

Trust Board Meeting in Public: Wednesday 11 May 2016
TB2016.43

Title	Finance & Performance Committee Chairman's Report
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Status	For discussion
History	The Finance and Performance Committee provides a regular report to the Board.

Board Lead(s)	Mr Christopher Goard, Committee Chairman			
Key purpose	Strategy	Assurance	Policy	Performance

1. Introduction

The Finance and Performance Committee met on 13 April 2016, when Divisional senior management teams were invited to join the meeting, to participate in deliberations related to the Committee's normal business, and to present their plans for transformation required in 2016/17.

The main issues raised and discussed at the meeting are set out below.

2. Significant issues of interest to the Board

The following issues of interest have been highlighted for the Trust Board:

- a) The Integrated Performance Report for Month 11 was received, noting:
- The percentage of adult inpatients that had a VTE risk assessment in February was 95.62% against the standard of 95%.
 - Diagnostic waits over 6 weeks: 69 patients waited over 6 weeks at the end of February, achieving 0.55% against the standard of no more than 1% waiting over 6 weeks.
 - The 18 week RTT Incomplete standard was achieved in February at 92.08% against the standard of 92%.
 - MRSA bacteraemia; zero cases were reported in February.
 - Patients spending $\geq 90\%$ of time on stroke unit was 91.11% against a standard of 80% in February.
 - Zero same sex accommodation breaches were reported at the end of February.
 - C. Difficile, five cases were reported in February, resulting in 54 in the year to date, against a maximum threshold of 69.
- b) Performance against the 4 hour A&E standard had been reported at 77.6% in February, against the standard of 95%.
- c) The Committee was presented with an analysis of the patterns and causes of breaches of the 4 hour ED standard at the John Radcliffe hospital over the last three years, with the plan that this information could be used to target measures to improve performance.

Key points made included:

- That a direct causal relationship could be shown between age of the patient presenting, and the rate of breach;
- High acuity attendances were increasing at a faster rate than lower acuity attendances;
- Overall, ED attendances in Q4 of 2015/16 were reported to have increased to 36,990, compared to 33,000 in Q4 of 2014/15.

- d) The Committee also received a presentation on outcomes achieved to date to reduce the level of delayed transfers of care. While the level had fallen, it had not yet proved possible to achieve the reduction which had been hoped for at the outset, due primarily to lack of capacity in the provision of domiciliary care. Nor had the necessary flow through the system been achieved, to enable the desired improvement against the 4 hour ED standard. The Committee will receive a further report at its next meeting in June, to confirm what is a reasonable and realistic trajectory for the further reduction of DTOCs, alongside the trajectory for performance against the 4 hours ED standard; and to confirm the plan for achieving the delivery of performance in line with the trajectory.
- e) Six of the eight Cancer Standards were not achieved in January, partly due to the impact of patients choosing to delay treatment during the festive season, access to critical care beds and late tertiary referrals. It is expected that all eight Cancer Standards would be achieved over the quarter.
- f) Workforce turnover was reported at 13.84% in February, 3.34% above the target for the Key Performance Indicator [KPI]. In the future, the IPR will include more detail, at a more granular level, in relation to workforce performance.
- g) The Committee considered the Trust's financial position for Month 11, noting that this reported underlying EBITDA¹ of £42.5m carried forward into 2016/17 after adjusting non-recurrent items, representing 4.5% of income. The forecast year end position for the Trust was reported to be a surplus of £5.3m against the Trust's breakeven duty, with an out-turn of £22m deficit at Month 11 prior to central mitigations.
- h) The Committee Chairman highlighted the Committee's role in providing assurance to the Board in relation to the sustainability of the Trust's financial and operational performance. The Committee will expect to receive reports on the delivery of robust divisional budgets and plans throughout the year.
- i) Each clinical division gave a brief presentation on its plans for transformation in 2016/17. Reports on performance against the divisional budgets and transformation plans will be submitted for consideration of the Committee at its next meeting in June 2016.
- j) The Committee reviewed an extract of the assigned risks from the Board Assurance Framework [BAF] and Corporate Risk Register [CRR], in particular to consider whether any of the reports considered by the Committee indicated the need to record any newly emerging risks, or revise any that were already recorded on the CRR.

¹ Earnings before interest, tax, depreciation and amortization

3. Key Risks Discussed

Risks discussed by the Committee included:

- i. Risks associated with the challenges faced in delivering all quality, operational and financial targets.
- ii. Risks associated with the level of Delayed Transfers of Care, and the impact on delivery of the 95% 4 hour A&E standard;

4. Key Action Agreed

The Committee agreed action as follows:

- Further recommendations would be made on what represented reasonable and realistic trajectories for delivering improved operational performance.
- Phase 2 budgets, including agreement on the quality, operational and financial targets would be completed and reported to the Board in Seminar on 27 April 2016.
- Reports on performance against divisional budgets and transformation plans will be submitted for consideration of the Committee at its next meeting on 8 June 2016.

5. Future Business

Areas upon which the Committee will be focusing over the next three months include continued review of:

- the integrated performance of the Trust;
- the financial performance against plan for 2015/16;
- in-year delivery of annual efficiency savings for 2015/16;

and monitoring of:

- delivery of performance against divisional budgets and transformation plans;
- delivery against trajectories for improved operational performance.

6. Recommendation

The Trust Board is asked to note the contents of this paper.

Mr Peter Ward
Finance and Performance Committee Chairman

May 2016