

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

Date:	Wednesday 24 th November 2021	Time:	08:30 – 10:30
Venue:	Microsoft Teams	Chair:	Julie Lawreniuk, Non-Executive Director
Present:	<ul style="list-style-type: none"> - Mr Sajid Azeb, Chief Operating Officer (SA) - Mr Matthew Horner, Director of Finance (MH) - Mr Chris Danson, Director of Transformation (CD) - Mr Chris Smith, Deputy Director of Finance (CS) - Mr Neil Scott, Head of Business Intelligence (NS) - Professor Janet Hirst, Non-Executive Director (JHi) - Mr Mohammed Hussain, Non-Executive Director (MHu) - Ms Karen Walker, Non-Executive Director (KW) - Mr Carl Stephenson, Associate Director of Performance (CS) 		
Attendance:	<ul style="list-style-type: none"> - Ms Laura Parsons, Board Secretary/Associate Director of Corporate Governance (LP) - Ms Katie Shephard, Corporate Governance Manager (KS) - Mr John Holden, Director of Strategy and Integration (JH) - Mr Shaun Milburn, Deputy Director of Operations for Unplanned Care and Mr Ed Cornick, General Manager for A&E, for agenda item FA.10.21.6, Performance Improvement Plan - Mr David Wilmshurst, Governor, observing 		

No.		Action
FA.11.21.1	Apologies for Absence	
	Apologies were received from Michael Quinlan, Deputy Director of Finance.	
FA.11.21.2	Declaration of Interests	
	No declarations of interest were noted.	
FA.11.21.3	Minutes of the Meeting Held on the 27th of October 2021	
	The minutes of the meeting held on the 27 th of October 2021 were accepted as an accurate record of the meeting.	

FA.11.21.4	Matters Arising	
	<p>The following actions were closed:</p> <p>FA21026 – Draft Procurement Update Draft Procurement Update to be added to the November agenda.</p> <p>FA21027 – Matters to Escalate to Board JL to discuss adding H2 and Improvement Plans to Board agenda with Chairman.</p> <p>CS presented the Half two plan and noted that there was little change from last month. At end of H1 there was an underlying underspend position. The pessimistic view of expenditure growth in H2 was an efficiency saving of £10 million required to break-even. It has since been discovered that the underspend was more than anticipated, at £1 million/month. The prudent assumptions around expenditure have been retained.</p> <p>A bid was submitted for external funding of £1.4 million to increase the rate of elective recovery, which was granted. No benefit to the plan is assumed as this will all be spent. £5.1 million of non-recurrent flexibility is now expected to be used to break-even. A break even plan will be submitted tomorrow and there is strong confidence this can be delivered.</p> <p>The Academy approved the plan on behalf of Board.</p>	
	Learning & Improvement	
FA.11.21.5	Finance Improvement Plan	
	To be covered under agenda item FA.11.21.14.	
FA.11.21.6	Performance Improvement Plan	
	<p>SM & EC joined the meeting. SA detailed the three key areas of the Operational Improvement Plan (Delivering Operational Excellence); Urgent and Emergency Care, Planned Care/RTT and Planned Care Cancer. Our approach to improvement is split into three elements; business as usual which is operational day to day processes. Tactical actions which are proactive mitigation of risk and transformation actions with a strategic focus. A deep dive into each area of the Operational Improvement Plan will occur at the F&P academy.</p>	

	<p>SM shared detail within the Urgent and Emergency Care improvement plan. He highlighted that the focus of the plan is to reduce the volume of patients presenting at A&E, improving pathways and flow into and out of hospital and organisational readiness for the new Emergency Care Standards from April 2022.</p> <p>TG outlined the four key areas for transformation; to deliver an outstanding decision making programme (Command Centre Activation), to design and implement a Surgical Assessment Unit (SDEC), to design and implement a Medical Daycase Unit and to continue to work with system-wide programmes in transforming access to care. The area of focus this month was the outstanding decision making programme (Command Centre Activation).</p> <p>KW queried which area was going to be first and TG confirmed this would be Ward 16 (Gastroenterology).</p> <p>MHu asked how the work is linking in with the quality improvement agenda and learning from the maternity and theatre improvement projects. TG shared that Louise Middleton, Transformation Lead. is QI (Quality Improvement) and QSIR (Quality, Service Improvement and Redesign) trained and he and Sarah Freeman, Associate Director of Nursing for Unplanned Care, are currently undergoing the QSIR programme. In addition, ward improvements are driven by QI methodology.</p> <p>TG stated that the team are conscious to embed “outstanding” in all programmes. He has been tasked by SA to pull together a paper on improvement methodology and the Business Intelligence team are building a dashboard detailing the metrics around discharge methods, length of stay and patient and staff satisfaction.</p> <p>A conversation was had around the partnership with YAS (Yorkshire Ambulance Service). TG remarked that there has been a cultural shift in the Command Centre, with the team employing an ethos of calm. RAG ratings are under constant review and tools are being utilised to enable the wards to self-assess.</p> <p>CD mentioned that a video ethnography approach may be used, involving the use of a GoPro camera to capture Board rounds and handovers. This allows staff to review themselves and means less disruption and access to infection control areas.</p> <p>JL thanked SA, TG, SM and EC for the update.</p>	
	Assurance	
FA.11.21.7	Finance and Performance Academy Workplan	
	<p>The dates in the supporting paper for agenda item FA.11.21.14 to be added to the Workplan.</p>	<p>Board Secretary/ Director of Corporate Governance (FA21028)</p>

FA.11.21.8	Finance and Performance Academy Dashboard	
	This will be discussed under the relevant agenda items.	
FA.11.21.9	<p>High Level Risks Relevant to the Academy</p> <p>LP explained the new process. It has been agreed to escalate risks according to score. Risks scoring 15 and above will be presented to ETM monthly, then to the relevant Academy then Board. Risks scored 12 and above will be discussed at the Executive to CBU meetings.</p> <p>SA highlighted two risks. One relates to diagnostic capacity in Endoscopy. Lot of work has been done with insourcing and outsourcing and with the support of Medinet and the use of Westcliffe facilities. Capacity is now on a good trajectory.</p> <p>The second risk related to data quality and errors. Lots of work continues to be done and the 15 recommendations from the Intensive Support Team visit are being worked through. A data quality framework will be devised and taken to ETM.</p> <p>JL thanked LP and SA for the information.</p>	
	Performance	
FA.11.21.10	Operational Highlight Report	
	<p>CS ran through the key points of the report:</p> <ul style="list-style-type: none"> Admitted Pathway Improvement – the RTT plan is on target, supported by improvement work. Non-Admitted Pathway Improvement – October was a low month in terms of outpatient delivery. Sickness and vacancies are monitored weekly underpinning the CBU recovery plans. Covid-19 – numbers are falling in-line with the forecast, but are expected to rise again. There has been a significant impact on the bed base. Demand patterns – A&E attendance remains high and is translating into increased admissions. Breast and skin specialities are experiencing an increase beyond historic levels. UEC Ambulance Handovers – a technical issue (screen freeze) in October resulted in performance appearing worse than it actually was. This should be improved in November. UEC Measures – There are challenges around getting patients into beds and out of A&E following a decision to admit. 21 Day Length of Stay – A recent ward closure has impacted on the November figures. 	

	<ul style="list-style-type: none"> • Cancer 2 Week Wait – Demand is under constant review and routine capacity is being used to meet this. Capacity pressures have been noted in Breast, Skin and Lower GI specialities. The target was missed in September, but is forecast to be met in October and November. • Cancer 28 Day Faster Diagnosis – It is forecast that every tumour group will pass the standard in November. • Cancer 62 Day First Treatment – The plan in place is forecast to remain at current levels throughout winter then improve during the third quarter. • 18 Week RTT – There is a large waiting list which is proving a challenge, but the aspiration is to return to the previous level of clock stops by Q3. • 52 Week Referral to Treatment – this is tracking ahead of plan, with very few outpatients waiting 52 weeks. The plan is on track for no patients to be waiting over 104 weeks by year end and the Foundation Trust is ahead of its peers in West Yorkshire. • Diagnostics – The DM01 indicator is one of the highest in the country. Endoscopy is an outlier, but at over 90% for fast track turnarounds. <p>SA explained that patients are being prioritised based on their “P” status (clinical score decided by a clinician) and capacity is now being identified for P3 and 4 patients, starting with long waiters.</p> <p>In terms of cancer patients, SA shared that the Foundation Trust is in a much better position than previously due to the targeting of the longest waiting patients. 104 week waiter numbers are currently ahead of plan, but there is more work to do in order to deliver a zero position by the end of March 2022.</p> <p>A conversation took place regarding the relationship between performance and patient experience.</p> <p>JL thanked CS and SA for the update.</p>	
FA.11.21.11	Performance Report	
	Discussed under agenda item FA.11.21.10.	
	Finance	
FA.11.21.12	Monthly Finance Report	
	<p>CS confirmed that the first month of a break-even plan for the second half of the year has been delivered with a significant degree of comfort and the H2 plan is on target for delivery.</p> <p>MH added that a prudent plan has been implemented for the second half of year with a comfortable level of headroom. Discussions have taken place regarding replacing non-capital</p>	

	<p>equipment this year, but the procurement capacity constraints need to be understood. A number of non-recurrent initiatives have been invested into, particularly concerning digital, HR and theatre improvement. The priority is to maximize the funding already in place.</p> <p>The Academy noted the position and JL thanked MH and CS for the paper.</p>	
FA.11.21.13	Treasury Management Update	
	<p>MH stated that this paper covers the current and projected cash and liquidity positions plus two KPI's (Key Performance Indicators) monitored through the Cash Management Group.</p> <p>In terms of the cash position, there is £76 million in the bank and a projected £52 million by end of the year based on the prudent financial plan. The best case scenario is £63 million by the end of the year. In the underlying cash position there is around £15 million held for Research and Development.</p> <p>The liquidity position is currently 3.2 days. The prudent forecast is minus 6 days by the end of the period, but the best case scenario of around 2 days is most likely. MH highlighted two additional KPI's; debtor days and the better payment practice code. The Foundation Trust benchmarks well for the latter and the variance against the debtor days plan relates to new sources of NHS income not included in the plan e.g. vaccination funding.</p> <p>JL thanked MH for the update.</p>	
FA.11.21.14	Budget Setting Process and Timetable	
	<p>MH shared that there is a great deal of uncertainty about 2022/23. Funding is available for elective recovery and Covid-19 and there is more money available than in the original long-term plan.</p> <p>In terms of the overall position and assumptions, the organisational challenge could range between £10 and £20 million (2-4%). The projected run rate that delivers this range of challenge includes a number of committed investments (e.g. £2.5m following the safer nursing review).</p> <p>MH cited a commitment to doing everything possible corporately to protect the organisation. The approach needs to reflect the overall balanced scorecard and maintain equilibrium between Quality, People and the money.</p> <p>The CBU annual business planning round is to be reinstated. MH has developed a template which complements the Academy structure and a group has been established to help the CBUs populate this. This will allow the CBUs to articulate their aspirations</p>	

	<p>and facilitate an understanding of the impact on financial and operational planning.</p> <p>JL thanked MH for the information.</p>	
FA.11.21.15	Draft Procurement Update	
	<p>MH pointed out that this is still in draft and its purpose is to ensure the right goods are delivered to the right place at the right time. It needs to be transparent, cost effective, sustainable and flexible. The plan is to finalise the strategy by the end of year then submit to Board for approval.</p> <p>Challenges include understanding the national and system frameworks and what E-procurement systems are available, storage issues and consumable shortages.</p> <p>The key focus is securing value for money. There is national pressure on the supply chain contract, staff resilience and Scan4 Safety.</p> <p>JL thanked MH for the update.</p>	
FA.11.21.16	Any Other Business	
	<p>It was agreed to hold a Finance and Performance Academy development session. JL to facilitate.</p>	Chair of the F&P Academy (FA21029)
FA.11.21.17	Matters to Share with Other Academies	
	<p>There were no matters to share with other Academies.</p>	
FA.11.21.18	Matters to Escalate to Board	
	<p>There were no matters to escalate to Board.</p>	
FA.11.21.19	Date and Time of Next Meeting	
	<p>Wednesday 26th January 2022 08:30am – 10.30am Microsoft Teams</p>	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM THE FINANCE AND PERFORMANCE ACADEMY – 24th November 2021**

Action ID	Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
FA21028	24.11.21	FA.11.21.7	Finance and Performance Academy Workplan The dates in the supporting paper for agenda item FA.11.21.14 to be added to the workplan.	Board Secretary/Director of Corporate Governance	26 th January 2022	16.12.21 – Action completed.
FA21029	24.11.21	FA.11.21.16	Any Other Business JL to facilitate an F&P Academy development session.	Chair of the F&P Academy	26 th January 2022	