

FINANCE AND PERFORMANCE COMMITTEE MINUTES, ACTIONS & DECISIONS

Date:	Wednesday 29 th May 2019	Time:	09:30 – 11:30
Venue:	Conference Room, Field House, BRI	Chair:	Trudy Feaster-Gee, Non-Executive Director
Present:	Non-Executive Directors: - Professor Laura Stroud, Non-Executive Director (LS) Telephone Executive Directors: - Mr Matthew Horner, Director of Finance (MH) - Mrs Sandra Shannon, Chief Operating Officer (SES) - Ms Cindy Fedell, Chief Digital and Information Officer (CF) - Mr John Holden, Interim Chief Executive (JH)		
In Attendance:	- Mr Chris Smith, Deputy Director of Finance (CS) - Ms Rob Jones, Divisional Head of Finance (RJ) – Minute taker - Dr Tanya Claridge, Director of Governance & Corporate Affairs (TC)		

No.	Agenda Item	Action
F.5.19.1	Apologies for absence	
	There were no apologies for absence	
F.5.19.2	Declaration of Interests	
	None	
F.5.19.3	Minutes of the meeting held on 24th April 2019	
	The minutes were agreed and accepted as an accurate record.	
F.5.19.4	Matters Arising	
	<p>The committee noted that the following actions were closed or added the agenda.</p> <ul style="list-style-type: none"> • F.3.19.12 Five year forward looking capital programme • F.4.19.4 Capital Plan one year and five year views • F.4.19.5 Strategic Risks relevant to Committee – on agenda • F.4.19.10 Budgetary Control Framework – on agenda <p>F.4.19.18 JAG accreditation continues to be a risk. The IT issues are being addressed however the endoscopy service continues to be under pressure due to an increase in 2 week wait referrals and two consultants being off sick. The modelling that has been completed shows that more capacity is required. The picture is the same nationally and there is pressure across the local system so other hospitals are unable to take additional activity.</p>	
F.5.19.4.1	Matters arising from Board of Directors	

No.	Agenda Item	Action
	<p>The committee reflected on the Trust wide strategic objective to be a continually learning organisation.</p> <p>They considered how it is defined, how it is measured, how it fits with continuous improvement and should we be moving away from it?</p> <p>In order that the objective can be discussed in more detail it should be taken to Quality Committee and then brought back to the Finance and Performance Committee for discussion.</p>	Committee Chair
F.5.19.4.2	Matters escalated from sub committees	
	There were no items escalated.	
	Oversight	
F.5.19.5	Strategic Risks relevant to the Committee	
	<p>The committee considered the strategic risks and reviewed the Open Strategic Risk reports.</p> <p>TFG selected risk 3374 for discussion. There is a risk that the service will be unable to fully meet the national specification as a haemoglobinopathy specialist centre thereby resulting in patients receiving suboptimal care.</p> <p>The team confirmed that the Trust is delivering a safe service however does require network support for the more complex patients.</p> <p>JH added that a network solution is required. The national standards require a volume of patients significantly more than the Trust's activity. It was also noted that Nowhere else in the system has any spare capacity.</p>	
F.5.19.6	Board Assurance Framework	
	The committee noted the update and approved the papers.	
F.5.19.7	Finance & Performance Committee Dashboard	
	<p>The key points of the Performance Committee Dashboard were discussed and noted elsewhere on the agenda.</p> <p>TFG briefly queried liquidity. MH explained that liquidity is on plan. The forecast cash position is at £12m.</p>	
F.5.19.8	Report from Finance & Performance Oversight Sub Committee	
	<p>SES updated on performance.</p> <p>For A&E, the business case and improvement plans are being implemented, which has enabled significant improvements in the ECS. The 4 hr standard had recovered to 85% however the number of attendances had remained constant.</p> <p>The improvement is associated with 2 main factors:</p> <ol style="list-style-type: none"> 1) The clearly defined role of the Majors Co-ordinator – a senior clinical role based in majors providing senior oversight and advice. 2) The assessment clinical co-ordinator who manages flow through ambulance handover and triage. 	

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	<p>Key to its success has been the 8 work streams which are being led by the clinical teams within the department. The teams are having daily huddles and displaying their performance metrics.</p> <p>The next focus is same day ambulatory care opportunities. SES has been to visit Northumbria to see how the Trust can emulate their success. The new zones in A&E have been inspired by seeing how they work in Northumbria. They also had a short stay ward in the ED.</p> <p>The Trust has seen improvements in its long stay patients over 21 days through the implementation of weekly multi agency ward rounds for these patients.</p> <p>Cancer 2 week waits are improving. The main issues are in:</p> <ul style="list-style-type: none"> - Breast where there has been a 25% increase in the number of referrals. - Upper and Lower GI which has seen a loss of capacity. <p>The team has created a 2ww forward view in order to manage capacity effectively.</p> <p>There is confidence that the Trust can recover Breast which will bring the Trust back on plan overall.</p> <p>62 day performance has improved significantly with only between 16 and 19 patients waiting to be seen. Previously, the team had been focusing on reducing the backlog, now they are able to focus on actively preventing breaches.</p> <p>The main focus for cancer is on earlier diagnosis.</p> <p>RTT is currently 85.64% and is expected to continue to improve.</p> <p>The main pressure in diagnostics is endoscopy. Radiology is also a key area of focus however there is reluctance from clinicians to take on additional sessions to reduce the backlog. Work is being sent out. A GI radiologist has been recruited but will not be ready to start for a further three months.</p> <p>JH added that SES had given a good rounded update on operational performance however the external focus from NHSI remains on ECS performance.</p> <p>The financial efficiency plans were presented by MH.</p> <p>For Month 1 (April):</p> <ul style="list-style-type: none"> • CBUs reported only £45k financial efficiencies in Month 1 • A further £221k of savings related to rationalised investments were realised in month 1 • Total confirmed recurrent savings £266k vs target of £828k • A further £511k of underspends were recorded against budgets targeted by the efficiency programme were not recorded as CIP by CBUs for month one. • Repetition of these underspends in Month 2 will give confidence they can 	

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	<p>be recognised as recurrent savings</p> <p>Forecast Outturn:</p> <ul style="list-style-type: none"> • Current completed and outline plans result in forecast savings of £12.5m which would leave a shortfall of £3.75m if all outline opportunities are translated into delivered efficiencies • Savings forecasts from national NHS Supply Chain procurement project have been reduced by £0.4m (per NHSSC) • £3m of the annual target to be addressed via system solutions – work is progressing via vehicles such as Planned Care Board and will be monitored and managed via the newly formed System wide Finance and Performance Committee • The Trust continues to target the full £16.2m savings from internal means to mitigate the risk of system plans falling short <p>Next steps:</p> <ul style="list-style-type: none"> • Continuation of CBU opportunity scoping meetings chaired by Chief Operating Officer which commenced in May • Focus on Model Hospital and PLICs outputs to identify areas of opportunity with an emphasis on Clinical Engagement • CBUs to review overall budgetary performance at Month 2 and translate underspends in target areas into recognised recurrent efficiencies • Review planned deployment of residual growth funding to determine potential contribution to efficiency target • System efficiency plans being scoped by system working groups to determine scope and develop rapid implementation plans • Quality Impact Assessments (QIA) have been carried out for all CBU plans (£2.5m) • Outstanding QIAs and project documentation to be completed to ensure Chief Nurse and Chief Medical Officer oversight <p>JH and LS explained that systematic oversight of QIAs is required to ensure no impact on quality.</p> <p>MH added that the operational plan would be discussed at Quality Committee to understand the QIA process that they require.</p>	
F.5.19.9	New CBU Performance and Accountability Structure	

	<p>SES presented the Performance and Accountability Framework</p> <p>The aim is to provide an organisational structure for clinical operations (including quality, finance and performance management) which:</p> <ul style="list-style-type: none"> •Builds management capacity and capability to empower the staff involved in direct patient care •Takes management decision making closer to the patient •Embeds clinical leadership at the heart of strategic and operational delivery •Fosters a stronger sense of internal accountability for performance and continuous improvement <p>SES described how each CBU would be reviewed based on a balanced scorecard approach and would be RAG rated accordingly. Dependant on the rating, each CBU would be supported appropriately to ensure they got back on track.</p> <p>SES added that the performance and accountability structure would sit alongside the developing leaders programme as an enabler.</p>	
	Finance	
F.5.19.10	Finance Report	
	<p>MH updated on the Finance Report</p> <p>At month 1 the Trust is on plan.</p> <p>The risk is that for Q1 the financial plan is a less challenging target than in future quarters and that a stepped change is required from Q1 onwards.</p> <p>If the current run rate continued the deficit would be in the region of £24m against a £12.5m deficit plan. The Trust requires a significant improvement in its underlying run rate to ensure the pre-Provider Sustainability Fund control total is achieved. To enable this, the CIP delivery at CBU level need to increase considerably.</p> <p>The use of resources risk rating is 1 which is better than a plan of 2.</p> <p>There had been an issue with coding, most of which has been resolved. CF updated that there were only 40 uncoded spells at flex.</p> <p>The committee asked MH to consider the key messages around delivery of the 2018/19 yearend financial position and how we take the opportunity to report this success to the organisation.</p> <p>The Committee requested an update on the year end and CIP projections to the June Committee which will include the production of a coherent and plausible plan to provide assurances that the control total will be delivered.</p>	<p>MH</p> <p>MH</p>
	Performance	
F.5.19.11	Performance Report	
	The performance report was covered elsewhere on the agenda	
F.5.19.12	Emergency Care Recovery Plan	
	The emergency care recovery plan was covered elsewhere on the agenda	
F.5.19.14	Focus on Delivery of Emergency Care Standard	

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	Covered elsewhere on the agenda.	
F.5.19.15	Any other business	
	<p>The committee reviewed the BAF in light of the prior conversations.</p> <p>MH commented that the BAF currently reflects the year end position but would resort to the current position for next month which would reflect the appropriate levels of risk with regards to delivering the 2019/20 plan.</p> <p>SES added that an update to the performance targets risk will be provided for next month to reflect the improvements made.</p>	
F.5.19.15	Any other business	
	None.	
F.5.19.16	Matters to share with other committees	
	<p>The operational plan to be discussed at Quality Committee to understand their requirements as part of the QIA process.</p> <p>The strategic objective of being a continuously learning organisation should be discussed at Quality Committee and fed back to the Trust Board</p>	<p>MH</p> <p>JH</p>
F.5.19.17	Matters to escalate to the Board of Directors	
	No matters were escalated	
F.4.19.18	Matters to escalate to Strategic Risk Register	
	No matters were escalated	
F.5.19.19	Items for Corporate Communication	
	There were no matters to raise.	
F.5.19.20	Agenda items for the meeting on 26 June 2019	
	No items were discussed.	
F.5.19.21	Date and time of next meeting	
	<p>Wednesday 26 June 2019.</p> <p>08:30 am - 10:30 am</p> <p>Conference Room, Field House, BRI</p>	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE – 29th May 2019**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
29/05/2019	F.5.19.10	Finance Report. The key messages around delivery of the yearend financial position and how we take to opportunity to report this success to the organisation.	Director of Finance	26/06/2019	MH provided a year end update to the Senior Leaders Forum on 17.6.19. Position to be reported in a 'Let's Talk' Article
29/05/2019	F.5.19.16	Matters to share with other committees The operational plan to be discussed at Quality Committee to understand there requirements as part of the QIA process.	Director of Finance	26/06/2019	MH attended Quality Committee on 29.5.19. Meeting arranged (26.6.19) with QC Chair, MD and CN to discuss QIA process. <u>Action concluded</u>
29/05/2019	F.5.19.16	Matters to share with other committees The strategic objective of 'being a continuously learning organisation' should be discussed at Quality Committee and then the Fand P Committee and fed back to the Trust Board	Committee Chair	24/07/2019	Will be discussed at Quality Committee in June. To be added to the agenda for Finance and Performance in July.