

Name of Meeting:	Finance, Performance and Digital Committee
Date of Meeting:	Tuesday 28 January 2020
Prepared by:	Jeremy Cross, Chair of Committee/Non-Executive Director

Highlights from the meeting

Operational performance in some areas – and in particular in A&E – has dropped below their recent run rates, and below the previous expectations of Airedale. For A&E in particular, we no longer benchmark well against other trusts.

As the Board is aware, A&E is “the end of the line” in that it is impacted by all other aspects of the healthcare system and how they are performing. It is not a simple fix. The Chief Operating Officer clearly highlighted how bed occupancy – which is running as high as 99% at times – has a direct impact on A&E performance. While we may be able to get to patients on time, we cannot move them on through the hospital system as there is no space. Long term stay is a genuine issue – with 83 patients reported at the day of the Committee as having been in the hospital for more than 21 days. For many of these patients, a hospital bed is not the best care that they could be getting, but there is a lack of alternatives in social care.

This is an issue for the whole board to consider. I am aware that there is no board meeting in February with the new governance processes, so have asked for time to be made – either at the Board Strategy day in February, or elsewhere – so the board can consider this important issue, and if our response is adequate.

Assurances gained at the meeting

We received an excellent presentation on GIRFT findings from Rachael Stray on behalf of the Surgical and Critical Care team. It was pleasing to see a number of areas of good practice highlighted, including the use of telemedicine, training, and our work within Diabetes. A number of recommendations had been made (some of quite a technical nature) and actions plans were in place to address them – including some which will be resolved by the completion of the new theatres capital build. In addition it was noted that some operations were being cancelled as a result of the patient eating/taking anti coagulants, and that these procedures were to be clarified. There were some data issues around cancelled operations as a result of Bradford children’s dental appointments having been included. Workforce issues identified were already in plan as we aim for full GPICS (Guidelines for the Provision of Intensive Care Services) compliance.

We received the Business Development update for the last quarter of the year. It was pleasing to see some new contracts won by Immedicare, and the involvement of Business Development in a number of opportunities.

We reviewed the digital performance for the month, and were assured that systems were stable. Good progress has been made in a number of areas, including the use of Attend Anywhere. Also it was encouraging to see the growth in the use of the Electronic Patient Record by department, and to hear of new uses for telemedicine – such as being able to observe patients take their medicine without having to go out to their residence. Video consultations are increasing and it is pleasing to see the mainly positive patient feedback.

It was also encouraging to see that financial resourcing for key projects had been identified for 20/21.

We reviewed the process for developing the annual plan for 20/21, though the guidance had not yet been sent out.

Challenges from the meeting

Our financial performance remains an issue – and our underlying deficit is now £4.2m, a deterioration of a further £400k (albeit with the agreement of the ICS, which should mean the system as a whole can still meet its control total).

We received an excellent paper from the Deputy Director of Finance showing significantly more detail on the use of agency staff, and its impact over the past 18 months. Of note is that our nursing establishment has increased by 40 WTE over this period, but we have only been able to recruit to 27 of these roles – adding an additional pressure of 13 WTE into our system. A similar picture exists for HCSW with an additional 31 vacancies in the system. While we have seen some improvements in sickness levels over the year, this has been more than outweighed by significant additional maternity cover costs.

It was good to understand and see the extra level of detail by area. The report has been shared with board members separately for information – it gives a clear explanation of what has happened, and provides a clear requirement for planning for 20/21 to ensure we can keep agency costs down.

New / Emerging risks

A&E performance – as discussed above.

Name of Meeting:	Finance Performance & Digital Committee
Date of Meeting:	Tuesday 25 February 2020
Prepared by:	Rhys Davies, Non-Executive Director

Highlights from the meeting

Some marginal improvements in performance, eg A&E slightly up from historic low; Length of stay (over 21 days down from 80 to 55); Cancer; Productivity. Activity ongoing to consolidate these and make them sustainable although Cancer wait times over 62 days is unlikely to be achieved.

Further work to understand why people are attending A&E and why people are staying as long as they do will be undertaken in the coming months by IPSOS MORI. The belief being that if the reasons why are understood, then more targeted action can be taken to address these issues. Ultimately, this will relieve pressure on the team as the patients are being treated.

The new Operational Targets (due April 2020) are understood and we meet most of these already.

Assurances gained at the meeting

Referral To Treatment Pathways has reduced slightly in the last 2 reporting periods but overall it has been increasing since March 2019. There are no patient safety risks, however, but work will be undertaken to investigate the reasons for this and to assess how the figure can be reduced.

Challenges from the meeting

Overall, finances were broadly unchanged but there were some significant variances within the overall figures, eg the VAT claim for £390k has been rejected (advice is being sought as to whether an appeal against this decision should be made) but savings of £360k have been found to balance this. The increase in Agency and Bank staff has not worsened. Overall the forecast for the year is in line with the previous month's prediction.

Planning guidelines for next year are later than in previous years and continue to change. This puts additional pressure on the planning teams to prepare suitably for the next annual plan.

The proposed transfer of NHS Property Services properties to the Trust will be deferred pending revaluation of these assets.

New / Emerging risks

CCG funding for 20/21 looks challenging.

The emphasis placed by NHSE/I, on the Cost Improvement Programme (CIP) for 20/21 will not be as defined as they would like, ie they would like 50% of the CIP identified at time of plan, but this will not be possible for ANHSFT.