

<b>Name of Meeting:</b>	Finance Performance and Digital Committee
<b>Date of Meeting:</b>	Tuesday 17 September 2019
<b>Prepared by:</b>	Jeremy Cross, Chair of Committee/Non-Executive Director

### Highlights from the meeting

It was exciting to hear the developments within the digital team – especially the trial of “Attend Anywhere” software which will enable outpatients and occupational health users to use on line appointments and avoid travelling in to Airedale. Similarly we are trialing our ability to see Parkinson’s patients through the Digital Hub rather than through A&E as previously.

It was very encouraging to have Governor representation at the meeting, and this will undoubtedly help in the communication of Trust performance to the wider Governor team.

### Assurances gained at the meeting

**Winter planning** is well developed and it is encouraging to hear about the development of 20 off site beds to increase our capacity for those patients who do not need to receive treatment at Airedale. While there are still some elements of the Winter Plan to lock down, we seem to be in a good position of readiness.

**Financial planning** for the next financial year has already started allowing us to plan as an ICS (Integrated Care System). While plans are necessarily just “top down” for the moment, we had a good discussion as to a realistic out turn for 2020/21 and onwards. While we believe we can gradually get back to a balanced position over time, the underlying £3m adverse run rate will not be easily overcome. Current plans show us getting back to balance by 2023/24.

### Challenges from the meeting

**Theatres Business Case** – this was presented for the 3rd time to the FPD, now that we have finalised the site of the build and have a Guaranteed Maximum Price to work to. Unfortunately, this is significantly higher than previously anticipated in the business case, and as a result the payback period for the project now extends out to 7 years and 2 months (there have been no significant changes to income or other cost assumptions). This is clearly a significant proportion of time, and given that 50% of the assumed income to justify the build comes from the repatriation of work currently being done in the Private Sector, there is a risk that in later years these assumptions may not be valid, or will have risks attached to them. While it seems reasonable to assume that with a growing and ageing population the demand for (for example) orthopedic surgery will rise over time, there is a risk that the supply side will change – for instance we are aware that Bradford are themselves discussing significant additional investment in theatres.

Nevertheless, the theatres business case has been long discussed and has been a fundamental part of our future planning for a significant amount of time. It directly addresses a CQC “must do”, and is also an essential part of our ability to attract and retain the necessary consultants to Airedale. (For instance, we currently have 6 surgeons on site who have no fixed surgery slots available to them to use each week.) The Board will need to satisfy themselves that the additional risks of the higher capital spend and the elongated pay back time are risks that can be mitigated.

**Performance** – A&E performance is on an improving trajectory, and at the time of meeting was at 89.8% for Q2 with an ambition to meet 90% for the quarter overall. Times to “first treatment” have improved significantly, and the regulators seem satisfied with the performance we are generating. As previously flagged to the committee (and on to the Board) RTT fell in the month of August, and is just below the 92% target. The Chief Operating Officer reported that stabilising the results will be the initial priority before we try and plan to recover back to 92%. As previously noted, the NHS Pension issue is fundamental to performance in this area, since there is a lack of additional work available from certain areas.

Diagnostics remains an issue though it is believed we can stabilise performance at around 95%. In Cancer we met the 62 day target, though we missed on the 2 week performance.

C Diff remains at zero avoidable cases at present.

Sickness was rated “green” for the second month running which is most pleasing. As previously reported, vacancy levels amongst nursing staff remain high. The Medical Director is to report separately to Board on Medical staff vacancies.

### **New / Emerging risks**

**Business Continuity** plans are critical within the digital team as we move to electronic patient records. The digital team reported that Business Continuity had been assessed as not where we need it to be – and before electronic patient records are rolled out to new areas we need to ensure this is adequately addressed. There are some learnings from Bradford that we can use in this.