East Suffolk and North Essex NHS Foundation Trust

MINUTES OF FINANCE & PERFORMANCE ASSURANCE COMMITTEE MEETING HELD ON 19 DECEMBER 2019
Castle Room, Trust Offices, Colchester Hospital

Present:

Julie Parker	Non-Executive Director (JP) - Chair
Eddie Bloomfield	Non-Executive Director (EB)
Hussein Khatib	Non-Executive Director (HK)
Adrian Marr	Director of Finance (AM)
Neill Moloney	Managing Director (NM)
Catherine Morgan	Chief Nurse (CM)

In Attendance:

Dave Gronland	Public Governor (DG)
Karen Lough	Director of Operations (KL)
Paul Little	Director for Integrated Health & Care (PL)
Nicky Leach	Director of Logistics and Patient Services (NL)
Andy Lehain	Deputy Director of Finance (AL)
Louise Wishart	Assistant Director of Finance Operations (LW)
Sean Whatling	Associate Director of Finance – Analytics (SW) – item 227/19
Bee Anthony	Associate Director of Operations – Cancer and Diagnostics – item 230/19
Shona Evans	Assistant General Manager Medical Imaging Ipswich – item 230/19
Sinead Hendricks-Tann	General Manager Medical Imaging – item 230/19
Lorna Fraser	Senior Committee Secretary (Minutes)

Apologies:

Alison Power	Director of Operations
Angela Tillett	Interim Chief Medical Officer
Jennifer Rivett	Public Governor

222/19	**Welcome and Apologies for Absence** Apologies for absence were received from: Alison Power, Director of Operations, Angela Tillett, Interim Chief Medical Officer and Jennifer Rivett, Public Governor	
223/19	**Declarations of New Interests** No new declarations of interests were received.	
224/19	**Minutes of the Meeting held on 28 November 2019** The minutes of the meeting held on 28 November 2019 were reviewed and agreed as a correct record subject to the amendment of item 20719 to read as follows – 1. 207/19 - 10. "HK questioned the 104 plus days, noting that 29 patients, *excluding dermatology,* were still waiting for treatment and asked whether the impact of the delay was assessed."	
225/19	**Action Chart** The Action Chart was reviewed and updated as required. <u>19 December 2019</u> 227/19 Performance – Diagnostics – Narrative relating to the number of patients on the waiting list to be changed for future reports to make this clearer. KL Jan 2020 230/19 CT Scanner Business Case - AM to circulate business case to Board members for virtual Board approval. AM Jan 2020 232/19 FPAC 2020/21 Work Plan - AM to check all of the Committee's responsibilities against the ToR and scope of the Committee to ensure these are covered in the Work Plan. AM Jan 2020 232/19 FPAC 2020/21 Work Plan - NM to report back to the Committee the decision from the Operational Delivery Group (ODG) on the reporting of transformation work next month. NM Jan 2020 <u>28 November 2019</u> 203/19 Stroke review of performance - AP to discuss reporting with the service team to consider the metrics to be used in future reports to the Finance & Performance Committee. AP Update - This is with the team to agree and let me know the date for change. <u>22 August 2019</u> 155/19 Alliance Development – I&ES Update - Detail of the annual report which would be available in October to be provided to the Finance & Performance Committee for information. PL Jan 2020. Update - The report is still in draft form, with various comments awaited from partners. The completed version will be shared when available, likely to be in January 2020.	

226/19	**Chairs Key Issues Feedback from Board** 1. The Committee was informed that the CKI from the 28 November 2019 meeting had been taken to the Board meeting held on 5 December 2019. 2. The Board had received and approved the Pre Consultation Business Case (PCBC) for Building for Better Care Programme (BBC) for submission to the Governing Bodies of Ipswich and East Suffolk CCG and North East Essex CCG for approval to submit to NHS England/NHS Improvement requesting their approval to conduct a public consultation on the preferred, and only affordable option, to build a new ECC on the Colchester site (Option 4B in the PCBC). 3. AM advised the Committee that a telecom meeting with the region had been held on Friday regarding the PCBC when issues had been raised around the re-presentation of the business case, from the regional point of view no issues had been raised with the PCBC. A further meeting was planned to take place in January with conclusion hopefully in early February.	
227/19	**Performance** The Committee received the Performance Report with the following items highlighted: 1. ED performance - ED performance for November 2019 was 89.66% for Colchester and 82.36% for Ipswich. The ESNEFT performance was 87.09% in November, which was an improvement on October's performance of 86.64%; but below both the trajectory and the National Standard of 95%. 2. NM stated that whilst the general message was that performance was not where he wanted this to be most indicators had started to see signs of improvement. 3. It was noted that the total Colchester reported activity had reduced by 10% against November 2018, however, Colchester site UTC activity was increasing into November and particularly December. Type 1 activity into ED still remained down on pre October activity. 4. Ambulance hand overs showed good performance relative to the rest of the East of England, however, demand continued to increase with some concern specifically at Ipswich regarding the impact on flow. 5. The ED Management team were linking with the EEAST team to look at resolutions and meetings had been arranged with the Service Lead for EAST and GM for Urgent Care. 6. The mental health pathways in UTC and ED were not meeting patient requirements. The operations teams for Urgent Care and Mental Health had reviewed all plans to improve day to day operational links and the agreed actions would be taken forward collaboratively. The Crisis Café, MH EIV were due to commence in January to provide support. 7. The delivery of intended benefits from the Ipswich ED business case, which had already been approved, were being reviewed with external HR consultant support. The recovery plan had been refreshed with the new DMT. Recruitment was taking place, 8 junior doctor posts having been offered as part of the recruitment workforce group and Advanced Clinical Practitioner interviews set for December with 4 potential candidates. 8. KL advised that additional clinical leadership in ED at Ipswich was being looked at in order to drive some of the changes required. 9. HK stated that good discussion had been held at the QPS meeting and the work being carried out regarding ED at Ipswich had been welcomed. 10. JP stated that she would want to be assured that there was a rigorous process taking place pre interview to ensure that the appropriate staff were appointed. NM advised that QPS had requested that POD considered this issue to ensure that appropriate recruitment processes were in place. 11. The crossover of the teams between Ipswich and Colchester was questioned. NM advised that there were aspects of the work which had been carried out at Ipswich which had been taken to Colchester and the direction of travel was agreed with good clinical engagement regarding the UTC. NM highlighted that there were some very specific things which needed to be done in the Ipswich ED but the interaction with other areas trust wide would need to be considered. 12. EB questioned whether the UTC at Colchester was now considered to be "business as usual". NM stated that there was more to be done and that surgery and paediatric patients were the main areas of concern. Urgent discussions regarding management of the space available for children were being held. 13. Cancer performance – Slightly below trajectory as forecast. 62 Day Cancer Waits for 1st Treatment remained below target. Performance for November 2019 was an improvement at 76.8% but this was 4.2% below the trajectory of 81.0% and below the 85% National standard. 152 patients had been waiting over 104 days in November a decrease from 165 in October. 14. The PTL in colorectal was reducing, from 575 last month to 417, however, exceptionally high level of referrals over the last week had been seen. The Red to Green was continuing. 15. EB noted that the 64 day wait had seen improvement. KL advised that continuous improvement over the last 8 – 10 weeks had been seen but that there was still concern regarding the level of	

	demand and the focus was on capacity until the end of this month. NM noted that an increase in waiting times was often seen during the Christmas and New Year period due to patient choice. 16. KL advised the Committee that last year over the holiday period there had been a number of patients who had not been informed whether or not they had a diagnosis of cancer, however, this year a robust process had been put in place to ensure that all patients would be contacted early next week to inform them of their diagnosis. 17. HK challenged whether the improvement was sustainable. KL advised that improvement had been seen and the planning had been improved with the teams working closely with the clinicians who were more engaged. Demand and capacity was being looked at with the transformation team. NM stated that he thought there was good grip at the moment but this was taking a lot of effort and when good performance was achieved the key would be to sustain this. 18. NM informed the Committee that a response back from Mid Essex regarding skin patients was still awaited, this was being chased but was flagged as an issue which might need to be escalated. 19. <u>RTT</u> – The November 2019 RTT position was 81.2%, which was below the trajectory set of 88.4% for the month. 20. There were four 52+ week breaches for November 2019, however, currently no breaches were anticipated in December. 21. The focus going forward would be on productivity and patients over 40 weeks. Overall the waiting list was smaller but contained more patients waiting longer than 18 weeks due to treatment of cancer patients. Support from the Intensive Support Team had been received. 22. NM stated that he had observed that in some areas efficiency had deteriorated from last year. 23. KL advised that the Trust was now participating in a national pilot offering patients choice at 26 weeks of moving to an alternative provider, the whole pathway going to the new provider, this choice was contributing to the overall reduction in the waiting list. 24. HK questioned whether the number of "inappropriate referrals" were similar in other areas. KL noted that referrals from GPs had changed driven by patient expectation and the Trust was working closely across the system with CCG colleagues. Consideration was being given to reinstating GP triage of referrals which had been in place previously at Ipswich. 25. <u>Open referrals</u> – The Committee was informed that the data included Ipswich and Colchester, however, SW advised that the Ipswich data still required more work (slide 18). 26. JP questioned whether both sites had the same processes. NM advised that he had held discussion regarding clinical practice with the Interim Chief Medical Officer who was keen that engagement with clinicians was held regarding service changes and how data was recorded on systems. 27. <u>Diagnostics</u> – Diagnostic performance for November 2019 reported 0.2% achieving the national standard, which had been sustained. It was noted that the number of patients had dropped significantly, NM noted that this was a result of aligning demand and capacity better. 28. JP questioned why the volume had reduced. SW advised that this data was a "snap shot" of the number of patients on the waiting list at that time, not the total number of patients who had come through. KL stated that the narrative would be changed following a suggestion by JP that either the metric or the narrative were changed to make this clearer. 29. <u>Outpatients</u> – DNA performance had improved on both Ipswich and Colchester sites for three continuous months. The introduction of day 5 reminders to the Remind Service at Colchester had evidenced a 0.64% improvement, Ipswich had achieved a reduction of 0.19% from October performance. 30. A refresh of the patient access policy had been undertaken. 31. Hospital cancellations for November had reduced as expected following high level clinic amendments in October due to template changes within Ophthalmology and Neurology. 32. HK noted the cancelled operations position last November. NM noted that the position had been unusual last year and confirmed that for day of surgery cancellations clinical need was considered prior to cancellation. The gap in the number of available beds had been reported to the Board. 33. JP questioned whether any support was provided to the patients who had their operations cancelled. CM stated that this depended on the position, on the day cancellations often taking place face to face. NM noted that this was a good question regarding the need for proper communication. 34. <u>Community Services</u> – PL advised the Committee that there were some gaps in the data reported due to the early reporting this month. At the last meeting a general comment had been made on the extent of demand and performance and that ESNEFT in context of demand was at or better than national comparators. The Committee was informed that the data had been rerun and had come out with a similar result, however, PL advised that he still had concerns regarding the accuracy of the referral data which was being investigated further. The performance trajectory was consistently downwards and business planning for next year would look at the use of community hospital data and length of stay.	SW

	35. The REACT data continued to be consistently above target but there had been recent spikes in demand which were expected. 36. PL presented the model of integrated neighbourhood teams and questioned what information the Committee wanted to receive. 37. EB asked whether the aspiration was that ESNEFT performance would be shown on slide 3. PL stated that if he could influence the data team's provision of information ESNEFT data would be reported. NM stated that he was keen to look at outcome based information. PL advised that the outcome measures would feed in gradually mixed with some process measures against national indicators. 38. EB noted and questioned the information relating to Hartismere Hospital on slide 8. PL advised that the Hartismere beds were commissioned beds from Care UK and these were a specific pathway, the other community hospitals dealing with a wider range of patients. 39. HK questioned whether prevention measures should be looked at regarding INT and whether the hospital was subsidising social care. PL stated that prevention was part of the response and that the INT was looking at non paid care, and he would doubt that the hospital was subsidising social care. JP noted that within system working this was part of the same financial resource for the public. 40. AM noted that the number of non-electives showed year on year growth and linking with REACT and the number of avoided admissions in October, questioned whether there was more capacity in REACT which could diminish the 4%. PL noted that there were relatively few referrals from the ambulance service most referrals coming via other referral pathways into REACT, but if changes were made this would impact on REACT capacity. NM stated that the level of emergency admissions which had been seen was tracking slightly below the national average and the REACT team believed they could do more. Review was undertaken at the Alliance meetings. PL commented that the work in relation to the responsive home care service with smooth referrals and ESNEFT support workers rostered would allow flexibility in REACT capacity. 41. JP suggested that for the data presentation the area with highest health need was focused on. 42. NM stated that he felt the provision of the data was challenging and this would need further thought with a proposal brought back. PL stated that there would be a mix of indicators and he would be continuing to work with the teams to consider where they saw their focus.	
228/19	**Finance Report – M8** The Finance Report for Month 8 was received with the following items highlighted: 1. The Trust was £20.5m behind its year to date control total target, excluding lost PSF/FRF (£14.4m) underlying performance was £6.1m behind control total. 2. The overall Trust forecast remained at an adverse variance against control total of £9.4m with plans to mitigate this through local discussions with Commissioners. The forecast included assumptions on the delivery of £4.5m recovery plans within the divisions as well as new stretch targets for the divisions of £4.0m. The divisions were being closely managed against their forecast. 3. The Trust had been allocated an additional £1.1m revenue towards winter pressures. 4. Capital was currently underspent against plan year to date by £8.2m, however, AL advised that this would be closer to plan after the £6.1m had been spent for the Colchester front door project which was due to be completed in December. New schemes had been identified following the reprioritisation exercise earlier in the financial year and to use potential slippage before year-end. 5. The Committee was advised that the £8.5m borrowing which had been approved had aligned to the forecast deficit, by the end of January the Trust would have pulled down all of the approved borrowing; as the gap had now increased to £9.4m the Trust would be looking to make additional borrowing. <u>Questions and Comments</u> 6. AM advised that next year there would be £31.9m of FRF, however, there was ongoing national debate regarding moving away from FRF and the question would then be how these funds would be allocated. 7. EB noted (slide 8) regarding the additional winter funding that £0.9k had now been included to mitigate the £9.4m and questioned whether this was an indication that the position had worsened. AM stated that this was a contingency last month, however, some of the divisions had had a slow response to their stretch targets, so the £0.9k had now been included in the position. NM stated that additional funding for winter had previously been added to the divisional position. 8. AM advised the Committee that the discussions which had been held with the CCGs had been positive and that he would be meeting with the regional team next week to discuss the plan.	

	9. It was confirmed in answer to a question raised by JP that the discussions which were being held with the divisions were at an escalated level. KL noted that the Ipswich Medicine division were a new team but were fully committed to deliver. 10. EB questioned the position relating to the HMRC penalty. AL advised that a response was still awaited but that this would be reduced from the £1.5m figure. 11. AM advised that the divisions had been allocated control totals for 20/21 and discussions continued regarding the proposals for governance arrangements. 12. JP stated that the governance arrangements would need to be capable of supporting a nursing acuity review that required extra resources. AM advised that it had been agreed at EMC that the divisions would come back to present their business plans in the New Year. CM noted that the framework would be updated to ensure there was a consistent approach across both sites for the nursing workforce and the divisions would then be responsible for how they moved their staff around. 13. AM informed the Committee in answer to a question raised by JP that no further information had been received in relation to any additional capital. 14. HK questioned the position with PWC. AM advised that PWC had provided general support for CIPs latterly focusing on outpatients; spend on PWC had now reduced.	
229/19	**Cost Improvement Programme** 1. The Committee received the CIP progress report and was informed that in November the Trust had delivered £1.3m of CIP against a target of £2.6m, with all divisions failing to achieve their planned values. The forecast remained to deliver £17.8m against the £31.9m target, a shortfall of £14.5m. 2. AM advised that the CIP focus had now moved to next year and that the report provided to the Committee next month would look forward to 20/21.	
230/19	**CT Scanner Business Case** 1. AM advised that the Board had delegated authority to the Finance & Performance Committee to review and endorse the CT scanner business case with virtual Board approval to follow. 2. The Committee was informed that the usual process would be to consider the business case and then proceed to the procurement stage, however, AM requested that due to the time scales the Committee considered the case presented to replace 2 scanners which were 9.5 years old and nearing the end of their useful life with procurement to be considered later. 3. The business case was presented by Bee Anthony, Associate Director of Operations – Cancer and Diagnostics, Shona Evans, Assistant General Manager Medical Imaging Ipswich and Sinead Hendricks-Tann, General Manager Medical Imaging who informed the Committee that in the last 18 months the current ageing scanners had had unplanned downtime of 38 individual episodes and these episodes were becoming more frequent with the cost of a mobile scanner being brought in to provide cover being £3k per day. 4. The proposal included provision to upgrade one of the scanners to be fully cardiac enabled which would allow patients to be scanned closer to home and potentially repatriate CT coronary angiograms which were currently outsourced to the Papworth Hospital and Basildon Hospital, subject to commissioner agreement. <u>Questions and Comments</u> 5. JP questioned whether this was a straight replacement of the scanners or a variant and the cost difference between a standard and cardiac scanner. Shona Evans advised that the new scanners would give faster diagnosis, but not necessarily allow more patients to be seen, and that there was an initial capital difference of £300k between purchasing a standard CT scanner and the cardiac scanner. 6. CM stated that she would support the purchase of a cardiac scanner to avoid the need for patients having to travel to other hospitals. 7. AM questioned the timing of the purchases and why the proposal was to purchase the cardiac scanner first followed by the standard scanner and suggested that the standard scanner was purchased first in 2019/20 with the cardiac model purchased in 2020/21. 8. Sinead Hendricks-Tann advised that the standard scanner could be purchased first and the cardiac model second and this was not service critical. Bee Anthony noted that staff training would be required for the cardiac scanner which would need to be factored in. 9. EB noted that option 3 was in line with the ESNEFT Time Matters philosophy and that he would support this. LW agreed that the non-financial benefits were huge for patients and this was not necessarily shown in the figures, however, noted that the numbers might change depending on the order in which the scanners were purchased. 10. AM advised the Committee that there was currently £1.1m in the plan, if the Trust received additional capital, consideration could be given to bringing forward the purchase of the second	

	(cardiac) scanner to March 19/20; if no additional funding was received the purchases would be phased over 2 years. 11. HK questioned whether Papworth and Basildon would need to be given notice regarding the potential repatriation of patients. AM advised that clinician to clinician discussions were already taking place but the commissioners would need to hold the formal conversations with Papworth and Basildon regarding the agreements for next year. NM noted that the service was commissioned by NHSE but stated that he felt that the Trust had a strong argument for repatriation. 12. JP noted that there was a potential risk if agreement was not received regarding repatriation that the Trust might be making investment above what was required. The Committee was informed that the cardiac scanner would also have the capability to undertake all other scans to the same standard as non-cardiac enabled scanners. 13. The Committee endorsed the decision to purchase two CT scanners, including a cardiac enabled model, subject to the procurement report. **Action:** AM to circulate Board members for virtual Board approval.	AM
231/19	**Internal Audit Assurance Reports – Data Quality on Cancer Wait** 1. The Committee received the internal audit report on Data Quality on Cancer Waits which had been undertaken as part of the 2019/20 Internal Audit Plan and was pleased to note that the service had received a reasonable assurance opinion and that an action plan had been put in place to improve those control weaknesses which had been identified. <u>Questions and Comments</u> 2. JP question what monitoring of the issue the Committee felt it should be undertaking. The Committee agreed that as the auditors had provided reasonable assurance it would be appropriate for this to be reported back to the Audit Committee by internal audit. 3. JP noted that it was pleasing to see that the pathway and data quality could now be relied upon and that there had been sustained improvement with embedded changes having been made.	
232/19	**FPAC 2020/21 Work Plan** 1. The Committee received the 20/21 Work Plan for consideration and comment. <u>Questions and Comments</u> 2. EB questioned whether the plan had been drawn up against the ToR and scope of the Committee and stated that he felt it would be worth checking that all the Committee's responsibilities were covered. **Action:** AM 3. JP noted that the BAF had not been added as the final ESNEFT BAF had not yet been agreed. 4. NM commented that in the past the Committee had carried out ad hoc deep dives into some areas. JP noted that it was planned that the assurance framework review would carry out a deep dive of an entry in the BAF every other meeting and that the Plan would be reviewed at each meeting with the addition of ad hoc items allowing flexibility. 5. JP noted that there was a question regarding the reporting of the transformation work and how the Committee would receive assurance from the new arrangements. NM stated that he would report back to the Committee the decision from the Operational Delivery Group (ODG) next month. 6. AL advised, in answer to a question raised by HK, that the frequency of the strategic items had been aligned with the external drivers.	AM NM
233/19	**F&P Review of Committee Effectiveness Forms** 1. The Committee received and reviewed the feedback received from the regular "pulse" committee effectiveness forms noting that this had been consistently "very good". 2. JP noted that the average score did appear to have dropped from 5 to 4 and questioned what was needed to get back to 5. This was discussed and it was agreed that an average of "very good" was more than satisfactory and recognised that improvement was always possible. 3. JP noted that there had been a deliberate decision made to focus particularly on finance in October due to the ongoing issues at the time, with the focus in November shifting to more time spent considering performance. JP stated that in future she would try to highlight at the beginning of the meetings the main focus in order to manage expectations.	
234/19	**Any Other Business** No other items of business were raised.	
235/19	**Items for escalation to the Board** The items for inclusion in the CKI report were discussed and would be finalised by the Chair and Director of Finance.	

236/19	**Committee Effectiveness questionnaire** The Committee Effectiveness questionnaire was circulated to members for completion.	
237/19	**Work Plan** The Committee received the 19/20 Work Plan for information.	
238/19	**Date of Next Meeting** - Thursday, 23 January 2020, 9:30am-12:30pm.	