

Minutes of the Finance and Performance Committee of 23 January 2019 4 March 2019

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Agenda Item No: 12.9

Minutes of the Finance and Performance Committee

Date Wednesday 23rd January 2019
Venue Conference Room, Hollybush House, The Royal Wolverhampton NHS Trust (RWT)
Time 8.30am

Present:

<u>Name</u>	<u>Role</u>
Mary Martin	Non-Executive Director (Chair)
Sue Rawlings	Non-Executive Director
Mike Sharon	Director of Strategic Planning & Performance
Gwen Nuttall	Chief Operating Officer
Alan Duffell	Director of Workforce
Kevin Stringer	Chief Financial Officer

In Attendance:

<u>Name</u>	<u>Role</u>
Helen Troalen	Deputy Chief Financial Officer
Georgina Dean	Head of Business Finance, NHSI (Observer – Part Attendance)
Adam Hawker	Senior Finance Manager – West Midlands, NHSI (Observer – Part Attendance)
Lewis Grant	Deputy Chief Operating Officer, Division 1 (Guest Speaker – Part Attendance)
Elaine Roberts	Patient Services Manager (Guest Speaker – Part Attendance)
Ruth Horton	Group Manager Patient Services (Guest Speaker – Part Attendance)
Claire Richards	PA to Director & Deputy Director Strategic Planning & Performance (Minutes)

001/2019	Apologies for Absence Apologies were received from Junior Hemans and Simon Evans. Mary Martin welcomed Georgina Dean and Adam Hawker to the meeting on behalf of the Committee. Introductions were made around the table.	
002/2019	Minutes of Meeting Held on 19th December 2018 The minutes were agreed to be a true record.	
003/2019	Action Points From Previous Meeting	
003.01	<u>Overseas Patients</u> – This report has been added to the agenda, see item 005/19. Action closed.	
003.02	<u>Finished Consultant Episodes</u> – H Troalen previously stated that she would circulate a copy of the final report.	HT
003.03	<u>Supplementary Finance Report (Pass Through Drug Costs/Income)</u> – H Troalen to provide an update to the Committee in the next financial year.	HT
003.04	<u>BAF SR8</u> – Division 1 and 2 risks have been merged and the BAF has been updated. Action closed.	
003.05	<u>Estates Strategy Update</u> – K Stringer confirmed that there had been an error in the data that	

	had been input for the 'aggregate site'. Information had been added as an area rather than a percentage which skewed the returns. The data will be corrected for the next iteration. Action closed.	
003.06	<u>2 Yearly Finance & Performance Committee Self-Assessment</u> – All self-assessments have now been returned and have been sent to Grant Thornton to collate and provide a summary report. The report will be discussed at next month's meeting. Action closed.	
003.07	<u>Trust Financial Report (MSFT Funding)</u> – K Stringer stated that the Department of Health have confirmed that they will be paying £5.8m of the £6.0m MSFT payment to the Trust in February. K Stringer informed the Committee that an invoice would be raised to ensure payment is made for the revised amount. Finance will then issue a separate invoice for the outstanding amount owed. The Trust was unclear why the value had been reduced by £200k.	KS
003.08	<u>Trust Financial Report (Forecast)</u> – The Committee approved the forecast virtually as requested. Action closed.	
004/2019	<u>Declarations of Interest</u> There were no declarations of interest.	
005/2019	<u>Overseas Patients Update</u> M Martin stated that K Stringer had received a letter which highlighted additional potential income opportunities from overseas patients. Following receipt of the letter the Committee had requested an update to ensure that the Trust was maximising these opportunities where possible. E Roberts presented the report to the Committee, outlining the impact of the new government legislation which meant that overseas visitors are not eligible for free treatment and the need to pay up front for non-urgent treatment. The Trust had created an Overseas Forum which assisted with the implementation and promotion of the changes. New national software had been produced which would assist with the management of overseas visitors. The reports will improve the identification of overseas visitors and enable better financial collection. A discussion took place regarding assurance and recovery of overseas debt. Overseas visitors are now identified prior to non-urgent treatment and costs are pre-paid. Patients who receive urgent (but not emergency) treatment are informed that they will be invoiced following treatment. The Finance Department chase any outstanding debt. Patients with outstanding debt are not permitted re-entry to the UK until the debt has been cleared. Some patients seeking non-urgent treatment have declined treatment when they have been informed of costs involved. The Trust then books another patient into that treatment slot to fill the gap. The Trust is working with City of Wolverhampton Council (CoWC) and Wolverhampton Refugee and Migrant Centre within the Urgent Care Centre to help patients. This service is in place until March 2019. In the first year of the new legislation from November 2017 £73k has been paid up front to the Trust from patients needing treatment. A total of 39 patients paid upfront to receive non-urgent treatment and 14 patients refused to pay, allowing slots to be filled. The team can now add the OV flag of a patient onto PAS to make departments aware of their status. The facility will also flag up any EU patients with EHIC details from the European country they are from so the team can inform Finance of the charges to be claimed via the EHIC portal.	

	<p>S Rawlings asked if any potential impact from Brexit had been considered and whether Wolverhampton Refugee and Migrant Centre were funded to assist the Trust. G Nuttall stated that Wolverhampton Refugee and Migrant Centre were funded by CoWC until March 2019 and that the impact from Brexit was currently unclear.</p> <p>S Rawlings asked if the potential income highlighted within the letter was achievable. K Stringer stated that it would only be achievable if the patients were willing to pay for the treatment.</p> <p>M Martin asked if it was possible to make a distinction between perceived health tourists and those seeking treatment for genuine illnesses whilst in the country. E Roberts stated that it was possible to identify some patients.</p> <p>The Committee thanked E Roberts and R Horton for the report. E Roberts and R Horton departed.</p> <p>G Nuttall informed the Committee that a high level paper outlining the impact of Brexit was being discussed at this month's public Trust Board Meeting and that a more detailed paper will be discussed during the private Trust Board session.</p>	
006/2019	<p><u>Division 1 Performance Update</u></p> <p>M Martin informed everyone present that the Trust had requested a performance update from each of the 3 Divisions following divisional restructuring. Division 3 provided an update in November and Division 1 had been asked to provide an update today.</p> <p>L Grant presented the report to the Committee, providing an overview of staffing, budget, income and outlining the services provided within Division 1. L Grant stated that contract income is £3.6m over achieved and pay £4.3m overspent. L Grant informed the Committee of the detail behind the £4.3m overspend but stated that agency staffing was reducing. The Division does not have any vacancies at present but a number of starters are waiting to fill posts. The Division has achieved £2.1 CIP YTD, £1.3 of which is recurrent from a £9.8m target.</p> <p>L Grant provided an update on each of the individual services within the Division, highlighting challenges and key opportunities. Highlights were as follows:</p> <ul style="list-style-type: none"> • L Grant felt a need to look more in depth into Anaesthetist job planning to enable an earlier start on the day. • The Division are working hard to reduce the RTT back log following significant challenges around increased activity. The organisation is running at 1500 fast tracks per month across all Divisions. Demand continues to increase and the team are working weekends. • The Division will focus on developing a working group to realign paediatric surgery with job planning. • Orthopaedics has a key opportunity to facilitate further sessions at Cannock Chase Hospital (CCH) once suitably trained staff are available. • The Division is working in partnership with Care of the Elderly regarding Best Practice Tariff for Hip Fragility. L Grant stated that he would share a copy of the Audit Report with the Finance & Performance Committee once available. • Good progress has been made in the treatment of Urology patients over the last 6 months (up to 14% more) and there has been a reduction in patients waiting over 104 days. M Martin asked whether there was a need to purchase an additional robot. L Grant felt that an additional robot was not required at this time. However, there was a need to continue to expand the use of the robot across the Directorates over the next 2 years to ensure that it is not just used within one service. During this time the Trust will monitor the launch of new models within the market to ensure an appropriate purchase is made when required. • L Grant felt that there may be capacity to increase activity within Ophthalmology and was currently exploring options. 	LG

	<p>M Martin asked for an update on recruitment of theatre staff. L Grant stated that a programme was in place but that they were difficult posts to fill. M Martin felt that there may be a need to make the work more attractive. L Grant informed the Committee that there was a need to also be mindful of the retirement profile within the establishment and felt that there was need to develop existing staff. M Martin asked A Duffell to provide a report on existing theatre staff (include retirement information and exit analysis) for discussion at the next Workforce Organisational Development Committee (WODC).</p> <p>Further discussion took place regarding use of workforce list initiatives against flexible use of PAs.</p> <p>M Martin thanked L Grant for the report. L Grant departed.</p>	AD																			
007/2019	<u>Governance</u>																				
007.1	<u>BAF Update</u> – M Martin stated that there had been no changes to the 2 risks but that the wording within the BAF had been updated.																				
007.2	<p><u>Finance & Performance Committee Objectives</u> – M Martin outlined the objectives set by the Finance & Performance Committee for this financial year. The first objective being to look at processes and procedures in hand to manage cash flow and the second to examine what external support could assist cancer performance.</p> <p>M Martin stated that cash flow management had been discussed quarterly and would be discussed in more depth at item 10/2019 at the meeting today.</p> <p>M Martin stated that the Intensive Support Team and Cancer Alliance had visited the Trust and provided the Trust with additional guidance to assist with management of cancer performance. The Cancer Action Plan is regularly discussed at the Committee Meeting and the Trust is endeavouring to improve performance where possible.</p>																				
008/2019	<u>Financial Performance for Period 9</u>																				
008.01	<p><u>Trust Financial Report and Forecast Outturn</u> – K Stringer provided an overview of the Finance Report and informed the Committee that technical financial issues planned for month 12 had been brought forward to month 9 to ensure the Trust had the best possible chance of achieving the PSF payment.</p> <table border="1" data-bbox="263 1585 1305 1733"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Year to Date</th> </tr> <tr> <th>Plan £'000</th> <th>Actual £'000</th> <th>Variance £'000</th> </tr> </thead> <tbody> <tr> <td>Surplus/(Deficit)</td> <td>(3,563)</td> <td>(3,559)</td> <td>5</td> </tr> <tr> <td>Achieved PSF</td> <td>7,420</td> <td>7,421</td> <td>1</td> </tr> <tr> <td>Control Total Surplus/(Deficit)</td> <td>3,857</td> <td>3,862</td> <td>5</td> </tr> </tbody> </table>		Year to Date			Plan £'000	Actual £'000	Variance £'000	Surplus/(Deficit)	(3,563)	(3,559)	5	Achieved PSF	7,420	7,421	1	Control Total Surplus/(Deficit)	3,857	3,862	5	
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008.01.01	<p>Financial Plan: The Trust is marginally ahead of plan by £5k at month 9. The position is significantly improved compared to the adverse positions reported to the Trust Board to month 7 and month 8. This improvement is due to three reasons:</p> <ol style="list-style-type: none"> 1. A review of balance sheet provisions which has allowed the Trust to release provisions where the likelihood of incurring a cost has either been eliminated or significantly reduced such that the maintenance of the provision was overly prudent. The value of this is £3.8m. 2. A review of patient income to ensure that all patient income discussions with commissioners that are traditionally settled in the last few weeks of the financial year are appropriately 																				

	<p>reflected in the year to date position where there is a realistic prospect that the income will be agreed. All winter income that has been agreed has also been accounted for in month 9. The value of the income review is £4.5m.</p> <p>3. A review of assets lives that will yield a £1.1m full year benefit to the Trust. The year to date value of £0.84m has been reflected it the month 9 position.</p> <p>The total in-month benefit of the above review was £9.1m. Of this, £2.6m is recurrent.</p> <p>The Trust has achieved both the financial PSF target and the A&E PSF target at quarter three. As the Trust is on trajectory on A&E it has also triggered that the Q1 and Q2 PSF for this element can be clawed back. This has resulted in an additional £4.6m of PSF income.</p>	
008.01.02	<p>Financial Risks: The material risks to delivering the revised forecast outturn are identified below. M Martin asked what was being done to mitigate each risk:</p> <p>1) The forecast does not provide for the potential loss of elective activity should the operational issues caused by severe winter weather or serious outbreaks of norovirus and flu necessitate it. G Nuttall informed the Committee that the Trust had not cancelled any electives, apart from the planned first week in January, which is factored into the forecast.</p> <p>M Martin asked for an update regarding the impact of flu and the vaccination scheme. G Nuttall stated that there had been an increase in admissions from patients with flu symptoms but that the Trust was managing this. The flu plan has been implemented. A Duffell stated that 62% of staff have been vaccinated, which is slightly ahead on last year's figures but that this had reached a plateau prior to the Christmas period. K Stringer felt that it was unlikely the Trust would achieve the 75% vaccination CQUIN for the required date but that this would be covered by AIC arrangements. G Nuttall informed the Committee that several staff who had been vaccinated had presented with flu symptoms but on examination they were strains of Flu A.</p> <p>2) Patient income risk as the final year end activity is agreed and reconciled. This includes agreeing the return of readmissions money (£850k), agreeing funding for the AEC/frailty model of care (£0.7m) and/or securing transition funding for the 2017/18 ward closure (£1.1m).</p> <p>3) Confirmation of the £6.0m funding for MSFT support. The Trust now believes that DHSC is prepared to pay £5.8m but until the cash is received the risk will remain. The Trust will continue to seek an explanation about the £0.2m shortfall.</p> <p>4) There is currently £4m of required financial improvement that is unidentified. K Stringer stated that £1m has been identified in mitigation and that further work was required.</p>	
008.01.03	<p>CIP and Vacancy Factor: In month 9 the CIP target continues at c£3m a month and will remain so for the remainder of the financial year. In month there was a shortfall of £1.71m against the in-month CIP plan of £3.12m. Year to date shows an achievement of £8.47m against a plan of £16.93m. Of the CIP delivered to date, there is a £2.24m recurrent full year effect. The non-delivery of recurrent and cash releasing CIP continues to be an issue.</p> <p>The vacancy factor target for month 9 is £0.9m (18/19 Factor only). There was an under recovery of £0.6m. G Nuttall informed the Committee that she currently signs off agency requests on behalf of D Loughton if over cap and that the same procedure will be in place for medical bank by the end of this week.</p>	
008.01.04	<p>Cash: At the 31st December 2018 the Trust had a cash balance of £12.3m which is £3.3m below the plan. S Rawlings asked if there had been any issues with BCPS payroll. H Troalen stated that</p>	HT

	<p>there had not been an issue to date and that this will be removed from cash flow risks next quarter if no further risks arise.</p> <p>The report was noted.</p>	
008.02	<p><u>Supplementary Finance Report</u> – The supplementary report was read in conjunction with the Finance Report.</p> <p>The report was noted.</p>	
008.03	<p><u>Financial Recovery Board (FRB) Report</u> – M Sharon outlined the highlights from the FRB Report.</p> <p>The 2018/19 CIP target is £25m, this is broken down into a £15m recurrent CIP target and £10m non-recurrent CIP target. At month 9 the Trust is forecasting to deliver £11.869m, leaving a shortfall of £13.131m against the CIP target. The Trust has delivered £8.471m YTD against a YTD FRB Approved Plan of £8.410m. However, this only relates to schemes FRB has approved. The YTD Trust CIP Plan is £16.929m. As a result the Trust has only delivered 50% of the YTD Trust Plan.</p> <p>M Sharon reiterated that the work around the Operating Theatres Efficiency Group is no longer included within the CIP figures.</p> <p>M Sharon stated that the Trust Recovery Actions and ideas arising from the Workshops had been included within this month’s report. A large number of ideas were identified during the workshops which have now been categorised and any duplication has been removed. M Martin suggested that the Trust focus on the high saving categories.</p> <p>The Trust has carried out a systematic review of Model Hospital to identify all areas in which we fall into the top 3rd or 4th quartile compared to our peer group for cost per Weighted Activity Unit. This was broken down further into pay/non-pay and point of delivery. The Deloitte and Service Redesign team will now begin meeting with Directorate Management Teams to discuss these areas and scope any potential schemes.</p> <p>M Sharon provided an update on Deloitte and the recruitment process. A successful candidate has been recruited as Head of Service Efficiency and Delivery. The candidate will be in post from 8th April 2019 onwards. An advertisement has now closed for programme partners, with a total of 35 applicants. Deloitte PMO will be in place until the end of March 2019 and will continue to support the Outpatient Project until the end of September 2019. A handover will take place with A Claybrook during this time.</p> <p>H Troalen informed the Committee that the Trust’s district valuer had completed an asset revaluation that will be presented to the external auditors as part of the Trust’s interim audit.</p> <p>The report was noted.</p>	
008.04	<p><u>Temporary Staffing Expenditure Dashboard</u> – A Duffell gave a brief update.</p> <p>A Duffell drew attention to graph B1a (page 6) stating that the Trust was now reporting well below the agency spend ceiling and graph A2b (page 4) stating that bank staff had increased. As stated in 008.01.03 Executive sign off is now in place for medical and bank staffing requests (G Nuttall).</p>	

	<p>M Martin asked for assurance regarding progress on the Clinical Fellowship Review. G Nuttall stated that a meeting took place with all 3 Divisions that was led by Dr Odum and that follow up meetings were due to take place next week, with a paper being presented to TMC for information. Key work is in place and the review is due to be completed by the end of February 2019.</p> <p>The report was noted.</p>	
009/2018	<u>Performance</u>	
009.01	<u>Performance Element of the IQP Report (National & Contractual Standards)</u> – G Nuttall gave an overview of the performance element of the IQPR.	
009.01.01	<u>Referral to Treatment Incomplete</u> – Performance saw a very slight deterioration during December, which was largely due to reduced activity over the bank holiday period and patients choosing to prolong their waits until the new year. G Nuttall informed the Committee that RWT were below standard but were within the top half of the country nationally. Wolverhampton CCG are keen to support the Trust with working to improve RTT by the end of the year. The Trust is unlikely to reach the 92% target but performance should not deteriorate further.	
009.01.02	<u>Diagnostics</u> – This target has shown significant improvement during December 2018. The Trust is continuing to see an increase of referrals into Gastroscopy, Colonoscopy and Flexi Sigmoidoscopy, directly linked to the increase in 2ww referrals. This in turn has had an adverse effect on the routine waiting times. M Martin asked if there had been any news regarding additional scanners. G Nuttall stated that Dr K McLean had acknowledged the need for scanners and highlighted the issues around diagnostics and stated that they would be raised as part of capital allocation discussions for 2019/20 and future years.	
009.01.03	<u>Emergency Department</u> – The Trust failed to achieve both Type 1 and the All Types target for the month. There were no patients who breached the 12 hour decision to admit target during the month of December. G Nuttall informed the Committee that during December 2018 the Trust were 22 nd on the national compactor website.	
009.01.04	<u>Ambulance Handover</u> – Saw significant improvement during December 2018 for both the 30-60 minutes and the >60 minute target compared with the previous month. The Trust continues to see a rise of 206 (4.57%) ambulance conveyance numbers in month compared with the same period last year. G Nuttall informed the Committee that a meeting took place with West Midlands Ambulance Service (WMAS) this week to look into the number of conveyances the Trust is currently receiving. Performance in January 2019 has been better compared to January 2018, however, there have been significant challenges with 180+ conveyances per day on some occasions. The winter plan was to open 20 beds, however, the beds have not been opened as the Trust do not have the nursing staff to run them. The Trust is currently using flexible capacity to manage this.	
009.01.05	<u>Cancer</u> – G Nuttall stated that she would bring the Cancer Recovery Action Plan and a copy of the letter from K McLean to the Finance & Performance Committee Meeting for discussion next month as a number of actions are due for update in January.	GN
009.01.06	<u>NHS E-Referral</u> – There has been an improvement from the previous month, reported at 21.58%. G Nuttall informed the Committee that NHS Digital will be visiting the Trust in February to examine processes in place. Performance has been deteriorating nationally as a result of the E-referral booking system. G Nuttall stated that some Trusts have been adding ghost clinics and that RWT would not be doing this.	

	<p>S Rawlings asked what percentage of patients had been offered HIV tests during the quarter as there wasn't a figure showing on page 13 of the report. G Nuttall stated that she would provide a verbal update at Trust Board.</p> <p>The Committee noted the report.</p>	GN
009.02	<p><u>Cancer Action Plan Update</u> – See item 009.01.05, to be discussed in more detail at next month's meeting.</p>	
009.03	<p><u>Performance against Contractual Standards (Fines)</u> – The Committee noted the report.</p>	
009.04	<p><u>Quarterly Contracting Report</u> – M Sharon stated that contract negotiations had started to take place and that the Trust was building on the AIC this year.</p>	
009.04.01	<p>S Rawlings noted that the Trust had approached by Telford & Wrekin CCGs to develop a proposal for a full consultant led (with community) neurology service to be provided by RWT to Shropshire patients within their geography. M Sharon stated that this request comes as a result of Shrewsbury & Telford Hospitals NHS Trust providing notice to terminate all Neurology Services across the Country. RWT have employed a locum on the basis that Telford & Wrekin CCG send the work to the Trust. The Trust has agreed to provide a locally nursing based service from a single location within Shropshire. G Nuttall stated that Neurology were over performing at month 9.</p>	
009.04.02	<p><u>2017/19 Contract Management</u> – Ongoing with no significant issues to report.</p>	
009.04.03	<p><u>2019/20 Contract Management</u> – Consultation around amendments to the current NHS Standard Contract have been published and the Trust is assessing the impact of the changes.</p> <p>The Committee noted the report.</p>	
009.05	<p><u>Tender Report</u> – M Sharon outlined the contents of the report:</p> <p>In quarter 3 the Trust received the outcome of 1 bid (Specialised Commissioning Services). The Trust was successful.</p> <p>The Trust submitted a bid to provide HPV Screening services within the West Midlands during January 2019. The Trust is currently awaiting the outcome. The value of the contract is £51m and will run from 5 to 7 years. M Sharon stated that the timescale has interdependencies linked to BCPS IT.</p> <p>Stafford Borough Council and Cannock Chase District Council are running a procurement exercise for a provider of Occupational Health services to their staff. Bids are due to be submitted by 14th February 2019 and the contract is due to start on 1st July 2019. The length of the contract is 4 years and Value is: £110,000 - £150,000 (estimated).</p> <p>The Trust did not bid for the Primary Care Medical Services for Pennfields Health Centre and Bilston Urban Village and Ettingshall Medical Centre tender as it was not felt to be financially viable.</p> <p>The Committee noted the report.</p>	
009.06	<p><u>STP Update</u> – M Sharon stated that there were no great risks at this time and that there had been a slight turnover in of Workstream leads within the Black Country.</p>	

010/2009	<p>Yearly Objectives – H Troalen provided a quarterly cash flow focus update.</p> <p><u>Quarterly Cash Flow Focus</u> – The Trust’s cash position as at 31st December 2018 is £12.3m; £3.3m below the NHSI Plan of £15.6m. Corrective action was taken at the end of December 2018 to reduce payment runs. The Trust is now paying at up to 50 days (averaging 40 days). The impact of reducing the payments has improved the cash forecast at the end of the year. The Trust also gained a £4.6m PSF payment and planning to end the year with £12m cash balance. Weekly cash flow meetings continue to take place and are now focusing on ways to improve payment performance if possible.</p> <p>M Martin expressed concerns regarding the PDC payment for Stroke (£3.25m) that has not yet been received, despite spending the money during 2018/19. M Martin asked who the Trust needed to chase to obtain payment. A Hawker stated that payment would be sent to the Trust via NHSI but that they were awaiting payment from the Department of Health. It was hoped that payment would be released in the near future. K Stringer confirmed that he had written to the Department of Health regarding the payment.</p> <p>S Rawlings requested an update on the progress with the sale of the Eye Infirmary. K Stringer informed the Committee that the site had been sold and that the sale was due for completion in February, however, the bidder would like to exchange earlier so the Trust is working to achieve this. The Trust has received a deposit with the remaining balance due for the total price of £800k.</p>	
011/2019	Reports to Note for Period 9	
011.01	<u>Annual Work Plan</u> – The work plan was noted.	
011.02	<u>Finance Minutes</u> – The minutes were noted.	
011.03	<u>Capital Report</u> – The report was noted.	
012/2019	<p>Any Other Business</p> <p>012.01 <u>Meeting Reflection</u> – A discussion took place regarding the meeting. M Martin stated that additional time had taken on the 2 presentations this month, rather than focus being on the standard reports. The Executive Directors agreed that the performance update had been helpful. M Martin thanked G Dean and A Hawker for attending. G Dean informed the Committee that NHSI would provide some feedback following the meeting. G Dean and A Hawker departed.</p> <p>012.02 <u>Operating Plan 2019-20</u> – H Troalen presented a copy of the first draft of the operating plan 2019-20. The Committee discussed the report. M Martin asked if there was good practice the Trust could take from comparator Trusts who were in surplus. K Stringer stated that all acute units within the West Midlands were in underlying deficit. The only Trust showing a surplus was UHB and it was felt that this was because they were a supra regional centre with a specialist portfolio including education/research and medical defence. A discussion took place regarding the potential to use overseas staffing to help reduce waiting lists. Following discussion it was felt that this was not a viable option.</p> <p>Further discussion took place regarding whether the Trust felt able to sign up to the control total. H Troalen agreed to produce a revised paper by close of play on 1st February to present to Trust Board for discussion. M Martin agreed to ask J Vanes to add the paper as the first agenda item for private Trust Board.</p>	<p>HT MM</p>

013/2019	Date and Time of Next Meeting The next Finance & Performance meeting will take place on Wednesday 20 th February 2019 at 8:30am, Conference Room, Hollybush House. Reports will be required by 2pm on Friday 15 th February 2019. Apologies received from Claire Richards, Kevin Stringer and Simon Evans.	
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