

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

Date:	27 th April 2022	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) - Professor Janet Hirst, Non-Executive Director (JHi) - Mr Mohammed Hussain, Non-Executive Director (MHu) - Ms Karen Walker, Non-Executive Director (KW) - Mr Barrie Senior, Non-Executive Director (BS) - Mr Carl Stephenson, Associate Director of Performance (CS) - Mr James Taylor, Deputy Chief Operating Officer (JT) - Mr Michael Quinlan, Deputy Director of Finance (MQ) 		
Attendance:	<ul style="list-style-type: none"> • Ms Laura Parsons, Board Secretary/Associate Director of Corporate Governance (LP) • Ms Katie Shepherd, Corporate Governance Manager (KS) • Mr John Holden, Director of Strategy and Integration (JH) • Mr Shaun Milburn, Deputy Director of Operations for Unplanned Care (SM) 		

No.		Action
FA.4.22.1	Apologies for Absence	
	Dr John Bolton, Deputy Chief Operating Officer Ms Terri Saunderson, Director of Operations Tim Gold, Director of Operations Mr Chris Smith, Deputy Director of Finance	
FA.4.22.2	Declaration of Interests	
	There were no declarations of interest.	
FA.4.22.3	Minutes of the Meeting Held on the 30th March 2022	
	The minutes of the meeting held on the 30 th March 2022 were accepted as an accurate record of the meeting.	
FA.4.22.4	Matters Arising	
	<p>The Academy reviewed the action log.</p> <p>The following updates were provided on actions:</p> <p>FA22001 – A meeting had taken place to discuss financial flexibilities. This had been further discussed by the Board. Action</p>	

	<p>closed.</p> <p>The following actions were closed:</p> <p>FA22001, FA22006 and FA22008.</p>	
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	Learning & Improvement	
FA.4.22.5	Finance Improvement Plan	
	<p>MH presented the Finance Improvement Plan, which had been reviewed by the Executive Management Team earlier that week. The plan included the budget setting plan for 2022/23 at a granular level. The reconciliation had been undertaken and there was a discrepancy between the budget and overall financial plan, however it was advised that budgets were set based on run-rates with the assumption that more would be spent. It was expected that 80% of current vacancies would continue into the next financial year.</p> <p>Clinical Business Units (CBU) would be written to, to advise of the financial challenges ahead for the organisation. This would include a cost improvement target of 2.2%, with an expectation that they have 50% of this identified by May 2022 leading to 100% identified by August 2022.</p> <p>Following a question from JL regarding the tracking of improvement, it was advised that progress against delivery would be reported to the Academy on a regular basis and planning for 2023/24 would commence in September 2022.</p>	
FA.4.22.6	Performance Improvement Plan - Cancer	
	<p>JT presented the Performance Improvement Plan for Cancer Services.</p> <p>Progress made on the Transformational aspect of the plan, included:</p> <ul style="list-style-type: none"> • For each element of the operational planning guidance for cancer in 2022/23, the Trust had already completed or had made progress against all tasks, unless it was deemed not relevant to the Trust. • There maintained a strong interaction at Place and ICS level, and the Trust continued to work closely with Act as One and the primary care network to be innovative within local communities. • Practice Champions had been introduced. • The Trust had worked with the Primary Care Network to adapt SystemOne to aid the screening process and diagnostics. • Two separate pathways had been designed to support those with very suspicious cancer symptoms and those who with vague cancer symptoms to ensure that patients were seen by 	

	<p>the right people in a timely manner. This had been successfully rolled out within Upper and Lower GI (gastrointestinal) services and would be rolled out within Haematology and Gynaecology Services. All pathways would eventually be reviewed to ensure that they were working as efficiently as possible.</p> <ul style="list-style-type: none"> • The Trust had appointed a Cancer Services Improvement Lead who role it would be to identify and drive forward opportunities for improvement within the service. • Further work was required to agree personalised stratified pathways, although it was noted that this was completed within Breast and Colorectal Cancer Services. • The Trust continued to work with Macmillan Cancer Support to create personalised care interventions. <p>In relation to the Proactive Performance Management element of the Cancer Performance Improvement Plan, the Trust had made the following progress:</p> <ul style="list-style-type: none"> • The Trust continued with the Restart and Recovery Programme to deliver optimal capacity for outpatients, diagnostic and surgical capacity. This was to meet the increase in demand whilst maintaining the two-week cancer referral target. • The Trust continued to monitor and track improvement against local key performance indicators (KPI) with all tumour sites and services and had undertaken a comparative data review to identify improvement and learning opportunities. <p>As part of the Business as Usual strand of the plan, the Trust continued to embed CBU performance standards at the cancer huddle meetings which took place three times per-week. These meetings would include an in depth analysis of all cancer patients. There was an ongoing review of clinical pathways, to try to optimise the pathways, ensuring that they were fit for purpose in line with cancer milestones and patient experience. The Trust continued to share capacity with Yorkshire Clinic to allow the Trust to maintain cancer capacity for breast and skin cancer care. Skin cancer had improved significantly.</p> <p><u>Cancer Performance</u></p> <ul style="list-style-type: none"> • The Trust expected to report 94.66% of cancer referrals seen within 14-days, against a trajectory of 93%. • The Trust expected to report an achievement of 82.39% of people referred on a cancer pathway to receive a cancer diagnosis or have cancer ruled out within 28-days, against a trajectory of 75%. Challenges in the Gynaecology pathway were noted by the Academy. • It was expected that the Trust report compliance of 70.56% against a target of 85% for number of cancer patients receiving their first treatment within 62-days. <p>The Academy was informed that the Trust had agreed to take over the care of thirteen cancer patients from Leeds Teaching Hospitals and was supporting Calderdale and Huddersfield NHSFT with</p>	
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	<p>Head and Neck cancer care. Such decisions and discussions took place at the Yorkshire Cancer Alliance and West Yorkshire Cancer Alliance, where cancer performance was analysed and where mutual aid discussions and agreements took place.</p> <p>A comprehensive discussion took place regarding the impact this may have on performance, although endeavours would be made to minimise this. It was unanimously agreed that supporting partner organisations in WYATT was the right thing to do for patients across the WYATT region, whilst ensuring that the performance within the Bradford area wasn't compromised.</p> <p>It was noted that the Trust had received mutual aid from other organisations.</p> <p>KW raised an issue reported in the news relating to lack of GP access and whether this would impact the Trust further on. SA advised that this was a nationally recognised challenge, and had been identified as an significant issue as patients were presenting later in the cancer pathway. Efforts would be made nationally to improve this. There had been an increase seen in the number of cancer referrals, however they weren't as high as previously anticipated, following the COVID-19 pandemic. It was expected that cancer referrals would increase further, and therefore was part of the drive to implement the improvements discussed in terms of optimising the patient pathways was to ensure that pathways were as efficient as possible in case of that eventuality.</p> <p>The Trust had commenced a pilot of the Lung Health Check Programme which had been centrally commissioned to support the identification of lung cancer in the earlier stages.</p> <p>Following a question from JL, it was confirmed by SA that upon review of cancer referral numbers across the region, there were fewer cancer treatments being delivered, and it was confirmed that at the beginning of the COVID-19 pandemic, there had been an initial reduction in the number of cancer referrals.</p> <p>It was expected that the Trust would return to full compliance against all cancer related targets within the next four-six weeks. It was noted that there were challenges seen prior to the COVID-19 pandemic, however the Trust made good progress internally and was performing well regionally.</p> <p>The Academy was assured that cancer performance remained strong and the presentation demonstrated good progress against the improvement plan.</p>	
	Assurance	
FA.4.22.7	Finance and Performance Academy Workplan	
	<p>The Academy received the work plan of activity.</p> <p>There were no other comments raised.</p>	

FA.4.22.8	Finance and Performance Academy Dashboard	
	<p>The Academy received the Academy dashboard. The metrics that required further discussion would be discussed at relevant points throughout the meeting.</p> <p>There were no comments raised.</p>	
FA.4.22.9	High Level Risks Relevant to the Academy	
	<p>The Academy reviewed the high level risks relevant to the Academy. These were:</p> <ul style="list-style-type: none"> • Risk 3696 – A number of significant risks arising from the age and condition of the Pharmacy Aseptic Unit. • Risk 3651 – A risk of losing capacity for renal dialysis, resulting from the loss of the facility at Skipton. • Risk 3468 – A risk that staff were not following or being able to follow the correct process for recording activity or patient pathway steps on the electronic patient record system which could result in incorrect or missing information. <p>SA recalled the discussion that took place at the previous meeting relating to ambulance handovers and that the Care Quality Commission (CQC) were undertaking Urgent and Emergency Care system visits. SA advised that the CQC undertook an unannounced visit at the Trust on Wednesday 20 April 2022 as part of a wider review of the emergency care pathway. The visit won't result in a specific rating, but a report would be received in due course. Despite the challenges within the emergency care pathway that had been raised and discussed previously, initial feedback indicated that good culture amongst nursing and medical staff had been recognised, along with the work ongoing within Urgent and Emergency Care. Whilst there had been delays with ambulance handovers during the visit, the Trust was able to demonstrate that actions and good control measures were in place. Initial areas identified as requiring further work included the documentation of care in a contemporaneous manner.</p> <p>MH advised that all 2021/22 strategic financial risks would be closed down and reinstated for 2022/23. It was expected that there would be an increase in score in relation to the delivery of the financial plan for 2022/23.</p> <p>An update was provided on Risk 3696: A number of significant risks arising from the age and condition of the Pharmacy Aseptic Unit. The Executive Management Team had approved the finances for a temporary aseptic unit to be utilised. It was yet to be delivered to site, however, would provide an interim solution whilst the Trust determined a longer-term plan. It was noted that a new Aseptic Unit could cost in the region of £10-11m. The temporary aseptic unit was expected to be delivered in June 2022. The risk would be reviewed at that point.</p>	

	<p>An update was provided on the risk 3468: A risk that staff were not following or being able to follow the correct process for recording activity or patient pathway steps on the electronic patient record system which could result in incorrect or missing information. Following a tendering exercise, the Trust had commissioned an external company to review the patient pathways within the EPR system, which commenced on 26 April 2022. Once a conclusion had been reached the risk would be updated to reflect this.</p>	
	Performance	
FA.4.22.10	Operational Highlight Report	
	<p>CS presented the Operational Highlight Report for March 2022 which highlighted:</p> <p><u>H2 (Month7-12 2021/22) Update</u></p> <ul style="list-style-type: none"> • Theatre operating increased significantly in March 2022 with day case spells achieving above plan targets. There was a corresponding increase in completed admitted pathways. • The Trust had ring-fenced elective capacity, and additional theatre activity had supported a significant increase in elective ordinary spells, although these remained behind plan in March 2022. • The Trust maintained day case activity. • There was a risk regarding general surgery capacity due to a short-term vacancy and absence issues. Work was ongoing to resolve this. <p><u>COVID-19 Update</u></p> <ul style="list-style-type: none"> • COVID-19 cases had increased, but not to the levels expected. Of the 67 COVID-19 positive patients in hospital, only 5 were in hospital because of their symptoms caused by COVID-19, meaning that the remaining patients had been admitted to hospital due to other illness, however had to be managed as a COVID-19 patient as they had tested positive. <p><u>Emergency Department Performance</u></p> <ul style="list-style-type: none"> • Type 1 and 3 Emergency Department attendances had reduced slightly in the previous two-weeks, however it was noted that type 2 attendances had increased in the previous two-months due to an increase in non-ED admissions into the Acute Medical Unit, Paediatrics and the number of patients attending Plastic Trauma clinics. • Whilst the Trust benchmarked well within the YAS footprint, there were still challenges with handover delays. Work would continue to identify mitigations to this. • Demand within the ED remained high with continued challenges since with admissions into hospital due to high bed occupancy. 	

<p>Following a question by JL relating to the impact of primary care access and whether it had resulted in increased ED attendance, it was advised by SA that whilst there were alternatives to ED available, there was no Urgent Treatment Centre available in the wider community. Triage was undertaken upon patient arrival at ED and could be redirected back to GP or minor injuries if ED treatment wasn't necessary. It was advised that the Trust's model needed to become efficient to ensure that those that require urgent care do so in a timely manner.</p> <p>Following a question from MHu regarding the impact that Ramadan had on the attendances within ED, it was advised that there was a shift in attendance patterns during this period, however staffing rotas couldn't be amended for short periods of time. The staffing profile had been reviewed previously to meet demand.</p> <p>Following a question from MHu regarding the use of alternatives to ED access, it was advised by SA that the Trust offered four appointment slots per-hour via the 111 service, however it was noted that whilst a time slot was allocated, this did not mean that a patient would be seen at that time.</p> <ul style="list-style-type: none"> • The number of patients above 21-days length of stay remained high to the number of COVID-19 patients with long length of stay and a high number of long staying patients that required further investigations. • There had been some challenges with the discharge of patients back out to community due to staffing pressures, however the Trust continued to work in partnership to resolve this. <p><u>Referral to Treatment (RTT)</u></p> <ul style="list-style-type: none"> • 18-weeks RTT performance continued to improve and was expected to be above 70% by the end of March 2022. • Recovery work for elective activity continued with a focus on increasing activity levels in order to increase treatment numbers. • The 104- week waiter's position had reduced significantly during March and April 2022 as a result of increased theatres and elective bed capacity. The Trust aimed to remove all 104+ week waits by the end of June 2022. • The 52-week position had continued to reduce. <p><u>Diagnostics</u></p> <ul style="list-style-type: none"> • Following the challenges seen due the breakdown of one of the Trust's MRI scanners, it was advised that all MRI scanners were now operational. • It was noted that where surgical procedures were cancelled, there was a requirement to rebook them in to take place within 28-days. The Trust was achieving between 28-30 days currently via a clinical prioritisation process. <p>Following a question from JH regarding the relationship between complaints and delays in being seen, it was advised by SA that</p>
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	whilst there had been some complaints related to the time spent within the Emergency Department, there hadn't been a spike in complaints relating to waiting times.	
FA.4.22.11	Performance Report	
	Discussed as part of item FA.4.22.11.	
	Finance	
FA.4.22.12	Monthly Finance Report	
	<p>The Academy wished to thank Michael Quinlan and the rest of the Finance Team for their hard work in meeting the deadline to submit the Annual Accounts for 2021/22.</p> <p>MH presented the Finance Report for Month-12 2021/22. The unaudited position for Month-12 2021/22 was a surplus of £1.4m against a year-to-date plan of breakeven. The movement from Month-11 2021/22, where a surplus of £4m was reported, was due to expenditure in Month 12 2021/22.</p> <p>2021/22 year-to-date income totalled £533.7m, which was a significant increase on the £440m reported for 2019/20. Expenditure for 2021/22 totalled £532.3m. The Trust spent £66m on capital during the financial year. The cash position at 31 March 2022 was c. £80m. The liquidity and cash headroom risk remained low as the Trust entered the new financial year.</p> <p>The Academy wish to thank the Finance Team and the rest of the organisation for their efforts during 2021/22, producing a good result through what had been a challenging year.</p> <p>It was suggested by JT that as a way to inform colleagues around the Trust about the financial progress made in year, that posters be created to summarise the achievements in-year and to outline how the Trust had invested in capital projects.</p>	
FA.4.22.13	Bradford Place and ICS System Financial Update	
	<p>MH presented the Bradford Place and ICS System Financial Update. The financial plan for 2021/22 was a breakeven position at year-end; however the system had delivered an unaudited surplus of £29.8m, which was a positive position. This represented a £0.6m improvement of the Month-11 2021/22 forecast, and included a £5m improvement by Calderdale and Huddersfield NHSFT (CHFT) due to the timing of Project Echo. The change in forecast had been agreed with NHSE/I.</p> <p>The system had a capital spend of £162.0m which was £7.1m over-plan, agreed by NHSE/I. The primarily related to £5.8m reinforced autoclaved aerated concrete issue at Airedale NHSFT, partly offset by slippage in other organisations, and £2m allowable overspend at CHFT where inter-ICS transfer expected. There was a further</p>	

	<p>£0.1m overspend agreed at Month-12 2021/22.</p> <p>There was £58m capital spend against national schemes. An underspend of £18.1m was reported.</p> <p>The targeted investment fund scheme was forecast to spend £27.3 against a plan of £28.8m, resulting in an underspend of £1.5m.</p>	
FA.4.22.14	Capital Update (2021/22 Outturn and 2022/23 Plan)	
	<p>MQ presented the capital update.</p> <p><u>Capital Update 2021/22</u></p> <p>The Trust reported a capital spend of £37.7m for 2021/22, which was in line with the plan. This was noted as a positive achievement for the Trust.</p> <p><u>Capital Plan 2022/23</u></p> <p>The Trust had agreed with the ICS, a total capital allocation of £23.3m for 2022/23. This was £4.3m above the initial allocation agreed with the ICS. This excludes any capital department expenditure limit (CDEL) allocation for IFRS 16 Leases which would be agreed during the year. £1.8m public dividend capital (PDC) had been confirmed with the Department for Health and Social Care (subject to final memorandum of understanding).</p> <p>There was uncertainty regarding the receipt of extra PDC funding available during the year, in particular, for digital schemes.</p> <p>The Trust had been allocated £5.8m for strategic investment and would be prioritised through a formal governance process.</p> <p>Following a question from JL regarding the reduction in capital allocation for 2022/23 and whether this could impact performance during the year, it was advised by MH that this was an indicative plan that had not yet been formally approved.</p> <p>It was agreed that an update be provided at the next meeting on backlog maintenance and the consequences of this.</p> <p>The report had been submitted to the Executive Management Team and the Audit Committee for approval.</p>	<p>Matthew Horner Director of Finance FA22009</p>
FA.4.22.15	Internal Audit – Audit Plan	
	<p>MH shared the Internal Audit Plan 2022/23. The plan had been submitted to the Executive Management Team and the Audit Committee for approval. The plan was based on the work undertaken by the Internal Audit and Executive Management teams through the review of the risk register to identify how the 580 allocated internal audit days could be best utilised.</p>	

	<p>It was noted that there were a number of deferred items which were deemed to be no longer relevant following a risk stratification process undertaken by the Executive Management Team.</p> <p>There were no comments from the Academy.</p>	
FA.4.22.16	Any Other Business	
	None	
FA.4.22.17	Matters to Share with Other Academies	
	The risks discussed during the meeting would be reported to the Quality and Patient Safety Academy meeting on 27 April 2022.	
FA.4.22.18	Matters to Escalate to Board	
	There were no items to escalate to the Board of Directors.	
FA.4.22.19	Date and Time of Next Meeting	
	<p>The date and time of the next meeting:</p> <p>Wednesday 25 May 2022</p> <p>08:30 – 11:00</p> <p>Via Microsoft Teams</p>	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM THE FINANCE AND PERFORMANCE ACADEMY – 27 April 2022**

Action ID	Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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	A one hour session would be planned for 25 th May 2022.
FA22009	27.04.22	FA.4.22.14	Capital Update (2021/22 Outturn and 2022/23 Plan) It was agreed that an update be provided at the next meeting on backlog maintenance and the consequences of this.	Director of Finance	25 th May 2022	