

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

Date	29 March 2023	Time:	08:30-10:30
Venue:	Microsoft Teams Meeting	Chair:	Ms Julie Lawreniuk, Non-Executive Director
Present:	<ul style="list-style-type: none"> - Mr Sajid Azeb, Chief Operating Officer & Deputy Chief Executive (SA) - Mr John Bolton, Deputy Chief Medical Officer & Medical Director (JB) - Mr Chris Danson, Director of Transformation (CD) - Mr Matthew Horner, Director of Finance (MH) - Mr Mohammed Hussain, Non-Executive Director (MHu) - for items FA.3.23.1 and part of FA.3.23.17 only - Mr Barrie Senior, Non-Executive Director (BS) - Mr Michael Quinlan, Deputy Director of Finance (MQ) - Mr Chris Smith, Deputy Director of Finance (CSm) - Mr Carl Stephenson, Associate Director of Performance (CS) - Ms Adele Hartley-Spencer, Director of Nursing (Operations) (AHS) - Ms Ellie MacIver, Deputy Director of Operations for Cancer and Diagnostics (EM) - Mr Shaun Milburn, Deputy Director of Operations for Unplanned Care (SM) 		
In Attendance:	<ul style="list-style-type: none"> - Mr John Holden, Director of Strategy & Integration (JH) - Ms Laura Parsons, Board Secretary/Associate Director of Corporate Governance (LP) - Ms Sasha Bhat, Act as One Programme Director (Healthy Minds), for agenda item FA.3.23.8 (SB) - Ruth Dunlop – NED insight placement (RD) 		

No.		Action
FA.3.23.1	Apologies for Absence	
	Apologies were received from Karen Walker, Non-Executive Director, James Taylor, Deputy Chief Operating Officer and Terri Saunderson, Director of Operations for Unplanned Care. JL noted that MHu had to leave the meeting at 9am.	
FA.3.23.2	Declarations of Interest	
	No declarations of interest were made.	
FA.3.23.3	Unconfirmed Minutes of the Meeting held on the 22nd of February 2023	
	The minutes of the meeting held on the 22 nd of February were approved as an accurate record of the meeting.	

FA.3.23.4	Matters Arising The Academy reviewed and updated the action log. The following action was closed: FA230028 - Internal Audit 2023/24 Planning Process	
	Assurance	
FA.3.23.5	Finance & Performance Academy Workplan	
	There were no updates to the workplan noted.	
FA.3.23.6	Finance & Performance Academy Dashboard	
	SA and MH confirmed that the details within the dashboard would be discussed under other agenda items later in the meeting.	
FA.3.23.7	High Level Risks Relevant to the Academy	
	<p>JL noted that no new risks had been added to the register and the existing risk regarding ReSPECT from Urgent Care had increased in score from 15 to 16.</p> <p>JL queried the position of next year's financial risks. MH replied that the strategic risk score will increase from 12 up to at least 20 and this will be discussed at the next meeting.</p> <p>The Academy was assured that all the relevant risks had been identified, discussed and were being managed appropriately.</p>	
	Learning and Improvement	
FA.3.23.8	Act As One Programme Update	
	<p>JL welcomed SB to the meeting. SB explained that the slidepack provided background to the approach taken by the Healthy Minds Board to oversight of the mental health programme, learning disabilities, neurodiversity and substance misuse.</p> <p>SB highlighted the CORE24 work between the Foundation Trust, Airedale and Bradford District Care Trust. A Psychiatric Liaison service is part of the NHS long-term plan set out by NHSE, which requires all trusts to implement a CORE24 service. The Bradford district initially operated a different model, which worked well, with no out of area placements and over 4000 assessments.</p>	

	<p>The CQC inspection of mental health provision in 2019 required a different approach to manage patients in the community and the NHSE criteria became stricter.</p> <p>As the Airedale site is smaller, an alternative model was permitted, but on the larger Foundation Trust site, compliance with the CORE24 criteria was required. A fully compliant model is now in place, including psychiatric and psychological support with nurse-led interventions.</p> <p>SB discussed the benefits of this model, including a reduction in waiting times in A&E, the avoidance of inappropriate admissions, improved discharge planning and increased knowledge and confidence of staff. The team is currently based with the Cancer Alliance service and work is ongoing with Estates to change this.</p> <p>An older people's service is also in place and there are plans to develop this. Lived experience feedback from patients has improved since the model has been in place and a further review of case studies is planned. The service is currently achieving 68% for the one hour wait standard and 79% for the 24 hour target and the number of referrals has increased.</p> <p>JL remarked that it was good to see the work being done as a system.</p> <p>SA highlighted the criticality of this work and the significant challenges in terms of the ongoing care needs of mental health patients. There is increasing demand and pressure in terms of specialist provision.</p> <p>SB updated on the 111 option for mental health, which involves integrating with other phone lines within the place. Scoping work starting this week, which may have an impact on response times.</p> <p>JL thanked SB for the update and the Academy noted the same.</p>	
FA.3.23.9	Finance Improvement Plan	
	This was discussed under item FA.3.23.17.	
FA.3.23.10	Performance Improvement Plan – Cancer	
	<p>EM provided a high level summary of the plan:</p> <ul style="list-style-type: none"> • The Foundation Trust is currently above trajectory across the 2 week wait and faster diagnosis standards. Seeing the lowest amount of over 62 day waiters in more than a year, but an increase in referrals. • The Foundation Trust is in the upper quartile for cancer metrics and performing averagely in terms of diagnostics. • Transformation – the Targeted Lung Health Checks programme is established and expansion is planned; 	

	<p>Best Practice Timed Pathways (BPTPs) to support the delivery of the Faster Diagnosis standard – work is ongoing with the Performance Team around the provision of data; Tele-Dermatology – a full process map has been developed and filming of videos is planned. There are some app interfacing issues for which work is ongoing with IT; Digital Remote Monitoring System to track and flag patients on a Patient Stratified Follow-up (PSFU) – this has been rolled into 2023/24 and an options appraisal is due next year; FIT – work is up to date for this year. Primary Care to develop an implementation plan; Audiology – this service has a small workforce and several members due to retire. Planning is ongoing as demand is increasing.</p> <ul style="list-style-type: none"> • Proactive Performance Management – pathway changes have been made to speed up the process; the 2 week wait suspected cancer patient information on GP Assist has been updated; clinical workshops have been established for the NSO (Non-Surgical Oncology) North implementation group; the WYAAT programme for Haematology is due to carry out a service mapping exercise; transformation support is now in place for endoscopy booking and work is ongoing with Business Intelligence to develop an endoscopy utilisation tool; the JAG accreditation action plan is to be progressed. • Business As Usual – the cancer and diagnostics access policy has been updated and is with the ICB for approval; work is ongoing with Leeds to develop local use of PPM; the partnership with Westcliffe continues for endoscopy services; the BRI MRI scanner has been installed and is in the commissioning phase; weekly utilisation meetings have been set-up for ultrasound; Business Intelligence are developing a diagnostic dashboard; a clinical review is underway of paediatric GA long waiters and a capacity and demand review of GA MRI is planned. <p>SA pointed out that diagnostics remains a challenging area, but the CDC plans will result in additional elective capacity.</p> <p>JL thanked EM for the information and the Academy noted the same.</p>	
FA.3.23.11	<p>System Planning Development Session</p> <p>JL, SA and MH were involved in this session in January, where system working, figures, activity and priorities for 2023/24 were discussed. MH to share the slides with the Academy.</p> <p>JL remarked that it was useful to review collaborative system working and stressed the need to understand what this means for the Foundation Trust in terms of managing the financial deficit.</p> <p>The Academy noted the discussion.</p>	<p>FA230029 Director of Finance</p>

	Performance	
FA.3.23.12	Operational Performance Highlight Report	
	<p>SA highlighted the significant impact of the ongoing industrial action on activity and finance and shared that a deep dive will be carried out. In addition, the taking of TOIL for those staff who worked extra hours during the strikes will continue to have an impact, as will the upcoming prolonged junior doctors' strike.</p> <p>JL queried if the offer made to the RCN had been accepted and AHS confirmed the outcome won't be known until after the 14th of April, but early indications show a number of members not likely to accept.</p> <p>CS presented the report and highlighted the following areas:</p> <ul style="list-style-type: none"> • There has been a sustained increased in demand in cancer services, with fast track GP referrals significantly above previous numbers. • Inpatient Pathway Activity; Outstanding Theatres Programme - there has been a focus on staff wellbeing and Estates work. Productivity is starting to improve and work is ongoing. The ambition is to move back to a baseline from the current position of around 70-75% of theatre throughput compared to 2019/20. • Outpatient Pathway Activity – high levels of activity have been experienced, but these haven't translated into the same level of decision making as patients have been requiring diagnostic testing before decisions can be made. There is now a positive move back towards previous levels. • 18 Week RTT – the overall waiting list has increased significantly during the last quarter. The WYAAT access policy is being used to reinvigorate the process and ensure best practice is in place. The gap between clock stops and starts has decreased and the second phase of the validation toolkit has begun. • 52 Weeks RTT – there is now only one 78 week wait patient on the list and 39 patients in the 65 week cohort. • UEC Ambulance Handovers – this is tracking above peer average, although there are still difficult days. • UEC ED Measures – the Foundation Trust continues to benchmark well and work is ongoing to improve the ECS position. Challenges remain around decision making during busy periods, for which there has been a workforce review. The additional UCC and SDEC facilities will alleviate some pressure. • UEC Admission Measures – occupancy has remained at or above 90% and work is ongoing around long length of stay patients. • 21 Day Length of Stay – the numbers remain static and work is ongoing to improve flow. • SSNAP (Sentinel Stroke National Audit Programme) - improvements have been noted and work continues in this area jointly with Airedale Foundation Trust. 	

	<p>JL remarked that this was a good report and it was very positive to see green areas on the SSNAP chart. It was agreed that it is important to understand the pressures and impact of the ongoing industrial action.</p> <p>SA stated that a gap analysis has been carried out around making the SSNAP scores sustainable, which will be presented to the Executive Management Team next week. This is a system service across Bradford District and Craven place and sustainably delivering the SSNAP will be funding dependent.</p> <p>SA highlighted the good progress on elective pathways, but alluded to challenges around the 65 week cohort.</p> <p>JL asked if the performance metrics around children and young peoples' services could be pulled out for review following a recent report on the health impact of children living in poverty.</p> <p>CS responded that 90% of operational metrics can be broken down and the team currently break down aggregate levels by function. Age demographics and service referred into could be used, but this would need building.</p> <p>SA added that operational metrics only tell part of the story. The Children's CSU is doing well with no patients waiting longer than 78 weeks, but there are other areas of focus such as autism assessments and mental health and this will be discussed further at the next Board meeting.</p> <p>The Academy noted the update and JL thanked SA and CS for the presentation.</p>	
FA.3.23.13	Performance Report	
	This item was covered under agenda item FA.3.23.12.	
FA.3.23.14	Endoscopy Business Case	
	<p>SA shared that the initial expression of interest to the regional team for a new Endoscopy Unit was successful.</p> <p>This was for an 8 room unit on the BRI site with an estimated cost of £24.75 million. This will be a significant benefit for JAG accreditation and capacity, with the long-term plan being self-reliance and an end to outsourcing.</p> <p>JL mentioned that the risk around JAG risk had been on the register for a number of years. SA stated that is mainly due to the overall number of patients and backlog, as well as not fit for purpose ventilation. Approval of the bid will address both these areas in terms of capacity and the building will be HTN compliant.</p>	

	<p>JB stressed the importance of managing the message sent to staff given the cost of the unit and ongoing staffing issues. It was agreed that future proofing and resilience are important and it's imperative to get the balance right.</p> <p>JL thanked SA for the update and the Academy noted the same.</p>	
	Finance	
FA.3.23.15	Monthly Finance Report	
	<p>CSm confirmed that the Foundation Trust is currently at a break-even position and forecasting the same for year end. There is not much risk to this forecast; a small surplus could be noted, but not a deficit.</p> <p>The Academy was suitably assured that the plan would be delivered and JL thanked CSm for the information.</p>	
FA.3.23.16	Procurement Update	
	<p>MQ shared that the key areas covered in the update are Covid-19 and PPE. There has been a PPE push stock since 2019 at no cost to the organisation. From the 1st of April this will change and the Foundation Trust will be responsible for purchasing its own PPE stock after the national stocks have been exhausted. A quarterly review of the PPE hub will be carried out to ensure stock levels are managed appropriately and to assess continuity of service if the Foundation Trust needs to revert to the pre-pandemic model.</p> <p>There has been a delay in the implementation of the Scan4Safety system. The Executive Management Team have agreed to a 6 month continuation to fully embed the inventory and category management and an audit on the process received high assurance.</p> <p>Challenges have been experienced around resourcing and personnel and additional procurement investment is being sought to build a service to better meet demands. The team will know what investment is available in April.</p> <p>The Procurement Oversight Group is developing a workplan to understand the priorities over the next year and how these align with the strategy. A risk register and KPI performance report are being developed to highlight improvement and learning.</p> <p>JL queried if the procurement strategy details how decisions are made, for example, either buying locally or nationally. MQ confirmed that discussions have taken place and the team are working closely with the supply chain and the local supplier, Bunzl, to take advantage of any opportunities in terms of value for money. There is a plan to increase the capacity of the receipt and distribution stores.</p>	

	<p>MH stressed the importance of considering the procurement options and how local procurement is considered. MQ to provide an update on the process and implications.</p> <p>JL thanked MQ for the update and the Academy noted the same.</p>	<p>FA230030 Deputy Director of Finance</p>
FA.3.23.17	2023/24 Financial Plan	
	<p>MH presented the plan to the Academy for approval and informed that this wasn't the final iteration as planning discussions were still ongoing at a regional and national level.</p> <ul style="list-style-type: none"> • The Financial Improvement Plan set at the start of the financial year was around £28 million. This will be delivered, but there is a risk around a non-recurrent legacy from 2022/23 impacting on 2023/24. • The Urgent & Emergency Care CSU is facing significant challenges and forecast to be £2.6 million off plan at the end of Month 10. • Revenue cost commitments and investments made over recent years total at least £20 million. • There is a need to understand the impact the decisions made during the pandemic had on run rates and in particular those that were not supported by a formal decision making process. • There is a mandate from NHSE around no pay growth. The Foundation Trust has responded that all pay growth relates to known initiatives, such as the daycase centre, the Community Diagnostic Centre at Eccleshill and the virtual ward. • A new protocol could be implemented for any off plan spending. This would take decision making away from the Foundation Trust, meaning any spending over £50,000 would have to go through the ICS. This would have a significant impact. • A £5.8 million deficit plan will be submitted. Included in this is the delivery of a £25 million Waste Reduction Programme (WRP). • The plan is based on the run rate over the last 3 months of the 2022/23 financial year. • Developments totalling £5.3 million have already started. This includes bed capacity funding and £1 million of business cases approved. • £2.3 million of further investments have been approved, which don't have costs in months 1-11 of 2022/23 but will impact in 2023/24. • There is an opening underlying deficit of £9.7 million for 2023/24. • A £1.7 million estimate has been included for the Community Diagnostic Centre at Eccleshill and daycase unit at SLH, as well as £3.1 million of anticipated growth for high cost drugs expenditure. • The £3.2 million block in the bridge includes re-banding some HCA roles from Band 2 to Band 3 (£0.8 million). • £18.5 million includes £14 million for in and out sourcing and £4.5m for an increase in consumables and variable non-pay costs associated with elective activity. 	

	<ul style="list-style-type: none"> • There is a £1.2 million net reduction in commissioner funding excluding inflation • The deficit before a WRP is £30.8 million • The Trust is targeting a challenging WRP of £25 million, which would result in a £5.8 million deficit for next year. The plan will be submitted to NHSE this week, subject to approval. • There is some non-recurrent flexibility that will contribute to the delivery of the WRP, with a further £4 million of plans in place. After month 4 or 5, all non-recurrent measures will have been deployed and the organisation may start to slide into deficit unless improvement opportunities are identified and implemented. At this point NHSE would start to implement the above mentioned protocol. • Work is ongoing with the CSUs to deliver CIP/waste reduction plans. • Mitigations for the deficit include reducing the nursing bank rate, deferring developments in the plan, allocating at least a 1% housekeeping target across all CSUs, reviewing underlying Covid-19 costs and repatriating external work into theatre lists. An indicative target for procurement and medicines management has been identified, but this could be offset by inflation. • Legacy decisions and actions will be reviewed to see if anything can be done to improve the run rates and the business case process will be refined. • To enable the implementation and delivery of the plan, further development work is underway regarding governance, communication and reporting. <p>MH shared the final numbers submitted by all West Yorkshire ICB trusts at this stage and the slidepack will be circulated to all CSUs for review and comment.</p> <p>JL queried if a one hour slot at the next Board development session would be long enough for further discussion of the plan and acknowledged that the national message was disappointing. JL also questioned the certainty of income in terms of contracts and if reducing activity was an option. It was agreed that outsourcing needs to be understood by the Academy and JL asked if the reduction in bank rates was wise considering the agency spend.</p> <p>MH stated that the plan will be considered in greater detail at the next Board development session and work is ongoing around messaging. No discussions have taken place in relation to reducing activity and these would need to take place as a system collectively. The numbers reflect those shared by the ICB, so there is no mismatching in terms of income. The repatriation of in and outsourced activity is a significant opportunity. The reduction in bank rates is a response to the Foundation Trust being an outlier and will bring the rates in line with the other WYAAT trusts.</p> <p>JL stated that it was useful to understand the projections for 2024/25 and what these mean for the longer term finances of the organisation.</p>	
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	<p>BS queried if the plan was to fill the shortfall by month 5 or 6 or to start immediately and asked why the headcount had increased relative to productivity and what was being doing to address this. BS also questioned when the opportunities would translate into the final plan and asked why the shortfall of £5.8 million was less than other providers.</p> <p>MH responded that despite the shortfall the Foundation Trust was in a better position upon closing down 2022/23 with a degree of headroom compared to peer trusts. The end of Quarter 1 is the target for the definitive plan to be in place. The work carried out on the CSU speciality packs, which reviews run rate, resource and cost changes since 2019/20 will be a key source of information to signpost opportunities. The work to address the WRP target has commenced, but has been impacted by the increased activity and the industrial action.</p> <p>JB mentioned the impact of austerity on the workforce and the quality of care provided to patients. MH stated that it will be important to fully understand the quality impact assessment to get the right balance. JL agreed to raise JB's comments at the Board development session on the 20th of April.</p> <p>JL thanked MH and CSM for the information and the Academy approved the plan on behalf of the Board.</p>	FA230031 Academy Chair
FA.3.23.18	2023/24 Capital Programme.	
	<p>MQ highlighted the pertinent points of the presentation:</p> <ul style="list-style-type: none"> • The capital programme builds on the previously shared plan. • The budget has increased by £1.3 million, to a total budget of £49.7 million. • £4.5 million slippage is assumed from this year into next and programmes may need to be reviewed if the final year end position is different. <p>JL acknowledged the good news regarding the budget amount and stated that it was useful to capture the capital investment over the last few years. JL asked if there was anything that the Academy needed to understand before approving the plan.</p> <p>MQ shared that cash is monitored in line with capital investments and revenue and it has been determined that there is sufficient cash headroom of around £25 million to support the investments and forecast deficit. This could however change and discussion may be needed to decide on future investments. There is a potential £80 million Estates backlog infrastructure investment required over the next 5 years, hence the increased amount of £4.4 million in the plan for 2023/24.</p> <p>The Academy approved the 2023/24 capital programme and JL thanked MQ for the update.</p>	

FA.3.23.19	Any Other Business No other business was raised.	
FA.3.23.20	Matters to Share with Other Academies There were no matters to share with other Academies.	
FA.3.23.21	Matters to Escalate to Board JL confirmed that she will be providing her usual Academy report to the Board, which will highlight the increased waiting list numbers and financial plan. CS pointed out that even though the number of patients on the waiting lists has increased due to demand, waiting times have reduced. The Academy noted the information.	
FA.3.23.22	Date and Time of the Next Meeting 26 th of April 2023 – 08.30-10.30	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM THE FINANCE AND PERFORMANCE ACADEMY – 29 March 2023**

Action ID	Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
FA230026	22.02.23	FA.2.23.10	Performance Improvement Plan – RTT KW and JT to discuss how best to share good news stories.	JT/KW	29.03.23	29.03.23 – To remain open and update at the next meeting.
FA230029	29.03.23	FA.3.23.11	System Planning Development Session MH to share the session slides.	MH	26.04.23	
FA230030	29.03.23	FA.3.23.16	Procurement Strategy MQ to update on considerations when reviewing local procurement opportunities.	MQ	TBC	
FA230031	29.03.23	FA.3.23.17	2023/24 Financial Plan JL to share JB's comments regarding the impact of austerity at the Board development session on the 20 th of April.	JL	20.04.23	