

# FINANCE AND PERFORMANCE COMMITTEE MINUTES, ACTIONS & DECISIONS

<b>Date:</b>	Wednesday 30 <sup>th</sup> January 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 (TH)
<b>Present:</b>	Non-Executive Directors: <ul style="list-style-type: none"> <li>- Mr Trevor Higgins, Non-Executive Director (TH)</li> <li>- Mr Andrew McConnell, Non-Executive Director (AM)</li> <li>- Ms Trudy Feaster-Gee, Non-Executive Director (TFG)</li> <li>- Professor Laura Stroud, Non-Executive Director (LS)</li> </ul> Executive Directors: <ul style="list-style-type: none"> <li>- Mr Matthew Horner, Director of Finance (MH)</li> <li>- Mrs Sandra Shannon, Chief Operating Officer (SES)</li> <li>- Mr John Holden, Director of Strategy &amp; Integration (JH)</li> <li>- Ms Cindy Fedell, Chief Digital and Information Officer (CF)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Professor Clive Kay, Chief Executive (CLK)</li> <li>- Mr Barrie Senior, Non-Executive Director (BS)</li> <li>- Mr Robert Jones, (RJ) – Minute taker</li> <li>- Mr Carl Stephenson, Acting Head of Performance (CSt)</li> </ul>		

No.	Agenda Item	Action
<b>F.1.19.1</b>	<b>Apologies for absence</b>	
	- Ms Tanya Claridge, Director of Governance & Corporate Affairs (TC)	
<b>F.1.19.2</b>	<b>Declaration of Interests</b>	
	There were no interests declared.	
<b>F.1.19.3</b>	<b>Minutes of the meeting held on 12<sup>th</sup> December 2018</b>	
	The minutes were agreed and accepted as an accurate record.	
<b>F.1.19.4</b>	<b>Matters Arising</b>	
	The Committee noted that the following actions were closed. <ol style="list-style-type: none"> <li>1. F.12.18.12 18/19 Financial Recovery Plan.</li> <li>2. F.9.18.4.1 A Theatres deep-dive is to be completed.</li> <li>3. F.10.18.4 The data quality of readmissions needs validating/auditing to support understanding of the trends.</li> <li>4. F.11.18.21 The Finance Recovery Plan will be shared with the Board of Directors.</li> </ol> F.10.18.5.1 Corporate Risks to be reviewed considering the Model Hospital discussion. To be included on the risk register from April.	
<b>F.1.19.4.1</b>	<b>Matters arising from Board of Directors</b>	
	There were no items escalated.	

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<b>F.1.19.4.2</b>	<b>Matters escalated from sub committees</b>	
	There were no items escalated.	
<b>F.1.19.5</b>	<b>Corporate Risks relevant to the Committee</b>	
	<p>The corporate risks relevant to the Committee were noted.</p> <p>MH updated on the WOS project, noting that the panel review date at NHSI is the 5<sup>th</sup> February and that the Trust needed confirmation by the 8<sup>th</sup> February in order that the benefits can be included within the year end position. Alternatively the Trust would be requesting a change to its control total.</p> <p>LS reflected on the risk associated with income, the relationship with commissioners and challenge to agree a sustainable contract. It was suggested that it should be clarified whether this meant to achieve or deliver a sustainable contract.</p>	
<b>F.1.19.6</b>	<b>Board Assurance Framework</b>	
	<p>The framework was reviewed and discussed.</p> <p>BS expanded that work was underway to improve the content of the Board Assurance Framework.</p>	
<b>F.1.19.7</b>	<b>Implications of the new Terms of Reference</b>	
	<p>JH updated that the structure of the agenda should be re-ordered; Strategic, Risk, Controls and Assurance.</p> <p>BS added that the new Terms of Reference should provide a completeness check on behalf of the board.</p>	
	<b>Board Dashboard</b>	
<b>F.1.19.8</b>	<b>Finance &amp; Performance Committee Dashboard</b>	
	The key points of the Finance and Performance Committee dashboard were discussed and noted elsewhere on the agenda.	
	<b>Finance</b>	
<b>F.1.19.11</b>	<b>Report from Finance &amp; Performance Oversight Committee</b>	
	<p>CLK presented the Report from the Finance and Performance Oversight Committee.</p> <p>SES reported that ED had seen high levels of acuity and flu. The challenges included high levels of attendances and seeing patients in a timely manner. A business case would be taken to the board to align capacity, staffing and demand.</p> <p>The plan is to zone ED by acuity. The Trust has seen that more GP</p>	

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	<p>resource earlier in the day would increase capacity. The development of a blue zone to support same day emergency care and the ambulatory care unit would also increase capacity.</p> <p>Following the ECIST review the Trust is engaging in a 2 month support programme with a focus on streaming at the front door and ambulance handover.</p> <p>The latest Work As One week was on the 21<sup>st</sup> January which is recognised as often the most challenging week of the year. This year the Trust has seen no elective inpatient cancellations, increases in elective activity as part of RTT, and a reduction in outliers.</p> <p>The stroke process has improved and the Trust has seen an increased level of support from YAS.</p> <p>CLK summarised that the YTD position against the emergency standard was 85%. The Trust has not cancelled any elective activity for the first time, there were reduced numbers of outliers and the service was not unsafe eg. no trolleys on corridors.</p> <p>Discussions will continue with the wider system with regards to developing an Urgent Treatment Centre in Bradford.</p> <p>SES added that the capacity of ED was 280 patients per day against the current number of attendances of 400 which has been validated by ECIST.</p> <p>CLK explained that KD had spent 2 weeks working in ED to understand the issues. Since then a number of changes have refreshed the approach and changed attitudes in a positive way.</p> <p>CLK will discuss the options with Helen Hirst at the A&amp;E delivery board and agree the way forward with a view to developing more front doors.</p> <p>SES was keen to express that the plan is to deliver the 95% target and that the WAO weeks had been beneficial but stressed that importance must be placed on continuous improvement and setting realistic targets and timeframes. LS supported this approach.</p> <p>SES reported that stranded patients were going in the right direction.</p> <p>CLK explained that Cancer and RTT had started to see improvements and that there was a focus on clearing the 62 day backlog.</p> <p>SES reported that a Urology Locum had been appointed and has resulted in 10 robot sessions now being in place.</p> <p>SES explained that prostate and head &amp; neck are the challenged areas.</p> <p>RTT performance is improving and the waiting list has been reducing month on month.</p> <p>The main challenge within the diagnostic standard is endoscopy but the</p>	

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	<p>Trust is on track to deliver by the end of March.</p> <p>TFG asked whether the Trust understood the implications of not delivering against the performance standards both financial and operational.</p> <p>MH explained that other than 52 week waits and MRSA there were no other financial penalties as the Trust agreed to accept its control total.</p>	
<b>F.1.19.9</b>	<b>Finance Report</b>	
	<p>MH updated on the financial recovery plan.</p> <p>The control total deficit of £8.4m was delivered at the end of Q3.</p> <p>Income was £3.7m lower than forecast in December due to the timing of the CCG agreements but the yearend forecast is in line with the original projections.</p> <p>Additional recovery plan measures were brought forward into December to offset the income position.</p> <p>The best case year end scenario is a deficit of £5.2m which is £2.3m above the control total.</p> <p>There is a 1 for 1 bonus Provider Sustainability Fund (PSF) for overachievement of the control total.</p> <p>The main risk is the delivery of the WOS £7m with an additional risk of payment from the wider associate CCGs of £0.5m.</p> <p>The Trust had a cash balance of £14.5m at the end of Q3 which is £15m below plan.</p> <p>The cash balance is expected to be £12.2m at the end of March which is £16.2m below plan.</p> <p>This forecast cash variance reflects the use of non-cash releasing efficiency measures in 2018/19, the expectation that PSF for Q3 and Q4 will not be received until 2019/20 and a reduction to the capital programme.</p> <p>AM supported that progress against the recovery plan had been impressive.</p>	

<b>F.1.19.10</b>	<b>19/20 Operational Plan</b>	
	<p>MH explained that commissioners had seen a significant increase in their allocations for next year, noting that Bradford City CCG has seen the highest percentage increase in funding in the country. The Trust has agreed activity levels but is yet to agree the total quantum of funding that will be required.</p> <p>There were ongoing discussions about whether to move to an aligned incentives contract. 4 out of the 6 local Trusts have now moved to an AIC with mixed success. The success has been dependant on whether Trusts and commissioners have entered into the AIC with the right intent.</p> <p>The Bradford Commissioners have quoted that they have seen a £2m shift in activity to Airedale and the independent sector which could be repatriated under an AIC plus it would give the Trust the opportunity to attract out of area referrals into Bradford.</p> <p>The key dates for 19/20 plan were 12<sup>th</sup> February for the draft submission. The expectation being that control total will be agreed but with caveats, given the status of the contract agreement and the subsequent CIP requirement.</p> <p>The final plan is to be submitted on 4<sup>th</sup> April.</p> <p>If the contract process pans out as expected the Trust will agree its control total as part of a system wide process. The control total from NHSI is a £12.5m deficit with £7m of PSF and a further £5m of FSF to bring the position back to break even.</p> <p>If the Trust could agree its fair share of growth of £18-19m then the required CIP target would be in the order of £14m.</p> <p>MH added that he would setup a task and finish group for the week commencing 18<sup>th</sup> February to review the 19/20 operational plan.</p>	<p><b>MH</b></p> <p><b>MH</b></p>
	<b>Performance</b>	
<b>F.1.19.12</b>	<b>Informatics Performance Report</b>	
	<p>CF updated the Committee on the Informatics performance report for the quarter.</p> <p>She noted the staffing position is now in a much better position, which is mainly due to the improvement in the Business Intelligence Team. The risk profile has reduced as a result of a number of completed actions, in part reflective of the improvements in Business Intelligence. The Clinical Coding Team, which is part of the Business Intelligence Team, has also mapped out a service direction plan, which has been approved. This plan will see an increase in the quality and breadth of the service with more interaction with clinicians.</p> <p>There are a number of red-rated metrics within the report. None of them are deteriorated metrics, but rather metrics that require a longer term solution. Each has been reviewed previously by this Committee. Service metrics for the Electronic Patient Record Team have been added to the report.</p>	

	The focus of project work so far this year has been on upgrades while EPR has stabilised. The focus is now shifting to converting the newly approved Digital Strategy to projects. She noted that the new Strategy is developmental, i.e., trial and error, and requires the exploration of topics before projects can commence.	
<b>F.1.19.13</b>	<b>Theatres Deep Dive</b>	
	<p>SES summarised the improvement work that had been happening in theatres.</p> <p>The top 3 areas of focus include:  The pre-op process  Booking and scheduling  List optimisation</p>	
<b>F.1.19.14</b>	<b>Performance Report</b>	
	The details from the Performance Report were covered elsewhere on the agenda.	
<b>F.1.19.15</b>	<b>Elective Care Recovery Plan</b>	
	The elective care recovery plan was covered elsewhere on the agenda.	
<b>F.1.19.16</b>	<b>Data Quality for Readmissions</b>	
	SES updated that a review had taken place and there was no evidence that there had been an increase in the number of readmissions, but is related to the implementation of the Electronic Patient Record.	
<b>F.1.19.17</b>	<b>CAP report 2017-18 action plan</b>	
	<p>MH updated with regards to the costing assurance programme.</p> <p>The highlights include that the PSF had been omitted from the Trusts 16/17 reference cost return but this had been corrected for 17/18.</p> <p>The 17/18 reference cost index was 101 which represented an improvement against the 16/17 RCI of 104.</p> <p>A key area of focus for improved costing was Critical Care which forms part of the 18/19 costing improvement programme.</p> <p>It was agreed that this report would also be taken to Audit and Assurance Committee.</p>	<b>MH</b>
<b>F.1.19.18</b>	<b>Bradford Improvement Programme Board Report</b>	
	The recovery plan was covered elsewhere on the agenda.	
<b>F.1.19.19</b>	<b>Implications of new Committee Terms of Reference</b>	
	Covered earlier on the agenda.	

<b>F.1.19.20</b>	<b>Any Other Business</b>	
	There was no other business discussed.	
<b>F.1.19.21</b>	<b>Matters to share with other committees</b>	
	Quality Committee – a task and finish group to be setup in order to establish improvements to the information which supports the risk register.	<b>TC</b>
<b>F.1.19.22</b>	<b>Matters to escalate to the Board of Directors</b>	
	There were no matters to share.	
<b>F.1.19.23</b>	<b>Matters to escalate to the Strategic Risk Register</b>	
	There were no matters to escalate.	
<b>F.1.19.24</b>	<b>Items for Corporate Communication</b>	
	There were no matters to raise.	
<b>F.1.19.25</b>	<b>Agenda items for the meeting scheduled on 27<sup>th</sup> February 2019</b>	
	No items were discussed.	
<b>F.1.19.25</b>	<b>Date and time of next meeting</b>	
	Wednesday 27th February 2019. 08:30 am - 10:30 am Conference Room, Field House, BRI	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST  
ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE – 30 January 2019**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
31/10/2018	<b>F.10.18.5.1</b>	<b>Corporate Risks relevant to the Committee</b> Corporate Risks to be reviewed considering the Model Hospital discussion.	Director of Finance	31/03/19	This will form part of the review of the Corporate Risk Register for 2019/20.
31/10/2018	<b>F.10.18.4.1</b>	<b>Model Hospital – Next Steps</b> To be discussed at the next Board Development Session how the Model Hospital should be used as part of the new CBU structure.	Director of Finance	28/02/2018	Board development session
31/01/2019	<b>F.1.19.10</b>	<b>19/20 Operational Plan</b> The draft plan to be submitted to NHSI by 12 <sup>th</sup> February	Director of Finance	12/02/2018	Mandatory NHSI requirement
31/01/2019	<b>F.1.19.10</b>	<b>19/20 Operational Plan</b> <b>A task and finish group to be setup to review the plan</b>	Director of Finance	18/02/2018	Includes two non-executive directors
31/01/2019	<b>F.1.19.17</b>	<b>CAP Report</b> <b>To be taken to Audit and Assurance Committee</b>	Director of Finance	27/02/2018	All areas requiring assurance have been addressed