

Meeting Title	Board of Directors - Open		
Date	23.09.21	Agenda item:	Bo.9.21.9

Report from the Chair of the Finance & Performance Academy

Presented by	Julie Lawreniuk, Non-Executive Director		
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Lead Director	Matthew Horner, Director of Finance / Sajid Azeb, Chief Operating Officer		
Purpose of the paper	To provide a summary of the discussions and outcomes from the Finance & Performance Academy meeting held on 28 July 2021		
Key control	This report is relevant to Strategic Objectives 2a: To deliver our financial plan, and 2b: To deliver our key performance targets		
Action required	To note		
Previously discussed at/ informed by	Finance & Performance Academy 28 July 2021		
Previously approved at:	Committee/Group	Date	
	N/A		

Key Matters Discussed

1. Improvement Plan

A piece of work has been commissioned to develop an action plan for Urgent & Emergency Care, Planned Care and Cancer and Diagnostics to deliver on the aspirations for April 2023 and work towards achieving top quartile performance against all constitutional standards. This will include comparative data to support the identification of improvement and learning opportunities from other Trusts.

The Academy will receive a Finance Improvement Plan and a Performance Improvement Plan from October 2021.

2. West Yorkshire Association of Acute Trusts (WYAAT) / Integrated Care System (ICS) Programme Updates

The following points were highlighted:

- Yorkshire Imaging Collaborative (YIC) continues to progress. A regional pricing matrix is proposed to standardise a cost per test report.
- A hub and spoke model is being considered for the Pharmacy Aseptic Service across WYAAT. It is hoped the Foundation Trust will be one of the hubs, but this depends on capital funding.
- The Pathology Service continues to progress the Laboratory Information Management System (LIMS) implementation. Discussions are taking place around the Calderdale, Mid-Yorkshire and Leeds trusts establishing a partnership arrangement.
- Risks have been identified around Vascular Interventional Radiology (VIR) and Non-Surgical Oncology (NSO). The NSO task and finish group has now completed its actions and the steering group is overseeing the development of a model to stabilise the Mid-Yorkshire service across WYAAT. A harm review for patients at Mid-Yorkshire was developed and a baseline assessment against 14 clinical standards for each WYAAT trust was carried out.
- In terms of VIR, the Foundation Trust is now one of the regional arterial centres for vascular work. There should be 7 clinicians working across Bradford, Airedale and

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Calderdale, however there are only 3 currently in post. Work is ongoing to look at collaborative working across the East and West of West Yorkshire.

- Regarding Non-Vascular Interventional Radiology (NVIR), a regional team model is being considered to provide all NVIR cover, which would require 10 consultants to cover 3 hospitals. BTHFT could provide half of the consultants, with the other half coming from the Airedale and Calderdale trusts. This work is progressing to support the development of a more robust service for the region.

The Academy noted the update.

3. Finance & Performance Academy Work Plan

The Academy noted the work plan. No additions or amendments were requested.

4. Strategic Risks Relevant to the Academy

It was agreed that the risk register was an accurate representation of the issues discussed at the meeting and no additional risks were noted.

5. Interim Effectiveness Review

Academy members had been asked to consider the following - is the membership appropriate, what works well, what could be improved and any other feedback. Four responses had been received.

The two key points noted from the feedback were the importance of learning and improvement and the need for more interaction with the Non-Executive Directors around financial issues. The Board had agreed to disestablish the Regulation and Assurance Committee and the Academies will report directly to the Board of Directors. In addition, all the Academies will be chaired by a Non-Executive Director going forward.

In light of this, the Terms of Reference for this Academy will be updated and presented at the next meeting of the Board, alongside the outcome of the interim reviews of the three academies.

6. Operational Highlight Report

The increased COVID-19 pressures were highlighted, with 51 COVID-19 positive inpatients as at 28 July. There was a case mix of patients, with significant acuity compared to last year. Paired with a very busy A&E, this has increased pressures in both planned and unplanned care.

As of last week, another red ward was opened, meaning there are now three red areas and a second ICU available, should this be needed. There were currently 7 COVID-19 positive patients in ICU. As the ICU capacity is a maximum of 8 COVID-19 positive patients, it was felt necessary to have a backup; therefore Ward 14 was being prepared. In this event, there would be an impact on the elective recovery programme, with the number of elective wards reduced and staff redeployed from theatres to the ICU.

The following points were highlighted from the report:

- Elective Ordinary patient numbers are increasing in line with the plan. There have been pressures this week in terms of theatres. Day case numbers are slightly below plan.
- Outpatient with procedure coding rates have improved. There have been pressures around

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the impact of face to face versus virtual appointments. The Trust is currently running at 90% of baseline activity.

- A deterioration in Emergency Care Standard (ECS) performance has been noted, which is in line with peers. Localised data shows the Trust to be performing reasonably well compared to other trusts in terms of Type 1 attendances.

Record volumes of attendances are being experienced in A&E, including a paediatric surge and minor injuries. Work is ongoing in the system to reduce non-essential A&E attendances. It was noted that some patients may be presenting to A&E because they are unable to get a face to face GP appointment and wider primary care access issues. Mental health presentations have also increased.

It was confirmed that Winter plans are being developed to stream patients to the correct area at the point of presentation.

- Time in the department metrics are increasing in line with increased attendances.
- Regarding ambulance handover times, BRI has historically been a challenging site and ongoing conversations are being held with the Yorkshire Ambulance Service (YAS). Bottlenecks are starting to be noted around the hospital flow as a result of the increased presentation numbers.
- The Trust is sustaining performance under the national target of 71 in terms of patients staying in hospital over 21 days and benchmarks well for this metric. Joint work with the Multi-Agency Integrated Discharge Team (MAIDT), Therapies and the Command Centre continues.
- Cancer 2 Week Wait times continue to perform well. The waiting list is however very high, at 598, with daily escalation. Performance is being attributed to the hard work of the teams. There are issues with outpatient capacity for lower GI due to staff absence.
- The Cancer 28 Day Faster Diagnosis Standard is being met each month, apart from the subspecialty areas of Gynaecology and Haematology. Work is ongoing on these pathways.
- Cancer 62 Day First Treatment standard is proving challenging due to patient pathway complexity issues. There are pathway delays in Urology due to access to theatres and some lost weekend capacity last month. Plans are now in place, particularly with the insourced Medinet lists, a good proportion of which are being picked up by Urology.

Lots of improvement work is being undertaken around cancer. £200,000 extra funding has been received and will be used in the areas in which it can make the biggest impact.

- In terms of Referral to Treatment (RTT), there are around 32,000 patients on the waiting list and a sustainable level is a waiting list of around 23,000. Given the focus on Cancer and Priority 2 patients, there will be a rise in Priority 3 and 4 patient waiting times. Forward planning is ongoing to turn around this position, but the results won't be seen until around the end of year.
- The Diagnostics forecast is close to reaching 90% in the next couple of months. Performance is now above the national average. Endoscopy and Cardiology continue to

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experience delays, but are improving with support and insourcing. Endoscopy 2 week turnaround times are much improved, nearing 90%.

The Academy noted the update.

7. Performance Report

The Academy was advised that the Elective Recovery Fund (ERF) target has changed from 85% to 95% from July onwards. This will pose a significant challenge and is unlikely to be achieved, even more so given the COVID-19 pressures.

The Academy noted the report.

8. Monthly Finance Report

The following points were raised:

- A paper due to be presented at the ICS Directors of Finance (DoFs) meeting is proposing that the ERF position for individual organisations at the end of Quarter 1 is frozen and all payments would be based on in-month performance rather than cumulative performance. This would support BTHFT to maintain the £1.1m recovered in Quarter 1. Figures received from NHS England and Improvement (NHSE/I) suggest this amount is nearer to £0.8 million as the threshold has been increased; the Finance Team are investigating the implications of this.
- A break even position is predicted at the end of the first half of the year. The run rates for the rest of the year have been reviewed and there is an expectation they will increase, which will create a pressure over and above the estimated income level of around £6.2 million.
- All Clinical Business Units (CBUs) have received a letter outlining the steps required to understand the position and to ask them to implement run rate improvements in Half 2 (September 2021 – March 2022). Any CBU forecast which is off plan will be subject to an escalation process, which may include attendance at the Finance & Performance Academy to discuss improvement plans.
- The Trust is on plan at the end of Month 3, apart from the benefit of ERF. There are no concerns around delivering the target for the first half of the year, but there is uncertainty about the step-up in run rates for the latter half of the year. All CBUs apart from two are expected to generate an efficiency improvement in their run rate for the second half of the year.

The actions required from the CBUs are as follows:

- Budgets need to be updated to reflect current activity and expected activity in the upcoming year. A target of the end of August was given for this.
- The projected activity within budget in the first half of the year needs to be delivered. The forecasted CBU spend in Half 1 is affordable within the overall projections.
- Based on the forecasts of deteriorating run rates in the latter half of the year, assumptions around Winter pressures, recruitment and further restart work, an increased expenditure run rate is predicted. Based on the estimation of the funding envelope, this level of spend isn't

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currently affordable and needs to be improved. An underspend is forecasted to be carried forward from first half of the year that will mitigate some of the challenge and the CBUs have been asked to improve their forecasts in second half of the year in line with the national expectations around the adjustments to allocations (i.e. a reduction of around 3%). The level of improvement expected will depend on the position of the individual CBU.

- Looking forward to 2022/23, the exit run rate forecasts in Quarter 4 running into 22/23 will need to be improved. The efficiency target is estimated at 4% but is still to be confirmed. The CBUs have been asked to plan from Quarter 3 and implement run rate efficiencies to take effect from April 2022.

The Academy noted the report.

9. Bradford Place and ICS Financial Update

The Director of Finance provided an update on the Bradford place figures only as the ICS papers weren't available.

- The health position is ahead of plan taking into account Bradford, Airedale, the District Care Trust and the CCG at the end of Month 3.
- The biggest place-based risk is the Local Authority position.
- The key risk to the Trust from a health perspective is cost pressures within the CCG.

The Academy noted the update.

10. Capital Update

The Month 3 capital position shows the Trust to be slightly behind plan. The key risks are:

- The agreed plan is currently forecast to cost £800,000 more than the amount available.
- The amount available is determined by the ICS allocation process.
- The need to continue to work on COVID-19 schemes with Tilbury Douglas and the SROs to value engineer cost improvements across all programmes. There is concern around potential slippage on a small number of schemes, in terms of timings in relation to ENT theatres and isolation rooms in A&E.
- There is agreement that slippage elsewhere in the ICS will offset projected cost over-runs in BTHFT.

The Director of Finance confirmed there is high confidence that the total extended capital budget will be spent in 2021/22. There are two schemes which are yet to start – Room 6 in Radiology and the procurement of a new surgical robot. These need to be completed/ procured by 31 March 2022.

Items of Positive Assurance, Learning and/or Improvement

- The Academy noted improvements in the Endoscopy 2 week turnaround times, which are nearing 90%.
- The Academy was assured that the risks recorded on the Strategic Risk Register are appropriate in the context of the information presented, and are being managed appropriately.

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Matters escalated to the Board for consideration
There were no matters to escalate, however the Academy particularly wanted to highlight the key points from the performance report and the work taking place with CBUs to manage the financial position, which are outlined above.
New/emerging risks
There were no new or emerging risks to add to the risk register.
Recommendation
The Board is requested to note the discussions and outcomes from the Finance & Performance Academy meeting held on 28 July 2021.