

FINANCE AND PERFORMANCE ACADEMY MINUTES, ACTIONS & DECISIONS

Date:	29 September 2021	Time:	08:30-10:30
Venue:	Microsoft Teams Meeting	Chair:	Julie Lawreniuk, Non-Executive Director
Present:	<ul style="list-style-type: none"> - Ms Janet Hirst, Non-Executive Director (JHi) - Mr Mohammed Hussain, Non-Executive Director (MHu) - Karen Walker, Deputy Chair, Non-Executive Director (KW) - Mr Sajid Azeb, Chief Operating Officer (SA) - Mr John Bolton, Deputy Chief Medical Officer (JB) - Mr Chris Danson, Director of Transformation (CD) - Mr Tim Gold, Deputy Director of Operations for Planned Care (TG) - Mr Carl Stephenson, Associate Director of Performance (CSt) - Mr Chris Smith, Deputy Director of Finance (CS) - Mr James Taylor, Director of Operations for Unplanned Care (JT) 		
In Attendance:	<ul style="list-style-type: none"> - Mr John Holden, Director of Strategy & Integration (JH) - Ms Jacqui Maurice, Head of Corporate Governance (JM) - Ms Laura Parsons, Board Secretary/Associate Director of Corporate Governance (LP) - Ms Katie Shepherd, Corporate Governance Manager (KS) - Mark Hindmarsh, Joint Programme Director for Act as One, for item FA.9.21.6 Act as One Programme Update (MHi) - Helen Farmer, Joint Programme Director for Act as One Transformation Programme for item FA.9.21.6 Act as One Programme Update (HF) - Jacqui Griffin, Assistant Director of Finance, for item FA.9.21.6 Act as One Programme Update (JG) - Adrienne Lake, Assistant Director of Finance (AL) 		

No.		Action
FA.9.21.1	Apologies for Absence	
	Apologies were received from the following: <ul style="list-style-type: none"> - Mr Matthew Horner, Director of Finance (MS) who was represented by Mr Chris Smith, Deputy Director of Finance - Mr Michael Quinlan, Deputy Director of Finance (MQ) 	
FA.9.21.2	Declaration of Interests	
	No declarations of interest to note.	
FA.9.21.3	Minutes of the Meeting Held on the 28th of July 2021	
	The minutes of the meeting held on the 28 th of July 2021 were accepted as an accurate record.	

FA.9.21.4	Matters Arising	
	<p>The following actions were closed from the action log:</p> <ol style="list-style-type: none"> 1. <u>FA21020 Interim Effectiveness Review</u>. “LP to amend the Terms of Reference to reflect the de-establishment of the Regulation and Assurance Committee and the Non-Executive Director leadership of all academies”. Action completed. Revised ToRs approved by the Board on 23 September. No further amendments requested. These are now presented at agenda item 10 of this meeting. 2. <u>FA21020 Matters to Escalate to the Regulation and Assurance Committee</u>. LP to highlight points from the performance Report and work on finance with the CBUs in the Academy’s report to Board. Action completed. Points included within the Academy Chair’s report which now goes to the Board (following the de-regulation of the Regulation and Assurance Committee) <p>SA advised there is a presentation available in relation to the Operational Improvement Plan. It was agreed that this will be discussed under agenda item FA.9.21.5 Service Development Reviews.</p>	
	Learning & Improvement	
FA.9.21.5	Service Development Reviews	
	<p>CS presented the report and explained that the post implementation review (PIR) process is being relaunched for all service developments requiring a formal business case. The PIR process was revised and was implemented shortly before the Covid-19 pandemic, however it was paused due to the pandemic. The paper describes the process and sets out the timeline of where the outcome of the PIR’s are reported.</p> <p>JL referred to the 10% trading level surplus and 2% bottom line surplus mentioned in the paper and asked if there was a business case for “people” or “quality” outcomes that didn’t deliver this and where that would fit. CS explained that these percentage targets reflected a previous model. Due to block funding arrangements, the Trust is not currently in a position where the majority of proposals deliver new income but rather are being assessed for non-financial benefits and the template needs updating to reflect this. CS will review the documentation and share the updated version with the Academy.</p> <p>MHu asked if the reviews are presented to the Trust Board or whether they just go to the Executive Team Meeting (ETM). LP confirmed that the paper proposed that they are included on the Finance & Performance Academy agenda every six months. It was agreed that the F&P Academy would include this in the update to the Board meeting once they have reviewed it at the academy.</p>	<p>Deputy Director of Finance FA21022</p>

	The Academy noted the report.	
FA.9.21.5	Operational Improvement Plan	
	<p>SA explained that the plan was previously presented verbally to the Academy in relation to how an operational improvement plan can be developed. The proposal is to work across three key areas with a deep dive taking place into one area each month and for each area to return quarterly to share the improvement work undertaken. SA handed over to CD who made the following key points from the presentation:</p> <ul style="list-style-type: none"> - Representation of the improvement plan would be at three levels: operational delivery, proactive performance management and transformation projects. - The overall vision is to be in the top quartile nationally across each of the Trust's constitutional performance indicators which are broken down into the following key patient pathways: Urgent & Emergency Care, Planned Care and Cancer Care. There are ten standards to deliver across these three pathways. - The presentation demonstrates the baseline being delivered against each standard and what the Trust aims to deliver by April 2023. Along with the approach to be taken for each pathway in order to deliver each standard. This will be through a number of improvement projects against the three levels referred to at the beginning of the presentation. <p>KW asked how this will be communicated to staff to ensure they understand the strategy and the objectives. SA explained this is about delivering operational excellence and it will work alongside the accountability framework as well as the moving to outstanding agenda through which it will be communicated to staff.</p> <p>JH was pleased to see the structured and systematic approach detailed in the presentation as it demonstrates consistency which is important.</p> <p>JL thanked SA and CD for the presentation and the Academy noted the presentation.</p> <p>JL said that she was looking forward to the Academy receiving the Finance Improvement Plan to the October meeting.</p>	Director of Finance FA21023
FA.9.21.6	Act as One Programme Update	
	<p>JL welcomed Mark Hindmarsh (MHi) and Helen Farmer (HF), Joint Programme Directors for Act as One Transformation Programmes to the meeting.</p> <p>MHi provided a detailed update about the Healthy Hearts, Better Births and Diabetes Programmes and HF provided a detailed update about the Access Programme. The updates from MHi and</p>	

	<p>HF included the key measures within each programme and the impacts of these as demonstrated within the presentation. The programmes involve working collaboratively within our PLACE community partnerships in order to deliver health benefits to the people we serve.</p> <p>Investment into the programmes has come from various sources including NHS England, ICS and Cancer Alliance.</p> <p>It is important to recognise that the programmes cannot deliver without building connections across the community including the voluntary sector as well as other key partners.</p> <p>JL asked if metrics are available in relation to how many people we are engaging with and how things are improving. HF explained that this is being worked through and each programme is measured within the project workstreams and these will be reported to the Academy at the next meeting and going forward.</p> <p>JHi thanked MHi and HF for the insightful presentation and was curious to understand the evidence that supports blood pressure monitoring once a month and whether that is associated with positive health related behaviours and what the expectations are around that. MHi explained there are national benchmarks set within primary care which are linked to evidence bases. The self-monitoring takes the pressure off primary care colleagues and GP colleagues are keen to support this.</p> <p>JHi was also keen to understand more about the Better Births Programme and in particular why certain metrics such as BMI monitoring are not included within the still births project. MHi explained that as agreed with public health colleagues certain public health measures have not been included in order to include metrics that are within our control that we can make progress with.</p> <p>CD asked about the success in reducing DNAs in diabetic clinic by using a book-in service and MHi was happy to share further details with CD outside the meeting.</p> <p>MHu asked about national screening programmes and how the Act as One Programmes link with these i.e. a national screening service has been launched recently for blood pressure screening within community pharmacies. MHi explained a representative from Community Partnerships is on the steering group which provides the links and keeps things coordinated.</p> <p>JL thanked MHi and HF for their attendance to the Academy meeting and the detailed presentation.</p>	
	Assurance	
FA.9.21.7	Finance & Performance Academy Work Plan	
	The Academy noted the Work Plan.	

FA.9.21.8	Finance and Performance Academy Dashboard	
	The Academy noted the dashboard.	
FA.9.21.9	<p>Strategic Risks Relevant to the Academy</p> <p>MHu referred to the risk in relation to the aseptic and cytotoxic facility and asked when this was expected to be resolved. SA explained this risk is in relation to the age and condition of the current aseptic and cytotoxic facility. Mitigations are in place to minimise the risks but the unit has recently failed a test in relation to ventilation. Karen Dawber, Chief Nurse is leading a task and finish group in relation to this and the Trust has appointed external experts to assess the ventilation aspect. A report is expected at ETM which will highlight the remedial work required. However, the ultimate solution will likely be that the Trust will need to invest in a new facility due to the age of the facility.</p> <p>It was agreed that the risk register is an accurate representation of the issues discussed today and nothing further needs to be added.</p>	
FA.9.21.10	Finance & Performance Academy Terms of Reference (ToR)	
	<p>JL reminded the Academy that the revised ToRs were approved by the Board on 23 September. Reference to the Regulation Committee needs to be removed.</p> <p>The Academy approved the ToR subject to the above change.</p>	Associate Director of Corporate Governance/ Board Secretary FA21024
	Performance	
FA.9.21.11	Operational Highlight Report	
	<p>CS presented the report and made the following key points:</p> <ul style="list-style-type: none"> - Covid-19 data: the community positivity rate is reducing but unfortunately we still have a number of patients in hospital. Given the change to a younger cohort of patients we have found the length of stay is has increased. Both national and local modelling predicts that COVID patient numbers will increase during October and through the winter period. - Other demands are also increasing including Accident & Emergency Department (AED) attendances as well as GP fast track referrals. - Elective activity remains limited by theatre capacity. Theatre lists allocations continue to be revised and capacity is being allocated in line with the prioritisation process. Weekly elective improvement meetings take place with all CBU's and these are focussed on supporting increased productivity and utilisation of available capacity whilst continuing to support service restart plans. - For day case reductions some targeted work is being undertaken in relation to endoscopy. 	

	<ul style="list-style-type: none"> - Outpatient activity continued to be reduced compared to planned levels and this was mainly due to annual leave and workforce vacancies. However the most recent week returned to levels seen pre-summer. - Service wide weekly outpatient recovery meetings take place to review outpatient activity which gives further opportunity for support and escalation of any difficulties with outpatient activity to ensure services have the right support to increase outpatient activity going forward. - Emergency Care Standard (ECS) performance is not as forecasted but is doing well comparatively to the performance of other Trusts nationally. BTHFT's performance for Type 1 only attendances ranked 8th in the region and 20th nationally for the week ending 12th September 2021. There are a number of programmes of work which will further improve the ECS standard including the winter plan, some estates work, increasing the utilisation of diagnostic virtual and elderly care virtual wards to avoid admissions and the establishment of bank and agency requirements for both medical and nursing over the winter period. - Length of stay metrics continue to benchmark extremely well our multi agency approaches have helped minimise the length of stay. - Cancer 2 Week Wait (2WW) standard: due to staff shortages and sustained high referral demand within the skin service this standard is forecast to be below 93% in September. The service are putting together a short, medium and long term plan on how they are going to manage this going forward and work towards recovery. - Cancer 28 Day standard: the number of people waiting over 28 days has started to improve. The projected 2WW performance for September will mean additional pressure on the diagnostic phase and all tumour groups are forward planning the capacity to cope with this. - Cancer 62 Days to First Treatment standard: the number of people waiting over 62 days is currently at 36 with a wide range of difficulties affecting the 62 day position including higher rates of patient concordance, complex cases and difficulties due to the isolation and swabbing procedures necessary due to Covid-19. As well as this there has also been an impact of theatre lists that have been cancelled and the pressures within the trust as a result of Covid-19. Urology pathway will be the key area of focus for September as it carries a third of the delays contributing to the overall performance. - Referral to Treatment (RTT) standard: the waiting list has grown to approximately 36,000. Some pathways will be transferred to the independent sector which will help improve 	
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	<p>the metric but overall we anticipate a deterioration against the RTT standard.</p> <ul style="list-style-type: none"> - Diagnostics standard: performance across all modalities for August 2021 was 90.65% which is a 1.5% increase on July's final position and is projected to increase to 91.50% in September 2021. <p>TG highlighted that paediatric attendances contributed to the rise in ED attendances during September. In terms of length of stay September has been a difficult month but the team have continued to work hard to manage this.</p> <p>JL asked how we are communicating to the people of Bradford the plan of dealing with the RTT performance which we know will get worse before it improves. SA explained that there is a lot of scrutiny from NHSE/I around this standard and in particular the elective ordinary position and in terms of the communication plan our cancer position demonstrates we are treating the most urgent patients but we do recognise that other priority patients also need treatment. There are a number of actions being undertaken to improve the position including the preparation of five theatres which are expected to be back in use during late November / early December and this will contribute to improving our baseline activity.</p> <p>The Academy noted the report.</p>	
FA.9.21.12	Performance Report	
	The Academy noted the report.	
	Finance	
FA.9.21.13	Monthly Finance Report	
	<p>CS presented the report and made the following key points:</p> <ul style="list-style-type: none"> - The YTD position at month 5 is £0.4m ahead of its financial plan. The current forecast is delivery of a breakeven position for Half 1 (H1) as per planned forecast. - Half 2 (H2) Planning guidance from the Centre is delayed and is now expected by the end of September. It is anticipated that there will be a 3% funding reduction. - Current run rates and projections suggest the Trust should be able to deliver a break even position for H2 even factoring in a 3% funding reduction and some potentially substantial investments. <p>JL asked if the potential 3% reduction includes the Covid-19 expenditure within the gross figure and CS confirmed it does. CS explained that the latest informal guidance suggested that within the 3% the ICS Covid-19 funding would be reduced by approximately 15% of £12m over six months.</p>	

	<p>JL reflected that there is confidence in the 2021/22 forecast with some headroom however it is unfortunate that the planning guidance is not yet available for H2 and although there is time to plan for 2022/23 how do we do that if we don't have the planning guidance. CS said we have a better idea of the expenditure but not the funding envelope therefore assumptions will need to be made for that. CS explained that CBUs were asked to make varying levels of improvements to their expenditure run rate forecast for H2. This has not translated into improved forecasts at this stage and there is further work to be done between the CBUs and the Finance Team on this.</p> <p>The Academy noted the report.</p>	
FA.9.21.14	Draft Procurement Update	
	<p>In MQ's absence CS updated that this is a draft strategy which will be concluded by March 2022. It has been submitted to ETM this week for comments. MQ is also liaising with Altaf Sadique, NED for his input.</p> <p>It was agreed that the paper would be discussed in more detail at the next Academy Meeting.</p> <p>The Academy noted the report.</p>	<p>Deputy Director of Finance FA21025</p>
FA.9.21.15	Any Other Business	
	No other items of business were raised.	
FA.9.21.16	Matters to Share with Other Academies	
	There were no matters to share with other Academies.	
FA.9.21.17	Matters to Escalate to the Board	
	There were no matters to escalate to the Board.	
FA.9.21.18	Date and Time of Next Meeting	
	<p>Wednesday 27th October 2021, 08:30am – 10.30am</p> <p>Microsoft Teams</p>	

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM THE FINANCE AND PERFORMANCE ACADEMY – 29th September 2021

Action ID	Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
FA21022	28.09.21	FA.9.21.5	Service Development Reviews JL said the paper refers to a 10% trading level surplus and 2% bottom line surplus and asked if there was a business case for “people” or “quality” that didn’t deliver this then where would that fit. CS explained that we are not currently in a position where the majority of proposals deliver an income but are being assessed for non-financial benefits and the template needs updating to reflect this. CS will review the documentation and share the updated version with the Academy.	Deputy Director of Finance (CS)	27 October 2021	The PIR template has been amended (see Appendix 1). <u>Action complete.</u>
FA21023	28.09.21	FA.9.21.5	Learning and Improvement JL said she was looking forward to the Academy receiving the Finance Improvement Plan to the October meeting.	Director of Finance	27 October 2021	Item is on the agenda for the October meeting. <u>Action complete.</u>
FA21024	28.09.21	FA.9.21.10	Finance & Performance Academy Terms of Reference (ToR) Reference to the Regulation Committee needs to be removed.	Associate Director of Corporate Governance/ Board Secretary	27 October 2021	ToR have been updated. <u>Action complete.</u>
FA21025	28.09.21	FA.9.21.14	Draft Procurement Update It was agreed that the paper would be discussed in more detail at the next Academy Meeting.	Deputy Director of Finance (MQ)	27 October 2021	Item is on the agenda for the October meeting. <u>Action complete.</u>