

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

<b>Date:</b>	30 <sup>th</sup> March 2022	<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 Chris Danson, Director of Transformation (CD)</li> <li>- Mr Chris Smith, Deputy Director of Finance (CSm)</li> <li>- Professor Janet Hirst, Non-Executive Director (JHi)</li> <li>- Mr Mohammed Hussain, Non-Executive Director (MHu)</li> <li>- Ms Karen Walker, Non-Executive Director (KW)</li> <li>- Mr Carl Stephenson, Associate Director of Performance (CS)</li> <li>- Ms Terri Saunderson, Director of Operations (TS)</li> <li>- Mr James Taylor, Deputy Chief Operating Officer (JT)</li> <li>- Mr Michael Quinlan, Deputy Director of Finance (MQ)</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 Shepherd, Corporate Governance Manager (KS)</li> <li>• Mr John Holden, Director of Strategy and Integration (JH)</li> <li>• Mr Shaun Milburn, Deputy Director of Operations for Unplanned Care (SM)</li> <li>• Mark Hindmarsh, Joint Programme Director for Act as One, for item FA.2.23.5 Act as One Programme Update (MHi)</li> <li>• Helen Farmer, Joint Programme Director for Act as One Transformation for item FA.2.23.5</li> </ul>		

No.		Action
<b>FA.3.22.1</b>	<b>Apologies for Absence</b>	
	Dr John Bolton, Operations Medical Director / Deputy Chief Medical Officer	
<b>FA.3.22.2</b>	<b>Declaration of Interests</b>	
	There were no declarations of interest.	
<b>FA.3.22.3</b>	<b>Minutes of the Meeting Held on the 23<sup>rd</sup> February 2022</b>	
	The minutes of the meeting held on the 23 <sup>rd</sup> February 2022 were accepted as an accurate record of the meeting.	
<b>FA.3.22.4</b>	<b>Matters Arising</b>	
	The Academy reviewed the action log.	

	<p>The following updates were provided on actions:</p> <p><u>FA21029 – Any Other Business</u> – It was agreed that the Academy would hold a one-hour development session during the time allocated for the Academy meeting on 25<sup>th</sup> May 2022. The agenda would be reviewed for the meeting to ensure that the meeting business was conducted in a timely manner.</p> <p><u>FA22001 – Monthly Finance Report</u> – MH would chase the date that the meeting to discuss flexibilities in the financial plan would take place.</p> <p><u>FA22006 – Operational Highlight Report</u> – This would be discussed under item FA.3.22.10.</p> <p>The following actions were closed:  FA21028 – Finance and Performance Academy Workplan.  FA22005 – Matters Arising.  FA22007 – Matters to share with other Academies.</p>	
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	<b>Learning &amp; Improvement</b>	
<b>FA.2.22.5</b>	<b>Act as One Programme Update</b>	
	<p>The Academy received a detailed presentation from Helen Farmer and Mark Hindmarsh, Act as One Programme Directors. The key highlights of the presentation were:</p> <ul style="list-style-type: none"> <li>• The Act as One Programme work had been paused during the winter months as the team were redeployed to assist with the COVID-19 vaccination programme. However, work had recommenced and included a focus on forward planning.</li> <li>• There had been a focus on the development of the governance arrangements at Place and where the Act as One programme would fit in. The proposed governance arrangements were outlined, and Act as One would form part of the Bradford District and Craven Partnership Board, in addition to attending the local Health and Care Partnership Boards and the Partnership Leadership Team.</li> <li>• Planning had commenced and the focused programmes of work were outlined. These include: <ul style="list-style-type: none"> <li>○ Healthy Hearts, which would include a focus on the link between serious mental illness and heart disease and outcomes.</li> <li>○ Diabetes and increased engagement with the Bangladeshi community and dietetic support workers.</li> <li>○ Better Births, which would see the launch of family hubs and continued working with local authority and the voluntary sector.</li> <li>○ The Children and Young People Wellbeing programme would see national investments made in tackling eating disorders in young people.</li> <li>○ The Respiratory programme would see the</li> </ul> </li> </ul>	

	<p>development of a virtual ward model.</p> <ul style="list-style-type: none"> <li>○ The Ageing Well programme would include the implementation of a seven-day urgent community response service, which would support people to stay in their homes during an urgent situation through the response within hours of receiving a call from them.</li> <li>• An update was received on the Access to Care Programme which highlighted that through the Inclusive Elective Recovery programme there would be a further focus on inequalities, digital patient pathways, a feasibility study on Community Diagnostic Hubs and the development of community based pathways of care. It was expected that the hub model would be in place for 2023/24.</li> <li>• There would be a continued focus on the management of the 62-day cancer pathway which would include the continuation of the Rapid Diagnostic Hub and the undertaking of the tele-dermatology pilot. There would be a continued focus on how bowel and cervical screening initiatives could be improved.</li> <li>• Work had commenced on the development of the Bradford District and Craven Urgent Care Strategy.</li> <li>• Five Wellbeing Hubs had been established in the community to provide health and wellbeing support to patients that have wider needs, and would be utilised as a hub to refer people back into community.</li> <li>• An update was provided on the improvements seen from the MyCare24 Respiratory Programme for people with Chronic Obstructive Pulmonary Disease (COPD). Of the 232 referrals to the programme, there was a 60% reduction in emergency admissions; a 66.7% reduction in respiratory admissions; a 77.3% reduction in the number of COPD admissions; an 84.3% reduction in the number of COPD hospital days; and a 39% reduction in the number of A&amp;E attendances. This was from 31-days prior to the data of referral, to 31-days post the date of referral to the programme. Further work would be undertaken to establish if improvements had been seen in primary care.</li> <li>• As part of the Multi-Agency Support Team (MAST), over the previous six-months, 1,348 A&amp;E and Ward attendees had been screened, assessed and signposted; and 456 had been referred to the Community MAST Team, 67% of which had engaged with the service.</li> <li>• Since the introduction of A&amp;E Navigators in June 2021, 648 interventions had been delivered, 79 individuals had been referred to community link projects, and a link had been identified between poor mental health in young people and A&amp;E attendance, therefore support and signposting had taken place.</li> </ul>	
<b>FA.2.22.6</b>	<b>Operational Improvement Plan – RTT</b>	
	JT presented the deep dive into Referral to Treatment (RTT) as part of the Trust Operational Improvement Plan. The aim of the plan was <i>'To be in the top quartile nationally across each key</i>	

*performance indicator by April 2023*'. The highlights of the report were:

#### Transformational Projects

- There were four Transformational projects for 2022/23. Good progress had been made with the implementation of the Outstanding Theatre Service Programme, which had seen initial engagement workshops completed, work streams defined and early interventions delivered. This included identifying how the Trust could be innovative with the area itself, and the improvement of IT resources for staff training to assist with development and retention.
- The implementation of the Virtual Royal Infirmary Programme had progressed well to date with patient-initiated follow-up and e-consultation in progress.
- Whilst the capital estates work on the Peri-Operative Medicine Unit (POMU) was completed in October 2021, the clinical area was not in use (as intended) and was available as a surge area for critical care capacity should we experience a COVID-19 surge in demand. A business case to outline the staffing requirement to mobilise the areas as a POMU was yet to be completed.
- The use of digital patient communications would improve the process in which advice was provided to patients prior to operations.

#### Proactive Performance Management Projects

- As part of the Proactive Performance Management strand of the programme, the Trust was on track with the Restart and Recovery programme, with early improvements seen in the reduction in the 52-week waiting list.
- 2022/23 Planning Guidance required the Trust to deliver 110% of new patient activity during the year. Insourcing would take place during Q1 2022/23; fixed term clinical contracts would be considered to assist with the delivery of required capacity; and internal recovery would continue where possible.
- Recovery within Diagnostics and Theatres was on track.

#### Business as Usual Projects

- There was ongoing rigor against day-to-day performance via the daily access meetings.
- Work had commenced with the Trust's Chief Medical Officer regarding 'Getting It Right First Time' (GIRFT) to work through recommendations with each service and monitor implementation of interventions as identified through the previous GIRFT visits.
- There was ongoing review of pathways to improve timely discharge, reduce follow ups, improve overcrowding, safety and patient experience, and define and implement the workforce optimisation programme.

#### RTT Performance

- The Trust was expected to achieve 70.12% compliance for

	<p>March 2022, against a trajectory of 92%.</p> <ul style="list-style-type: none"> <li>• The Trust reported a total of 1,153 patients waiting over 52-weeks for March 2022.</li> <li>• The Trust was behind trajectory for 104-week waiters for March 2022, with 181 waiting over 104-weeks. The target for 31 March 2022 was 150 patients. The Trust was required to reduce this to 0 by 30 June 2022.</li> <li>• The Trust was expected to achieve 73% for admitted RTT pathways.</li> <li>• The Trust had improved for elective ordinary spells, and was expected to report 82% compliance for March 2022.</li> <li>• Outpatient attendance for March 2022 was reported at 90% for first attendances, and 87% for follow-up appointments.</li> </ul> <p>JL requested clarification on the 92% RTT target by April 2023 and whether this was a Trust trajectory or required as part of the national planning guidance. It was advised that the planning guidance detailed an expectation that there be no patients waiting over 78-weeks by 31 March 2023. . The Trust would continue to optimise its pathways to ensure that it could meet the demand to achieve the targets. It was advised that it was unknown if the Trust would be able to achieve 92% RTT compliance by April 2023, however the Trust would have a clearer understanding during H1 (Month1-6 2022/23) of the specialities that could achieve 92% compliance during 2022/23. It was advised that the Trust would endeavour to take a staged approach to reducing down 104-week wait, 78-week waits, and then 52-week waits. Following this, the Trust could focus on achieving the 18-week wait trajectory. It was suggested that it would take the Trust two-years to achieve 92% RTT compliance due to the scale of the challenge. It was requested that a projection of when the Trust could achieve 92% RTT compliance be provided to the Academy in the near future.</p> <p>JH noted a concern regarding the staffing required to recover the position, and advised that a marketing strategy for WYAAT was required to market the roles and to fill the vacancies seen. KW noted that staffing was a hot topic at the People Academy and lots of work was underway to improve recruitment and retention, supporting colleagues with their health and wellbeing and the use of agency staff.</p>	
	<b>Assurance</b>	
<b>FA.3.22.7</b>	<b>Finance and Performance Academy Workplan</b>	
	<p>The Academy received the work plan of activity.</p> <p>There were no other comments raised.</p>	
<b>FA.3.22.8</b>	<b>Finance and Performance Academy Dashboard</b>	
	<p>The Academy received the Academy dashboard. The metrics that required further discussion would be discussed at relevant points throughout the meeting.</p>	

	There were no comments raised.	
<b>FA.3.22.9</b>	<b>High Level Risks Relevant to the Academy</b>	
	<p>The Academy reviewed the high level risks relevant to the Academy. These were:</p> <ul style="list-style-type: none"> <li>• Risk ID 3696: Age and condition of the Pharmacy Aseptic Unit.</li> <li>• Risk ID 3651: Risk of losing capacity for renal dialysis, resulting from loss of facility at Skipton Renal Dialysis Unit.</li> <li>• Risk ID 3468: Risk that staff are not following or being able to follow the correct process for recording activity or patient pathway steps on the Electronic Patient Record (EPR) which resulted in incorrect or missing information.</li> <li>• Risk ID 3753: A risk to patient safety due to one of the two MRI scanners being out of service at Bradford Royal Infirmary.</li> </ul> <p>Whilst not reflected on the Risk Register, it was advised that a risk was under review currently, relating to the potential deterioration of Emergency Department (ED) performance, and overcrowding, due to a significant increase in attendances within the department. It was noted that the 28 March 2022 saw 478 patients in attendance within ED. Whilst the COVID-19 restrictions had been relaxed within the community; strict protocols were still in place within the hospital which included the strict segregation of patients, and asymptomatic and symptomatic screening of patients. This could potentially lead to delays with ambulance handover and deterioration of staff morale. It was advised that the CQC were undertaking Urgent and Emergency Care system visits. This risk would also be highlighted at the Quality and Patient Safety Academy.</p> <p>It was noted that the NHS Staff Survey 2021 results were published on 30 March 2022, and the Non-Executive Directors would discuss the results as part of their forum.</p> <p>It was noted that in relation to Risk ID 3753, the breakdown of the MRI scanner was due to a helium leak. Whilst the scanner had been repaired, the Trust had sourced a mobile MRI scanner. The Trust was treating this as a serious untoward incident and a full investigation was underway. The out-of-service scanner was used for scans under general anaesthesia and therefore a risk assessment was being made on a case-by-case basis, and outsourcing to other organisations would take place if required. It was noted that the breakdown of the MRI scanner had impacted performance, and could have a significant financial cost to repair, in the region of £360-500k.</p> <p>It was advised that a new risk had been added to the High Level Risk Register: Risk ID 3309 which related to the potential harm to patients and the organisation from delays in processing</p>	<p><b>Mohammed Hussain, Non-Executive Director</b> <b>FA22008</b></p>

	<p>histopathology samples. This was due to a combination of vacancy, sickness absence and lack of locum cover. Work was ongoing to improve this position and would include setting up contracts with specialist labs.</p> <p>It was advised that in relation to Risk ID 3651, the Trust was undertaking a feasibility study to identify location options for an alternative renal dialysis unit.</p>	
	<b>Performance</b>	
<b>FA.3.22.10</b>	<b>Operational Highlight Report</b>	
	<p>CS presented the Operational Highlight Report and the Performance Report. The highlights from the report were:</p> <p><u>H2 (Month7-12 2021/22) Update</u></p> <ul style="list-style-type: none"> <li>• Theatre operating remained behind plan during the majority of February 2022, but had since increased following ward reconfigurations to ring fence elective bed capacity and increase in the number of theatre lists. This resulted in a significant improvement in the number of elective ordinary spells projected to be delivered by the Trust in March 2022 compared to previous months and a corresponding increase in completed pathways.</li> <li>• Insourcing continued to fully utilise capacity and maintain high activity levels.</li> <li>• Day case spells in February were in line with plan and are expected to be ahead of the plan in March 2022.</li> <li>• Outpatient activity remained slightly below plans as activity levels reduced over the February half-term period, however, it was expected that activity levels would increase as planned during 2022/23.</li> <li>• The progression of patients through the diagnostic pathways and the ongoing review of clinic models had helped to increase the number of clock stops per appointment which had been the main driver behind recent increases.</li> </ul> <p><u>COVID-19 Summary</u></p> <ul style="list-style-type: none"> <li>• Since the beginning of March 2022, the number of positive patients had started to increase, however remained lower than levels seen in January 2022.</li> <li>• Whilst the overall number of COVID-19 position patients in hospital had reduced, it was advised that the numbers had started to increase in line with the national trend.</li> <li>• It was noted that whilst the number of inpatients with COVID-19 had increased, the majority had been admitted due to other illnesses that were not COVID-19 related. It was noted that this presented a significant pressure to the Trust's bed base.</li> </ul> <p><u>Emergency Care Performance</u></p> <ul style="list-style-type: none"> <li>• Type 1, 2 and 3 ED attendances had increased in recent weeks, resulting in increased occupancy levels, reported</li> </ul>	



	<p>currently at approximately 90%.</p> <ul style="list-style-type: none"> <li>• Fast Track and Urgent GP referrals remain significantly above the 2019/20 baseline.</li> <li>• Ambulance handover performance had improved in recent months, however it was noted that due to the increased occupancy levels of beds, this was presenting a challenge in admitting patients to wards. There had been staffing pressures seen within the wards and ED and therefore work had been undertaken to support the wellbeing of colleagues whilst at work.</li> <li>• It was noted that whilst the Trust had challenges within Emergency Care as outlined above, the Trust continued to perform well both locally and nationally.</li> <li>• Challenges with discharging patients into community care had been challenging however work was ongoing with partners to resolve this.</li> <li>• The use of data for decision-making was expected to improve performance during 2022/23.</li> <li>• A protocol had been introduced on the cohorting of the ambulance assessment area to release YAS staff from handover.</li> </ul> <p><u>Cancer Performance</u></p> <ul style="list-style-type: none"> <li>• The Trust was forecast to achieve 95.17% against a target of 93% for the cancer two-week wait standard.</li> <li>• It was anticipated that the Trust would continue to make improvements with cancer performance during 2022/23.</li> <li>• It was noted that the Trust had already implemented, or was ahead of trajectory to achieve all of the national priorities for cancer during for 2022/23.</li> <li>• The Trust was expected to report 83.67% against a target of 75% for March 2022, for patients waiting over 28-days without a diagnosis.</li> <li>• The Trust was expected to report 76.74% against a target of 85% for March 2022, for patients waiting over 62-days for their first cancer treatment. The number of people waiting over 62-days was 18, a significant reduction in comparison to the peak of 179 patients during the height of the COVID-19 pandemic.</li> </ul> <p><u>Diagnostic Performance</u></p> <ul style="list-style-type: none"> <li>• It was noted that whilst MRI capacity had been significantly reduced due to the loss of a scanner, the Trust had maintained 100% delivery of fast-track MRI scans within 2-weeks.</li> <li>• A mobile MRI scanner was in operation, and the MRI scanner that required mechanical work had been repaired and become operational as of 21 March 2022.</li> </ul> <p>KW noted that she had recently undertaken an observation in the ED and highlighted that the patient experience was very good and observed that the environment was caring, welcoming and compassionate. KW noted that the space wasn't ideal for the number of patients within the area, however had provided the feedback of the observation to the department. JH advised that the</p>	
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	Trust was actively involved in discussions to identify whether the use of the site across from BRI (Squire Lane) could be utilised for a Urgent and Emergency Care centre, however noted that if this didn't come to fruition, the Trust would actively seek other options to decompress the current challenges and pressures seen in ED due to lack of space.	
<b>FA.3.22.11</b>	<b>Performance Report</b>	
	Discussed as part of item FA.3.22.10.	
	<b>Finance</b>	
<b>FA.3.22.12</b>	<b>Monthly Finance Report</b>	
	<p>MH presented the Month 11 2021/22 Finance Report. The key points presented were:</p> <ul style="list-style-type: none"> <li>• A £4.0m surplus was reported against a year-to-date plan of breakeven.</li> <li>• The Trust forecast a year-end surplus of £4.0m. The projection had been shared with NHSE/I and the ICS.</li> <li>• The end-of-year forecast position at month-11 was a total capital spend of £35.8m which was £2.0m less than plan (£37.8m), however the Trust would endeavour to close the gap by year-end.</li> </ul>	
<b>FA.3.22.13</b>	<b>2022/23 Financial Plan &amp; Budget Setting Process and timetable / NHSI/E Operational Plan Submission</b>	
	<p>CSm presented the summary income and expenditure plan for 2022/23. The highlights of the report were:</p> <ul style="list-style-type: none"> <li>• The starting point for 2022/23 was the exit run rate from 2021/22.</li> <li>• The inclusion of inflationary increases and known cost commitments</li> <li>• The expected impact of the Elective Recovery and Restart programme</li> <li>• The resulting gap between income and expenditure and after known efficiencies is £23.1m, with a full year effect of £31.5m.</li> <li>• It was expected that investments and inflation would increase monthly expenditure as the year progresses, resulting in an increasing financial challenge each quarter.</li> <li>• The efficiency challenges were outlined and include a centrally managed target, reduction in COVID-19 spend by 33% it was expected that there be a residual gap that will be distributed across the Clinical Business Units (CBU) and departments.</li> <li>• There would be a focus on minimising the financial improvement challenge for the Clinical Business Units (CBU) during 2022/23.</li> <li>• The phasing of the plans means that the CBUs would have no improvement target for Q1 2022/23, and potentially for Q2 2022/23, however run rate improvements may be required for</li> </ul>	

	<p>this period. The required CBU run rate improvement in Q4 2022/23 would be substantial in order to exit the year in balance.</p> <ul style="list-style-type: none"> <li>• It was advised that CBUs would need to contribute towards the 33% reduction in COVID-19 spend.</li> <li>• CBU and Corporate Department draft budgets for 2022/23 had been completed. Validation of the budgets was ongoing and would be presented to the Executive Management Team (ETM) for approval in early April 2022.</li> <li>• The proposed model for the allocation of CBU efficiency targets would be ratified by the ETM in April 2022.</li> <li>• A number of risks and mitigations were outlined. Risks include the failure to achieve the 100% elective recovery fund (ERF) target of £12m; the contract proposal from NHSE/I relating to an incorrect sum being allocated to the Trust; local Place pressures, revenue implications of capital developments, any potential COVID-19 resurgence, inflation likely to exceed NHSE/I planning guidance and the Trust's ability to reduce COVID-19 related costs.</li> <li>• Mitigations include the expectation that the Trust would receive a further £1.5m in ERF allocation from Bradford Place. There was the potential that the ERF shortfalls would likely be offset by variable cost underspends. The Trust continued to pursue a resolution to the reduction in Ockenden funding,. There was a potential duplication of spending in the plans. The Trust would also receive non-recurrent income streams from other organisations.</li> <li>• The plan would be submitted for approval by the Board on 14 April 2022.</li> </ul> <p>The Academy noted the update.</p> <p>In response to a question by the Chair relating to the delivery of the RTT ambition, assurance was provided that it had been costed properly to deliver the targets and to the level of staffing that the People Academy would be sighted on and sign off.</p> <p>It was advised that the cost of delivering extra activity, after the ERF income allocation, was in excess of £10m. It was noted that this was an expensive way to deliver the recovery, and work was required with the organisation and the People Academy to determine how the Trust could turn outsourcing activity to the independent sector, back to internal capacity.</p>	
<b>FA.3.22.14</b>	<b>Procurement Update</b>	
	<p>MH presented to the Academy, the second iteration of the draft Procurement Strategy, initially received in November 2021. Following comprehensive engagement with a wide range of stakeholders, the draft strategy had been updated to include:</p> <ul style="list-style-type: none"> <li>• The value that Procurement adds to the Trust including the contribution towards financial performance, social value and sustainability.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Information on the procurement landscape within the NHS including the size and scale of procurement operations, and the impact that national and regional initiatives have on the Trust locally.</li> <li>• There was reference to the size of the Trust's Procurement Team in relation to the scale of work that they undertake.</li> <li>• A range of key performance indicators have been included in the draft strategy, as required by NHSE/I.</li> <li>• The draft strategy outlines future challenges and opportunities which include a move away from competition to collaboration with partners across the West Yorkshire Association of Acute Trusts (WYATT).</li> <li>• The key changes expected following the introduction of the Procurement Bill. It was expected that this would deliver greater social value benefits.</li> <li>• Information pertaining to the changes of the NHS Procurement and Commercial Standards (NHS P&amp;C) to the Commercial Continuous Improvement Assessment Framework, however it was unknown yet how the Trust's current Level 1 NHSP&amp;C accreditation would translate.</li> <li>• The scheme Scan4Safety, a joint approach across WYAAT to digitalise the identification of patients, products and places to capture and process greater amounts of data more accurately and quickly would remain in place, with expected benefits to be seen in the 2022/23 financial year.</li> <li>• There was a consideration of the current 'just in time' model in place versus stockholding. It was noted that currently the Trust was not in a position to move to a twice-weekly delivery model due to the space required to hold stock.</li> <li>• It was suggested that a 'No purchase order (PO), No Pay' Policy be introduced to harness improved level of procurement compliance and financial control.</li> <li>• A Procurement Oversight Group had been established to oversee the work, and support the further development of the Corporate Procurement Service.</li> <li>• The Procurement Team would design and deliver training to support operational management teams better understand the role, function and benefits of procurement compliance.</li> <li>• A review of the structure, the functions and the associated resourcing needs of the Procurement service would be undertaken.</li> </ul> <p>Assurance was provided that the Academy would receive regular updates on progress of the Procurement Strategy and would be consulted on issues pertaining to organisational policy on 'local versus national' procurement and alignment to the sustainability plan.</p> <p>The Academy noted the update.</p>	
<b>FA.3.22.15</b>	<b>Any Other Business</b>	

	SA advised the Academy that following the recruitment to the post of Deputy Chief Operating Officer, that James Taylor had been successfully appointed (pending pre-employment checks). The Academy congratulated James on his appointment.	
<b>FA.3.22.16</b>	<b>Matters to Share with Other Academies</b>	
	The developing risk to the potential deterioration of Emergency Department (ED) performance, and overcrowding within the department; and the information received that the CQC were undertaking Urgent and Emergency Care system visits would be highlighted to the Quality and Patient Safety Academy.	
<b>FA.3.22.17</b>	<b>Matters to Escalate to Board</b>	
	The 2022/23 Financial Plan would be presented to the Board on 14 April 2022 for approval.	
<b>FA.3.22.18</b>	<b>Date and Time of Next Meeting</b>	
	27 April 2022 – 08:30am – 10.30am Microsoft Teams	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST  
ACTIONS FROM THE FINANCE AND PERFORMANCE ACADEMY – 23<sup>rd</sup> February 2022**

Action ID	Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
FA21029	24.11.21	FA.11.21.16	<b>Any Other Business</b> JL to facilitate an F&P Academy development session.	Chair of the F&P Academy	26 <sup>th</sup> January 2022	A one hour session would be planned for 25 <sup>th</sup> May 2022.
FA22001	26.01.22	FA.1.22.6	<b>Monthly Finance Report</b> MH to detail the flexibilities in the financial plan.	Director of Finance	23 <sup>rd</sup> February 2022	MH emailed JL re arranging a meeting with Barrie Senior. MH to chase up.
FA22006	23.02.22	FA.2.22.10	<b>Operational Highlight Report</b> Information to be shared on the expectations of the longer-term management of COVID-19 in hospitals, at the next Academy meeting.	Chief Operating Officer	30 <sup>th</sup> March 2022	Verbal update provided as part of item FA.3.22.10. <b>Action closed.</b>
FA22008	30.03.22	FA.3.22.9	<b>High Level Risks Relevant to the Academy</b> The developing risk to the potential deterioration of Emergency Department (ED) performance, and overcrowding within the department; and the information received that the CQC were undertaking Urgent and Emergency Care system visits would be highlighted to the Quality and Patient Safety Academy.	Mohammed Hussain, Non-Executive Director	30 <sup>th</sup> March 2022	<u>The Quality &amp; Patient Safety Academy were informed of this developing risk at their meeting on 30 March 2022.</u> <b>Action closed.</b>