

FINANCE AND PERFORMANCE COMMITTEE MINUTES, ACTIONS & DECISIONS

Date:	Wednesday 27 th February 2019	Time:	08:30 – 10:30
Venue:	Conference Room, Field House, BRI	Chair:	Dr Trevor Higgins, Acting Chairman BTHFT (TH)
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Dr Trevor Higgins, Acting Chairman BTHFT (TH) - Mr Andrew McConnell, Non-Executive Director (AM) - Ms Trudy Feaster-Gee, Non-Executive Director (TF-G) - Professor Laura Stroud, Non-Executive Director (LS) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Mr John Holden, Director of Strategy & Integration (JH) - Ms Cindy Fedell, Chief Digital Information Officer (CF) - Dr Tanya Claridge, Director of Governance & Corporate Affairs (TC) 		
In Attendance:	<ul style="list-style-type: none"> - Professor Clive Kay, Chief Executive (CLK) - Mrs Terri Sanderson, Deputy Director of Operation, Patient Flow (TS) - Mr Chris Smith, Deputy Director of Finance (CS) - Mr Carl Stephenson, Head of Performance (CSt) - Mr Robert Jones, Divisional Head of Finance (RJ) – Minute taker 		

No.	Agenda Item	Action
F.2.19.1	Apologies for absence	
	<ul style="list-style-type: none"> - Mr Matthew Horner, Director of Finance (MH) - Mrs Sandra Shannon, Chief Operating Officer (SES) - Appropriate deputies in attendance 	
F.2.19.2	Declaration of Interests	
	There were no interests declared.	
F.2.19.3	Minutes of the meeting held on 30th January 2019	
	The minutes were agreed and accepted as an accurate record.	
F.2.19.4	Matters Arising	
	<p>The Committee noted that the following actions were closed.</p> <p>F.10.18.5.1 Corporate Risks relevant to the Committee</p> <p>F.10.18.4.1 Model Hospital – Next Steps</p> <p>F.1.19.10 19/20 Operational Plan – 1st Submission</p> <p>F.1.19.10 19/20 Operational Plan – Task and Finish Group setup</p>	
F.2.19.4.1	Matters arising from Board of Directors	
	There were no items escalated.	
F.2.19.4.2	Matters escalated from sub committees	
	There were no items escalated.	

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F.2.19.5	Strategic Risks relevant to the Committee	
	<p>TC presented the Strategic Risk relevant to the committee.</p> <p>TC explained that every risk is considered based on its risk rating and that the mitigation is proportionate to the risk.</p> <p>The risks were reviewed and mitigations agreed as appropriate.</p> <p>The committee discussed the partnership working with Airedale NHSFT in more detail and supported that the Trust should gain assurance that it is managing the relationship effectively.</p>	TC
F.2.19.6	Board Assurance Framework	
	<p>TC presented the Board Assurance Framework.</p> <p>AC explained that the oversight committee had been a key source of assurance.</p>	
	Board Dashboard	
F.2.19.7	Finance & Performance Committee Dashboard	
	The key points of the Finance and Performance Committee dashboard were discussed and noted elsewhere on the agenda.	
	Finance	
F.2.19.10	Report from Finance & Performance Oversight Committee	
	<p>TS update on operational performance.</p> <p>A&E was still very challenging. High numbers of patients were being seen in SAU.</p> <p>Supported by the ECIST, the team have been focusing on 3 main areas:</p> <ol style="list-style-type: none"> 1) Streaming – navigation then triage, directing many more patients to the green zone 2) Ambulance handover – developed the 60 minutes target 3) Green zone – maximise the number of patients who can be seen by the GPs. <p>TH challenged why the measures were not working.</p> <p>TS explained that wider cultural issues existed across the system which would take time to fix however that improvements were being made with increased use of the green zone, and system partners supporting the delivery of ECS. There is a focus on patients with low level illnesses. They are being identified and actions are being taken in collaboration with social services and YAS to ensure that the numbers of these patients presenting in ED is reduced.</p> <p>CLK updated the committee with regards to the delivery of the ECS in the</p>	

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	<p>wider strategic context.</p> <p>CLK reiterated that the health economy of Bradford needed more choices for urgent care. The Trust's A&E Department had now reached the tipping point based on the number of attendances that can be managed with a single 'front door'.</p> <p>TS added that a new workforce model had been developed to ensure that capacity aligns with demand both in terms of staff numbers and staff mix. Performance falls significantly if the number of ambulance handovers increases from 98 to 140 and staff mix is not optimum. The proposed changes to the staffing model will support the weekend challenges.</p> <p>LS explained that the Trust knows the conditions for success and that A&E needs to be managed in a different way.</p> <p>LS suggested the use of HEE funded leadership fellows in order to support the improvement programme in A&E.</p> <p>AM suggested that the Trust raises the issues at the system-wide A&E delivery board. CLK supported that the Trust will keep raising the issue of more front doors.</p> <p>TH asked what are we trying to achieve as the Trust has a responsibility to patients and staff to reduce the pressure.</p> <p>TS reinforced the need to match capacity and demand and understand the sustainable target.</p> <p>CLK summarised that the Committee has a duty to hold the Executive to account for what it says it's going to deliver and for the Executive to define this trajectory.</p> <p>The Trust would consider the A&E staffing paper given the financial constraints and lobby system partners for more front doors as the Trust recognises that an Urgent Treatment Centre is required.</p> <p>TS updated the Committee with regards to Cancer performance. The Trust has focused on Upper and Lower GI and Urology. It is expected that the target for Upper GI will be hit in February. TS explained that the aim was to be at 85% by April. The key challenges remained Lower GI and Urology.</p> <p>CSt added that diagnostics had been an issue for these three areas.</p> <p>CLK supported that there had been a huge improvement in performance and explained that there's a balance between delivering the target and the financial implications. The Trust needs to understand what performance standards and for what amount the commissioners are prepared to pay.</p> <p>TS updated the Committee with regards to RTT performance. RTT was 81% in January. The Trust is aiming for 88% however the view is that</p>	

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	<p>85% is more achievable. The National target for RTT is 92%. Patients waiting over 40 weeks have reduced from 500 to 180. CLK added that the centre was using 52 weeks as a proxy for performance. The Trust must maintain focus to move the curve to the left.</p> <p>TS explained that the Trust hadn't cancelled any elective activity so far this winter.</p> <p>AM asked what are we doing differently? CSt expanded that the improvements were mainly through additional sessions driving increased activity. TS added that there were less issues in Theatre around nurses and ODPs and that the Trust had understood where its capacity was required.</p> <p>CLK explained that everything the Trust is doing is sustainable however due to some departments in West Yorkshire starting to fall over the workforce is constantly under threat.</p> <p>LS enquired about what would happen if the Trust had a bad March? TS reply that this was unlikely as the Trust had opened an additional ward compared to this time last year.</p> <p>TH expressed that it's great that the RTT and Cancer targets have seen such an improvement and that the Trust really have a grip on it. CLK reflected that it's important not to underestimate the impact of EPR implementation as it did have an impact on the Trust's ability to deliver activity. CF added that in the main other trusts spent years recovering their RTT reporting post EPR implementation.</p> <p>AM reported that he had been on a walk around with JH last week to see the modular Theatres and how it had been a very positive experience. He asked how they feature in the governance process. Tanya replied they would be feedback through the Quality Committee who would decide on which committee was most appropriate to consider the feedback.</p>	
F.2.19.8	Finance Report	
	<p>CS updated on the financial position and the recovery plan.</p> <p>The Trust delivered against the NHSI plan in January however further non-recurrent savings of £2.7m were released in month to deliver the position.</p> <p>The most significant of these was the Alternate Delivery Model (ADM), (£7.0m YTD). There is some doubt that the full amount can be realised, £5.5m is RAG rated green and £1.5m potentially is at risk and RAG rated amber as time has moved on. CLK added that, if necessary the Trust would ask for the control total to be revised as this is through no fault of its own.</p> <p>CS continued that there is also some doubt that the MEAV (mean equivalent asset valuation) can recover the full amount due to new guidance issued last month by the Royal Institute of Chartered Surveyors</p>	

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	<p>(RICS). Discussions are on-going with the Trust's auditors to determine how much of the MEAV can be realised.</p> <p>New non-recurrent measures have been identified to cover the gap which is mainly associated with additional external funding from other NHS bodies which the Trust is confident is achievable.</p> <p>CLK reiterated that the Trust is close to achieving its control total and that non-recurrent money is becoming available from other parts in the system. As an organisation the Trust is in a good place and is not in financial crisis. The ADM and MEAV are not within the gift of the Trust. The Trust has done everything it can to achieve the total control.</p> <p>TH supported that it was a fantastic effort.</p> <p>CS rounded up by adding that the forecast cash position had improved from the previous month's forecast.</p>	
F.2.19.9	Draft Annual Plan 2019/20	
	<p>CS updated on the Annual Plan for 19/20</p> <p>The plan has recently been review at the Operational Plan Task and Finish Group by BS and AM.</p> <p>The expectation from NHSI is that all Trusts will be in surplus by 2021/22 and that the Use of Resources rating should not fall below 3 in any given month and be 2 at year end.</p> <p>CS took the Committee through the sensitivity analysis within the annual plan, highlighting the current efficiency target of £16.5m given an £8.4m contingency. There is still significant risk in the plan based on the agreement of the contracts with commissioners which could range between £381m in the Trusts current plan to £361m as a worst case scenario. If the Trust can negotiate a good deal with commissioners then there is the possibility of an aligned incentive contract (AIC) next year.</p> <p>Within the wider Bradford and Airedale health economy it is understood that the current system gap is £37m.</p> <p>CS presented the bridge between the 2018/19 forecast and 2019/20 plan. The forecast deficit for 2018/19 is £7.5m however there are contract challenges in year of £14.1m for which the Trust expects to be paid next year, less non-recurrent 18/19 savings of £14.2m, FYE of 18/19 investments £2.5m, net inflation £8.0m, pressures £2.9m, quality and safety investments £4.2m, activity growth less cost, a £4.2m benefit, which would lead to savings required of £16.5m to deliver the £12.5m NHSI control total.</p> <p>AM asked if the efficiency plans on page 14 could be RAG rated for the next iteration.</p>	<p>CS</p>

	Performance	
F.2.19.11	Performance Report	
	The key points for the performance report were considered elsewhere on the agenda.	
F.2.19.12	Emergency Care Recovery Plan Quarterly Report	
	The Emergency Care Recovery Plan was discussion as part of the Report from Finance and Performance Oversight Committee.	
F.2.19.13	Bradford Improvement Programme Board Report	
	The Bradford Improvement Programme was discussed elsewhere on the agenda.	
F.2.19.14	Any Other Business	
	TH explained that the agenda would be reordered in order to reflect the discussion.	TH
	CLK explained that he would discuss with JH and TC whether to continue the Finance and Performance Oversight Committee should continue into the new financial year.	CLK
F.2.19.15	Matters to share with other Committees	
	TH added that the Committee should have oversight of the Pathology Joint Venture and that the Chief Medical Officer should attend bi-annually to report back - to be shared with the Major Projects Committee.	TH
F.2.19.16	Matters to escalate to the Board of Directors	
	There were no matters to share.	
F.2.19.17	Matters to escalate to the Strategic Risk Register	
	There were no matters to escalate.	
F.2.19.18	Items for Corporate Communication	
	There were no matters to raise.	
F.2.19.19	Agenda items for the meeting scheduled on 27th February 2019	
	No items were discussed.	
F.2.19.20	Date and time of next meeting	
	Wednesday 27th March 2019. 08:30 am - 10:30 am Conference Room, Field House, BRI	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE –27 February 2019**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
31/01/2019	F.1.19.17	CAP Report To be taken to Audit and Assurance Committee	Director of Finance	02/04/2018	Added to the agenda for the AAC taking place on 2 April 2019. <u>Action completed.</u>
27/02/2019	F.2.19.5	Strategic Risks To gain assurance with respect to the risk associated with the Trust's relationship with Airedale	Director of Governance and Corporate Affairs	27/03/2018	Assurance in relation to this was discussed at IGRC on 20/3/19 and will be reflected on the Strategic Risk Register. <u>Action completed.</u>
27/02/2019	F.2.19.9	Draft Annual Plan RAG rate efficiency schemes on page 14	Director of Finance	27/03/2018	Included in agenda item 2019/20 Finance Plan. <u>Action completed.</u>
27/02/2019	F.2.19.14	AOB The agenda to be reordered to reflect the meeting	Director of Governance and Corporate Affairs	27/03/2018	Order of agenda items has been revised. <u>Action completed.</u>
27/02/2019	F.2.19.14	AOB Seek agreement whether to continue the F&P oversight committee.	Director of Governance and Corporate Affairs	27/03/2018	To be agreed at the F&P Committee.
27/02/2019	F.2.19.15	Matters to share with other committees Bi-annual attendance by Chief Medical Officer to report back on the Pathology Joint Venture	Director of Governance and Corporate Affairs	27/03/2018	Added to the workplan for June 2019 and December 2019. <u>Action concluded.</u>