

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

Date	10 July 2023	Time:	14:00-16:00
Venue:	Via Microsoft Teams	Chair:	Julie Lawreniuk, Non-Executive Director (JL)
Present:	<p>Non-Executive Directors</p> <ul style="list-style-type: none"> - Julie Lawreniuk, NED, Chair (JL) - Karen Walker, Non-Executive Director (KW) - Mohammed Hussain, Non-Executive Director (MHu) (until 3pm) <p>Executive Directors</p> <ul style="list-style-type: none"> - Sajid Azeb, Chief Operating Officer & Deputy Chief Executive (SA) - Matthew Horner, Director of Finance (MH) <p>Other staff</p> <ul style="list-style-type: none"> - Chris Smith, Deputy Director of Finance (CSm) - Carl Stephenson, Associate Director of Performance (CS) - Chris Danson, Director of Transformation (CD) - Adele Hartley-Spencer, Director of Nursing (Operations) (AHS) - Ellie MacIver, Deputy Director of Operations - Cancer and Diagnostics (EM) - Dr James Taylor, Deputy Chief Operating Officer (JT) - Dr John Bolton, Deputy Chief Medical Officer (JB) - Rachael Waddington, Deputy Director of Operations - Planned Care (RW) - Neil Scott, Head of Business Intelligence (NS) 		
In Attendance:	<ul style="list-style-type: none"> - Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP) - Katie Shepherd, Corporate Governance Manager (KS) 		
Observing	<ul style="list-style-type: none"> - Raquel Licas, Staff Governor (observing) 		

No.		Action
FA.7(1).23.1	Apologies for Absence	
	<p>Apologies were received from:</p> <ul style="list-style-type: none"> - Professor Louise Bryant, Non-Executive Director - Terri Saunderson, Director of Operations - John Holden, Director of Strategy & Integration/Deputy CEO <p>Absent:</p> <ul style="list-style-type: none"> - Michael Quinlan, Deputy Director of Finance - Shaun Milburn, Deputy Director of Operations, Unplanned Care 	
FA.7(1).23.2	Declarations of Interest	
	No declarations of interest were made.	
FA.7(1).23.3	Unconfirmed Minutes of the Meeting Held on 24 May 2023	

No.		Action
	The minutes of the meeting held on the 24 th of May 2023 were approved as an accurate record.	
FA.7(1).23.4	<p>Matters Arising</p> <p>JL suggested that as the next meeting is scheduled for the 26th of July, the papers are taken as read and focused discussions take place.</p> <p>The Academy reviewed and updated the action log. The following action was closed:</p> <ul style="list-style-type: none"> • <u>FA230026</u>: KW had completed a paper regarding 'good news stories' which had been shared with the communications team. 	
	Assurance	
FA.7(1).23.5	Finance & Performance Academy Work Plan	
	<p>LP confirmed that the effectiveness of the Academy Terms of Reference would be included on the September Academy agenda.</p> <p>The Academy noted the work plan.</p>	
FA.7(1).23.6	Finance & Performance Academy Dashboard	
	<p>SA and MH confirmed that the details within the dashboard would be discussed under the relevant agenda items later in the meeting.</p> <p>The Academy noted the dashboard.</p>	
FA.7(1).23.7	High Level Risks Relevant to the Academy	
	<p>JL highlighted that one risk around performance delivery that had been closed. SA stated that the original risk, 3671, related to major harm to patients due to Covid-19 driven operational pressures. This has been closed and a new high level risk has been opened around treatment delays and operational pressures due to high demand and the Covid-19 backlog.</p> <p>JL asked the Academy to note that no risks have changed in score. One risk was past its review date, but this has since been updated.</p> <p>The Academy was assured that all the relevant key risks were identified and reported to the Academy and managed appropriately.</p>	
FA.7(1).23.8	Board Assurance Framework – Strategic Risks Relevant to the Academy	

No.		Action
	<p>LP advised that two objectives are aligned to the Academy. The first, in relation to delivering the financial plan has three risks aligned. Two are scored at 20 and one is scored at 16. These increased in score in April to reflect the challenging financial landscape, but have not increased since the previous month.</p> <p>The second objective is in relation to delivering key performance targets. Two risks are aligned to this, which have had no changes in score since the previous report. Both are scored at 16. These concern the transformation of services and recovery from backlogs.</p> <p>MH stated that the finance risks will be reviewed at the end of quarter one.</p> <p>The Academy noted the update.</p>	
	Learning and Improvement	
FA.7(1).23.9	Finance Improvement Plan	
	<p>MH shared that attention has been focused on the large overspend on junior doctors and a task and finish group has been established to look at how to roster junior doctor rotas.</p> <p>MH added that lean methodologies in relation to waste are being explored and another 'Work as One' week is being considered, with a specific focus on waste reduction and adopting the "waste walk" method of other trusts, which involves visiting departments to assist and support colleagues with waste reduction.</p> <p>The Academy noted the update.</p>	
FA.7(1).23.10	<p>Operational Improvement Plan – A Look Back and Next Steps</p> <p>SA stated that the Trust's aspiration was to deliver top quartile performance across nine KPIs (Key Performance Indicators) by April 2023. The plan was built across three levels; BAU (Business as Usual) (operational delivery), tactical response (proactive performance management) and transformation (strategic response).</p> <p>Top quartile performance has been maintained 76% of the time in 2022/23, in comparison to 44% in 2021/22 and the organisation has been noted as the third best nationally in terms of patients waiting beyond 62 days for cancer treatment.</p> <p>A quarterly update for each area, Urgent & Emergency Care (U&EC), Referral To Treatment (RTT) and Cancer, has worked well and the ambitions for the next 12 months are now being agreed. SA expressed pride at what the CSUs and other colleagues have</p>	

No.		Action
	<p>achieved.</p> <p>CS provided an overview of the presentation:</p> <ul style="list-style-type: none"> In terms of U&EC, the ambulance handover performance has improved from 11/16 to 3/16. The ECS (Emergency Care Standard) position has been sustained on the border of the best quartile, with Type 1 within the top quartile. In terms of length of stay, the position as one of the best trusts in terms of 21 day hospital stays has been maintained. <p>This success has been attributed to substantial joint working with YAS (Yorkshire Ambulance Service) in terms of handovers, as well as use of the SDEC (Same Day Emergency Care), consultant in-reach, buy-ins from wards to support flow, the MAIDT team and external colleagues.</p> <ul style="list-style-type: none"> Goals to achieve next year include 76% for ECS and more focus on patient flow and additional beds. Expected growth in terms of non-elective spells has been halved with the use of admission avoidance schemes, which will be continued, along with the use of virtual wards. <p>Maternity improvements will be embedded in existing processes and become business as usual. Work continues with digital and data tools to develop the SITREPS and workforce morale remains a focus.</p> <ul style="list-style-type: none"> The cancer position has been sustained as green in most areas. The faster diagnosis standard did reduce a little towards the end of the year, but is now in the top quartile. Priorities include reducing the 62 day waiting list and looking at best practice pathways. Also using the CDC when available to increase the amount of patients diagnosed at Stages 1 or 2. Demand continues to increase and work is ongoing to ensure this is genuine. In terms of elective care, the organisation is benchmarking in the top quartile for both 18 week waits and long waiters. Challenges remain with a large waiting list and validation productivity remains a priority. It is believed the 18 week position will be maintained whilst reducing the long wait numbers and the goal is that all 65 week waiters will be cleared this year. <p>The diagnostic standard has dipped and is now in the lowest quartile as fast track referrals have taken priority as well as the demand increase associated with obstetric scan demand due to the 'Saving Babies Lives' requirements. Endoscopy has continued to improve and MRI and non-obstetric ultrasound have plans in place.</p> <p>Productivity improvements for outpatients and theatres are being sought and the Community Diagnostic Centre and new Endoscopy</p>	

No.		Action
	<p>Unit will help with this.</p> <ul style="list-style-type: none"> What worked well - moving towards a learn-improve-assure model and a Trust-wide approach. Headline targets now feed into the Executive to CSU meetings and a Core20Plus lens is being applied to all data. A balance between oversight and support to operational teams in delivery. Areas for improvement – monthly reporting through the Senior Operational meeting hasn't happened as often as planned due to operational pressures and industrial action. Going forward achievements such as new build Day Case Theatres will assist in delivering improvements in key performance metrics. 2023/24 ambitions – to be in the best quartile performance for all standards alongside the 2023/24 planning priorities. To ensure the alignment of plans with WYAAT, Act as One and ICS priorities, as well as virtual and digital transformation and to balance this with the overall objectives of the Trust. To continue to support and develop colleagues, particularly the CSUs. <p>The teams have started to create tables of headline performance measures to support the asks and a stocktake of achievements in terms of objectives has been done.</p> <ul style="list-style-type: none"> Next steps include improving diagnostics performance into the top quartile, ensuring top quartile performance is maintained consistently and aligning the timeline of new developments with a view to moving into the top decile. <p>MHu queried where updates on the VRI progress would be received. SA replied that the work will move to become an operational mainstay and updates will be provided through the Access Act as One workstream and Operational Improvement Plan. The plan is for the F&P Academy to be fully sighted on the work.</p> <p>MHu shared an interest to see how the Command Centre has improved productivity. SA responded that the metrics affected by having a Command Centre are the same metrics that are included in this report, but it may not be demonstrable that the Command Centre alone has enabled this given the crossover of many individual initiatives.</p> <p>MHu asked about the progress of the new daycase unit at SLH. SA responded that contracts have been awarded and the team have been on site since the 12th of June. Full planning permission has also been awarded. A recruitment event for the core theatre team is planned for the 14th and 15 of July and a phase two business case for additional surgical input is being developed. The aim is for this to be in use from April 2023. CD confirmed that the planning permission is verbal only presently.</p>	

No.		Action
	<p>KW commended the detail of the presentation and the improved trajectory of performance considering the background of industrial action.</p> <p>SA expressed thanks to the Academy for its oversight, scrutiny and support and to CS and his team for their hard work and insight.</p> <p>JL commented on the appropriate timing of the update and also remarked on the high quality of the presentation.</p> <p>The Academy noted the report and supported the plan to focus on sustaining top quartile performance this year with an aspiration to potential aim for top decile the year after.</p>	
	Finance	
FA.7(1).23.11	Monthly Finance Report	
	<p>MH advised that the 22/23 accounts process is near completion, noting that the national deadline of 30 June was missed.</p> <p>CSm shared highlights of the Financial Performance Report, reporting a break even position at the end of Month 2, and summarising that the cumulative underlying position is a deficit of £2.2m.</p> <p>CSm drew focus to chart 5 on the report – Forecast Delivery against I&E Plan. The chart depicted the initial forecast from the CSUs, showing what waste reduction they believe they can achieve, and from this an indicative forecast has been produced which suggests quite a substantial shortfall against what is required. CSm outlined how the graph suggests unmitigated monthly deficits from month 6 onwards if the required improvements to the Waste Reduction Programme are not made.</p> <p>CSm highlighted chart 6 - Waste Reduction Programme Summary, dividing the target and actual positions into categories, and explained ways in which shortfalls could be mitigated. CSm explained that a plan to eliminate insourcing and outsourcing to provide elective inpatient care was planned for Quarter 3 onwards, which would contribute to long term sustainability. However it was clarified that due to insufficient numbers of theatre staff it would be difficult to stop using the insourcing company. CSm advised that the first draft of the CSUs' housekeeping waste reduction plans falls short of the £8.9m target by £6.6m. CSm explained that the cost of covering recent and upcoming industrial action has had a significant impact across the Trust, and highlighted appendix 6c to illustrate the portrayal of performance and annual forecast and target rates.</p> <p>MH reiterated that this report includes the first analysis from CSUs for the Waste Reduction Programme (WRP), and advised that next steps will be discussed at the upcoming WRP meeting. MH added that there</p>	

No.		Action
	<p>is around £700,000 in costs relating to industrial action in the financial position, prior to upcoming costs associated with planned junior doctor and consultant action in July 2023.</p> <p>MH shared that the West Yorkshire Integrate Care Board (ICB) has been identified as a system of concern by NHS England given the month 2 position. MH highlighted that though BTHFT has broken even, the expectations around financial controls (as identified in the operational plan review letter – agenda item 12) will be applied at an organisational level across West Yorkshire. The Trust will be asked to provide evidence about how the various controls are being applied, and is now taking steps to respond to how each of the key lines of enquiry in the letter. There was a discussion regarding the potential impact of these mitigations on the Trust's financial position and also on operational delivery and the alignment to the CSU Accountability Framework, with varying risks explained to colleagues.</p> <p>The Academy was assured by the Finance Report.</p>	
FA.7(1).23.12	Financial Controls Letter	
	<p>MH explained that the Financial Controls letter, shared with the papers, sets out the expectation that if a system is reporting an off plan forecast, the individual organisations will be required to apply the controls which have been identified.</p> <p>MH highlighted some of the focuses set out in the letter as:</p> <ul style="list-style-type: none"> • Management of pay and non-pay controls. • Vacancy controls. • Roster management controls. <p>It was shared that the organisation is currently collating responses to each of these controls. MH noted that there would be some cases in which the organisation will not be compliant, such as the ask that there are no non-clinical agency staff. It was explained that this is difficult to achieve currently in order to maintain cleaning standards. MH gave detail of some of the other controls which are set out in the appendix, accompanying the letter.</p> <p>MH recognised that it will be a challenging process to respond to this in a proportionate way as an organisation. Colleagues were assured that responses will be brought back to the Finance and Performance Academy as they are developed.</p> <p>KW commented that similar conversations with respect to recruitment have occurred at the People Academy in June.</p> <p>The Academy noted the Financial Controls Letter.</p>	
	Performance	

No.		Action
FA.7(1).23.13	NHS Elective Priorities Checklist 2023/24	
	<p>SA gave detail of a letter from NHS England regarding Elective care 2023/24 priorities, which has been circulated with the papers.</p> <p>It was shared that the letter asks that the organisation undertakes the controls that are highlighted in the checklist, focusing on the following key areas.</p> <ul style="list-style-type: none"> • Virtual elimination RTT waits of over 65 weeks. • Reduction of cancer patients waiting beyond 62 days. • Meet the 75% cancer FDS ambition by March 2024. <p>SA explained that the report circulated demonstrates that the Trust is in a strong position with regards to the above controls. SA commented that the ask for assurances were high at the moment, therefore the organisation must not allow that to have an effect on what it is trying to achieve. SA highlighted the important of continuing to progress in the work being undertaken in people culture, performance and financial delivery.</p> <p>The Academy noted the checklist discussed.</p>	
FA.7(1).23.14	Operational Highlight Report	
	<p>CS shared the presentation circulated with the papers, giving an overview of the following areas of focus.</p> <ul style="list-style-type: none"> • Regarding demand patterns in Urgent Care, it was noted that Fast Track and Urgent GP referrals were extremely high in May. • Inpatient and Outpatient Pathway Activity have both been affected by bank holidays and industrial action. • Demand up for 18 week referral to treatment has resulted in difficulties reducing the waiting list. Reasons for why this is are being analysed, and a lot of work being done around the validation toolkit, as well as the services themselves. • Long wait processes have been very positive, with some services achieving under 52 weeks. • Challenges faced with diagnostics, with demands on Radiology and Imaging, Obstetric ultrasound, Endoscopy and Echocardiography. • Diagnostics and treatment in Cancer are very positive considering the demand on the service. Some outpatients have been impacted by industrial action. • Urgent and Emergency Care metrics are trending in the right 	

No.		Action
	<p>direction.</p> <ul style="list-style-type: none"> Stroke performance is looking positive overall. <p>The Academy was assured by the Operational Highlight Report.</p>	
FA.7(1).23.15	Performance Report	
	Discussed at agenda item FA.7(1).23.14.	
FA.7(1).23.16	Any Other Business	
	No other business was raised. JL thanked the attendees for their time.	
FA.7(1).23.17	Matters to Share with Other Academies	
	There were no matters to share with other Academies.	
FA.7(1).23.18	Matters to Escalate to Board	
	<p>JL confirmed that the following matters will be brought to the attention of the Board of Directors.</p> <ul style="list-style-type: none"> Financial controls letter and risk to the delivery of the Trust's financial forecast. Waste Reduction Group. Operational excellence performance report. 	
FA.7(1).23.19	Date and Time of the Next Meeting	
	26 July 2023 – 08:30-10:30	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM THE FINANCE AND PERFORMANCE ACADEMY – 24 May 2023**

Action ID	Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
FA230032	24.05.23	FA.5.23.10	Operational Highlight Report Graphs to be annotated to highlight the dates of the strikes and a narrative provided to explain the activity loss.	Chief Operating Officer	07.07.23	10.07.23 – a slide has been developed to illustrate the impact of the strikes and will be included in the next highlight report.