

Chairpersons Report

Chairpersons Name	Jon Lloyd
Committee Name	Finance & Investment Committee
Date of Meeting	17.01.17
Name of Receiving Committee	Trust Board
Date of Receiving Committee meeting	January 2017
Refer to Trust Board Chair:	NA.

Key success or achievement discussed at the meeting	
1.	Wrightington recovery and the positive attitude of staff
2.	The continued improvements in trajectory for temp staffing
3.	Financial performance in month and in quarter
4.	Agreement of block contract

Details of the top three risks identified during the course of the meeting and initials of primary member of staff actioning		
1.	CIP delivery	RM
2.	Block contract impact and culture change required	RF
3.	A&E performance	MF
4.	Orthopaedics 18 weeks RTT failure	MF

Attendance at the meeting (please highlight):	Excellent (well attended) X	Acceptable (some apologies)	Unacceptable (quorate)	Unacceptable (not quorate)
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Was the agenda fit for purpose and reflective of the committee's terms of reference?	YES
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Narrative report of the key issues of the meeting
<p>The majority of the meeting was spent on considering the Performance report, RF's presentation on the benefits and risks of the 2 year Block contract signed on 23rd December with WBCCG and the Finance report.</p> <p>Additionally the Business Case for the replacement CT scanner for RAEI was approved subject to SA's request that the most up to date IT package was included to make it's use more flexible and valuable to the Trust and and MG's request that the cost be rechecked against latest supply chain agreement.</p> <p>Hospital performance in most measures particularly A&E had been badly affected in December by Borough wide winter resilience system failure, further increases in frail elderly A&E and attendance and admittance and outbreaks of norovirus in both hospital and community leading to the closure of 3 wards for a period over the holiday season. A&E had only achieved 82.54% for December and 83.6% for the quarter despite staff still going the extra mile day in day out.</p> <p>The financial performance in month had been excellent with £2.1m surplus in month leading to a £3m surplus YTD and the achievement of all Q3 S&T funding with the exception of A&E element (12.5%).</p> <p>There was however still a poor record of achievement in CIP in month and YTD and it was agreed that to live within and improve performance following agreement of the Block contract a root and branch review of how CIP would be built up, delivered and monitored from April would be needed. This would be taken as a central theme to the Board away day in February.</p> <p>RM reported on progress against Carter targets and focus on three operational areas to be reported to Board this month. The Committee agreed with the Executive recommendation that the format of the monthly Carter report should change substantially in future to make it</p>

clearer and more concise for Board review and assurance purposes.

Key outcomes from the reports taken at the meeting

The Committee took assurance that where performance dips had occurred there were robust plans in place to make sustainable improvements in all but A&E (and consequent hospital patient flows) where there was to be a reliance on a Borough wide approach to talking the issues.

The financial performance in month had led to greater assurance that the control total could be achieved if all divisions performed to the recovery plan level in the last quarter.

The CT scanner business case approval would lead to significantly improved operational efficiency and patient experience.

It was particularly noted from RL's report that despite ongoing technical problems with ventilation in the new POD theatres there had been a very positive turnaround in performance, staff morale and financial results in Specialist Services at Wrightington, this report was seen by the Committee as one of the highlights of the meeting.

Agreed actions from the meeting	Name of primary lead for the actions
Further consideration to be given to the highlights / lowlights section of the performance report to ensure that the covered all key events / incidents	D Armfield
Further information for T&O to be provided in terms of what the tail of patients looked like, how long patients had been waiting and how far out of line the ratios were for non-complex compared to others	R Lyon
A paper on the MEAV exercise to be brought to the next meeting (RF)	R Forster
R Mundon to provide an update to Board on the pod failures	R Mundon

PRIVATE & CONFIDENTIAL
Minutes of a meeting of the Finance and Investment Committee held at 9.30am on 17th January 2017 in the Boardroom, Trust HQ

	2017									
PRESENT	17 01	14 02								
Robert Armstrong, Chairman	√									
Rob Forster, DOF	√									
Andrew Foster, CEO	Apols									
Sanjay Arya, Acting MD	√									
Jawad Husain, Acting MD	-									
Neil Turner, NED	√									
Pauline Law, DoN	√									
Neil Campbell, NED	√									
Richard Mundon, Director of Strategy	√									
Alison Balson, Director of Workforce	√									
Jon Lloyd, NED (Chair)	√									
Mary Fleming, DoP	Apols DA/RL									
Carole Hudson, NED	√									
Mick Guymer, NED	√									
IN ATTENDANCE										
David Evans, Assoc. Director E&F	√									
Lynda Hancock, Corporate Services Administrator	√									
Carolyn Wood, Deputy DoF	Apols									

1. CHAIRMAN'S OPENING REMARKS

J Lloyd welcomed all to the meeting.

He noted that many staff members would be remembering Helen Hand, Trust Board Secretary, today. It was an incredibly sad day and all thoughts would be with her family at this difficult time.

He noted that the last meeting had been in November. Much had happened since that time which would be picked up during the course of the discussions.

2. DECLARATION OF INTERESTS

None declared.

3. APOLOGIES FOR ABSENCE

As noted in the table above.

4. MINUTES OF THE LAST MEETING 22.11.16

The minutes were agreed to be accurate.

5. MATTERS ARISING

a. ACTIONS FROM THE LAST MEETING 22.11.16

Completed actions were received and noted.

b. WORK PLAN 16/17

The work plan was received and noted.

6. RISK ESCALATIONS

There were no risk escalations this time.

7. PERFORMANCE REPORT M9 AND A&E REPORT

P Law advised the Committee of the main highlights and lowlights:

- There had been no grade 3 or 4 pressure ulcers for December and only 1 year to date
- There had been no serious or moderate falls in December
- 12 out of 13 patient experience indicators were green. The only remaining red indicator was around patients being involved in discharge and P Law advised that she had a plan to improve this
- There had been an MRSA bacteraemia in December, 4 CDT cases and a central line infection in ICU
- 2 wards had been closed due to norovirus and 10 nursing homes had also been affected
- CDTs were now at 21 year to date against a trajectory of 19. Only 3 of these were due to lapses in care. It was also noted that an assurance paper around infection control had been taken at the recent Q&S Committee and this had provided a great level of assurance

D Armfield provided the operational highlights and lowlights:

- Overall access targets had achieved in month and it was pleasing to note that the cancer target had recovered
- On the day cancellations were down and the percentage of hospital cancellations at less than 6 weeks remained static
- Stroke had failed the target for TIA patients treated within 24 hours – this had been due to sickness, annual leave and pressures in the hospital
- T&O RTT had failed for December. There was a plan in place to recover the position

D Armfield reported that A&E achieved 82.54% for the month of December and 83.6% for the quarter which missed the target. December had been a very difficult month for a number of reasons:

- The outbreak of the norovirus had affected a number of wards and had also impacted on staff sickness
- Exit blocks had also caused issues. The Trust currently only had 27 community beds and some care homes had also been closed due to norovirus and staffing issues
- Whilst attendances had remained static, there had been high admissions, particularly amongst the over 75 age group

- There had also been an increase in GP referrals

A&E had recovered somewhat with 3 consecutive days at over 90% but care homes continued to be hit by norovirus and flu.

S Arya noted that these issues could not be resolved by the Trust alone and a Borough wide approach would be required.

J Lloyd agreed that the statistics in the report were worrying.

R Armstrong felt that the Borough needed a new model for winter which took in to account the learning from this year but was not clear how this could be taken forward.

P Law advised that work was needed in terms of the cohorting of patients receiving end of life care. End of life patients currently took up the side-rooms which presented difficulties in terms of infection control. She would be looking at the possibility of creating an end of life ward or bays in order to free up side-rooms. These would be based on those provided at the hospice. A paper would be taken to the Q&S Committee to outline how this might look.

R Mundon advised that there would be opportunities via the Health and Wellbeing Board to look at issues as a Borough.

A Balson queried whether some patients in hospital on end of life care actually wanted to be elsewhere. P Law advised that every effort was made to move out those patients that wanted to die elsewhere but noted that there would always be patients on end of life care in the hospital.

N Turner supported the suggestions around a Borough wide approach and wondered whether the Trust could provide support and guidance to nursing homes to help them cope with norovirus outbreaks etc. P Law advised that Bridgewater had been providing support to care homes and Public Health had been providing education and training.

C Hudson felt that the ICO had a role to play in the Borough wide approach to end of life care. She felt that this was not provided consistently. End of life care was excellent at the hospital and in the hospice but was less so in the community and in care homes. She would like to see a plan that took account of this.

D Evans felt that the amount of side rooms was an issue and a plan needed to be in place as to how more could be created as and when capital became available. J Lloyd agreed but wondered if the E&F team could also consider smaller, more incremental changes that could be made give the constraints around capital.

J Lloyd thanked all for a worthwhile discussion. He felt that that highlights and lowlights in the performance report needed further work. There were a number of significant events such as ward closures and theatre failures that did not appear in the section and J Lloyd felt that they should.

ACTION: Further consideration to be given to the highlights / lowlights section of the performance report to ensure that the covered all key events / incidents

NHSI submissions for breaches of agency capped rates

The report was received and noted. A Balson advised that the Trust continued to do well despite challenges in December. She thanked the Divisions for their hard work.

Outpatient follow up

The report was received and noted. R Lyon noted that a number of the specialties were still on trajectory but some had slipped. The number of patients waiting 6 months or longer had reduced despite clinics being cancelled in December. There had been the biggest increase in the T&O backlog as all resource had been put into the recovery plan. R Lyon was now working to restore some balance to this.

J Lloyd thanked R Lyon for a very clear report.

R Armstrong noted that further information for T&O would be required for the report in terms of what the tail of patients looked like, how long patients had been waiting and how far out of line the ratios were for non-complex compared to others. He questioned the validity of follow ups that had been delayed to a great degree and felt that, if there was no positive patient or clinical impact, they shouldn't be done.

It was noted that the impact of the block contract on outpatient follow ups would need to be considered.

ACTION: Further information for T&O to be provided in terms of what the tail of patients looked like, how long patients had been waiting and how far out of line the ratios were for non-complex compared to others

8. FINANCE AND CIP REPORT M9

R Forster gave a presentation on the block contract agreement with the CCG.

J Lloyd thanked R Forster for a very helpful presentation that updated the Committee on progress since the last meeting in November.

N Campbell felt that the next steps would be critical in terms of delivering the level of transformation required by the contract. It would be important to agree how this would be scrutinised and monitored.

R Armstrong noted his suggestion to reformat the BAF to provide this monitoring and scrutiny and advised that a full discussion would be had around this at the Full Board Away Day on the 20th February.

M Guymer felt it was positive to have a set contract for the next 2 years and noted that the Board would need to be sited on any conditions that formed part of the contract. R Forster advised that details would be provided in the report to Trust Board.

C Hudson queried whether risks around future income had been factored in. She noted that neighbouring Trusts were also focusing on repatriating patients and queried whether this would be a risk for WWL. R Forster agreed that it would be key to protect external income.

A Balson reminded the Committee of the need to be mindful around timescales, particularly if transformations required public or staff consultations.

R Mundon felt that the block contract offered a new set of challenges and opportunities. It would require real transformation and a move from the traditional CIP methods. He noted that the key to winning out of area activity would be to reduce waiting times and to maintain a good reputation for quality of care.

N Turner noted the need for a good communications plan if changes were made to services; it would be important to ensure the support of the public.

J Lloyd thanked all for their input into the discussion and looked forward to further discussion at the Board meeting.

Financial recovery plan update

The finance report was received and noted.

R Forster advised that, on the surface, it appeared to have been an exceptional month with a £2.1m surplus and a £3m surplus year to date, however, it was noted that the position had been supported by non-recurrent items. The S&T funding for Q3 had been achieved as the Trust had hit its plan excluding land sales. It had been a difficult month for CIP which was now £1.4m away from plan. Capital expenditure was being closely controlled and the cash position was above plan at £9.2m. The Trust continued to forecast achievement of the budget at year end.

C Hudson noted her ongoing concerns around CIP achievement but she congratulated the team on the result for the quarter.

J Lloyd thanked R Forster for his report and advised that there would be further discussions at Board.

Capital report

The report was received and noted. Capital continued to be restricting for all but safety critical items.

R Forster noted that an exercise was being undertaken around MEAV (Modern Equivalent Asset Valuation) and a paper would come to the Committee on this next month.

ACTION: A paper on the MEAV exercise to be brought to the next meeting (RF)

9. CARTER

The report was received and noted.

R Mundon advised that this was still work in progress. The report focused on Obs & Gynae, Upper Limb and Diabetic Medicine this time. He notified the Committee of plans to streamline the report going forward.

J Lloyd thanked R Mundon for a very useful report.

10. WRIGHTINGTON PHASE 1 REPORT

R Lyon advised that Wrightington continued to perform well against their recovery plan which was instigated in mid-November. Whilst the plan had been hit for December, R Lyon advised that income targets hadn't due to the lower complexity of cases over the Xmas period. This would be addressed and work was also being done around outpatient work.

R Lyon advised that she had been very impressed by the team spirit and the involvement of all to achieve this. She felt the effort made was particularly good given that the teams were working from the old theatres due to continuing issues with the new pods.

J Lloyd thanked R Lyon for an excellent and heartening paper.

C Hudson asked for an update on the pod failures at Board as this had been ongoing for some time. R Mundon would provide at Board.

R Armstrong congratulated the Division on excellent work on the recovery plan but emphasised the importance of ensuring that systems were in place to monitor activity.

S Arya noted that he would be supporting R Lyon at Wrightington.

J Lloyd thanked R Lyon for her report.

ACTION: R Mundon to provide an update to Board on the pod failures

11. WINNING BACK THE WORK

The report was received and noted.

R Mundon advised that the report would change to focus on out of area work going forward.

Referrals from GPs had increased and overall activity in targeted areas was up. However, income was down by £780k. This was mostly driven by private work at the ACU. Further discussion around this would take place at the meeting in May.

J Lloyd thanked R Mundon for his report.

12. BAF SCORING

a) Achieve Zero points on the Monitor (NHS Improvement) Compliance Framework

The Committee noted that A&E had not achieved for Q3. It was agreed to keep the score at 20.

b) Achieve a full year FSRR of 3 and in line with plan; achieve a surplus of £3.7m; maximise access to NHSE funds; return to underlying financial balance by Q4

The Committee noted that, whilst Q3 S&T funding had been achieved, there was still significant financial risk. It was agreed to keep the score at 20.

c) Develop a WWL GM devolution plan focused on patient benefits by Q4

The Committee noted that work continued around this objective but there was no requirement to change the score at this stage.

13. MINUTES RECEIVED FOR INFORMATION

The Committee received and noted the reporting Committee minutes.

14. ANY OTHER BUSINESS

Business case for CT Scanner

R Lyon presented the business case for CT scanner. This had been approved by Deputies, ECC and Management Board.

The Committee approved the business case but noted the suggestions to check that software for Cardiology was included and that discussion was had with the Supply Chain to see if they had CT Scanners available at a better price.

15. KEY SUCCESSES AND RISKS

Key successes were agreed to be:

- Wrightington recovery and the positive attitude of staff
- The continued improvements in trajectory for temp staffing
- Financial performance in month and in quarter
- Agreement of block contract

Key risks were agreed to be:

- CIP delivery
- Block contract impact and culture change required
- A&E performance
- Orthopaedics 18 weeks RTT failure

16. COMMITTEE EFFECTIVENESS FEEDBACK

J Lloyd thanked all for their participation in what had been a good meeting.

17. DATE AND TIME OF THE NEXT MEETING

14th February 2017, 9.30am, THQ Boardroom.