

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

Date:	27 July 2022	Time:	08:30 – 10:30
Venue:	Microsoft Teams	Chair:	Ms Julie Lawreniuk, Non-Executive Director
Present:	<ul style="list-style-type: none"> - Ms Julie Lawreniuk, Non-Executive Director (Chair) - Mr Matthew Horner, Director of Finance (MH) - Professor Janet Hirst, Non-Executive Director (JH) - Mr Chris Danson, Director of Transformation (CD) - Mr James Taylor, Deputy Chief Operating Officer (JT) - Mr Michael Quinlan, Deputy Director of Finance (MQ) - Mr Tim Gold, Director of Operations (Unplanned Care) (TG) - Mr John Holden, Director of Strategy and Integration (JHo) 		
Attendance:	<ul style="list-style-type: none"> - Ms Laura Parsons, Board Secretary/Associate Director of Corporate Governance (LP) - Ms Kathryn Simons-Porter, Public Governor – Bradford East (KSP) - Ms Katie Shepherd, Corporate Governance Manager (KS) 		

No.		Action
FA.7.22.1	Apologies for Absence	
	<ul style="list-style-type: none"> - Ms Karen Walker, Non-Executive Director (KW) - Mr Sajid Azeb, Chief Operating Officer (SA) - Mr Chris Smith, Deputy Director of Finance (CSm) - Mr John Bolton, Deputy Chief Medical Officer and Medical Director (Ops) (JB) - Mr Mohammed Hussain, Non-Executive Director (MHu) - Mr Carl Stephenson, Associate Director of Performance (CS) 	
FA.7.22.2	Declaration of Interests	
	There were no declarations of interest.	
FA.7.22.3	Minutes of the Meeting Held on the 29 June 2022	
	The minutes of the meeting held on the 29 June 2022 were accepted as an accurate record of the meeting.	
FA.7.22.4	Matters Arising	
	<p>The Academy reviewed the action log. The following actions were closed:</p> <p><u>FA220013 – Finance and Performance Academy Dashboard</u> – The amended narrative for the finance sections of the dashboard were circulated to the Academy members on 20 July 2022. Action closed.</p> <p><u>FA220015 – Operational Performance Highlight Report</u> – The GP stream data started flowing in April, minors numbers were split as a result. The</p>	

	Trust had combined them and updated the chart accordingly. Action closed.	
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	Assurance	
FA.7.22.5	Finance and Performance Academy Workplan	
	The Academy received the work plan of activity. LP advised that the Academy would receive the board assurance framework on a bi-monthly basis going forward. As there was no meeting planned for August 2022, the Academy members would receive a copy of this via email. Reporting of the board assurance framework would resume in October 2022.	
FA.8.22.6	Finance and Performance Academy Dashboard	
	The Academy received the Academy dashboard. The metrics that required further discussion would be discussed at relevant points throughout the meeting.	
FA.8.22.7	High Level Operational Risks Relevant to the Academy (to include the Board Assurance Framework)	
	<p>The Academy reviewed the high level risks relevant to the Academy. These were:</p> <ul style="list-style-type: none"> • Risk ID 3696: A number of risks relating to the organisation arising from the age and condition of the pharmacy aseptic unit. • 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. <p>JH raised a point within the report which advised the Academy that Risk ID 3779: A risk of the Hysteroscopy Service being significantly reduced due to equipment failure; which had been reported as a high-level risk (rated 16) the previous month, had been discussed by the Executive Team who agreed that the score was too high and therefore removed from the high-level risk register. LP advised that the process for the addition of risks onto the high-level risk register required approval by the relevant executive director with further discussion and approval required by the Executive Team. Risk ID 3779 had been discussed at the Executive Team however, as LP and JHo had not been present at the meeting could provide the appropriate guidance and advice when discussing the rating, and was inadvertently reported to the Academy the following week.</p> <p>JT advised that in relation to Risk ID 3779, one of the slight changes related to the increase in the number of procedures being undertaken via local anaesthetic and analgesic as opposed to being undertaken in Theatre, which carries an increased failure rate due to patient tolerance and therefore results in a small number of patients returning for the procedure in Theatre.</p>	

	<p>JT advised that a deep dive was underway into the endometrial cancer pathway as it had been identified that by default all patients extended beyond the 28-day faster diagnosis target.</p> <p>JT advised that in relation to Risk ID 3468, the mitigation would be to return to some degree of paper record for hospital midwives and community midwives to ensure that patients were correctly followed up. This would be until the community midwives were able to manage and input into the EPR correctly. There was the ability within the EPR to create a 'post ward discharge follow up' which would ensure that all patients were captured and completed one of these, and this would be implemented.</p> <p>In response to a question from JL regarding Risk ID 3468 being on the risk register as an overarching EPR risk as opposed to a maternity related risk only, it was advised by JH that since the implementation of the EPR, there had been a number of challenges identified and therefore that wasn't the only specific risk relating to the EPR.</p> <p>In response to a query by JL regarding the prioritisation of medical equipment purchases, MH highlighted that each year the Trust undertook work to identify and prioritise the purchase of medical equipment as part of the capital programme through the Capital Equipment Replacement Group and through the Clinical Business Units</p> <p>In response to a question from JL regarding the initial identification and process for scoring risk, it was advised that this was undertaken at clinical business unit level and senior leadership level prior to discussion at executive level.</p> <p>Following a request from JL regarding the Academy's role in following the progress of the implementation of the EPR system, it was advised that this was the role of the Quality and Patient Safety Academy.</p>	
FA.7.22.8	Bradford Quality Insight Review Data Pack	
	<p>It was advised that this report had been submitted to the Executive Team by the Chief Nurse the previous week and it was deemed appropriate to share with all Academies for information. It was advised that the report had been received from the CQC as a collection of their evidence. The Academy received and noted the contents of the report.</p> <p>In response to a question from JH regarding the volume of data and information provided within the report and how the Academy was to interpret this, it was agreed that Karen Dawber to attend future meeting to discuss the key highlights of the Bradford Quality Insight Review Data Pack report. LP to organise.</p>	<p>Laura Parsons Associate Director of Corporate Governance / Board Secretary FA220016</p>
	Learning and Improvement	
FA.7.22.9	Financial Improvement Plan	
	MH provided an update on progress against the Finance Improvement	

	<p>Plan which highlighted:</p> <ul style="list-style-type: none"> • The Trust had in place an overall improvement target for clinical business units (CBU) and corporate departments of c. £8.5m. The expectation was that by 30 June 2022 that 50% of that be identified. • It was reported that the Trust had identified plans totalling £4.7m. £4.1m of that was non-recurrent which could have implications for the Trust moving into the 2023/24 financial year. • The areas of opportunity identified were outlined, with vacancies and underspends due to low activity providing the biggest contribution. • It was advised that of the planned improvements identified, only 7% of the total target of £8.5m was recurrent. The remainder was non-recurrent, which posed a significant risk to the organisation. This was because non-recurrent savings were one-off benefits for the current financial year, which would increase 22/23 exit run rate. • The current forecast indicated that a further £5.2m of recurrent savings was required during Q4 2022/23, to stabilise the exit run rate and reduce the impact in 2023/24. <p>The key risks and issues were highlighted which included</p> <ul style="list-style-type: none"> • £2.2m of vacancies in excess of the vacancy factor. • There was a non-pay and elective recovery fund (ERF) risk, albeit confirmation of the rules regarding ERF had been received on 26 July 2022 which indicated that there would be no clawback of ERF funding for H1 2022/23. • The Trust was not currently in a sustainable position for 2023/24. The non-recurrent nature of the improvements identified for 2022/23 pose a significant risk to the organisation in 2023/24. <p>It was advised by MH that there had been concerns raised by CBUs on the capacity and time to be able to focus on the financial improvement plans for 2022/23.</p> <p>In response to a question from KSP regarding the budget, and the Trust's behaviour towards risk, MH advised that the Trust was reporting a break-even position currently. The Trust's risk appetite had been changed from 'cautious' to 'open' as it was recognised that the Trust had made significant investments into areas such as digital transformation.</p> <p>JL noted that the majority of improvements were being delivered through lower activity and vacancies. It was highlighted that the Estates and Facilities Directorate were yet to identify any financial improvements, however, it was noted that there was an accountability framework in place and where required enhanced support would be provided to CBUs/Corporate Departments to assist them in improving their position.</p> <p>It was agreed that a Clinical Business Unit be selected to attend a future Academy meeting to discuss their approach towards improvement. MH would liaise with James Taylor and Sajid Azeb to determine when would be the most appropriate time to do this.</p>	<p>Matthew Horner, Director of Finance FA220017</p>
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FA.7.22.10	Performance Improvement Plan - Cancer	
	<p>JT provided the Academy with an update on progress against the cancer aspect of the performance improvement plan.</p> <p>Transformational work continued which included increasing community engagement and education around cancer symptoms and the promotion of early engagement with screening. It had been identified that within the previous 12-months there had been a significant amount of patient initiated delays and therefore work had been undertaken to improve communication and discussion by the GP with patients. The cancer referral proforma had been amended to include the wording from cancer research which would ensure that patients were informed of the nature of the referral, that they were on an urgent cancer pathway and asked not to delay their diagnosis and treatment. The cancer patient communication letter would be amended to include the same wording.</p> <p>Following an audit on fit testing for suspected lower GI cancers, work continued to improve cancer referral and pathways, and included the introduction of fit testing into primary care for low risk diagnosis within the lower GI pathway. The transition would take place over the coming 12-months with the ambition to utilise endoscopy for surveillance as well as fast track to ultimately free up capacity within the pathway.</p> <p>Other pathway improvement initiatives include ensuring that GPs treat patients for urinary tract infections at the time of referral onto the haematuria pathway to avoid deferral from the cancer pathway whilst the UTI was treated.</p> <p>Work continued to identify ways to improve the prostate cancer pathway and would include how this could be followed up in primary care.</p> <p>The Trust continued to work towards the recovery of cancer performance, improve capacity and respond to an increase in demand and fast-track referrals.</p> <p>It was noted that the Trust performed well against others within the region against the 62-day target.</p> <p>The Trust continued to support Calderdale and Huddersfield NHS FT with their Head and Neck pathway and Leeds Teaching Hospitals with endocrinology. The Trust continued to receive late inter-provider transfers which impacted on the Trust's performance. A concern was raised regarding the four recruitment attempts by Calderdale and Huddersfield NHS FT for an ENT Consultant which had been unsuccessful.</p> <p>It was reported that the Trust had made improvement in all areas related to cancer performance and the pathway, however further work was required to achieve the objectives as part of the Cancer Improvement Plan.</p> <p>The Trust projected to report the following cancer performance for July 2022:</p>	

	<ul style="list-style-type: none"> • An achievement of 94.48% compliance against a target of 93% for the two-week wait standard. • 82.28% compliance against a target of 75% for people referred on the cancer pathway to receive a cancer diagnosis or have cancer ruled out within a maximum of 28-days from referral. • The Trust reported 86.5% compliance in June 2022 for the 62-day standard, an increase from 78.67% in May 2022. <p>In response to a question from JH regarding the implications on the Trust's performance from inter-provider transfers, it was advised that whilst a patient was under the Trust's care, they were reported as a Trust patient. The principle was that once the patient's pathway was closed, that they return to the referring Trust, although it wasn't known how effective this was.</p>	
	Performance	
FA.7.22.11	Operational Performance Highlight Report	
	<p>JT presented the highlights of the report:</p> <ul style="list-style-type: none"> • The Trust projected to report 74.37% compliance in relation to the Emergency Care Standard, against the 80% trajectory. Staffing pressure and patient flow delays continued to impact Emergency Department (ED) performance. • It was reported that the length of stay for patients within the ED continued to be a challenge due to bed capacity challenges within the hospital. The Trust would continue to focus on the experience of patients within the ED. Overall demand and attendance in ED continued to increase, leading to overcrowding which presented its challenges. • An increase had been seen in ambulance handover delays between 30-60 minutes, to 168 from 125 the previous month. • There was an increase seen in ambulance handover delays over 60 minutes, from 12 in June 2022 to 60 in July 2022. • It was reported that ambulance handover had improved over recent months, but had deteriorated during July 2022 due to the increase in COVID-19 cases and an increase in speciality bed waits. • The Trust expected to report 72.12% compliance against the Referral to Treatment (RTT) standard. • The total waiting list size had increased to 34,190 in July 2022 from 22,501 in June 2022. This was due to the increase in the number of referrals. • The Trust was expected to report a reduction in the number of patients waiting 104-weeks for treatment, from 17 to 11 in July 2022. The Trust hoped to reduce this to zero by the end of September 2022. • There was a slight increase in the number of patients waiting over 52-weeks, from 1,034 in June 2022 to 1,046 in July 2022 • The Trust expected to report 87.55% against an 80% trajectory for diagnostic waiting times. • The Trust continued to perform well within diagnostics. The Trust 	

	<p>was expected to report 95.99% for fast track diagnostics for July 2022.</p> <ul style="list-style-type: none"> • Whilst the number of COVID-19 positive patients had increased significantly from June 2022 to July 2022, the Trust reported that it did not have any critically ill COVID-19 patients. • Fast-track and urgent GP referrals had remained significantly above the 2019/20 baseline since January 2022, and had increased sharply since June 2022. • Inpatient activity for elective ordinary and day cases remained behind plan in June 2022 and was projected to continue to reduce during July 2022 due to the surge in COVID-19 impacting staff and patient availability, whilst putting pressure on bed occupancy. • The number of patients treated per list had improved in recent weeks but remained behind plan and 2019/20 baseline levels. This would remain a focus over the coming months. Start time and case duration continued to be monitored to inform list composition. It was anticipated that the 6-4-2 process and the Theatre User Group would help to drive up utilisation. • The anticipated opening of Ward 11 in September 2022 would provide further required bed capacity to assist in the delivery of the 110% baseline required. • There had been an increase in the number of cancer referrals and the Trust was expected to report 94.17% compliance for July 2022, with the cancer 2-week-wait target against a target of 93%. • The Trust expected to report 81.72% compliance against a target of 75% for the cancer 28-day faster diagnosis. • The Trust expected to report 82.32% against a target of 85% for the cancer 62-day first treatment standard. <p>In response to a question from JL in relation to improving patient experience through the introduction of hosts within the ED, it was advised by JT that work was underway to improve patient flow and the wait time within ED, but that whilst patients were waiting, the Trust would endeavour to make the experience as comfortable as possible. Options were being reviewed such as the use of vertical pathways, which would see patients who did not require a trolley, managed in a vertical chair-type pathway to reduce the length of stay. However, it was noted that the challenges seen within the ED was impacting on staff.</p> <p>In response to a question from JL regarding the opening of the Urgent Treatment Centre, it was advised that this was expected to open by September 2022. This would be a combination of minor injury, minor ailments and GP streaming patients.</p>	
FA.7.22.12	Performance Report	
	Discussed as part of item FA.7.22.11.	
FA.7.22.13	Prioritising Learning Disability Patients	
	JT presented an update on work underway to priorities learning disability patients within the electronic patient record (EPR) system. The highlights of the report were:	

	<ul style="list-style-type: none"> The patient tracking list (PTL) had been updated to include information pertaining to the patient's demographic, such as ethnicity and disabilities, alongside the procedure and priority status. The Board had approved the decision to prioritise patients with a learning disability. Work would commence the analysis of the data in terms of demographic, waiting times and any other related outcomes; however, this was in the very early stages. <p>Following a request from the Chair, it was agreed that a more detailed analysis would be provided to a future Academy meeting on progress against the workstreams and transformational activity undertaken relating to the prioritisation of patients with learning disabilities. JT would determine a date that this would be appropriate to be presented.</p>	James Taylor, Deputy Chief Operating Officer FA220018
	Finance	
FA.7.22.14	Monthly Finance Report	
	<p>MH presented the month 3 2022/23 finance report, which highlighted:</p> <ul style="list-style-type: none"> The Trust reported a cumulative breakeven position for the year to month-3 2022/23, which was in line with the plan. The underlying position was a cumulative surplus of £0.5m. The key variances driving the reported position were shared, which highlighted that the Trust had not been required to deploy any flexibilities during Q1 2022/23, and was supported by £0.6m of non-NHS income in excess of the plan and £0.4m of non-recurrent benefits arising from the Clinical Business Units. The Trust continued to forecast a breakeven position for 2022/23. The budget position by CBU and corporate department was shared which highlighted that a focus was required within Urgent and Emergency Care who were £700k overspent to date. The CBU had been asked to provide a copy of the workforce plan for review. A key risk to the delivery of the financial plan for 2022/23 was uncertainty surrounding the elective recovery fund for H2 (month 7-12) 2022/23. <p>In response to a question from JL regarding the Trust's position for 2023/24 if it didn't meet its efficiency plans, MH advised that the Finance Team would do some work to understand what this would mean for the Trust in more detail following the close down of the July 2022 data.</p> <p>Following a question from JL in relation to the overspend reported within the Informatics Team, MH advised that this related to the renewal of several maintenance contracts which took place during Q1 2022/23 and it was not expected to continue over the remainder of the year and the phasing of the budget is being reviewed.</p>	
FA.7.22.15	2022/23 Capital Programme	
	<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"> The paper reported that the Trust was currently undergoing a risk 	

	<p>based prioritisation process to determine how to invest £6.7m of the total capital budget; however it was advised that this had since been determined.</p> <ul style="list-style-type: none"> • The total capital budget for 2022/23 remained at £29.2m, however once clarity had been sought on budgeting from NHSE, this would be shared with the Academy particularly in relation to digital. • There may be additional external funding available during 2022/23 for a Pharmacy Aseptic Unit and a new Day Case Unit at St Luke's Hospital. • It was noted that there had been a significant amount of capital investment within the Trust over the two previous years, with over £30m spent during 2021/22. • Five schemes had been agreed for capital investment during 2022/23; however it was noted that some schemes would be completed over multiple financial years. <p>The Academy noted the sensible approach to the identification and prioritisation of the capital schemes.</p>	
FA.7.22.16	Bradford Place and ICS System Financial Update	
	<p>MH provided a presentation for the system financial position at June 2022 for the Bradford District and Craven Health and Care Partnership (BDCHCP). The key points were highlighted:</p> <ul style="list-style-type: none"> • The BDCHCP reported a positive position for month 3 2022/23 at £4.8m ahead of plan. • It was noted that the position did not yet include figures from the local authority. • The majority of the surplus reported was from the Integrated Care Board (ICB) - Bradford. • The ICB underspend was made up of £3.3m in technical flexibilities, £1.3m of which related to Service Department funds that had not yet been committed and £1.9m in under trades. • A scenario analysis was presented which included the best, likely and worst case scenarios on the systems forecast position. All Trusts were reporting a likely case of breakeven with the exception of Airedale NHSFT. This was due to the delivery of their waste reduction programme and a £3.5m cost for their electronic patient record system. • The key risk reported within the paper relating to the uncertainty surrounding the rules of the elective recovery fund (ERF) had been mitigated through the receipt of confirmation of the rules regarding ERF that had been received on 26 July 2022. There would be no clawback of ERF funding for H1 2022/23. • Further risks related to employment targets in place for each organisation and the pay award, although it had been advised that this would be fully funded nationally. • Understanding the allocation of funds for the pay award was required, which would be allocated to Trusts via the ICS on a fair-shares basis. • Continuing healthcare continued to be a pressure seen by the ICB – Bradford, and would continue to be monitored closely. • Work was underway to organise the funding arrangements for the 	

	<p>COVID-19 vaccination programme from 1 September 2022. Work continued to remodel the service and associated costs to evaluate the risk of receiving £10.06 per vaccination.</p> <p>In response to a question from JH relating to the pay award, it was advised that it had been confirmed that all staff on an A4C pay band would receive a pay increase of £1,400. Consultants would receive 4.5% pay increase and there would be an uplift for senior managers. It was noted that the national impact on the pay award was in the region of £2bn in excess of the original allocation.</p> <p>MH would circulate the presentation slides delivered on the Bradford Place and ICS System Financial Update to the F&P Academy members.</p>	<p>Matthew Horner, Director of Finance FA220019</p>
FA.7.22.17	WYAAT/ICS Programme Updates	
	MH provided a brief update on programme delivery within the West Yorkshire Association of Acute Trusts/Integrated Care System, which highlighted that the Trust would be submitting a business case for a Community Diagnostic Hub as part of the system solution.	
FA.7.22.18	Any Other Business	
	The Finance and Performance sections would be rotated around so that at future meetings the finance sections could be presented first.	<p>Laura Parsons Associate Director of Corporate Governance / Board Secretary FA220020</p>
FA.7.22.19	Matters to Share with Other Academies	
	There were no other matters identified for sharing with other Academies.	
FA.7.22.20	Matters to Escalate to Board	
	There were no matters to escalate to the Board.	
FA.7.22.21	Date and Time of Next Meeting	
	<p>The date and time of the next meeting:</p> <p>Wednesday 28 September 2022 08:30 – 10:30 Via MS Teams</p>	

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

Action ID	Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
FA220016	27 July 2022	FA.22.7.8	Bradford Quality Insight Review Data Pack It was agreed that Karen Dawber would be invited to attend a future meeting to discuss the key highlights of the Bradford Quality Insight Review Data Pack report. LP to organise.	Laura Parsons, Associate Director of Corporate Governance / Board Secretary	September 2022	In progress. Verbal update to be provided at meeting.
FA220019	27 July 2022	FA.22.7.16	Bradford Place and ICS System Financial Update MH would circulate the presentation slides delivered on the Bradford Place and ICS System Financial Update to the F&P Academy members.	Matthew Horner, Director of Finance	September 2022	Slides circulated via email 30.8.22 - complete
FA220020	27 July 2022	FA.22.7.18	Any Other Business The Finance and Performance sections would be swapped around so that at future meetings the finance sections were presented first.	Laura Parsons, Associate Director of Corporate Governance / Board Secretary	September 2022	Complete.
FA220017	27 July 2022	FA.22.7.9	Financial Improvement Plan It was agreed that a Clinical Business Unit be selected to attend a future Academy meeting to discuss their approach towards improvement. MH would liaise with James Taylor and Sajid Azeb to determine when would be the most appropriate time to do this.	Matthew Horner, Director of Finance	October 2022	

FA220018	27 July 2022	FA.22.7.13	Prioritising Learning Disability Patients Following a request from the Chair, it was agreed that a more detailed analysis would be provided to a future Academy meeting on progress against the workstreams and transformational activity undertaken relating to the prioritisation of patients with learning disabilities. James Taylor would determine a date that this would be appropriate to be presented.	James Taylor, Deputy Chief Operating Officer	October 2022	
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