

FINANCE AND PERFORMANCE COMMITTEE MINUTES, ACTIONS & DECISIONS

Date:	Wednesday 18 th December 2019	Time:	08:30 – 10:30
Venue:	Conference Room, Field House, BRI	Chair:	Julie Lawreniuk, Non-Executive Director
Present:	Non-Executive Directors: <ul style="list-style-type: none"> - Ms Julie Lawreniuk, Non-Executive Director (JL) - Professor Laura Stroud, Non-Executive Director (LS) - Ms Trudy Feaster-Gee, Non-Executive Director (TFG) (tele-conference) Executive Directors: <ul style="list-style-type: none"> - Mr Matthew Horner, Director of Finance (MH) - Mrs Sandra Shannon, Chief Operating Officer (SES) - Ms Cindy Fedell, Chief Digital and Information Officer (CF) - Tanya Claridge, Director of Governance & Corporate Affairs (TC) - Mr John Holden, Director of Strategy & Integration (JH) 		
In Attendance:	<ul style="list-style-type: none"> - Mr Carl Stephenson, Head of Performance (CSt) - Mr Chris Smith, Deputy Director of Finance (CS) - Barrie Senior, Non-Executive Director – Observing (BS) - David Wilmshurst, Vice-Chair, Council of Governors – Observing (DW) - Ms Adrienne Lake, Assistant Director of Finance (AL) – Minute taker 		

No.	Agenda Item	Action
F.12.19.1	Apologies for Absence	
	None	
F.12.19.2	Declaration of Interests	
	None.	
F.12.19.3	Minutes of the meeting held on 30th October 2019	
	The minutes were agreed and accepted as an accurate record.	
F.12.19.4	Matters Arising	
	<p>The committee noted that the following actions were closed.</p> <p>F.6.19.11 19/20 Capital Plan: MH explained that the condition survey will be presented to the Committee when completed (with a planned date of November).</p> <p>F.10.19.9 Finance Report MH to provide an interim summary finance report to the Committee as the November meeting is cancelled.</p> <p>F.9.19.14 Draft Long Term Plan 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>F.7.19.18 Matters to escalate to the Board of Directors TC to consider whether Board approval is required for the Key Supplier Contract</p>	

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	<p>discussed at agenda item F.9.19.12</p> <p>F.10.19.7 Finance & Performance Committee Dashboard CF to review the calculation of the overall score to ensure it is correct.</p> <p>F.10.19.12 Model Hospital Opportunities 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.</p> <p>F.10.19.14 Performance Report SS to provide highlights of the GIRFT report at the next Committee.</p> <p>F.10.19.15 Cancer Care Recovery Plan Report the work plan will be reviewed in light of the detailed agenda.</p> <p>F.10.19.19 Board Assurance Framework MH to reference Carter metrics in the positive and negative assurance sections of the BAF.</p> <p>F.10.19.20 Any Other Business JL to review the work plan and make amendments to the agenda.</p>	
F.12.19.4.1	Matters arising from Board of Directors	
	The Board have made the decision to not proceed with the Wholly Owned Subsidiary (WOS).	
F.12.19.4.2	Matters escalated from sub committees	
	The Major Projects Committee have requested a report on the Pathology Joint Venture to be produced annually.	MH
	Oversight	
F.12.19.5	Strategic Risks relevant to the Committee	
	Relevant risks were discussed as part of each agenda item to facilitate the flow of the meeting.	
F.12.19.6	Board Assurance Framework	
	The BAF will be reviewed at the end of the meeting in the context of the papers discussed and description of assurances.	
F.12.19.7	Finance & Performance Committee Dashboard	
	JL requested the chair of the committee is updated to Julie Lawrenuik.	CF
	Performance	
F.12.19.8	Performance Report	
	The key area of concern is performance against the Emergency Care Standard (ECS).	

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	<p>The Trusts position has not changed in the national and local dashboards relative to all other Trusts. BTHFT is placed 22nd out of 44 of the northern region acute trusts for Type 1.</p> <p>SS gave feedback on the GIRFT Emergency Medicine report. The report highlighted that BTHFT have less ED spend per attendance and less pay spend per attendance per the national average. Due to the investment in the new staffing model these metric are likely to increase. Non-pay spend was highlighted to be higher than national average which will be an area of focus for the department for cost savings.</p> <p>From a demand perspective, BTHFT ED has a high attendance level per 100,000 of population. This is impacted by deprivation. The report showed the same is true for admissions.</p> <p>The proportion of non-elective admissions as a proportion of all admissions was much higher than the national average. There are significantly lower Trust acute admissions that come via ED than the national average. This indicates that BTHFT has a higher proportion of patients that access the Trust through an emergency route outside of the ED department. This results in challenges to manage flow due to the unpredictable nature.</p> <p>The report evidenced that the ED department is too small for the number of attendances experienced. The department is in the upper quartile nationally for admissions per Majors and Resus cubicle. There are low numbers of admissions per Consultant against the national average.</p> <p>The report also contained a review of the Discharge, Admission or Transfer (DAT) standard. Within the two hour time band, BTHFT are admitting or discharging fewer patients than the national average. BTHFT is slightly below the national average for the four hour standard but performs better for avoiding very long lengths of stay in the department.</p> <p>JL stated that we understand the data metrics much better now and questioned how the Trust knows patients are safe with performance being 76.6% against a target of 95%.</p> <p>SS responded that a range of metrics are measured to ensure patients are safe, not just the four hour standard. These metrics include time from initial assessment to triage, ambulance turnaround, overall length of stay in the department and time to treatment for critically ill patients. These are all the new measures which are likely to be agreed.</p> <p>Streaming at the front door takes place to ensure the patient is referred to the correct area; they are then triaged within 15 minutes. There are a number of hourly triggers that are also measured.</p> <p>Safety meetings are completed daily, these focus on what happened the day before and set agreed actions for the current day</p> <p>Two new work streams have been included in the improvement programme for 2019/20 for the department, the vulnerable patient and frailty.</p>	

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	<p>The development of the Blue Zone will aim to increase same day emergency care. The business case is going to the Board in January.</p> <p>JL questioned where the Trust will be in January to March taking on board all of the actions that are being undertaken. SS responded that the measures will keep patients safe within the department. Given the capacity pressures and increase in demand experienced, there will not be any significant improvement during this time period unless more than 100 patients can be moved out of the department and treated elsewhere.</p> <p>18 Weeks is progressing, there is a month on month improvement. There has been an increase in clock starts (more referrals) and there are some data quality issues. There is a correlating reduction in clock stops.</p> <p>Patients waiting for non-RTT backlog and surveillance are not reported anywhere so this is a hidden risk however these are reducing which is positive.</p> <p>For cancer the Trust is compliant with 2WW. Consultant sickness has impacted the 62 day target. There has also been a significant capacity gap in clinical oncology which has resulted in long waits for patients with prostate cancer. The plan is to focus on those waiting the longest.</p> <p>All tumour groups have recovery plans and daily reviews of long waiting patients. Any tumour group that does not meet the 62 day target in December will have a first level escalation meeting in January to review their recovery plan.</p> <p>The Trust was highlighted by the Cancer Alliance as having the shortest time to diagnosis in the region.</p>	
F.12.19.9	Urgent Care Recovery Plan Quarterly Report	
	The report was taken as read.	
F.12.19.10	Winter Plan Presentation	
	<p>There is a regional winter plan with national funding to support work streams. This year it was agreed as an A&E delivery Board that the focus will be on system-wide work streams.</p> <p>A winter ward will be opened this year. The Trust has seen an increase in winter pressures at an earlier stage. There has been significant respiratory illness this year.</p> <p>The numbers of confirmed flu are reported each day. At present there are small numbers with confirmed flu but this is expected to increase. Actions to mitigate against this include increases in Point of Care Testing (POCT), increased number of beds and ambulatory pathways and increased Consultant cover in AMU and EMU.</p>	

F.10.19.11	Finance Report	
	<p>MH gave an overview of the month eight finance position.</p> <p>The Trust reported a pre-PSF on plan position of a deficit of £8.8m. £7m of PSF is assumed plus £0.5m bonus.</p> <p>The Use of Resources (UoR) position is reported as two. This is an improvement on last month due to capital servicing and the I&E margin.</p> <p>The Trust has £23.6m of cash in the bank. This is £5m ahead of plan. The plan does not include the £7m bonus that was received in 2019/20.</p> <p>The capital position is behind plan year to date. It is forecast that this position will be recovered by the year end to an on plan position of £15.6m.</p> <p>Cost Improvement Programmes (CIP) are forecasting delivery of £12.3m.</p> <p>The I&E forecast is a pre-PSF deficit of £15m. This is an improvement on the previous forecast and excludes the benefit from the brokerage. Work is underway in the ICS to consolidate each organisations reported financial position to understand what reserves exist.</p> <p>It is worth noting the £15m forecast includes £0.5m pension bill, and an unfunded Medical staff pay award of £0.7m.</p> <p>In summary, there is a risk of £2.5m against the control total which excludes the impact of the Wholly Owned Subsidiary (WOS).</p> <p>The Committee discussed the risk of non-delivery of the 2019/20 control total following the decision to not proceed with the WOS.</p> <p>MH explained the items included in the forecast position of £15m deficit that have been shared with the ICS noting that this position is predicated on the Care Groups delivering their identified recovery measures.</p> <p>JL questioned SS about confidence levels around the Care Group recovery plans.</p> <p>SS confirmed that whilst not guaranteed, the plans put forward are reasonable and are supported by control measures within each of the Care Groups.</p> <p>The annual charge relating to the Clinical Negligence Scheme for Trusts (CNST) has been shared. This is £0.5m greater than planed which will impact the 2020/21 CIP target. This represents an £8m increase over the last four years.</p> <p>The impact of not progressing with the WOS will also impact the level of CIP required in 2020/21.</p>	
F.12.10.12	2019/20 Quarterly Capital Report Q2	

	<p>MH gave a brief overview of the Q2 report</p> <p>Funding arrangements have been highlighted. Key risks are detailed in section four. Work to comply with IFRS16 Leases has commenced.</p> <p>JL noted that the level of capital planned to be spent on the A&E Blue Zone has significantly reduced. MH confirmed that this is a direct result of the curtailment requested by the Centre earlier in the financial year. The request was then retracted however the capital cannot now be spent in time. The slippage on the scheme is reflected in the programme for 20/21.</p> <p>The five year capital plan provides an indicative level of funding available for the items deemed as 'must dos' focusing on replacement kit.</p> <p>CF questioned if the list represents the demand for the capital funding. MH confirmed that it does not.</p> <p>Support for transformational capital developments will need to be sought externally.</p>	
F.10.19.13	2019/20 Quarterly Treasury Update Q2	
	<p>MH gave a brief overview of the Q2 report which details how the plan was originally set and how cash and liquidity are performing against the plan.</p> <p>Due to the timing of the report production it is based on a deficit of £19.6m and not the updated £15m previously discussed.</p> <p>Year to date investments have generated £67k of interest.</p> <p>The non-recurrent nature of delivering the control total is impacting the underlying cash position and could potentially drive the need for short term loans in Q2/3 in 2020/21 if the underlying income and expenditure run rate is not improved.</p> <p>If the underlying trend continues the capital programme in 2020/21 may have to be curtailed.</p>	
F.12.19.14	Draft Long Term Plan – Governance Process	
	<p>MH confirmed that definitive guidance has not yet been shared for the Long Term Plan process.</p> <p>Work is focused on developing a plausible CIP plan for 2020/21.</p> <p>The 2020/21 plan will be signed off under the usual governance processes of the Trust.</p>	
F.12.19.15	2019/20 Capital Plan Condition Survey	
	<p>The condition survey has been written by an external company. Next steps are to circulate the survey with the operational teams for comment about the risks that have been highlighted.</p>	

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	<p>Outputs from the ERIC return suggest that the Trust is up to date with back log maintenance levels.</p> <p>MH requested that the report is brought back to the committee in March. The Committee will be updated with any risks or exceptions before March.</p>	MH
F.12.19.16	Board Assurance Framework	
	<p>MH reminded the committee of the four finance risks. Risks to the quality impact of the planning assumptions and contracting arrangements have not changed.</p> <p>Risks associated with delivery of the financial plan and the potential impact on the cash and liquidity position have been updated to 16 (extreme) recognising the risks highlighted in the forecast discussion.</p> <p>MH to reference Carter metrics in the positive and negative assurance sections of the BAF.</p> <p>An interim position will be shared with the Board. JL asked the Committee to consider in the context of the concerns raised and timing that the interim assurance level is recorded as amber. The committee agreed.</p> <p>JL asked the Committee to consider moving the overall risk appetite to 'open'. The Committee agreed.</p> <p>MH suggested the risk to strategic objective 2a in appendix 1 is changed from 'minimal' to 'open'.</p> <p>SS noted that there is no change to the performance risks with the score remaining at 12 and the appetite being 'cautious'.</p> <p>CF requested the gap in assurance of strategic risk 2b is changed from stating build issue to software bug.</p>	SS
F.12.19.17	Any other business	
	None.	
F.12.19.18	Matters to share with other committees	
	There were no matters to share.	
F.12.19.19	Matters to escalate to the Board of Directors	
	<p>The Emergency Medicine GIRFT review shows the Trust better understands its data and is maintaining patient safety.</p> <p>The month eight financial position is on plan. There is a risk to the forecast in relation to the WOS.</p>	
F.12.19.20	Matters to escalate to Strategic Risk Register	
	There were no matters to escalate.	

No.	Agenda Item	Action
F.12.19.21	Items for Corporate Communication	
	There were no matters to raise.	
F.12.19.22	Agenda items for the meeting on 29 January 2020	
F.10.19.26	Date and time of next meeting	
	Wednesday 29th January 2020 08:30 am – 10.30 am Conference Room, Field House, BRI	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM FINANCE AND PERFORMANCE COMMITTEE – 18th December 2019**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
30/10/19	F.10.19.10	Contract Income Position MH to present a report on the contract income position to the Committee on a quarterly basis.	Director of Finance	29/01/20	
18.12.19	F.12.19.4.2	Matters escalated from sub committees Major Projects Committee have requested report on the Pathology Joint Venture is produced annually.	Director of Finance	16/12/20	
18.12.19	F.12.19.7	Finance & Performance Committee Dashboard JL requested the chair of the committee is updated to Julie Lawreniuk.	Chief Digital and Information Officer	29/01/20	
18.12.19	F.12.19.15	2019/20 Capital Plan Condition Survey MH to share the survey in March 2020.	Director of Finance	25/03/20	
18.12.19	F.12.19.16	Board Assurance Framework to be updated to state software bug.	Chief Operating Officer	29/01/20	