

## Chairpersons Report

<b>Chairpersons Name</b>	Jon Lloyd		
<b>Committee Name</b>	Finance & Investment Committee		
<b>Date of Meeting</b>	23.05.17		
<b>Name of Receiving Committee</b>	Trust Board		
<b>Date of Receiving Committee meeting</b>	May 2017		
<b>Strategic Items for referral to Trust Board</b>	No		
<b>Items for escalation?</b>	<b>Yes</b>	<b>No</b> x	<b>If yes, to which Committee</b>

<b>Please detail up to 3 key successes or achievements discussed at the meeting</b>				
1.	A&E performance			
2.	Financial performance in M1			
3.	Cancer target performance			
4.	The discretionary efforts of Physicians in covering rota gaps			
5.	The review of the ACU business case			
<b>Details of the top three risks identified during the course of the meeting and initials of primary member of staff actioning</b>				
1.	Continued poor HSMR data			SA
2.	CIP delivery			RF
3.	Medical staffing gaps			AB
4.	Risks associated with Fertility Fusion – Consultant resilience, commissioning and competition from other providers			
5.	Increased infection rates which would continue to be fully discussed at Q&S			PL
<b>Attendance at the meeting (please highlight):</b>	<b>Excellent (well attended)</b> X	<b>Acceptable (some apologies)</b>	<b>Unacceptable (quorate)</b>	<b>Unacceptable (not quorate)</b>

<b>Was the agenda fit for purpose and reflective of the Committees terms of reference?</b>	YES
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<b>Narrative report of the key issues of the meeting</b>
<p>The meeting received an excellent presentation on the work of the ACU fertility unit, branded Fertility Fusion under the leadership of our specialist consultant Phil Harris. He provided a very clear analysis of the service and made comparison with the patient outcome and financial targets in the approved business case.</p> <p>There was excellent discussion probing and where appropriate challenge around the highs and lows in the Performance Report, Finance/Big 12 report, Annual R&amp;D report and the Winning Back Work report. The latter would be refocused in future to concentrate on relevant Big 12 targets. The proposed new format for the Performance report was considered in detail with very helpful suggestions for continuous improvement of format and content.</p> <p>The new format and content of the relevant BAF targets attributed to this committee were discussed fully and constructively challenged. As the Trust Chairman had previously advised colleagues its not the score itself that is important it is the level of understanding of the risks gained from the information</p>

Chairman: Robert Armstrong

Chief Executive: Andrew Foster CBE

provided and the measures and actions that were in place to manage those risks that gave the relevant Committee and subsequently the Board the appropriate level of assurance. All agreed that the debate prompted around this month's content showed that the new format BAF pro formas were working well and would continue to develop and add greater clarity and assurance going forward.

**Key outcomes from the reports taken at the meeting**

The Committee took assurance that the ACU was well led, was delivering an excellent service to couples in the region and was making a financial contribution to the Trust but there remained financial challenges around the performance of partners, likely future commissioning intentions and private patient competition in the NW region.

The meeting generally supported the improved format of the Performance Report with suggested further enhancements and agreed substantial assurance could be taken.

It was clear that the committee had heard and discussed several key successes across the Trust but also some very concerning risks however it took assurance that relevant leaders throughout the organisation were appropriately focused on those risks.

At month 1 the Trust is on financial Plan and performing well to national performance targets.

<b>Agreed actions from the meeting</b>	<b>Name of primary lead for the actions</b>
The NHSI agency cap breach report to include comparison with last year's performance	A Balson
R Mundon to provide a set of definitions to assist with the scoring of risks on the BAF	R Mundon

**PRIVATE & CONFIDENTIAL**  
**Minutes of a meeting of the Finance and Investment Committee held at 9.30am on 23 May 2017**  
**in the Boardroom, Trust HQ**

	2017									
<b>PRESENT</b>	<b>17 01</b>	<b>14 02</b>	<b>21 03</b>	<b>25 04</b>	<b>23 05</b>					
Robert Armstrong, Chairman	√	√	√	Apols	√					
Rob Forster, DOF	√	√	√	√	√					
Andrew Foster, CEO	Apols	√	√	√	√					
Sanjay Arya, MD	√	Apols AA	√	√	√					
Neil Turner, NED	√	√	Apols	√	√					
Pauline Law, DoN	√	Apols AE	√	√	√					
Neil Campbell, NED	√	Apols	√	√	Apols					
Richard Mundon, Director of Strategy	√	√	√	√	√					
Alison Balson, Director of Workforce	√	Apols VM	√	√	√					
Jon Lloyd, NED (Chair)	√	√	√	√	√					
Mary Fleming, DoP	Apols DA/RL	√	√	√	√					
Carole Hudson, NED	√	√	√	√	√					
Mick Guymer, NED	√	√	√	√	√					
<b>IN ATTENDANCE</b>										
David Evans, Assoc. Director E&F	√	√	√	√	√					
Lynda Hancock, Corporate Services Administrator	√	√	√	√	√					
Carolyn Wood, Deputy DoF	Apols	Apols DH/GE	√	√	√					
Mark Singleton, IM&T	-	√	Apols GH	√	√					

**In attendance:** Phil Harris, Fertility Consultant and Charles Gould, Divisional Accountant

**1. CHAIRMAN'S OPENING REMARKS**

J Lloyd welcomed all to the meeting.

He noted that this would be the last meeting for C Wood, Deputy Director of Finance. The Committee joined in thanking C Wood for her hard work and commitment over the years and wished her well in her new role.

The Committee were saddened to hear of the tragic event that took place at the Manchester Arena and it was advised that a minutes silence would be held at 11am in sympathy with those affected.

R Forster introduced Joe Heywood from MIAA who was attending the meeting in an observatory capacity. Introductions were made around the table.

## **2. DECLARATION OF INTERESTS**

None declared.

## **3. APOLOGIES FOR ABSENCE**

As noted in the table above.

## **4. ACU BUSINESS CASE PRESENTATION**

Phil Harris and Charles Gould were in attendance to give a presentation to the Committee with regard to the ACU business case and performance against its objectives.



Fertility Fusion  
benefits realisation v!

P Harris noted that the intention of the case was to create a new centre which provided an effective / high quality service and improved patient experience. This objective had been achieved with a positive increase in patient satisfaction and success rates above the national average. There had been an increase in NHS activity through the centre but, whilst there had been some growth, there had not been the rise in private activity that had been anticipated. There were some concerns around the Consultant pool as the service was primarily supported by P Harris with some sessions undertaken by visiting Consultants. This was an additional cost as well as being a resiliency issue. Overall, the unit was running successfully and making a positive contribution to the Trust's financial position. He highlighted some risks in terms of partnership arrangements and the potential for CCG funding for fertility treatment to be reduced. However, there were also potential opportunities, particularly around the development of an onsite IVF lab.

J Lloyd thanked P Harris and C Gould for their presentation and invited questions from those present.

N Turner welcomed the review of the business case and felt this was a practice that needed to be undertaken more.

R Forster felt that the ACU had been an exemplar in setting up a business unit and congratulated P Harris and the team on the development of an excellent service that contributed positively to the Trust.

C Hudson noted that there was the potential for patients to be confused around their entitlement to NHS fertility treatment. She wondered whether information was provided on the website. P Harris noted the many complexities of NHS funding and advised that this could vary widely dependant on the area the patient came from. He felt it was best to discuss face to face with patients as this was so complex. C Hudson noted that it might be necessary to raise such inequities at a higher level in the future.

R Armstrong felt there was real potential for the centre regionally but noted the vulnerabilities around the Consultant pool. He queried whether there were pipeline plans to improve this position. P Harris advised that he was aware of a trainee with potential interest in the area.

J Lloyd noted the concern around private income not achieving as anticipated and queried what could be done to address this. P Harris advised that the unit would continue to market itself. He advised that income was growing but slower than originally thought. R Mundon noted that there would be a concerted marketing effort around the ACU.

J Lloyd thanked P Harris again for his presentation and commended the team on their excellent work.

## **5. MINUTES OF THE LAST MEETING 25.04.17**

The minutes were agreed to be accurate.

## **6. MATTERS ARISING**

### **a. ACTIONS FROM THE LAST MEETING 25.04.17**

Completed actions were received and noted.

### **b. WORK PLAN 17/18**

The work plan was received and noted.

## **7. RISK ESCALATIONS**

There were no risk escalations to this meeting.

## **8. PERFORMANCE REPORT M1**

P Law provided an update to the Committee on the highlights and lowlights of M1:

- There had been 1 CDT and 1 MRSA in month
- The principle risk continued to be HSMR
- There had been an increased number of patients that had been involved in their discharge
- There had been no serious falls in month
- The PLACE inspections had been very positive and it was hoped that this would be reflected in the results

M Fleming provided an update from the operational side:

- A&E was an improving position with the revised trajectory of 90% achieved for April
- Access targets performance remained strong, particularly for cancer
- The stroke target for patients spending 90% of their stay on the stroke unit had failed
- There remained a significant risk around medical staffing gaps – mitigating actions were in place but these were not alleviating the issues
- There had been bed pressures on the Wrightington site due to the increased number of complex revision cases being undertaken

The new format Board report had also been circulated for Committee comments.

### A&E

The A&E report was received and noted.

### NHSI submissions for breaches of agency capped rates

The report was received and noted.

The Trust was currently on track against the set ceilings from NHSI.

M Guymer noted the additional information included in the agency cap breach report but asked if there could be a comparison with the past year's performance.

N Turner noted the increase in the instances of MRSA and queried if a reason had been identified for this. P Law advised that all MRSA cases were fully investigated and there had not been a common cause

identified. She felt that the increase could be attributable to the increased pressures on the system but noted that WWL was performing well in comparison to a number of other Trusts.

S Arya noted the risk around medical staffing gaps and thanked the Acute Physicians for working hard to cover gaps.

C Hudson noted the excellent A&E performance despite the challenges. She noted that there had been further nursing home closures in April which had impacted on WWL.

In terms of the new format for the performance report, the Committee felt that this was a good improvement but requested that consideration was given to re-formatting the Exec summary to make it more readable, the inclusion of trend data and more holistic workforce indicators. M Singleton and BI would continue to work on this.

**ACTION: The NHSI agency cap breach report to include comparison with last year's performance**

## **9. FINANCE AND CIP REPORT M1**

R Forster advised that the Trust had reported a deficit of £2.3m in M1. This was in line with plan. Income was slightly ahead and expenditure slightly behind plan. CIP of £300k had been achieved in month against a plan of £600k. Capital expenditure was down on plan and the cash position was strong. A use of resources rating of 2 had been achieved.

R Forster took the Committee through some changes that had been made to the report and advised that there would be further amendments made. This was welcomed by the Committee.

### Big 12 / CIP

R Forster advised that the Big 12 had been launched and project leads had been given until the end of the month to finalise the financial details of these. It was not anticipated that the full quota of savings would be achieved by the schemes so the balance would be allocated to Divisions as CIP. R Forster noted that there was a lot of energy and enthusiasm around the schemes and advised that a clearer position on what could be delivered would be provided at the next meeting.

The Committee noted the importance of delivering the necessary savings in the year and that it would require a suitable level of visibility and assurance around CIP / Big 12.

## **10. R&D ANNUAL REPORT**

The report was received and noted.

R Mundon advised that the R&D function continued to grow and was contributing positively to the Trust both financially and clinically. The unit had won a number of awards and had held a show case event in March. WWL had received some capacity building funds from NIHR to support research growth which had helped to strengthen the team. Overall, it had been a very positive year for R&D at the Trust.

J Lloyd thanked R Mundon for a heartening report and noted the good progress being made.

## **11. WINNING BACK THE WORK**

The report was received and noted.

R Mundon advised that 8 specialties were being focused on and there had been good performance against trajectory in M1.

It was noted by the Committee that there was some duplication between this and the Big 12 scheme relating to Orthopaedic activity. There was also some discrepancy between the data in the report and the data presented in the finance report. It was agreed that there was still a requirement for a separate,

detailed report as well as the Big 12 scheme update but it would be important to ensure consistency in data.

## 12. BAF SCORING

### a) To meet all national access targets - MF

*Failure to meet the A&E 4 hour target* – M Fleming noted that the Trust had achieved the revised 90% target for April. There were currently no concerns around performance. The Committee agreed to retain the risk score at 15.

### b) To achieve two year budget stability

*Failure to deliver the Big 12 schemes* – the Committee had noted that work continued to progress on the schemes but it was not anticipated that the Big 12 would deliver the full savings required. Plans were in place to cover the shortfall by Divisional CIP. The Committee agreed to score this risk at 15.

*Failure to deliver Divisional CIPs* – the Committee had not had the opportunity to scrutinise CIP plans as yet so it was agreed to score this risk at 20.

*Budget overspend; cash flow reductions and liquidity* – the Committee noted that M1 had achieved to plan and that the cash position was strong. It was agreed to score the risk at 10.

The Committee noted that it would be helpful to have a set of definitions to assist the scoring of risks. R Mundon would consider this via REMC.

**ACTION: R Mundon to provide a set of definitions to assist with the scoring of risks on the BAF**

## 13. MINUTES RECEIVED FOR INFORMATION

The Committee received and noted the reporting Committee minutes.

## 14. ANY OTHER BUSINESS

An update on the recent cyber-attack was provided to the Committee. This would be reported on in more detail at the Board but it was noted that all systems were now back on line.

## 15. KEY SUCCESSES AND RISKS

Key successes were agreed to be:

- A&E performance
- Financial performance in M1
- Cancer target performance
- The discretionary efforts of Physicians in covering rota gaps
- The review of the ACU business case

Key risks were agreed to be:

- Continued poor HSMR
- CIP delivery
- Medical staffing gaps
- Risks associated with Fertility Fusion – Consultant resilience, commissioning and competition from other providers
- Increased infection rates

#### **16. COMMITTEE EFFECTIVENESS FEEDBACK**

Feedback was provided from J Heywood (observing from MIAA). He thanked the Committee for the opportunity to attend and felt that it had been a very interesting meeting.

#### **17. DATE AND TIME OF THE NEXT MEETING**

The next meeting will take place on 20<sup>th</sup> June 2017, 9.30am, THQ Boardroom.