pathway - Implementation of front door assessments - Expanding ACP (advanced care practitioners) to support more work at the front end - Set up of a GP contact centre to support the clerking of GP queries. 	

No.	Agenda Item	Action
	<ul style="list-style-type: none"> - Expansion of minor injuries/illness to be in place before Christmas to increase capacity for GP streaming - A&E flow and considering how the Trust zones patients so they get the appropriate level of care - Physician Associates increased across the Urgent Care pathway. <p>SES stated that delivering the Emergency Care Standard (ECS) is linked to Provider Sustainability. The target at present is set at 90% until March 2019 and 95% in March 2019.</p> <p>BMC drew attention to the table on page 8, noting the Trust's position and the need for improvement. SES stated that during the "work as one" fortnight The Trust jumped to position 23. BM asked why the "work as one" performance couldn't become 'business as usual'. SES explained that the biggest challenge is standardisation.</p> <p>The Committee noted the report.</p>	
F.8.18.14	Emergency Care Progress Report	
	The Committee noted the discussions held previously under previous agenda items which included the dash board and the performance report.	
F.8.18.15	Use of volunteers in AED	
	The Committee noted the verbal update previously provided by SES under Matters Arising.	
F.8.18.16	Bradford Improvement Programme Report	
	The Committee noted the discussion held previously as part of the Finance Report.	
F.8.18.17	Review of Internal communications re Trust's current financial position	
	The Committee noted the discussion held as part of the Finance Report	
F.8.18.18	Informatics Performance Report	
	Chair explained that we were almost out of time.	
F.8.18.19	Any other business	
	<p>Elective Care Expectations: Letter from Ian Dalton, Chief Exec NHSI</p> <p>SES shared with the Committee the letter received regarding 'elective care expectations' and '52-week waiters'.</p> <p>SES advised that as requested in the letter the following information was supplied to the BTHFT regional director. This information was:</p> <ul style="list-style-type: none"> - the Trust's appraisal of what is driving the elective activity and performance set out above; - the forecast for how and by when, any year to date elective activity under-performance will be recovered; and - the actions the Trust will take to realise the theatre in-session productivity opportunity that we agreed currently exists. <p>SES provided the Committee with a copy of the response provided. She advised that many of the issues were associated with last winter's national drive to cancel all elective activity.</p>	

No.	Agenda Item	Action
F.8.18.20	Matters to share with other Committees	
	There were no matters to share	
F.8.18.21	Matters to escalate to the Board of Directors	
	PV summarised that the key areas to be escalated to the Board. 1. Delivery of the BIP 2. Securing the income 3. Impact on capital 4. The cash position Understanding our trajectories for A&E, RTT, and Cancer.	
F.8.18.22	Matters to escalate to Corporate Risk Register	
	There were no items to escalate.	
F.8.18.23	Items for Corporate Communication	
	There were no items to communicate.	
F.8.18.24	Date and time of next meeting	
	Wednesday 26 th September 2018, 08:30 am - 10:30 am Conference Room, Field House, BRI	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE – 29 AUGUST 2018**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
29/08/2018	F.8.18.4	Matters Arising: (F.7.18.6) - SES to update on feedback from A&E Department Manager on the use of volunteers in A&E and whether opportunities have been identified and implemented.	Chief Operating Officer	F & P Committee 26/09/2018	Verbal update to be provided. <u>Action closed.</u>
29/08/2018	F.8.18.4	Matters Arising: (F.7.18.6) - The time from referral to report would be added to the Diagnostic Wait section in the Dashboard.	Director of Informatics	F & P Committee 26/09/2018	Included within the dashboard. <u>Action closed.</u>
29/08/2018	F.8.18.5	Finance and Performance Committee Annual Report 2017/18: The F&P Annual Report was approved. LS commented that it was a comprehensive report. LS noticed that her name should be added to section 4.2.	Head of Corporate Governance	F & P Committee 26/09/2018	The report has been updated. <u>Action closed.</u>
29/08/2018	F.8.18.6	Board Assurance Framework: SES to provide an update on the outcomes from the visit by the DOH Intensive Support Team on 31 August 2018.	Chief Operating Officer	F & P Committee 26/09/2018	Verbal update to be provided.
29/08/2018	F.8.18.6	Board Assurance Framework: The Committee requested that the Trust investigate if there had been a shift of activity for non-cancer work from Airedale/Calderdale and to investigate if The Trust had seen an increase in referrals. Particular attention should be paid to prostate cancer due to the two recent high profile media campaigns.	Chief Operating Officer	F & P Committee 26/09/2018	Verbal update to be provided.
29/08/2018	F.8.18.9	Finance Report: Current plans are to overtrade against Bradford CCG by £10 so there is a risk in CCG affordability that needs to be understood.	Director of Finance	F & P Committee 26/09/18	Verbal update to be provided.

29/08/2018	F.8.18.9	Finance Report: Commission of an independent study to determine the accuracy of the activity, coding and income data. The study to include reference to benchmarking data which should also reference the particular healthcare needs of the population served by the Trust.	Director of Finance	F & P Committee 26/09/2018	Verbal update to be provided.
29/08/2018	F.8.18.11	2018/19 Capital Budget Setting: The Committee recommended that a re-prioritisation process be undertaken to review options to protect the cash position.	Director of Finance	F & P Committee 26/09/2018	Verbal update to be provided.
29/08/2018	F.8.18.12	Sector Development Report: MH suggested that the Trust should understand the value associated with implementing these solutions and agreed to provide an update to the next meeting.	Director of Finance	F & P Committee 26/09/2018	Verbal update to be provided.
29/08/2018	F.8.18.4	Matters Arising: (F.7.18.6) - Trajectories to be added to the F&P dashboard for the main Trust targets of ECS, RTT and Cancer.	Director of Informatics	F & P Committee 31/10/2018	
29/08/2018	F.8.18.7	Finance and Performance Committee Dashboard: With regard to understanding how EPR is improving data quality - CF advised that updates on data quality will be brought back to Committee	Director of Informatics	F & P Committee 31/10/2018	
29/08/2018	F.8.18.7	Finance and Performance Committee Dashboard: Stranded and super stranded patients to be added to the Dashboard.	Director of Informatics	F & P Committee 31/10/2018	

FINANCE AND PERFORMANCE COMMITTEE MINUTES, ACTIONS & DECISIONS

Date:	Wednesday 26 th September 2018	Time:	08:30 – 10:30
Venue:	Conference Room, Field House, BRI	Chair:	Mr Trevor Higgins, Non-Executive Director
Present:	Non-Executive Directors: <ul style="list-style-type: none"> - Mrs Pauline Vickers, Non-Executive Director (PV) - Mr Jon Prashar, Non-Executive Director (JP) - Professor Laura Stroud, Non-Executive Director (LS) - Mr Trevor Higgins, Non-Executive Director (TH) - Mr Andrew McConnell, Associate Non-Executive Director (AM) Executive Directors: <ul style="list-style-type: none"> - Mrs Sandra Shannon, Chief Operating Officer (SES) - Ms Karen Dawber, Chief Nurse (KD) - Mr Matthew Horner, Director of Finance (MH) - Ms Cindy Fedell, Director of Informatics (CF) 		
In Attendance:	<ul style="list-style-type: none"> - Ms Adrienne Lake, Acting Assistant Director of Finance (AL) – Minute taker - Mr Carl Stephenson, Acting Head of Performance (CSt) - Professor Clive Kay, Chief Executive (CK) - Ms Jacqui Maurice, Head of Corporate Governance (JM) 		
Observing			

No.	Agenda Item	Action
F.9.18.1	Apologies for absence	
	None.	
F.9.18.2	Declaration of Interests	
	None.	
F.9.18.3	Minutes of the meeting held on 29th August 2018	
	The minutes were agreed and accepted as an accurate record.	
F.9.18.4	Matters Arising	
	F.8.18.4 - SES to update on feedback from A&E DM on the use of volunteers in A&E. CLOSED F.8.18.4 – Diagnostic Time to Report included in the Dashboard for next month. CLOSED F.8.18.4 – Trajectories to be added to the F&P dashboard for the main Trust Targets of ECS, RTT and Cancer. CLOSED F.8.18.6 – SES updated the committee regarding the DOH intensive support team visit to the Trust to implement their pathway audit model. Each of the WYAAT Trusts focused on reviewing and auditing the Urology	SES

No.	Agenda Item	Action
	<p>pathway. BTHFT have seen a 31% increase in urology cancer referrals which has impacted performance due to capacity gaps. The results of the audit will be presented to the Cancer Alliance. SES will present the findings at the next committee meeting.</p> <p>F.8.18.7 – SES updated the committee that the capacity and demand review of all specialties had been completed. This has resulted in understanding the optimum waiting list size by specialty. To achieve the optimum level, the Trust will need to reduce demand, increase internal capacity or outsource.</p> <p>LS questioned how confident the Trust is that this is a back log issue only, and does the modelling take into account the age profile and past referral patterns to predict future demand. CSt replied that using NHS Digital data the model is able to connect other referral routes. SES agreed to present the findings for the top five highest volume / greatest impacting specialties.</p> <p>F.8.18.9 – MH updated the committee about the projected overtrade with the CCG. A meeting took place with the CCG to discuss the progress of data quality work that is being undertaken within the Trust. This work will provide clarity regarding how much the Trust should be fairly paid. A process will be agreed with the CCG on 17th October 2018. A formal paper will be presented at the next meeting.</p> <p>F8.18.11 – MH updated that the Capital Committee plan to risk stratify the profile of the capital programme. MH will update at the next committee.</p> <p>F8.18.12 – To understand the value associated with implementing the case study opportunities within the Deloitte report. CLOSED</p>	<p style="text-align: center;">SES</p> <p style="text-align: center;">MH</p> <p style="text-align: center;">MH</p>
F.9.18.4.1	Matters arising from Board of Directors	
	<p>Bo.7.18.9 Integrated Dashboard – It was agreed that a Theatres deep dive would be completed. SES will report to the findings to the committee in November.</p> <p>Bo.9.18.8 RTT Recovery Presentation – SES will present the demand and capacity analysis for the top five specialties. This will include reasons for problems and how they are being addressed.</p> <p>Bo.9.18.8 RTT Recovery Presentation – previously discussed.</p> <p>Bo.9.18.9 Integrated Dashboard – It was agreed that a narrative report will be developed.</p> <p>Bo.9.18.9 Integrated Dashboard – It was noted that actions and ownership to unblock problems relating to progress of delivering the financial plan will be address through business as usual processes of the Bradford Improvement Programme.</p> <p>JP queried if the Trust understood the impact of BREXIT on the supply of products. MH responded that preliminary discussions had taken place in the context of business continuity and that links had been made with national teams in preparation of understanding any adverse consequences.</p>	<p style="text-align: center;">SES</p> <p style="text-align: center;">SES</p> <p style="text-align: center;">MH</p>

No.	Agenda Item	Action
	<p>Bo.9.18.9 Integrated Dashboard – MH advised that an assessment of confidence to deliver the control total will be made mid-October and will be formally notified to NHS Improvement at the end of October 2018 in line with reporting timescales.</p> <p>Bo.9.18.9 Integrated Dashboard – MH advised that benefits relating to counting and coding form part of the improvement plan going forward. Benefits relating to the command centre will be realised in 2019/20.</p> <p>Bo.9.18.20 Performance Report – SES updated the committee that whilst the ‘Are we getting better?’ review showed that we have not improved, the review did provide a detailed analysis of where we are now and what the Trust should focus on. Key areas being:</p> <ul style="list-style-type: none"> • Expansion of the Ambulatory pathway. • Funding a Minor Injuries and Illness department allowing partnership working with GPs. • Supporting the Command Centre which will have greatest positive impact when crowding in A&E is experienced. • Mapping staff to meet demand. <p>It was agreed that a formal report will be presented at the November Committee meeting.</p> <p>Bo.9.18.20 Performance Report – SES advised that there are no amendments to the ECS recovery plan. Analysis following the NHS Improvement visit on 12th September is not yet available.</p>	SES
F.9.18.4.2	Matters escalated from sub committees	
	It was noted that matters escalated from sub committees is a new agenda item. The Bradford Improvement Programme is the only subcommittee and this is covered by agenda item F.9.18.12.	
F.9.18.5	Corporate Risks relevant to the Committee	
	It was noted that the presentation of the document made review difficult. JM to amend for future meetings	JM
F.9.18.6	Board Assurance Framework	
	<p>The framework was reviewed and discussed.</p> <p>AM highlighted that dates within the document had passed. It was agreed that the dates would be updated on the next BAF.</p>	
	Board Dashboard	
F.9.18.7	Finance & Performance Committee Dashboard	
	The key points of the Finance and Performance Committee dashboard were discussed and noted elsewhere on the agenda.	
	Finance	
F.9.18.8	Finance Report	
	<p>MH updated on the key points from the Finance report:</p> <ul style="list-style-type: none"> • As at month five the Trust is reporting an ‘on plan’ position. The Year to Date (YTD) plan was a pre-PSF deficit of £7.4m which was achieved. 	

No.	Agenda Item	Action
	<ul style="list-style-type: none"> • YTD the Trust has used £2.2m of non-recurrent measures to deliver the current financial position. A total of £1.5m technical adjustments and £0.7m relating to the establishment of the Alternative Delivery Model (ADM). Without these measures the actual underlying deficit was £9.6m. • The current underlying deficit run rate is £1.9m per month. • The expectation is that The Trust will deliver Q2 however Q3 and 4 will be much more challenging. • A key driver to achieving the financial plan is delivery of the Bradford Improvement Programme (BIP). The Trust delivered £5.0m of efficiencies by the end of Month 5. This is £2.5m behind the phased plans submitted by the divisions and corporate departments. • Commissioner income is £4.3m behind plan. Cost per case accounts for £2.3m and undelivered BIP activity plans of accounts for £2.7m. • Expenditure is broadly on plan. • The fundamental issue as a Trust is the delivery of the BIP. The Trust is currently forecasting delivery of £22.8m efficiencies, however there is a high degree of risk in this forecast. Removing the high risk plans from this forecast would leave the Trust £8.6m short of the target. A run rate improvement of £8.6m would be required if the high risk plans do not deliver. • Q4 will be key for the Trust. It is anticipated that the ADM benefits will continue to be released throughout the remainder of Q2 and fully deployed by the end of Q3. The Q4 trading position is forecast to be a £6m pressure. • Mitigation of the risk to the financial position includes: <ul style="list-style-type: none"> • Continued discussions with the commissioners to agree a fair contract value. • Divisions have undertaken a detailed Point of Delivery (POD) analysis at specialty level supported by Finance and Performance teams. • Escalation meetings with the divisions have taken place with clear actions communicated. <p>TH enquired if the divisions are determined to deliver the financial position given there has not been a down turn in the run-rate position from a cost out perspective. MH replied that the Work As One (WAO) week initiative will run from the 8th October with the clear focus of cost out. This will involve Star Chambers and focusing on how better to engage with the wider organisation about waste reduction.</p> <p>LS asked in relation to the clinical strategy and cultural change, whether</p>	

No.	Agenda Item	Action
	<p>there is assurance that the improvement plan can be delivered. LS noted that it is important that the business units own the problem.</p> <p>AM enquired what is plan B. What is the cash position and how quickly can the Trust reprioritise capital expenditure to protect cash. MH replied there has already been slippage noted in the capital plan. The plan will be reviewed further to identify schemes which can be deferred, stopped or not approved.</p> <p>The overall liquidity profile of the Trust will be monitored closely. The Trust is currently reporting the highest liquidity rating to NHS Improvement.</p> <p>The Trust run-rate suggests the liquidity position will drop. A contributing factor is the ADM. Whilst the ADM gives the Trust sizeable tax efficiencies this is currently accrued, cash will not be received until future years.</p> <p>The Use of Resources rating is currently 3. This is anticipated to move to 4 in March 2019 which may prompt NHS Improvement to consider closer scrutiny.</p> <p>PV enquired if the use of loans should be considered.</p>	
	Performance	
F.9.18.9	Performance Report	
	<p>SES updated on the key points from the Performance report:</p> <p>ECS</p> <ul style="list-style-type: none"> A&E performance for type 1, 2 & 3 attendances during August 2018 was reported as 88.24%. Ambulance handovers improved in August. Yorkshire Ambulance Service has agreed to second a Hospital Ambulance Liaison Officer (HALO) for a two month trial. The role will interface between the hospital and the paramedics. This will be an initial trial for two months with a view to extend if the role is a success. It is anticipated the post will be in place within one month. <p>Cancer</p> <ul style="list-style-type: none"> Cancer targets remain a challenge; specifically Dermatology two-week waits. There has been an average 50% increase in referrals. <p>CK enquired about the risk of GPs increasing referrals to the Trust. SES replied that a communication will be sent to GPs and that the Trust is in discussions with Leeds Teaching Hospital to determine any support they can provide. The Trust has also recruited two Consultants specialising in Plastics and Dermatology.</p> <p>SES briefed that WYAAT are looking at a whole system approach to address the issue with a view to work as a network.</p> <ul style="list-style-type: none"> The focus for 62 day target is Urology which has seen an increase in referrals of 31%. The Trust is in discussion with Harrogate Foundation Trust to support clearing the back log of long wait patients. This is being reviewed on a daily basis. 	

No.	Agenda Item	Action
	<p>Referral to Treatment</p> <ul style="list-style-type: none"> The RTT improvement plan continues. Doncaster and Bassetlaw will be undertaking vascular activity for 52 week waits. 18 patients are scheduled. This will clear this aspect of the waiting list to zero. Work continues to validate the waiting lists and remove data quality issues. <p>TH drew attention to page 34 of the report and enquired why two way texting has not been introduced to reduce the DNA rate. KD notified the committee that two way texting went live across the Trust on the 9th September 2018.</p> <ul style="list-style-type: none"> Short notice cancellations are monitored on a weekly basis. It is thought that there was reduced capacity in August due to annual leave. CSt to review. <p>TH enquired whether the 18 week incomplete recovery plan is realistic. SES replied that success will be determined by how quickly the validation process and the subsequent activity can be completed.</p> <p>TH asked if the predictions will subsequently be altered. SES explained that the Trust works to the same trajectory as NHS Improvement. A review will be completed to validate assumptions.</p> <p>PV enquired about the progress of Winter Plans and asked for clarification about whether direction will be given from the Centre, as it was in 2017/18. SES explained that the Winter Plan will focus on managing non-elective activity, flow and increasing emergency department capacity and bed stock. It is unclear at this point if a national directive will be issued for winter 2018/19.</p>	<p style="text-align: center;">CSt</p> <p style="text-align: center;">SES</p>
F.9.18.10	Cancer Recovery Plan Report	
	<p>The key points of the Cancer Recovery Plan Report were discussed elsewhere on the agenda. SES updated :</p> <ul style="list-style-type: none"> The recovery plan focuses on urology. <p>TH asked in relation to two-week waits, how much additional capacity is required, where this will come from, and how long it will take to get back on track. SES responded that whilst costs will increase to provide the additional capacity this will be linked to an increase in income to the Trust. Weekend lists will need to evidence a positive margin before they are approved.</p>	
F.9.18.11	Informatics Performance Report	
	<p>CF presented the Informatics report. It was noted that this is a monthly report. Data quality correctness at entry remains an ongoing area of improvement.</p>	
F.9.18.12	Bradford Improvement Programme Board Report	
	<p>MH provided an update on the forecast performance of each of the Improvement Programmes.</p>	

No.	Agenda Item	Action
	<ul style="list-style-type: none"> • Estates and Facilities are forecast to over recover due to the savings associated with the ADM. • Better Notes, Better Care are on track to deliver the target of £4.4m. • Elective Care income streams remain a challenge for Endoscopy and Orthopaedics. This scheme is forecast to deliver £2.6m against the original target of £5.6m. • Workforce Efficiency is forecasting to be below the target delivery at the end of the year however, this is offset by a greater level of pay vacancy savings resulting in a forecast balanced pay position. • Going Digital savings are forecast to be significantly lower than the original target. Challenge relating to poor delivery was put to the Divisions during the most recent escalation meetings. • Outpatients have a target of £1.7m and are forecasting £0.5m delivery. There has been a reduction in the number of patients per session and the numbers of sessions run following the introduction of EPR. This should be remedied in part by the roll out of two way texting and purchase of a clinic utilisation tool. <p>TH enquired whether all outpatient specialties had seen a reduction in capacity. CSt estimated that one in three specialties had seen a reduction. CF added that the use of EPR Champions is being explored to improve clinic capacity.</p> <p>CK asked how the benefits of two way texting are being evaluated. KD replied that this would be reviewed at the next Outpatient Improvement Board.</p> <p>MH continued that the Bradford Improvement Programme and contract income position are the two main risks to the Trust being able to deliver its control total.</p> <p>It was noted that the total forecast delivery value is £22.9m. Of this, £11.4m has been RAG rated Green, £8.5m Amber and £3m Red. After risk adjustments the total forecast delivery reduced to £18m.</p>	
F.9.18.13	Any other business	
	None.	
F.9.18.14	Matters to share with other committees	
	It was agreed that theatre quality risks will be reported by exception if any issues are noted.	SES
F.9.18.15	Matters to escalate to the Board of Directors	
	<p>TH summarised that the key areas of focus should be:</p> <ul style="list-style-type: none"> • Delivery of the control total • Re-evaluating capital expenditure • Concentrating on key deliverables for A&E, RTT and Cancer. 	
F.9.18.16	Matters to escalate to the Corporate Risk Register	
	None.	

F.9.18.17	Items for Corporate Communication	
	None.	
F.9.18.18	Date and time of next meeting	
	Wednesday 31 st October 2018 - 08:30 am - 10:30 am Conference Room, Field House, BRI	

ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE – 26th September 2018

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
29/08/2018	F.8.18.7	Finance and Performance Committee Dashboard Additional benchmarking information to be added to the Dashboard where available.	Director of Informatics	31/10/2018	<u>Action completed.</u>
29/08/2018	F.8.18.7	Finance and Performance Committee Dashboard Stranded and super stranded patients to be added to the Dashboard.	Director of Informatics	31/10/2018	<u>Action completed.</u>
26/09/2018	F.9.18.4	Matters arising Top five highest volume / greatest impacting specialties capacity and demand analysis to be presented including findings from the Urology pathway audit.	Chief Operating Officer	31/10/2018	Added to the agenda 31/10/18. <u>Action completed.</u>
26/09/2018	F.9.18.4	Matters arising Formal paper to be presented on the agreed CCG contract following the meeting on the 17 th October 2018.	Director of Finance	31/10/2018	Added to the agenda 31/10/18. <u>Action completed.</u>
26/09/2018	F.9.18.4	Matters arising Capital Committee to risk stratify the capital programme.	Director of Finance	31/10/2018	Added to the agenda 31/10/18. <u>Action completed.</u>
26/09/2018	F.9.18.4.1	Matters arising from the Board A narrative report developed to support the Integrated Dashboard.	Director of Finance	31/10/2018	
26/09/2018	F.9.18.5	Corporate Risks Relevant to the Committee Presentation of document to be amended to aid review.	Head of Corporate Governance	31/10/2018	Document reviewed. Presentation addressed. <u>Action completed.</u>
26/09/2018	F.9.18.9	Performance Report Implications of annual leave to reviewed following reduction in August activity.	Acting Head of Performance	31/10/2018	
26/09/2018	F.9.18.9	Performance Report 18 week incomplete recovery plan to be reviewed and assumptions validated.	Chief Operating Officer	31/10/2018	
26/09/2018	F.9.18.14	Matters to share with other Committees Theatre quality risks to be reported by exception if issues noted.	Chief Operating Officer	31/10/2018	

26/09/2018	F.9.18.4.1	Matters arising from the Board Report to be presented on the findings of the 'Are we getting better?' review.	Chief Operating Officer	28/11/2018	
26/09/2018	F.9.18.4.1	Matters arising from the Board A Theatres deep-dive is to be completed.	Chief Operating Officer	28/11/2018	