

**FINANCE AND PERFORMANCE ACADEMY  
MINUTES, ACTIONS & DECISIONS**

<b>Date:</b>	Wednesday 27 October 2021	<b>Time:</b>	08:30 – 10:30
<b>Venue:</b>	Microsoft Teams	<b>Chair:</b>	Julie Lawreniuk, Non-Executive Director
<b>Present:</b>	<ul style="list-style-type: none"> <li>- Mr Sajid Azeb, Chief Operating Officer (SA)</li> <li>- Mr Matthew Horner, Director of Finance (MH)</li> <li>- Mr Michael Quinlan, Deputy Director of Finance (MQ)</li> <li>- Ms Terri Saunderson, Director of Operations for Unplanned Care (TS)</li> <li>- Mr Chris Danson, Director of Transformation (CD)</li> <li>- Mr Chris Smith, Deputy Director of Finance (CS)</li> <li>- Mr Neil Scott, Head of Business Intelligence (NS)</li> <li>- Professor Janet Hirst, Non-Executive Director (JHi)</li> <li>- Mr Mohammed Hussain, Non-Executive Director (MHu)</li> </ul>		
<b>Attendance:</b>	<ul style="list-style-type: none"> <li>- Ms Laura Parsons, Board Secretary/Associate Director of Corporate Governance (LP)</li> <li>- Ms Katie Shephard, Corporate Governance Manager (KS)</li> <li>- Mr John Holden, Director of Strategy and Integration (JH)</li> <li>- Mr Steve Amos, Emergency Planning Manager, for agenda item FA.10.21.10, EPRR Core Standards Final Submission (SAm)</li> <li>- Mr Barrie Senior, Non-Executive Director (BS) (observing)</li> <li>- Ms Vikki Thwaites, CQC Inspector (VT) (observing)</li> </ul>		

No.		Action
<b>FA.10.21.1</b>	<b>Apologies for Absence</b>	
	Apologies were received from Tim Gold, Director of Operations for Unplanned Care, Karen Walker, Non-Executive Director, James Taylor, Acting Director of Operations for Planned Care and Carl Stephenson, Associate Director of Performance.	
<b>FA.10.21.2</b>	<b>Declaration of Interests</b>	
	No declarations of interest were noted.	
<b>FA.10.21.3</b>	<b>Minutes of the Meeting Held on the 29<sup>th</sup> of September 2021</b>	
	The minutes of the meeting held on the 29 <sup>th</sup> of September 2021 were accepted as an accurate record of the meeting.	

<b>FA.10.21.4</b>	<b>Matters Arising</b>	
	<p>The following actions were closed:</p> <p>FA21022 - Service Development Reviews - CS will review the documentation and share the updated version with the Academy.</p> <p>FA21023 - Learning and Improvement - JL said she was looking forward to the Academy receiving the Finance Improvement Plan to the October meeting.</p> <p>FA21024 - Finance &amp; Performance Academy Terms of Reference (ToR) - Reference to the Regulation Committee needs to be removed.</p> <p>FA21025 - Draft Procurement Update - It was agreed that the paper would be discussed in more detail at the next Academy Meeting.</p> <p>The Academy noted the PIR template circulated with the papers.</p>	
	<b>Learning &amp; Improvement</b>	
<b>FA.10.21.5</b>	<b>Finance Improvement Plan</b>	
	<p>MH presented an update on the Moving to Outstanding Finance work.</p> <p>The WAU (Weighted Activity Unit) movement has been steady between 2018/19 and 2019/20, but significantly lower than the national average and the Foundation Trust's peers.</p> <p>MH clarified that the national average WAU for a NHS Trust is 3,500 to deliver one unit of clinical activity and a lower figure equals better value. MH shared that the vast majority of Outstanding organisations are less than £3,500 WAU and are also in surplus. The Foundation Trust is in that category and it is important to maintain this position.</p> <p>Nursing staffing costs have been highlighted as a potential opportunity, and a deep dive is needed into the figures. MH stressed that it is important to maintain a balanced scorecard approach and the Model Hospital work will continue to be used as a signpost.</p> <p>JL summed up that from a Finance perspective the organisation is where it needs to be, although some costs may need to be moved around.</p> <p>MH confirmed that the Budget Setting Framework will be used to set the level of aspiration and will evolve through Quarter 4.</p> <p>MHu queried if any pressure areas have been created by the</p>	

	<p>quality and safety improvement work. MH responded that the key one is nurse staffing cost following approval of the safer nursing review.</p> <p>JL thanked MH for the update.</p>	
<b>FA.10.21.6</b>	<b>Performance Improvement Plan</b>	
	<p>SA presented the Delivering Operational Excellence plan and described how this fits in with the other areas of improvement.</p> <p>The approach to delivering improvement is based on three areas; transformation, proactive performance management and business as usual.</p> <p>The aspiration is to be in top quartile nationally across each key performance indicator by April 2023. The indicators are grouped into 10 areas under three headings; Urgent and Emergency Care, Planned Care and Cancer Care. Baseline assessments for each KPI have been undertaken as at September 2021 and the aim is to move to the top quartile by April 2023.</p> <p>In terms of governance and reporting, each programme will be asked to report back on all work undertaken to the Operational Leadership Huddles, and via the Finance and Performance Academy through to Board. A deep dive will also be carried out into each area on a three month cycle to monitor performance improvement.</p> <p>JL queried how the ambition to be in the top quartile sits with the Half 2 trajectories. SA responded that the target is set to 2023 as during recovery it is likely that some areas will worsen before improving.</p> <p>JL thanked SA for the update.</p>	
	<b>Assurance</b>	
<b>FA.10.21.7</b>	<b>Finance and Performance Academy Workplan</b>	
	<p>LP informed that the Budget Setting Process and Timetable item will now be on the November agenda and the Budgetary Control Framework on the January 2022 agenda. The 2022/23 workplan will be reviewed at the November meeting.</p>	

<b>FA.10.21.8</b>	<b>Finance and Performance Academy Dashboard</b>	
	This will be discussed under the relevant agenda items.	
<b>FA.10.21.9</b>	<b>Strategic Risks Relevant to the Academy</b>	
	It was agreed that the risk register is an accurate representation of the issues discussed today and nothing needs to be added or removed.	
<b>FA.10.21.10</b>	<b>EPRR Core Standards Final Submission</b>	
	<p>SAm joined the meeting to present this item. The Board has delegated authority to the Finance and Performance Academy to sign off the final submission.</p> <p>SA explained that there are 48 standards for acute trusts to report on. The Foundation Trust is reporting compliance with 46, which brings it into the Substantial category. One area of partial compliance relates to CBRN training, which has been delayed due to Covid-19. There are now training sessions being held monthly and the target is 75% of staff trained by December 2022. The other area is around full site evacuation and work is underway within the region for a full site plan.</p> <p>JL queried the consequences of partial compliance. SA stated that NHSE/I realise the two areas mentioned above are common issues across a number of trusts.</p> <p>The Academy was content to approve the submission. SA and SAm will ensure the submission of Substantial compliance is made in line with the required timescales.</p> <p>JL thanked SA for the information.</p>	
<b>FA.10.21.11</b>	<b>Half 2 Plan</b>	
	<p>SA shared that the Half 2 Operational Activity Return and Planning Guidance was issued on the 30<sup>th</sup> of September 2021. This was a delayed release from the national team. However, despite this the first activity submission date remained the 12th October. The Foundation Trust submitted its return by the deadline and the initial activity templates were issued.</p> <p>Due to the short timeframe the information was returned at aggregate Trust level. Detailed work is ongoing at CBU level to ensure the plans build up to the aggregated submission level.</p> <p>The main area of focus is to eliminate patient waits over 104 weeks by March 2022, apart from those patients who choose to wait</p>	

	<p>longer (Priorities 5 and 6).</p> <p>As of this week, 151 patients have waited over 104 weeks and without action, this is forecast to rise to around 900 by end of March 2022. The plan is to have no more than 26 patients waiting longer than 104 weeks. Work is ongoing to prioritise the Priority 3 and 4 patients and SA is meeting weekly with the CBUs.</p> <p>SA shared that a further target is to reduce the number of patients who have waited over 52 weeks. Given the focus on long waiting Priority 3 and 4 patients, this will at a minimum hold the 52+ number steady, but more than likely reduce it.</p> <p>The third area of focus is to stabilise the waiting list to the levels seen in September 2021. SA stated that this will not be possible in the next 6 months, as restart activity levels are at around 80% of baseline activity and referrals have now on the whole returned to pre-pandemic levels. This means that there will continue to be a net increase in the overall waiting list.</p> <p>The final area is to return the number of patients waiting more than 62 days on a cancer/suspected cancer pathway back to the level noted in February 2020. At that time there were 15-20 patients who had waited in excess of 62 days and during the pandemic this increased to 179. It is currently down to 31. The Foundation Trust continues to focus its efforts on bringing this into line with the February 2020 levels.</p> <p>SA confirmed that subject to Covid-19 numbers and winter, the Foundation Trust should be in a position to deliver these targets.</p> <p>CS stated that no financial risks have been identified in delivering this position and funding in Half 2. Income is also likely to increase by around £1.2 million due to inflation compared to Half 1 and there are sufficient non-recurrent measures in place to deliver a break-even position.</p> <p>There has been a reduction in the amount of funding received from the ICS of around £1.9 million. The organisation was told to prepare to lose most of the Covid-19 funding, but actually only lost £0.6 million out of £12million.</p> <p>The ICS allocated around £17 million for Urgent and Emergency Care Capacity Funding (winter), of which the Foundation Trust received £2 million. It has been agreed that this funding will go to places for them to decide which organisations it is spent on.</p> <p>Additional nurse staffing has an estimated cost of £1.2 million and additional consultant posts have been approved. The Restart programme, with more consumables, is estimated to be around £1.8 million.</p> <p>CS pointed out that this is unlikely to be so high, but if it does turn out to be, it would mean a deficit of £11 million.</p>	
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	<p>CS ran through some ways to address the possible £11 million deficit. The Maternity Incentive Scheme is likely to receive a rebate of 0.8 million. The full cost of the Clinical Excellence Awards hasn't yet been recognised in Half 1 so this cost won't materialise in Half 2. Also, non-recurrent income streams are not yet recognised and there could be further flexibility on the balance sheet.</p> <p>JHi queried how staff recruitment risks fit in with the plan. It was agreed that this would be a question for the People Academy.</p> <p>JL thanked SA for the information.</p>	
	<b>Performance</b>	
<b>FA.10.21.12</b>	<b>Operational Highlight Report</b>	
	<p>SA highlighted the main points of the report:</p> <ul style="list-style-type: none"> <li>• Admitted Pathway Improvement – activity has recently risen, linked to the recruitment of theatre staff. Additional insource sessions have also been running, resulting in more inpatient elective ordinary activity.</li> <li>• Non-Admitted Pathway Improvement – the plan is to improve from 93% to 98%. Annual leave has impacted the figures but this is being maintained at a good level.</li> <li>• Waiting List Reduction – in terms of 104 week RTT, the position is better than expected, at 151 on Monday of this week. The number of patients waiting more than 52 weeks is predicted to reach around 1324 in October, but it is hoped this will drop to around 764 by March. Total waiting list size is predicted to increase to 40,000 before dropping down to 39,000. 62 day cancer waits are currently at 31, with a plan to reduce this to 30 by the end of October and 15 by March.</li> <li>• An ECS improvement is predicted in comparison to last month.</li> <li>• There have been no breaches against the 12 hour decision to admit target.</li> <li>• ED Decision to Admit to Admission – the average time is 2 hours, 56 minutes. CBUs have been asked to ensure that patients are moved into a bed as quickly as possible, once a decision to admit has been made. The target is a maximum of 1 hour.</li> <li>• Length of Stay &gt;21 days – due to multiagency work this is currently at 26.</li> <li>• Cancer 2 Week Wait Standard – there have only been two months in the last year when the 93% target hasn't been met. The current position is attributable to a large volume of skin cancer referrals.</li> <li>• Cancer 28 Day Faster Diagnosis – The Foundation Trust is compliant against this standard and maintains a strong position.</li> <li>• Cancer 62 Day First Treatment – shows an improving</li> </ul>	

	<p>position. The target 85% and the Foundation Trust is currently at 76.84%. There are currently 31 patients and the target is below 20.</p> <ul style="list-style-type: none"> <li>• 18 Week RTT – Referrals are growing, however this is expected as we are delivery 80% of baseline activity when compared to pre-pandemic levels. In addition due to the need for strict clinical prioritisation some of the P3 &amp; P4 category patients are having to wait longer.</li> <li>• 52 Week RTT – this is in-line with the plan. There are currently 1300 patients, but good progress been made since the commencement of Restart.</li> <li>• Diagnostics Waiting Times – this is improving. All modalities are now fully recovered, apart from Endoscopy. The Foundation Trust is currently in the top quartile. Insourcing and Independent Sector support have helped. It is believed that the Endoscopy position will be recovered by the end of March 2022.</li> <li>• Covid-19 numbers have risen and this remains a challenge.</li> <li>• Ambulance Handover Times – The new isolation area will help alleviate some of the pressure currently being experienced. Overall in comparison to other organisations our A&amp;E performance remains strong.</li> </ul> <p>JL questioned if 40,000 on the total waiting list was an average number of patients to be waiting for treatment. SA clarified that this also includes those patients only just referred and that a sustainable number to be compliant with the 18 Week Standard is around 25-26,000. All patients on an inpatient admitted waiting list have received a letter to confirm their surgical priority and asked that they contact the relevant secretary if they feel their condition has deteriorated.</p> <p>JL thanked SA for the update.</p>	
<b>FA.10.21.13</b>	<b>Performance Report</b>	
	Discussed under item FA.10.21.21.	
<b>FA.10.21.14</b>	<b>Winter Planning</b>	
	<p>SA highlighted the main points of the plan:</p> <ul style="list-style-type: none"> <li>• Demand and Capacity – the bedbase has been reviewed and allocated into non-elective, ultra green elective and Covid ward areas. There is a plan to increase same day emergency care and reduce long length of stay patients.</li> </ul> <p>The risks of flu, Covid and RSV have been assessed and it is expected that Wards 2 and 5 will be in use from December 21. A potential 100 Covid inpatients are predicted by January, but if the modelling proves accurate, demand should remain within 100% of bed capacity.</p> <ul style="list-style-type: none"> <li>• Workforce – recruitment is ongoing for bank and agency</li> </ul>	

	<p>staff. The winter budget identifies an availability of £532,255 over winter.</p> <ul style="list-style-type: none"> <li>Exit and Flow – the plan is to maintain 21+ days length of stay patients at less than 60. Command and control processes are to be updated.</li> </ul> <p>JL commended the work done to produce the plan and thanked SA for the update.</p>	
	<b>Finance</b>	
<b>FA.10.21.15</b>	<b>Monthly Finance Report</b>	
	<p>MH highlighted the pertinent points of the report:</p> <ul style="list-style-type: none"> <li>Overall financial position – nothing of concern to report. A break-even position was reported at the end of Month 6. In terms of the cash and liquidity dashboard metrics, cash is ahead of plan with liquidity slightly behind, reflecting the planning assumptions around deferred income.</li> </ul> <p>JL thanked MH for the update.</p>	
<b>FA.10.21.16</b>	<b>Bradford Place and ICS System Financial Update</b>	
	<p>MH stated that the Bradford Place reported a breakeven position. There is a risk to the system at a Local Authority level presently and a contingency reserve for the latter half of year has been established to mitigate the projected risk in the CCGs. Discussions with local Directors of Finance continue.</p> <p>The Foundation Trust and Airedale Trust are reporting projected Capital overspends against the original allocations. Airedale has a £5 million challenge on aerated concrete issues, for which it is expected to receive central funding. The Foundation Trust also has a £5 million challenge, but there is now cover from the ICS in terms of slippage elsewhere in system.</p>	
<b>FA.10.21.17</b>	<b>Capital Update</b>	
	<p>MQ highlighted the main points of the presentation.</p> <ul style="list-style-type: none"> <li>The total 2021/22 ICS capital budget is £228.6 million. ICS capital allocation is £154.4 million, which is funded by depreciation and cash headroom and other capital allocation of £74.2 million is funded by other external funding streams, such as PDC and donated assets.</li> <li>In relation to ICS capital allocation, the ICS is forecasting a £5 million overspend which is largely due to RAAC at Airedale NHS Foundation Trust.</li> <li>ICS other capital allocation is currently reporting an overspend of £35.9 million, which is largely due to the Leeds Teaching Hospitals NHS Trust HiP programme.</li> <li>The Foundation Trust has a total capital budget of £24.8</li> </ul>	



	<p>million and is forecasting a capital overspend of £5 million. The ICS has agreed to fund the Trust's overspend this financial year by loaning £5 million with the expectation of the loan being paid back during 2022/23.</p> <ul style="list-style-type: none"> <li>• There is a risk of an additional £3 million cost pressure this financial year, which is mainly due to an overspend within in the Tilbury Douglas capital schemes.</li> <li>• MQ highlighted that the Foundation Trust Cost Advisor, DKP, recently reported that the additional cost pressure could change due to further delays, with the worst case scenario being a £3.6 million overspend and best case scenario a £510,000 overspend. DKP have highlighted that it is more than likely that the total overspend will be between the 'most likely' and 'best case' scenarios.</li> <li>• The Capital Strategy Group has identified possible ways of delivering the 2021/22 capital programme within budget, such as deferring Radiology Room 6 or the purchase of a new Da Vinci robot into next year; however this would impact on the capital programme for 2022/23. The ICS is currently reviewing the accuracy of the forecast outturn.</li> <li>• The Foundation Trust recently bid for £6.4 million through the Targeted Investment Fund and the outcome is expected in November. A Unified Tech Fund is also available of £938 million. MQ is working with Paul Rice, Chief Digital and Information Officer, to understand the opportunities in this.</li> <li>• MQ presented the indicative five year capital programme to the Capital Strategy Group and highlighted that the Trust has not been given its ICS capital allocation yet so the plan may change.</li> <li>• Other external funding may be available, but this won't be included in the plan. Feasibility studies are being carried out for several upcoming projects. The CDEL allocation is £78.2 million.</li> </ul> <p>MH pointed out that the 5 Year Indicative Plan is still in draft and has not yet been approved.</p> <p>There are two commitments against the plan; an MRI scanner at BRI and BIHR development involving a refurbishment of the new main entrance. Once confirmation of funds is received the work from the feasibility studies will start to be commissioned.</p> <p>JL thanked MQ and MH for the update.</p>	
<b>FA.10.21.18</b>	<b>Pathology Joint Venture - Financial Position</b>	
	<p>MH informed that the Joint Venture is achieving a cumulative profit position. It has attracted commercial enterprises from a testing perspective and significant activity is being generated.</p> <p>The planned profit of around £600,000 is likely to be surpassed by the end of the year and discussions are ongoing about how to treat this.</p>	

	JL thanked MH for the update.	
<b>FA.10.21.19</b>	<b>Draft Procurement Update</b>	
	It was agreed to defer this item to the next meeting. To be added earlier on the agenda in order to discuss fully.	<b>Associate Director of Corporate Governance FA21026</b>
<b>FA.10.21.20</b>	<b>Any Other Business</b>	
	MH confirmed that the Foundation Trust is in Segment 2 of the NHS Oversight Framework, which is a continuation of the pre-Covid position.	
<b>FA.10.21.21</b>	<b>Matters to Share with Other Academies</b>	
	There were no matters to share with other Academies.	
<b>FA.10.21.22</b>	<b>Matters to Escalate to Board</b>	
	JL suggested that the Half 2 plans and Improvement Plans should be discussed at Board and will discuss this with the Chairman.	<b>Chair of the F&amp;P Academy FA21027</b>
<b>FA.10.21.23</b>	<b>Date and Time of Next Meeting</b>	
	Wednesday 24 <sup>th</sup> November 2021 08:30am – 10.30am Microsoft Teams	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST  
ACTIONS FROM THE FINANCE AND PERFORMANCE ACADEMY – 27<sup>th</sup> October 2021**

Action ID	Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
FA21026	27.10.21	FA.10.21.19	<b>Draft Procurement Update</b> Draft Procurement Update to be added to the November agenda.	Associate Director of Corporate Governance	24 November 2021	
FA21027	27.10.21	FA.10.21.22	<b>Matters to Escalate to Board</b> JL to discuss adding H2 and Improvement Plans to Board agenda with Chairman.	Chair of the F&P Academy	24 November 2021	12.11.21 – To be discussed at NED forum on 16.11.21. <u>Action complete.</u>