

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

<b>Date:</b>	29 June 2022	<b>Time:</b>	08:30 – 10:30
<b>Venue:</b>	Microsoft Teams	<b>Chair:</b>	Karen Walker, Non-Executive Director
<b>Present:</b>	<ul style="list-style-type: none"> <li>- Ms Karen Walker, Non-Executive Director (KW) (Chair)</li> <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>- Mr Carl Stephenson, Associate Director of Performance (CS)</li> <li>- Mr James Taylor, Deputy Chief Operating Officer (JT)</li> <li>- Mr Michael Quinlan, Deputy Director of Finance (MQ)</li> <li>- Mr Tim Gold, Director of Operations (Unplanned Care) (TG)</li> <li>-</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>- Mark Hindmarsh, Joint Programme Director for Act as One, for item FA.6.22.9 Act as One Programme Update (MHi)</li> <li>- Helen Farmer, Joint Programme Director for Act as One Transformation for item FA.6.22.9</li> </ul>		

No.		Action
<b>FA.6.22.1</b>	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>- Ms Julie Lawreniuk, Non-Executive Director (JL) (Chair)</li> <li>- Mr Mohammed Hussain, Non-Executive Director (MHu)</li> <li>- Professor Janet Hirst, Non-Executive Director (JH)</li> </ul>	
<b>FA.6.22.2</b>	<b>Declaration of Interests</b>	
	There were no declarations of interest.	
<b>FA.6.22.3</b>	<b>Minutes of the Meeting Held on the 25 May 2022</b>	
	The minutes of the meeting held on the 25 May 2022 were accepted as an accurate record of the meeting.	
<b>FA.6.22.4</b>	<b>Matters Arising</b>	
	<p>The Academy reviewed the action log. The following actions were closed:</p> <p><u>FA220010 – Development Session: Finance and Performance Academy Terms of Reference Review/Annual Report</u> – Paragraph included in the Academy annual report as requested. Action closed.</p> <p><u>FA220011 - Finance and Performance Academy Workplan</u> – Item to review the learning and improvement of the Academy questionnaire</p>	

	<p>added to the agenda. Action closed.</p> <p><u>FA220012 – Finance and performance Academy Work plan</u> – The work plan had been updated to remove ‘use of resources/moving to outstanding’. Action closed.</p> <p><u>FA220014 – High Level Risks to the Academy</u> – The Board Assurance Framework was included as part of the meeting papers. Action closed.</p> <p>Updates were provided on the following action:</p> <p><u>FA220013 – Finance and Performance Academy Dashboard</u> – The owner would be amended from LP to CSM. CSM would circulate the updated finance indicators to the Academy.</p>	
--	--	--

	<b>Assurance</b>	
<b>FA.6.22.5</b>	<b>Finance and Performance Academy Workplan</b>	
	The Academy received the work plan of activity. There were no additional comments.	
<b>FA.6.22.6</b>	<b>Finance and Performance Academy Dashboard</b>	
	The Academy received the Academy dashboard. The metrics that required further discussion would be discussed at relevant points throughout the meeting. SA advised that the Trust had made good progress against the performance indicators, however noted they remained rated ‘red’ as the constitution standards had not been reached. It was highlighted that the way in which performance against the indicators was reported was difficult as the majority of Trusts were not performing to the constitution standard, however when benchmarked against other Trusts, regionally and nationally, the Trust continued to perform well.	
<b>FA.6.22.7</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: A number of risks relating to the organisation arising from the age and condition of the pharmacy aseptic unit.</li> <li>• Risk ID 3779: A risk of the Hysteroscopy Service being significantly reduced due to equipment failure.</li> <li>• Risk ID 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 (EPR) system which may result in incorrect or missing information.</li> </ul> <p>SA wished to highlight risk ID 3696. Progress had been made on the sourcing of a temporary facility at the St Luke’s Hospital site. A c. £10m bid for a longer-term provision had been submitted to the ICS.</p>	

	<p>SA advised that in relation to risk ID 3468, an external team had been commissioned to support the identification and correct of the data quality issues. This was in the validation stages. Longer-term work had progressed to recruit to the team that would manage and monitor data quality in the longer term.</p> <p>SA highlighted the closed risk ID 3253, a risk that the Trust may have an increase in cross infection during operative procedures because the ventilation system which current supplied the obstetric theatre 2 did not meet the required standard. The new theatres were up and running.</p> <p>MH noted that financial related risks would be reviewed at the end of Q1 2022/23. Two financial related risks were rated at 12 and therefore were not included as part of the high level risk register. Theses related to the delivery of the financial plan and capital funding to address the Trust's risks. A risk, rated 8, related to whether the Trust had sufficient cash to maintain the liquidity position. Whilst undertaking the review at the end of Q1 2022/23, MH would review whether there was sufficient funding in the capital programme to address the high and significant risks in the backlog maintenance programme.</p> <p>LP presented the draft risk appetite statement in relation to the Academy objectives and asked if members had any feedback or comments prior to its presentation to the Board for approval in July 2022. There were no comments.</p>	
<b>FA.6.22.8</b>	<b>Review of the learning and improvement following the question/answer session (Mentimeter platform)</b>	
	<p>The Academy received the results of the anonymous questionnaire undertaken by Academy members and attendees at the previous meeting. The Chair noted the highlights of the report:</p> <ul style="list-style-type: none"> <li>• 85-90% of attendees believed the Academy was reasonably or very effective.</li> <li>• The Academy could be improved by the inclusion of 'real' people, real stories, more pictures and less words.</li> <li>• The majority of respondents agreed that two-hours was long enough for the meeting to take place.</li> <li>• The Academy would benefit from more clinicians, executives, clinical business units and subject-matter experts.</li> <li>• A request was made for a focus on lessons learned.</li> </ul> <p>LP presented the revised Academy terms of reference. In response to an external audit report it was suggested that the Academy include a minimum expected level of attendance. This was proposed at 70% attendance by members of the ten meetings that took place annually. The revised terms of reference included clarity on the Academy's role in relation to the consideration of risk and the board assurance framework. There were no comments on the proposed changes.</p>	
	<b>Learning and Improvement</b>	

<b>FA.6.22.9</b>	<b>Act as One Programme Update</b>	
	<p>The Academy received a detailed presentation from Helen Farmer and Mark Hindmarsh, Act as One Joint Programme Directors. The key highlights of the presentation were:</p> <ul style="list-style-type: none"> <li>• A 'our year in review' information slide was shared which detailed a summary of the key achievements from the Act as One programmes during 2021/22.</li> <li>• The CCG would formally transition to form part of the West Yorkshire Integrated Care System (ICS) as of 1 July 2022, therefore work was underway to ensure that governance arrangements were in place.</li> <li>• The Act as One festival commenced on 23 June 2022 and would run until 8 July 2022 which was a CCG celebration event, covering ten-years of hard work, commitment and delivery for the people of Bradford District and Craven.</li> <li>• Two projects had been nominated for the NHS Parliamentary Award. One nomination was for the Multi-Agency Support Team based in the Emergency Department (ED) at BRI who support people who present into the ED with non-urgent health care needs. The second nomination was for 'Affinity', a primary care network based in Keighley for conducting health checks in the community relating to the 'healthy hearts' campaign. Both organisations were congratulated for winning the regional category of the awards.</li> <li>• The Ageing Well Programme recognised the contribution of over fifty voluntary sector organisations who delivered work across communities to help people stay active and avoid deconditioning.</li> <li>• An update was provided on the 'Access to Care' programme, which had seen progress made to develop 275 pathways and pages on Assist (a tool based in SystemOne which supports good quality decision making in primary care) to optimise patient care. This had received positive clinical feedback.</li> <li>• During May 2022, there had been over 26k views on Assist, which was a 400% increase from April 2019.</li> <li>• The diabetes Assist pathways had been monitored and supported via the Diabetes clinical forum. A joint bid had been submitted to NHSE/I for supporting children transitioning to adult services.</li> <li>• Since January 2022, 250+ primary care clinical staff had attended in-person diabetes training sessions.</li> <li>• There had been an expansion of community based health check services across the district.</li> <li>• There had been six consecutive months of improvement in the proportion of approved formulary prescriptions.</li> </ul> <p>A discussion took place regarding the work that would be beneficial to take place following the launch of the Trust's Corporate Strategy, and in addition to the transformational programmes already underway. SA noted the positive work undertaken to improve access via the 'Assist' system, and the benefits that working together across Place can provide for patients and the organisations involved. It was noted that it was important that the celebrations and benefits continued to be highlighted and shared more widely.</p>	
<b>FA.6.22.10</b>	<b>Finance Improvement Plan</b>	

	<p>MH provided an update on progress against the Finance Improvement Plan. A formal report outlining progress against the plan would be presented to the Academy following Q1 2022/23. The highlights of the verbal report were:</p> <ul style="list-style-type: none"> <li>• Letters had been circulated to the Clinical Business Units (CBU) outlining their financial improvement targets for 2022/23. It was noted that the Urgent and Emergency Care CBU did not have one.</li> <li>• The financial improvement target discussions had commenced at the Executive-to-CBU meetings to monitor progress. Some CBUs had provided a degree of assurance, whereas others had further work to do.</li> <li>• Following the presentation of the high-level Model Hospital plan at the previous meeting, it was advised that the first Clinical Services Improvement Group meeting had taken place where it was agreed that the Trust would focus on one speciality at the outset. This would take place in Trauma and Orthopaedics. Work was underway to collate available data to assist in the identification of opportunities.</li> <li>• The West Yorkshire Association of Acute Trusts was working to develop a joint efficiency strategy.</li> </ul> <p>There were no comments or questions.</p>	
<b>FA.6.22.11</b>	<b>Performance Improvement Plan – Referral to Treatment</b>	
	<p>SA noted that following the results of the learning and improvement exercise discussed at item FA.6.22.8, a consideration would be made of the comments received. The Academy was reminded that the Trust's aspiration was to be in the top upper quartile nationally for all key performance indicators by April 2023. It was noted that the aspiration was to be within the upper quartile and not delivering against the constitutional standards, which highlighted the difference between the difficult position that the NHS faces during the recovery from the COVID-19 pandemic. It was important to view the reported metrics in the context of actual activity. The Trust was reported as 11<sup>th</sup> nationally for 4-hour performance, however, the performance still required significant improvement.</p> <p>JT presented an update on the Referral to Treatment (RTT) strand of the performance improvement plan. The highlights of the report were:</p> <ul style="list-style-type: none"> <li>• There had been a shift from the 'restart' to the 'recovery' programme which included work undertaken to optimise the Trust's capacity across all modalities including outpatients, diagnostics and theatres.</li> <li>• Work was underway to introduce rigorous processes to increase the number of cases seen per session.</li> <li>• Access meetings continued to take place in which clinical business units were held to account against performance, and discussions took place on where improvements were required.</li> <li>• Thrice-weekly huddles continued to take place to proactively manage RTT.</li> <li>• The outstanding theatre programme continued to progress well, and work was underway with theatre colleagues on making improvements within the environment.</li> </ul>	

	<ul style="list-style-type: none"> <li>The Peri-Operative Medicine Unit model had not progressed. A business case for revenue for staffing was outstanding and subject to 2022/23 funding.</li> <li>Data quality work continued with clinical engagement to support the recovery programme.</li> <li>Focused recovery continued within Outpatients to deliver 110% of new patient activity. Insourcing was live within gynaecology, dermatology, ENT and ophthalmology. This would commence within the digestive diseases service.</li> <li>Recovery progressed well within diagnostics and theatres.</li> <li>The Trust was expected to report 75.43% compliance for June 2022, against a target of 92% for 18-week RTT.</li> <li>The Trust was expected to report 996 patients waiting over 52-week for treatment for June 2022.</li> <li>The Trust projected to have 9 patients waiting over 104-weeks for treatment for June 2022.</li> <li>Clock-stops for completed RTT pathways (admitted and non-admitted) were ahead of plan.</li> <li>There had been a significant improvement seen in elective ordinary spells, projected to report 87% compliance for June 2022.</li> <li>Elective day case spells had continued to improve since the beginning for 2022 and was projected as 95% for June 2022.</li> <li>The Trust was expected to report 115% of outpatient activity for first attendances and 99% for follow-up attendances for June 2022.</li> </ul> <p>The Academy noted the positive steps taken by the Trust to improve the position from where it was at the restart of the programme. SA wished to thank all those involved in the improvement of the position, particularly between operational and finance colleagues who had worked cohesively together to ensure that planning assumptions had been accurate and supported the success in the outcomes being reported.</p>	
	<b>Performance</b>	
<b>FA.6.22.12</b>	<b>Operational Performance Highlight Report</b>	
	<p>CS presented the report. The highlights were:</p> <p><u>COVID-19 Update</u></p> <ul style="list-style-type: none"> <li>The Trust had seen an increase from 20 COVID-19 positive inpatients, to 40 in the previous two-weeks.</li> <li>There had been an increase in the number of COVID-19 related staff absences during that time.</li> </ul> <p><u>Urgent and Emergency Care Performance</u></p> <ul style="list-style-type: none"> <li>The number of urgent presentations within the Emergency Department (ED) remained high, with an increase seen particularly in paediatrics and low acuity attendances.</li> <li>Type 2 attendances had increased within the previous three weeks due to an increase in the number of booked attendances and non-ED surgical admissions.</li> <li>Yorkshire Ambulance Service (YAS) had reported an improvement in ambulance handover times over recent months following the opening</li> </ul>	



	<p>of the new high-dependency unit, the addition of nurse handover training and improvement in the 'same day emergency care' pathways.</p> <ul style="list-style-type: none"> <li>• Partnership work within YAS continued and was noted as a positive step in the improvement in the performance reported.</li> <li>• The Trust continued to benchmark well in relation to ED performance.</li> <li>• Work was ongoing to operationalise the plan to introduce a walk-in centre to allow the triage of low acuity patients away from the ED footprint.</li> <li>• Time in the ED for admitted patients had improved since May 2022 due to improvements seen with patient flow from ED to wards. This was linked to the reduction in the number of COVID-19 admitted patients within the Trust.</li> <li>• The number of patients above 21-days length of stay remained high due to the number of complex post-pandemic patients with long length of stay, and a high number of long staying stroke patients who required further therapeutic interventions.</li> </ul> <p><u>Outpatient Performance</u></p> <ul style="list-style-type: none"> <li>• Fast track and urgent GP referrals remained significantly above the 2019/20 baseline; however, had increased sharply since May 2022.</li> <li>• It was advised that the Cerner upgrade which took place over two-days prior to the development of the month's report had impacted the capture of outpatient activity outcomes somewhere in the region of c. 600 patients. This was being worked on and would be reflected in future reports.</li> </ul> <p><u>Diagnostic Performance</u></p> <ul style="list-style-type: none"> <li>• The DM01 performance for May 2022 was reported as 87.64%. It was projected that the Trust would report 88.57% compliance for June 2022.</li> <li>• MRI performance continued to improve following the increase in MRI capacity.</li> <li>• Endoscopy turnaround performance had improved for both fast track and urgent patients. Referrals had increased, which combined with vacancies, maternity leave, annual leave and retirement, had impacted on service capacity to meet routine demand. Recruitment was ongoing to support the improvement of capacity in the service.</li> </ul> <p><u>Cancer Performance</u></p> <ul style="list-style-type: none"> <li>• The Trust was expected to report 95.30% compliance for June 2022 against the cancer 2-week-wait standard, against a target of 93%.</li> <li>• The Trust expected to report 82.36% against a 75% target for the cancer 28-day faster diagnosis.</li> <li>• The Trust expected to report 80.13% against a target of 85% for June 2022. An improvement from the position reported in May 2022 at 77.62%.</li> </ul> <p>In response to a question by MH in relation to the disparity between the Trust's internally validated ambulance handover position, and YAS reported position, it was advised by SA that this was due to data quality issues related to the logging of the handover as opposed to the actual</p>	
--	---	--

	<p>handover of a patient.</p> <p>In response to a question from MH relating to the significant drop in minor attendances in ED and whether this was system related, it was advised that it wasn't thought to be system related. CS would review the data presented for 'minor injury' attendance, following a dip in the numbers presenting to ensure that this was an accurate reflection of activity, as opposed to a data quality/recording issue.</p>	<p>Tim Gold, Director of Operations (Unplanned Care), FA220015</p>
<b>FA.6.22.13</b>	<b>Performance Report</b>	
	Discussed as part of item FA.6.22.12.	
	<b>Finance</b>	
<b>FA.6.22.14</b>	<b>Monthly Finance Report</b>	
	<p>CSm presented the month-2 finance report. It was noted that the report had been redesigned to provide a meaningful and informative report to the Academy. The highlights were:</p> <ul style="list-style-type: none"> <li>• The Trust reported a cumulative breakeven position for the year to month-2 2022/23, which was in line with the plan.</li> <li>• The underlying position was a cumulative surplus of £0.7m, however, there was an unresolved risk relating to the £2m of Elective Recovery Fund (ERF) income which was included within the position. The ERF cash had been paid by the Trust's commissioners, however, it was not possible to accurately quantify actual performance against the targets, and the mechanism for clawing back ERF funding in the event of underperformance was unclear.</li> <li>• The West Yorkshire Integrated Care System (ICS) had been asked to model a scenario in which no ERF was recovered. This would worsen the month-2 position by £2m. However, it was noted that the underlying income and expenditure run rate for month-2 was better than planned, and therefore in the scenario where ERF could not be recovered, the Trust could release this flexibility to maintain a breakeven position at month-2. It was noted that this would not be an option in later months of the financial year.</li> <li>• The combined favorable variances to plan excluding the deployment of non-recurrent support, amounted to a surplus of c. £2.5m. This position was supported by £0.7m of non-NHS income in excess of plan and £0.5m of non-recurrent benefits arising within the clinical business units.</li> <li>• Expenditure on insourcing and outsourcing capacity for elective recovery was £0.8m below budget, which suggested delivery may fall below plan, although the extent of this potential shortfall cannot be accurately quantified at present.</li> <li>• CBU and departmental financial performance was shared which highlighted that overall, operational and support budgets have underspent by £1.1m at month-2.</li> <li>• An overspend seen in Estates and Facilities related to equipment that was ordered during 2021/22, but was delivered late, creating a pressure in 2022/23.</li> <li>• An overspend in Pharmacy, related to increased stock levels which</li> </ul>	



	<p>was not indicative of an ongoing run rate pressure.</p> <ul style="list-style-type: none"> <li>The ongoing overspend seen within Urgent and Emergency Care, which mostly related to pay expenditure, continued to be closely monitored.</li> <li>Further information was provided on each of the CBUs in relation to over and underspends identified. This would be merged into a tracker that the Academy can continually review during the financial year.</li> </ul>	
<b>FA.6.22.15</b>	<b>2022/23 Capital Programme</b>	
	<p>MQ presented an update on progress against the 2022/23 capital programme. The highlights of the report were:</p> <ul style="list-style-type: none"> <li>The total indicative budget for 2022/23 could total £29.2m. The Trust had received a capital budget from the ICS of £20.5. It was advised that the Trust could plan for an additional £1m funding; however, this was not committed as yet.</li> <li>The Trust was undergoing a prioritisation process to determine how to invest £8.8m of total capital budget.</li> <li>NSHE/I were yet to provide guidance on the IFRS16 leasing budget.</li> <li>There may be additional external funding available during 2022/23 for the Pharmacy Aseptic Unit totalling £10.0m, and for a new day case unit at St Luke Hospital totalling £14.9m.</li> <li>The schemes under consideration as the highest priority for 2022/23 related to digital improvements, additional funding for radiology day case unit refurbishment, maternity ground floor development and single isolation rooms.</li> </ul>	
<b>FA.6.22.16</b>	<b>Any Other Business</b>	
	There were no items of any other business, however KW wished to highlight the Thrive Leadership event that took place on 20 June 2022 which focused on civility in the workplace and leadership.	
<b>FA.6.22.17</b>	<b>Matters to Share with Other Academies</b>	
	There were no other matters identified for sharing with other Academies.	
<b>FA.6.22.18</b>	<b>Matters to Escalate to Board</b>	
	There were no matters to escalate to the Board.	
<b>FA.6.22.19</b>	<b>Date and Time of Next Meeting</b>	
	<p>The date and time of the next meeting:</p> <p><b>Wednesday 27 July 2022</b> <b>08:30 – 10:30</b> <b>Via MS Teams</b></p>	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST  
ACTIONS FROM THE FINANCE AND PERFORMANCE ACADEMY – 25<sup>th</sup> May 2022**

Action ID	Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
FA220013	25 May 2022	FA.5.22.7	<b><u>Finance and Performance Academy Dashboard</u></b> The updated dashboard (including the updated finance indicators) would be circulated to the Academy).	Chris Smith, Deputy Director of Finance	<del>May 2022</del> July 2022	CSm would circulate the updated finance indicators to the Academy.
FA220015	29 June 2022	FA.6.22.12	<b><u>Operational Performance Highlight Report</u></b> CS would review the data presented for 'minor injury' attendance, following a dip in the numbers presenting to ensure that this was an accurate reflection of activity, as opposed to a data quality/recording issue.	Tim Gold, Director of Operations (Unplanned Care)	July 2022	