

## FINANCE AND PERFORMANCE COMMITTEE MINUTES, ACTIONS & DECISIONS

<b>Date:</b>	Wednesday 30 <sup>th</sup> October 2019	<b>Time:</b>	08:30 – 10:30
<b>Venue:</b>	Conference Room, Field House, BRI	<b>Chair:</b>	Julie Lawreniuk, Non-Executive Director
<b>Present:</b>	Non-Executive Directors: <ul style="list-style-type: none"> <li>- Ms Julie Lawreniuk, Non-Executive Director (JL)</li> <li>- Ms Trudy Feaster-Gee, Non-Executive Director (TFG)</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>- Ms Cindy Fedell, Chief Digital and Information Officer (CF)</li> <li>- Tanya Claridge, Director of Governance &amp; Corporate Affairs (TC)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Mr Chris Smith, Deputy Director of Finance (CS)</li> <li>- Bryan Gill, Chief Medical Officer (BG) for item F.10.19.8</li> <li>- Ms Adrienne Lake, Assistant Director of Finance (AL) – Minute taker</li> </ul>		

No.	Agenda Item	Action
F.10.19.1	<b>Apologies for Absence</b>	
	Professor Laura Stroud, Non-Executive Director (LS)	
F.10.19.2	<b>Declaration of Interests</b>	
	None.	
F.10.19.3	<b>Minutes of the meeting held on 25th September 2019</b>	
	The minutes were agreed and accepted as an accurate record.	
F.10.19.4	<b>Matters Arising</b>	
	<p>The committee noted that the following actions were closed.</p> <p><b>F.9.19.9 Care Group Governance</b> The committee suggested that the framework should be reviewed at Senior Leadership Team on October 3rd and brought back to the October F&amp;P.</p> <p><b>F.9.19.11 Finance Report</b> MH to provide a summary of the system wide savings plan.</p> <p><b>F.9.19.14 Draft Long Term Plan</b> JL asked for an update and for the governance process for the Long Term Plan to be brought back to the November meeting.</p> <p><b>F.9.19.17 Board Assurance Framework</b> Cerner are looking to address data quality issues around the 18 week waiting list. CF is to confirm dates for resolution.</p>	

No.	Agenda Item	Action
	<b>F.7.19.17 Matters to share with other committees</b> To IGRC to consider where the risk due to diagnostics should be discussed.	
<b>F.10.19.4.1</b>	<b>Matters arising from Board of Directors</b>	
	There were no items escalated.	
<b>F.10.19.4.2</b>	<b>Matters escalated from sub committees</b>	
	There were no items escalated.	
	<b>Oversight</b>	
<b>F.10.19.5</b>	<b>Strategic Risks relevant to the Committee</b>	
	JL suggested that relevant risks should be discussed as part of each agenda item to facilitate the flow of the meeting.	
<b>F.10.19.6</b>	<b>Board Assurance Framework</b>	
	JL suggested that this will be reviewed at the end of the meeting in the context of the papers discussed and description of assurances.	
<b>F.10.19.7</b>	<b>Finance &amp; Performance Committee Dashboard</b>	
	<p>JL asked if the overall amber rating was correct given the number of red ratings. CF advised the overall rating is driven by a formula outlined in the Glossary. CF to review the calculation to ensure correct.</p> <p>MH noted that the narrative on the third slide refers to the pre-PSF position with the graph showing the position post-PSF. This will be updated for consistency to show pre-PSF before being presented to the Board.</p>	<b>CF</b>
<b>F.10.19.8</b>	<b>Pathology Joint Venture Update</b>	
	<p>BG updated the key points of the paper, these being the progress of the Pathology JV in achieving its goal of delivering a quality and efficient pathology service and secondly the on-going work that is taking place across WYAAT in relation to the new Pathology Network.</p> <p>The paper sets out the progress made in delivering a quality service and the improved financial performance following the first year where it reported a loss due to pump-priming required in relation to additional unplanned staffing costs.</p> <p>The JV is showing a profit against plan in 2019/20 and is on trajectory to recover the historic loss by the end of year three.</p> <p>JL questioned if any profit after the historic loss is recovered will contribute to each organisations bottom line. MH confirmed that it would in the form of a dividend.</p> <p>BG continued to brief the Committee about the £12m of capital funding that has been secured across WYAAT to invest in a new Laboratory</p>	

No.	Agenda Item	Action
	<p>Information Management (LIMs) system.</p> <p>CF added that the funding may not cover the full cost of the LIMs project. More detailed costs will be known post procurement. The Regional Pathology Board has confirmed that the JV and LTHT are to be first in the roll-out programme estimated to take approximately two years.</p> <p>BG noted that from 1<sup>st</sup> October Harrogate and District NHS Foundation Trust have joined the JV. There has been little impact in terms of the operating model of the laboratory service. The JV is now the second largest pathology service in West Yorkshire.</p> <p>In relation to the Pathology Network, BG updated that extensive discussions have taken place across West Yorkshire and Harrogate to reach an agreement about the proposed configuration of the pathology hub and spoke model. It should be noted that a significant change to the JV service would pose a potential financial risk in the form of exit costs due to the long term managed service contract held by the JV.</p> <p>BG requested that consideration is given to which committee the Joint Venture (JV) update is presented going forward.</p> <p>The view of the Committee is that the JV update will become part of routine reporting within the separate Finance and Performance reports and updates will no longer be taken to the Major Projects Committee.</p>	
	<b>Finance</b>	
<b>F.10.19.09</b>	<b>Finance Report</b>	
	<p>MH updated the key points from the summarised finance report:</p> <p>At the end of quarter two, the Trust reported a pre-PSF deficit of £8.0m against a plan of £8.1m. PSF is ahead of plan by £0.5m due to bonus PSF received in June. This is discounted by NHSI when assessing achievement of the control total.</p> <p>The overall Use of Resources (UoR) rating is three.</p> <p>The Trust's annual control total target is a deficit £12.5m, significant run-rate improvements will need to be seen during the rest of the year to meet the annual control total and achieve the full PSF and FRF.</p> <p>Current internal forecasts are indicating a financial gap of £7m if run-rate does not improve. Key items driving this forecast to differ from a straight line extrapolation of month six (£4.5m) are assumptions linked to winter expenditure run rate increases of £800k, prior year loans due to be paid back to the Centre of £1.5m and a range of smaller pressures taking the Trust to a forecast gap of £7m.</p> <p>The forecast position has been consolidated at a System level (BTHFT, AHFT, BDCT and CCGs) to ascertain the opportunities that exist.</p> <p>JL questioned the confidence level of System flexibility. MH shared a high level opportunities scan with the Committee.</p>	

No.	Agenda Item	Action
	<p>The Executive Team are meeting with each of the Care Groups to review each CBU's recovery plan focusing on CIP delivery and activity. Run rate is expected to reduce by £2.0m following this meeting.</p> <p>The two key reasons BTHFT are forecasting off plan is due to non-delivery of the required level of CIP and lower than planned out of area activity.</p> <p>SS noted that the Performance Team have been tasked with completing a review of the demand and capacity modelling and reviewing the activity Trackers.</p> <p>MH noted that the financial position poses a significant challenge to the organisation. In prior years the Trust has been able to rely on non-recurrent measures, this year the Trust is reliant on both the Care Groups and Corporate departments to curtail expenditure in the second half of the year.</p> <p>JL stressed the importance of the coming weeks and requested a progress update in advance of the next meeting. MH agreed to provide an interim summary finance report to the Committee members due to the November meeting being cancelled.</p> <p>The cash and liquidity position are both ahead of plan. The plan for liquidity is minus six days but is in fact a positive three days. This is due to the bonus PSF payment received in June relating to 2018/19.</p> <p>If the I&amp;E trajectory continues then by the end of quarter one of the next financial year the Trust will run out of cash and will need to seek short-term loans to bolster the cash position. It is therefore critical that the Trust improves the 2019/20 run-rate to prevent this from occurring.</p> <p>TFG questioned whether the £19m pre-PSF forecast position includes income assumptions relating to the subsidiary. MH confirmed that the forecast assumes no impact from not proceeding with the Wholly Owned Subsidiary (WOS). If the Trusts does not continue or the start date is deferred into a different financial year then there is a risk of £8m to the 2019/20 forecast year end position. MH noted that conversations continue with the Centre as to how this scenario would be accounted for.</p> <p>MH confirmed there is a potential that the forecast of £19m could increase to £27m if the WOS did not progress in 2019/20.</p> <p>MH updated that at each of the Care Group performance meetings this week the focus of effort needs to be on the six CBUs that are forecasting off plan.</p> <p>TFG highlighted that it is important that the level of rigour seen last year by the Finance and Performance Oversight Committee continues and welcomes the interim finance update that has been agreed. SS commented that fortnightly Senior Leadership Team meetings take place where the Performance Highlight Report is reviewed. This is the same report that was produced for the Oversight Committee last year. This report is available for information.</p>	<p><b>MH</b></p>

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	<p>JL summarised that key to the finance report forecasting a potential £7m gap due to CIP levels and the Contract Income position, is the risk of a further £8m gap relating to the WOS. Some assurance has been provided by the planned meetings that will take place with the Care Groups and conversations with the System over the next few weeks.</p> <p>MH noted progress against the System wide savings programmes has been provided in Annex five of the finance report. Potentially some of the System programmes will contribute to the existing Trust CIP programmes.</p>	
F.10.19.10	<b>Month 6 Contract Income Position</b>	

	<p>MH updated the key points from the report which provides an overview of the Trusts position at the end of quarter two.</p> <p>The fixed income arrangement with Bradford and Airedale means that there is no income variance with these commissioners.</p> <p>The Trust is £1.6m behind planned income levels with out of area commissioners. This under delivery is split between the Planned and Unplanned Care Group by £1m and £0.6m respectively.</p> <p>The Planned Care Group position is driven by three challenged CBU's, Children's, MSK and Head &amp; Neck. The Haematology CBU within the Unplanned Care group is driving the under delivery.</p> <p>The report draws out that Orthopaedics income has been significantly impacted as a result of pressures elsewhere in the system whereby other specialties have taken priority to treat urgent and cancer patients. MH noted that A&amp;E is slightly behind plan however compared to 2018/19, as at the end of September, the 2019/20 levels of planned growth (2.5%) have not been seen with attendances remaining static. SS added that attendances are actively trying to be reduced through attendance and admissions avoidance which will help towards the run rate reductions relating to winter expenditure.</p> <p>MH added that the latest Dr Foster outputs shows that whilst the Trusts depth of clinical coding has improved with the introduction of EPR, it is still below the national average so there remains an opportunity to further improve coding. The fixed income agreement reached with the Commissioners recognised a degree of coding movement however it still fell short by approximately £10m (calculated by translating BTHFT activity at tariff values to reach an overall income quantum). The baseline value did move by £18m. The absence of a fully coded income quantum is reflected in the concession included in the Long Term Plan to reach an aligned position. Other providers benefit from an income quantum that reflects activity multiplied by price but BTHFT is below activity multiplied by price.</p> <p>JL requested that a regular report on the contract income position is presented to the Committee.</p>	<b>MH</b>
<b>F.10.19.11</b>	<b>Losses &amp; Special Payment Policy</b>	
	<p>MH noted that the Losses and Special Payments policy has been produced to align to the controls within the Trust Standing Financial Instructions (SFI's).</p> <p>The policy provides specific guidance on how the Trust controls losses of cash and bad debts. Clear guidance has been included on how obsolete stock is managed.</p> <p>This new policy has been presented to the Committee for ratification. The Committee approved the policy.</p>	
<b>F.10.19.12</b>	<b>Five Year Long Term Plan</b>	

	<p>CS provided a high level summary of the Long Term Plan (LTP).</p> <p>Section two provides details of the Control Total. For the current year a deficit before PSF of £12.5m is planned. The current forecast is a deficit of £19.6m, which forms the basis of the build-up of the LTP.</p> <p>JL clarified that the starting point of the plan assumes a £7m risk. This excludes any impact relating to the outcome of the WOS decision to proceed or not. CS noted that any change due to the WOS would be non-recurrent in 2019/20 so would not impact the LTP.</p> <p>When calculating the 2020/21 control total NHSE/I start with the 2019/20 control total and assume a degree of improvement against it. NHSE/I have assumed an improvement of £2.9m on £12.5m to give a 2020/21 control total of £9.6m. However, with the current forecast outturn for 2019/20 being £19.6m this would result in an improvement of £10m being required. There are £3m of non-recurrent pressures within the 2019/20 forecast therefore a £7m improvement on the underlying run-rate is required. This is a far bigger challenge than NHSE/I thought they were giving the Trust. For the years after 2020/21 the challenge is aligned to that set by NHSE/I.</p> <p>JL noted that this control total generates a realistic level of CIP. CS confirmed that whilst the CIP target is lower than the 2019/20 target it remains higher than the value of CIP projected to be delivered in 2019/20.</p> <p>CS confirmed that the values in the LTP are indicative contract values for 2020/21.</p> <p>The CIP target in 2020/21 is £12m, and £10m in 2021/22 which represents 3% of turnover. These values are consistent with other organisations within the Integrated Care System (ICS).</p> <p>The Carter metrics suggest there are significant opportunities across the Trust. At present the Trust does not have defined CIP plans for 2020/21 in addition to the work that has already started this year.</p> <p>JL noted that an overall summary of available opportunities and how this aligns to the Care Groups is not included in the paper. JL questioned if this analysis would be provided. MH confirmed that this will be completed.</p> <p>MH explained that the Carter Metrics paper has been produced in response to a request from the Board for the Committee to be sighted on the Trust current position against the metrics. The next step is to understand what opportunities exist and how these align to the Care Groups. JL stated that this would give assurance of LTP deliverability.</p> <p>MH noted that the subject matter experts are now required to validate the opportunities that have been signposted. It may be that whilst the Trust is an outlier in a particular area there may be valid reasons as to why and the Trust is happy to remain an outlier.</p> <p>The next key point of the paper is the alignment of the Bradford and Airedale CCGs. Generic assumptions have been made for activity growth priced at the national tariff with non-Bradford CCGs and NHSE as commissioners due to the limited engagement experienced. These numbers will be confirmed through the contracting process.</p>	<p><b>MH</b></p>
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MH noted that the process has been very challenging due to the pressure from the Centre to align to local commissioners; this pressure has not been applied to specialist commissioners.

Local CCG affordability has been the main challenge to agreeing an aligned plan. A number of meetings and discussions have taken place with the local CCGs to understand how the plans can be amended to achieve an aligned position. The CCG offered an additional £2.8m for 2020/21 prior to submission of the draft plan, with this figure recognised, negotiations for the final plan started at a misalignment of £12.1m.

Compromises were made relating to system transformation where the Trust has agreed to reduce its activity and income assumptions by £1.15m in year one on the back of expected benefits to be delivered by the Planned and Urgent Care Programme, however the expenditure assumptions linked to this activity remain in the plan. The CCG was issued with the Counting and Coding notice in September 2019 in line with guidance which highlighted a number of areas where activity has not been counted and coded correctly. A significant element of this is within Radiology where there is £1m of activity being carried out which has not historically been charged for. This should have taken effect in 2021/22 and would have increased the Trusts income by £2.5m in a PBR arrangement, however it was agreed that this was not in the spirit of system working and was also not affordable so it was agreed to remove this from the final plan. £6.3m was taken out of the plan that is not linked to specific reduction in activity, this was removed on the basis of it not being affordable. Smaller items have been removed relating to internal business cases, in the planning assumptions it had been assumed they were in addition to any demographic growth. As a compromise it was decided that these could be classed as being within demographic growth.

The CCG offered an additional £2.9m which has allowed for the remaining misalignment gap to be reduced to zero.

JL questioned if these adjustments are deemed as fair for BTHFT in the context of system working. MH responded that we are working in an environment of affordability and posed the proportion of risk is the Trust taking compared to the System. Based on conversations with the System it is believed that the level of risk is consistent across the organisations.

MH stressed that the final plan is based on a number of assumptions that may not materialise as planned.

CS explained that the most significant risk within the plan is that the expenditure plan is very lean. An example being it is consistent practice across WYAAT Trusts to match any growth in activity based tariff income on a pound for pound basis with expenditure growth. BTHFT could not afford to do this so has reduce the expenditure growth to 80%.

Cumulatively by year four there is £7.3m of System QIPP in the plan. If this does not deliver it will cause a significant problem for the Trust.

Whilst lower than previous years, the size of the CIP target is a significant risk, especially in the context of the lean expenditure plan. Engagement with the wider system pathway changes will be required to ensure CIP delivery. Internal measures alone cannot be relied upon to deliver the £13.1m target next year.



	<p>MH concluded that this has been an exercise to submit a set of numbers that would appear plausible and deliverable over the five year timeframe.</p> <p>This has not been an exercise to articulate all of the schemes required to deliver the Trust clinical strategy or align with the Health and Care Partnership to deliver its overall aspiration. Next steps are to understand what will the System improvement programmes deliver, and how does this feed back into the Health and Care Partnership. Also, what will the Airedale Collaboration do for the Trust along with the wider WYAAT schemes.</p> <p>The Committee accepted the paper as the Trusts submission of its indicative Five Year Long Term Plan.</p>	
<b>F.10.19.13</b>	<b>Carter Metrics</b>	
	<p>MH gave a brief overview of the paper.</p> <p>The CQC mobilisation group asked for a report to be produced that detailed the key metrics of the Model Hospital and Carter Report. The Trusts internal experts are now required to provide the evidence and intelligence behind the metrics to explain why we are where we are.</p> <p>The report positions the Trust from a national and local peer's perspective.</p>	
	<b>Performance</b>	
<b>F.10.19.14</b>	<b>Performance Report</b>	
	<p>SS updated on the Trust's performance against national targets.</p> <p>The biggest challenge for the Trust remains the Emergency Care Standard (ECS). All Trusts have been challenged in August and September but BTHFT are below trajectory.</p> <p>A very positive GIRFT review took place which focused on internal flow. The report was very positive. There was recognition that the department is too small and the throughput is higher than average. The significant staffing shortfalls were noted however these are being addressed through the agreed staffing work plan. SS to provide highlights of the GIRFT report at the next Committee</p> <p>Priorities are to review the improvement programme with a number of the work streams moving into business as usual. New work streams have been added for mental health and frailty patients and also making better use of referral pathways.</p> <p>Attendance in the department is now frequently above 400 each day.</p> <p>JL noted that the report takes a backward look at the performance of the department and questioned if it is realistic that 75% will be achieved going forward.</p> <p>SS confirmed that there has been an improvement this week. The aim for November and December is 80% - 82%.</p> <p>TFG questioned if there is any support that will come from the Command</p>	<b>SS</b>

No.	Agenda Item	Action
	<p>Centre.</p> <p>SS noted that three additional tiles are coming on line. Capacity management, ED status which will specifically support the ECS and the patient placement tile will have the greatest impact.</p> <p>The most effective development will be when the Blue Zone is live so patients can be streamed out of the ED into same day emergency care. The planning process has begun but it will not take effect over this winter. It is anticipated it will be June or July before this is finished.</p> <p>Ambulance handover is slowly improving. The Trust has a good working relationship with Yorkshire Ambulance Service.</p> <p>There was an increase in September of Long Length of Stay (LLOS) patients due to a shortfall in community based domiciliary care. The Trust is marginally below the target in August however predications for September and October are that the Trust will achieve.</p> <p>For cancer two week wait (2WW), data from April to September 2018/19 compared to 2019/20 showed a total of 526 more patients had been referred to the Trust as a 2WW referral which is an increase of 5.5% on the same period last year.</p> <p>JL questioned what has driven the increase. SS confirmed that there have been a number of campaigns that have influenced this increase. There have been increases in skin, lower GI, bowel screening and a significant increase in breast referrals.</p> <p>SS continued that in spite of the high numbers the Trust is starting to see sustainability in cancer care. SS acknowledged that as more patients are seen within two weeks or 62 days this pushes out the waiting list for routine patients and makes achieving RTT more difficult due to the finite amount of capacity.</p> <p>The largest pressure in relation to the 62 day target are gaps in Clinical Oncology capacity in Leeds and Consultant sickness within gastroenterology.</p> <p>There is a slight increase in the 62 day backlog which is predominately upper and lower GI.</p> <p>There has been slow improvement month on month in the management of patient pathways. It was noted at the Committee In Common that BTHFT has the best rate for diagnosis by 31 days in the region.</p> <p>A supplementary paper has been included which provides more detail on the cancer care improvement plan and the work streams within it.</p> <p>The Trust has continued with the Planned Care Improvement programme. There has been a slight increase in 18 weeks over the last three months however October has seen a small decrease. This is related to annual leave and the associated reduction in activity.</p>	

No.	Agenda Item	Action
	<p>The Performance Team have been tasked with reviewing the demand and capacity model for all specialties.</p> <p>The waiting list reduction target has been achieved. The internal target is that there are no patients over 40 weeks by the end of March 2020.</p> <p>SS noted that Modular Theatres has been closed for several weeks whilst investigation on the environment and improvement work is undertaken. Sessions were reprioritised with 56 sessions being lost. The theatres will be operational again from Monday 4<sup>th</sup> November.</p> <p>DMO1 has seen a month on month improvement. The only area that is not compliant is Endoscopy. This has been a deliberate decision to focus on cancer 2WW and surveillance backlog.</p> <p>There has been an increase in the understanding of how waiting lists and pathways are managed. There is now better grip and knowledge than there ever has been.</p> <p>SS briefed that there has not been an update on the new care standards in relation to ECS.</p>	
<b>F.10.19.15</b>	<b>Cancer Care Recovery Plan Report</b>	
	<p>SS noted that the report has been provided for information.</p> <p>JL noted that the work plan will be reviewed in light of the detailed agenda.</p>	<b>JL</b>
<b>F.10.19.16</b>	<b>Planned Care Improvement Programme</b>	
	<p>SS noted that the report has been provided for information.</p>	
<b>F.10.19.17</b>	<b>Care Group Governance Framework</b>	
	<p>SS gave an overview of the report explaining that the purpose is to give details of the governance that supports the new Care Group structure, supporting the aim of earned autonomy and empowered working.</p> <p>The purpose is to provide assurance on how risks will be escalated through the Care Group. The document details how accountability for the management of the new structure will be recognised. There is a clear separation between operational performance and assurance.</p> <p>The main accountable authority is the Care Group Cabinet. Their role is a mix of business, assurance and performance management. They report into the executive team. At each level there is a structure in place where risks can be reviewed and escalated as necessary.</p> <p>Performance is reviewed quarterly in a board to board style meeting. The Care Groups present their dashboard and a presentation on the performance metrics. This is then duplicated down to CBU level.</p> <p>There are a number of individual actioned focus meetings that feed into the process.</p>	

No.	Agenda Item	Action
F.10.19.18	<b>Informatics Performance Report</b>	
	<p>CF provided the Committee with the key points from the quarterly report.</p> <p>Work continues on a number of upgrades and new initiatives. Specifically, strategic plans are being progressed that are outlined in the Digital Strategy. These key projects are the use of robotics and artificial intelligence. It is expected robotics will yield productivity improvements for the Trust in the nearer term.</p> <p>A full scale review of Model Hospital data for Informatics has been completed. The department performs well. For data quality and clinical coding the Trust is in the pack, but for other measures the department is better than average.</p> <p>She noted the benchmarking report that came to the Committee shows a potential opportunity for improvement in IT staffing. This can be explained by the addition of the EPR team.</p>	
F.10.19.19	<b>Board Assurance Framework</b>	
	<p>MH updated that the two key finance risks have been updated from 12 to 16 to reflect the risk going forward to the yearend which takes the risk rating to extreme.</p> <p>The BAF narrative has been updated for 2a highlighting from an assurance perspective Q1 and Q2 are green whilst mentioning in the narrative the risk to deliver the financial plan if current run-rates continue.</p> <p>Reference has been made to the recovery process that is underway in the positive assurance section. The key risk to delivering the financial plan is delivery of the CIP.</p> <p>CF questioned if reference should be made to the Carter metrics. MH to reference Carter metrics in the positive and negative assurance sections of the BAF.</p> <p>SS updated that the main performance risk of patient harm significantly reduced due to more cancer patients being seen within the standard and there has been no evidence of patient harm as a result of not meeting cancer standards.</p> <p>A new risk has been added linked to long waits in Endoscopy. There is a recovery plan in place but this remains the highest risk at present.</p> <p>The data quality/patient pathway risk that the Committee should be made aware of relates to Cerner where patients fall into an 'unknown' queue. The patients are known to the Trust, they are simply sitting in the wrong queue. There is a process in place to identify and move these patients to the correct queue.</p> <p>There is a reputational issue around performance against ECS. The</p>	<b>MH</b>

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	<p>narrative and action plan has been updated to provide more detail.</p> <p>JL questioned why the rating is green based on the conversations and evidence presented to the Committee. It is felt this is too positive. TC noted that the rating is based on confidence in the structure and processes.</p> <p>The Committee agreed the rating of amber is more appropriate.</p>	
<b>F.10.19.20</b>	<b>Any other business</b>	
	JL noted that the work plan will be reviewed in light of the detailed agenda.	<b>JL</b>
<b>F.10.19.21</b>	<b>Matters to share with other committees</b>	
	There were no matters to share.	
<b>F.10.19.22</b>	<b>Matters to escalate to the Board of Directors</b>	
	There were no matters to escalate.	
<b>F.10.19.23</b>	<b>Matters to escalate to Strategic Risk Register</b>	
	There were no matters to escalate.	
<b>F.10.19.24</b>	<b>Items for Corporate Communication</b>	
	There were no matters to raise.	
<b>F.10.19.25</b>	<b>Agenda items for the meeting on 18 December 2019</b>	
	The Performance Report will go first on the agenda followed by the Finance Report. This will be rotated going forward.	
<b>F.10.19.26</b>	<b>Date and time of next meeting</b>	
	<p>Wednesday 18th December 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 – 30<sup>th</sup> October 2019**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
26/06/19	<b>F.6.19.11</b>	<b>19/20 Capital Plan:</b> MH explained that the condition survey will be presented to the Committee when completed (with a planned date of November).	Director of Finance	27/11/19	To be presented to the Committee in December.
30/10/19	<b>F.10.19.9</b>	<b>Finance Report</b> MH to provide an interim summary finance report to the Committee as the November meeting is cancelled	Director of Finance	27/11/19	
25/09/19	<b>F.9.19.14</b>	<b>Draft Long Term Plan</b> JL asked for an update and for the governance process for the Long Term Plan to be bought back to the November meeting.	Director of Finance	30/10/19	Added to December agenda as November meeting cancelled
25/09/19	<b>F.7.19.18</b>	<b>Matters to escalate to the Board of Directors</b> TC to consider whether Board approval is required for the Key Supplier Contract discussed at agenda item F.9.19.12	Director of Finance / Director of Governance and Corporate Affairs	30/10/19	Added to the closed Board Agenda for the 7 <sup>th</sup> November 2019
30/10/19	<b>F.10.19.7</b>	<b>Finance &amp; Performance Committee Dashboard</b> CF to review the calculation of the overall score to ensure it is correct.	Chief Digital and Information Officer	18/12/19	Completed.
30/10/19	<b>F.10.19.12</b>	<b>Model Hospital Opportunities</b> JL noted that an overall summary of available opportunities and how this aligns to the Care Groups is not included in the paper. JL questioned if this analysis would be provided. MH confirmed that this will be completed	Director of Finance	18/12/29	
30/10/19	<b>F.10.19.14</b>	<b>Performance Report</b> SS to provide highlights of the GIRFT report at the next Committee	Chief Operating Officer	18/12/19	

30/10/19	<b>F.10.19.15</b>	Cancer Care Recovery Plan Report the work plan will be reviewed in light of the detailed agenda.	Chair	18/12/19	
30/10/19	<b>F.10.19.19</b>	<b>Board Assurance Framework</b> MH to reference Carter metrics in the positive and negative assurance sections of the BAF.	Director of Finance	18/12/19	
30/10/19	<b>F.10.19.20</b>	<b>Any Other Business</b> JL to review the work plan and make amendments to the agenda.	Chair	18/12/19	
30/10/19	<b>F.10.19.10</b>	<b>Month 6 Contract Income Position</b> MH to present a report on the contract income position to the Committee on a quarterly basis.	Director of Finance	29/01/20	