

## FINANCE AND PERFORMANCE ACADEMY MINUTES

<b>Date:</b>	26 April 2023	<b>Time:</b>	08:30 – 10:30
<b>Venue:</b>	MS Teams	<b>Chair:</b>	Julie Lawreniuk, Non-Executive Director
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Julie Lawreniuk, Non-Executive Director (JL)</li> <li>- Karen Walker, Deputy Chair/ Non-Executive Director (KW)</li> <li>- Mohammed Hussain, Non-Executive Director (MHu)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Matthew Horner, Director of Finance (MH)</li> <li>- Saj Azeb, Chief Operating Officer (SA)</li> <li>- Carl Stephenson, Associate Director of Performance (CSt)</li> <li>- John Bolton, Deputy Chief Medical Officer &amp; Medical Director (JB)</li> <li>- James Taylor, Deputy Chief Operating Officer (JT)</li> <li>- Chris Danson, Director of Transformation (CD)</li> <li>- Terri Saunderson, Director of Operations (TS)</li> <li>- Shaun Milburn, Deputy Director of Operations, Unplanned Care Group (SM)</li> <li>- Ellie MacIver, Deputy Director of Operations, Cancer &amp; Diagnostic Services (EM)</li> <li>- Joanne Hilton, Deputy Chief Nurse (JH)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- John Holden, Director of Strategy &amp; Integration/Deputy Chief Executive (JH)</li> <li>- Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP)</li> <li>- Katie Shepherd, Corporate Governance Manager (KS)</li> </ul>		

Agenda Ref	Agenda Item	Actions
FA.4.23.1	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>- Chris Smith, Deputy Director of Finance</li> <li>- Michael Quinlan, Deputy Director of Finance</li> </ul>	
FA.4.23.2	<b>Declarations of Interest</b>	
	There were no declarations of interest.	
FA.4.23.3	<b>Draft minutes of the meeting held on 29 March 2023</b>	
	The minutes of the meeting held on the 29 <sup>th</sup> March were approved as an accurate record of the meeting.	
FA.4.23.4	<b>Matters arising</b>	
	The Academy reviewed and updated the action log. The following action was closed: FA230029 - System Planning Development Session	

	FA230031 - 2023/24 Financial Plan	
<b>Assurance</b>		
<b>FA.4.23.5</b>	<b>Finance &amp; Performance Academy Work Plan</b>	
	There were no updates to the Work Plan noted.	
<b>FA.4.23.6</b>	<b>Finance &amp; Performance Academy Dashboard</b>	
	<p>JL noted that KW is doing some work to change the narrative of the Dashboard to more align to the Academies objectives, to ensure strategic objectives are being delivered through the Dashboard. KW shared that all three Dashboards are being assessed, and any feedback would be appreciated.</p> <p>The Academy was assured by the update of the Dashboard.</p>	
<b>FA.4.23.7</b>	<b>High Level Risks Relevant to the Academy</b>	
	<p>JL noted that there is a new risk on the register: 3850 - Pharmacy Accommodation. SA advised that there is an existing regarding the Pharmacy Aseptic Unit (risk 3969), however it has been recognised that the remainder of the pharmacy estate is in a poor condition. David Smith, Director of Pharmacy, has reflected that even though work on the Aseptic Unit will have a significant impact on the estate it will not repair other issues. SA commented that this will be core to the ongoing Outstanding Pharmacy work.</p> <p>The Academy was assured that all the relevant risks had been identified, discussed and were being managed appropriately.</p>	
<b>FA.4.23.8</b>	<b>Board Assurance Framework – Strategic Risks relevant to the Academy</b>	
	<p>LP provided an update on the Strategic Risks relevant to the Academy, following a review of the Board Assurance Framework. It was shared that no risks have been closed or new risks opened.</p> <p>In relation to the risks relevant to the Finance and Performance Academy LP advised the following changes:</p> <ul style="list-style-type: none"> <li>• Some of the risk descriptions have been updated, which is outlined in the report.</li> <li>• Two of the financial risks have risen in score from 12 – 20.</li> <li>• One of the target scores has decreased from 12 – 8.</li> </ul> <p>LP also provided an update on the review of the Risk Appetite Statement, which is defined as the amount of risk an organisation is willing to take in pursuit of its objectives; this is reviewed on an annual basis. LP explained that it has been proposed by the Board to increase the Risk Appetite level from 'cautious' to 'open', bringing the appetite level in line with the Trusts financial objective. This reflects the Trusts aim to transform services and have new</p>	

	<p>and innovative ways of working. These changes are outlined in Appendix 2, shared with the papers.</p> <p>Regarding the high risks in red relating to the Finance and Performance Academy, shown in Appendix 1, KW and JL commented that these felt appropriate as assurance has been given throughout the year from various presentations seen at Academy and Board meetings.</p> <p>Regarding the changes that have been made to Risk Appetite 2b (Appendix 2), CD commented that workforce may be another key area to be highlighted as well as 'quality, patient safety and finance' that had been added in. It was agreed that KW would raise the point at the People Academy, with LP noting that it can be added to the description if required.</p> <p>The Academy was assured that the Board Assurance Framework correctly reflected the risks relevant to the Academy.</p>	
<b>FA.4.23.9</b>	<b>F&amp;P Academy Annual Report</b>	
	<p>LP noted that the new style Chair Reports will be added in to the Annual Report.</p> <p>EM requested that they are added to the attendance list.</p> <p>The Academy approved the Finance and Performance Academy Annual Report to be presented to the Board in May.</p>	
<b>Learning &amp; Improvement</b>		
<b>FA.4.23.10</b>	<b>Finance Improvement Plan</b>	
	<p>MH shared that in subsequent months there would be further reporting on the progress of the waste reduction plan.</p> <p>JL commented that it is good for Non-Executive Directors to be able to understand how it feels to be in a CSU and look at meeting those targets. JL then queried when reporting against waste reduction whether this will be seen under the Financial Improvement Plan or Financial Reporting. MH advised that this will be a mixture of the two, with the financial improvement item reflecting the operation of the two groups that will be running throughout the year, as opposed to the delivery and tracking, which will come through in the Finance Report.</p> <p>The Academy noted the updates given.</p>	
<b>FA.4.23.11</b>	<b>Performance Improvement Plan – Urgent &amp; Emergency Care</b>	
	<p>SM presented the slides circulated with the agenda, sharing an update on Urgent and Emergency Care.</p> <p>SM brought focus to the Proactive management summary, sharing significant ongoing work in Urgent and Emergency care. The</p>	

	<p>following updates were highlighted.</p> <ul style="list-style-type: none"> <li>- Emergency department Ambulance handover improvement.</li> <li>- A new workforce plan.</li> <li>- Medical model and reconfigurations, all of which will be completed by September 2023.</li> </ul> <p>SM shared a graph depicting the average time it takes for a patient to be transferred to a ward from the Emergency Department. SM explained that the average time taken from a patient being clinically ready to transfer to admission to a ward has reduced in recent months from 7 hours, to less than 4.5 hours, with the overall target being 2 hours. Further to this it was shared that the average length of stay had reduced from 11 hours to 8 hours.</p> <p>As an area of focus, Ward Based Emergency Care Metrics were displayed; the first graph showed the percentage of patients discharged before 4pm. SM explained that from April – December 2022, 45% of discharges occurred later in the day due to bed shortages early in the day. Following some transformation work in the wards, a second graph depicted an increase of patients discharged earlier in the day. SM went on to discuss the percentage accuracy of discharge dates, stating that this has increased by 15% during April 2023. Furthermore, length of stay over 21 days has reduced from 19% to 14% during March 2023.</p> <p>The second area of focus was the Urgent Care Centre, which opened 3<sup>rd</sup> April 2023 (the first phase of a 3 phase transition), with phase 2 due to be completed by September 2023. SM highlighted that up to 50% of current Emergency Department attendances will be referred to the Urgent Care Centre.</p> <p>JL commented that it was great to see some significant improvements in Urgent and Emergency Care, and the Academy was assured by the plan.</p>	
<b>Finance</b>		
<b>FA.4.23.12</b>	<b>Monthly Finance Report</b>	
	<p>MH noted from the Finance Report that the Trust posted a £200,000 surplus against a plan of £526m in the 2022/23 financial year. MH commented that this was a brilliant position to report and the targeted position has been met. MH explained that the key variances are within pay and patient activity income, which are noted in the report. MH also shared that auditors are currently reviewing the year end results, but commented that overall a very good result and thanked colleagues for their help.</p> <p>JL congratulated the Organisation on a great result, and the Academy was assured by the monthly Finance report.</p>	
<b>FA.4.23.13</b>	<b>Bradford Place and ICS System Financial Update</b>	
	<p>MH displayed some slides that are shared at the regional Finance meeting. MH explained the overall ICS revenue position, noting</p>	

	<p>where Bradford ICB and Bradford Teaching Hospitals sit in relation to other organisations, but commented that overall the ICS is in a good position for the year end.</p> <p>There was a discussion regarding how the ICS manages organisations delivering deficit, based on the table shown. JL thanked MH for giving some assurance that there is a process to understand why organisations may be in deficit, noting the peer review process.</p> <p>MH brought the academies attention the results of the National NHS Staff Survey, noting that the Bradford Teaching Hospitals Finance department has the second best improvement rate throughout the NHS for Finance Departments. MH attributed this to the Organisational Development work that is ongoing. Academy colleagues congratulated the team on the result.</p> <p>The Academy was assured by the Bradford Place and ICS System Financial Update.</p>	
<b>FA.4.23.14</b>	<b>Capital Update</b>	
	<p>MH shared slides circulated with the agenda, providing an update on the capital position. MH explained the 2022/23 final outturn, displayed in a table on the third slide. This demonstrated that the Trust has not spent its total capital allocation in 2022/23, underspending by £4m. It was shared that there has been some negotiations with the ICS for another Trust to use the outstanding monies to deliver a balanced ICS position. Further commentary on the reasons for the underspend were reflected in the slides that followed. MH further explained that the impact of this on the 2023/24 – 2025/26 Capital Plan is that there is now an extended slippage to £5.5m. The capital plan for 2023/24 is £53.5m, details of which were broken down in the presentation shared, noting that this included an additional £3.8m as an indicative reserve pot. This isn't included in our allocation but consideration is being given to reserve list that could be worked up/ feasibility tested and brought into the plan if there was slippage elsewhere. This approach is yet to be confirmed by the Capital Strategy Group. MH explained that for the upcoming years the Trust will try to avoid underspend as there is already a risk with slippage in some areas. The Estates backlog work was highlighted as an area of concern, as much of the work is in essential but in difficult to access areas.</p> <p>MH acknowledged the scale of the programme, highlighting the importance of identifying the resources that teams have to support the delivery of these programmes; a concern that has been added to the Strategic Risk Register.</p> <p>There was clarification that the £4m underspend which had been redistributed back to the ICS has been lost to the Trust.</p> <p>SA commented regarding the bids that have been successful, that this highlights how the Trust is exceeding expectations both regionally and nationally. Acknowledging in particular the success</p>	

	<p>of the new Endoscopy unit which will mitigate a long standing risk and address JAG accreditation issues.</p> <p>JB queried whether there is enough support in Estates and Facilities to manage the proposed expansion. MH confirmed that there has been some funding secured, however Estates and Facilities Team are submitting a bid for additional support due to the how substantial the programme is.</p> <p>The Academy was assured by the Capital update.</p>	
<b>FA.4.23.15</b>	<b>2023-24 NHS Contracts Update</b>	
	<p>MH provided an update on the Trusts position in securing contracts for 2023/24. The following points were highlighted from the paper circulated:</p> <ul style="list-style-type: none"> <li>• £480m of income is tied up in contracts, with the majority being in the aligned payment and incentive contract.</li> <li>• Where the Trust is from an Elective Recovery Fund (ERF) perspective, noting that the Trust will be measured against national targets.</li> <li>• Submitted an alternative proposal measuring delivery against waiting times.</li> <li>• Update on the Commissioning for Quality and Innovation (CQUIN) schemes.</li> <li>• Noted some specific issues concerning the renal facility in Skipton, Autism and Long Covid.</li> </ul> <p>There was a discussion regarding looking at the contracts in a different way, with MH pointing out that being a part of a fixed value arrangement allows for more of a constructive discussion and qualitative improvement to services.</p> <p>JL queried how Long Covid would be addressed going forward if there was not the funding to continue the work. MH clarified that there is some money coming in to the contract, though this may be less than what the service would ask for. The ask of the service at the moment is to live within the value of the existing contract; with future outlooks being more national funding, or individual organisations investing the difference.</p> <p>The Academy was assured by the 2023-23 NHS Contracts update.</p>	
<b>FA.4.23.16</b>	<b>Service Development Post Implementation Reviews</b>	
	<p>MH explained that the process will review business cases at an appropriate time post-implementation. The paper circulated highlights the following data regarding completion, since July 2022.</p> <ul style="list-style-type: none"> <li>• 10 completed with varying degrees of benefits being realised.</li> <li>• 13 deferred for legitimate reasons.</li> <li>• 5 have full benefits delivered.</li> <li>• 4 have partial benefits.</li> </ul>	

	<ul style="list-style-type: none"> <li>1 has no benefits.</li> </ul> <p>MH advised that this information will be presented at the Executive Team meeting for review, and suggested an opportunity to bring up at the Exec to CSU meetings to keep sighted on where services are completing the Post Implementation Reviews and delivering the targeted/ planned benefits.</p> <p>The Academy was assured by the update of the Service Development Post Implementation Review.</p>	
<b>Performance</b>		
<b>FA.4.23.17</b>	<b>Operational Highlight Report</b>	
	<p>SA noted before the delivery of the report that there still a number of factors putting the Trust at risk of forgetting the operational consequences and the impact that these have on finance and performance figures. SA explained that these include Covid numbers in the bed base, recovery and elective recovery, cancer and diagnostics, disruptions in winter and recent strike action.</p> <p>CS shared the slides that were circulated with the agenda on the Operational Highlight Report. Some data was shown portraying demand patterns in patient admissions. CS highlighted figures from the 18 week Referral to Treatment (RTT) pathway from the last year, showing that the RTT waiting list is continuing to grow. This impacts routine pathways and cancer pathways, creating a significant backlog of pressure.</p> <p>In addition to this CS explained that in order to assist with waiting times for elective activity, theatre transformation and improvement work is ongoing, building on the work of the outstanding theatres programme. CS also discussed surgical prioritisations, explaining the balance between demand and capacity.</p> <p>Regarding diagnostics, CS discussed the challenges presented in recent months, highlighting concerns with capacity and pressure on services, detailed on the slides. CS summarised that there is a lot of work ongoing to try and resolve the diagnostics position.</p> <p>With regards to the cancer 2 week wait position, the three May Bank Holidays are posing a challenge which cancer services are planning for in advance. This is not forecasting a strain on 28 Day Faster Diagnosis Standard (FDS), though it is recognised that it will put pressure on that standard.</p> <p>The Academy was assured by the Operational Highlight Report.</p>	
<b>FA.4.23.18</b>	<b>Performance Report</b>	
	This item was discussed at FA.4.23.17.	



FA.4.23.19	Any other business	
	<p>SA updated the Academy on the British Medical Association (BMA) Junior Doctor industrial action that took place on Tuesday 11<sup>th</sup> April – Saturday 15<sup>th</sup> April, which immediately followed the Easter bank holiday period. SA acknowledged that Easter is always a difficult time for Acute Trusts in terms of ensuring there is sufficient bed capacity the added complication of strike action presented an increased risk. SA explained that strike planning takes a significant amount of work from corporate and CSU teams.</p> <p>SA went on to explain that due to the intense planning ahead of the strike the disruption that is caused impacts on the ability of CSU's to focus other key areas of work such as finance, operational planning and waste reduction. It was shared that the assurances put in place to help manage the industrial action resulted in a well-managed four day period. SA noted that Consultants acting down and undertaking the junior doctor roles over the strike period came at a significant expense in line with the BMA rate card hourly payment rate. Although some consultants will opt to take the payment option others will opt for time of in lieu this is likely to have a significant impact on productivity over the next six months.</p> <p>SA updated on the activity impact of the strike. For outpatients over the course of the four days:</p> <ul style="list-style-type: none"> <li>- 1159 outpatient appointments cancelled out of a possible 4382; maintaining 74% of activity.</li> <li>- 68 out of 503 cancer and fast track appointments cancelled; maintaining 86% of activity.</li> <li>- 149 out of 279 inpatient and day case appointments cancelled; maintaining 53% of activity.</li> </ul> <p>SA noted that this industrial action saw a larger impact on activity than those before, given the longer length of the strike period.</p> <p>SA went on to note that the Trust had received notice of Royal College of Nursing (RCN) strike action Sunday 30<sup>th</sup> April – Tuesday 2<sup>nd</sup> May 2023, with no derogations. This is a significant difference to previous strikes due to there being no derogations. SA recognised that there are 1360 RCN members at the Trust, posing a significant risk in the Trusts ability to maintain service delivery. SA assured the Academy that plans were being developed highlighting the amount of work that is ongoing from various teams.</p> <p>JH added that given there are no derogations for the RCN industrial action, there had been notification received to submit mitigation plans, which is being looked at in more detail at the present time. JH further highlighted the significant risk around patient safety and experience during this time. As well as recognising the broader risk as suggested by SA, where CSUs are diverted away from focussing on finance, performance and workforce issues. JT added that the impact strike action has on the time colleagues have for other projects has been significant.</p> <p>KW acknowledged the staff wellbeing impact as well as the financial and impact on performance, but recognised that from a</p>	



	patient perspective it is clear the Trust is doing the best we can.	
<b>FA.4.23.20</b>	<b>Matters to share with other academies</b>	
	It was agreed that KW will bring the narrative around risk discussed in agenda item FA.4.23.8, and the conversation regarding industrial action discussed in agenda item FA.4.23.19, to the People Academy on 26 April 2023.	
<b>FA.4.23.21</b>	<b>Matters to escalate to the Board of Directors</b>	
	There were no matters to escalate to the Board of Directors.	
<b>FA.4.23.22</b>	<b>Date and time of next meeting</b>	
	24 May 2023 – 8.30-10.30am	



Bradford Teaching Hospitals

NHS Foundation Trust

**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	<b>Performance Improvement Plan – RTT</b> 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. 26.04.23 – Ongoing. To remain open and update at the next meeting.
FA230030	29.03.23	FA.3.23.16	<b>Procurement Strategy</b> MQ to update on considerations when reviewing local procurement opportunities.	MQ	TBC	26.04.23 – Ongoing. To update at the next meeting.