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| <b>Meeting Title</b> | <b>Board of Directors</b> |                     |                   |
| <b>Date</b>          | <b>18 November 2021</b>   | <b>Agenda item:</b> | <b>Bo.11.21.8</b> |

## Report from the Chair of the Finance & Performance Academy

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|---|---|-------------|
| <b>Presented by</b>                         | Julie Lawreniuk, Non-Executive Director   |             |
| <b>Author</b>                               | Katie Shepherd, Corporate Governance Manager  |             |
| <b>Lead Director</b>                        | Matthew Horner, Director of Finance / Sajid Azeb, Chief Operating Officer   |             |
| <b>Purpose of the paper</b>                 | To provide a summary of the discussions and outcomes from the Finance & Performance Academy meeting held on 29 September 2021     |             |
| <b>Key control</b>                          | This report is relevant to Strategic Objectives 2a: To deliver our financial plan, and 2b: To deliver our key performance targets |             |
| <b>Action required</b>                      | To note   |             |
| <b>Previously discussed at/ informed by</b> | Finance & Performance Academy 29 September 2021   |             |
| <b>Previously approved at:</b>              | <b>Committee/Group</b>  | <b>Date</b> |
|   | N/A   |             |

### Key Matters Discussed

#### 1. Service Development Reviews

Prior to the COVID-19 pandemic the Trust commenced a post-implementation review (PIR) process of all service developments requiring a formal business case. This had lapsed during the COVID-19 pandemic; however efforts had been made to recommence this process. It was expected that the reporting cycle would recommence in December 2021.

Following a discussion regarding whether the delivery of a EBITDA trading level surplus was an appropriate measure against all business cases, it was agreed that the PIR template would be reviewed and reported back to the Academy at the next meeting.

A six-monthly update report would be received at the Finance and Performance Academy, and any matters for escalation to Board, would be included as part of the Chair's report.

#### 2. Operational Performance Improvement Plan

The Academy received a presentation proposing the introduction of an Operational Performance Improvement Plan which would see the Academy receive a deep dive into one of the following three areas at each meeting:

- Urgent and emergency care,
- Planned care,
- Cancer care.

There were ten key standards to deliver across the three patient pathways and a timetable of topics would be devised and aligned to the key standards. This would be focused on learning and improvement. The standard programme of deep dives would be presented back to the Academy following a Board development session to discuss the accountability framework in October 2021 which would form part of the 'moving to outstanding' agenda. Following this, work would be undertaken to identify where transformational project support was required.

The Academy approved the new operational reporting structure.

#### 3. Act as One Programme Update

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The following points were highlighted as part of the Act as One Priority programme update:

- The Healthy Hearts Dashboard was shared which outlined that of the 7,000 blood pressure monitors available for delivery to local communities, 1,040 had been distributed as part of a preventative programme. The monitors self-report which would reduce pressure within primary care.
- Work was underway to support patients with the diagnosis of heart failure to improve the number receiving an annual assessment and medical review. 24.4% of heart failure patients had received an annual review to date.
- Modelling work indicates that there may be approximately 2,700 patients with undiagnosed heart failure, and therefore pilot work had commenced in three practices to support the diagnosis of patients. Cohesive working between BTHFT and Airedale NHS Foundation Trust (AFT) would take place for patients requiring coronary interventions.
- The Better Births Dashboard was shared which highlighted that from the 4,500 annual births across Place, approximately 65-70% of women initiate breast feeding in hospital/place of delivery, however, this had fallen by 25% and therefore work had commenced with community organisations to support women and promote breastfeeding. Twenty-five women had been referred to date.
- Work continued to reduce the rate of women smoking during pregnancy. The current rate reported was 11.5%. Bradford District and Craven (BD&C) reported some of the highest stillbirth rates and smoking was a contributory factor to this. Whilst it was noted that the causes of stillbirth was multidimensional, the programme wished to focus on aspects of improvement that they could contribute to in the shorter-term.
- Work was underway within the community to improve the support available to women in relation to perinatal mental health. The support would be provided through the entirety of pregnancy and for two-years after.
- The Diabetes Dashboard was shared which highlighted that after piloting an opt-in booking service for new foot check referrals, non-attendance at appointments reduced from 32% to 18%.
- Engagement from clinical colleagues and professional groups was positive.
- There had been 2,330 referrals to the National Diabetes Prevention Programme since April 2020.
- An update was provided on the 'Access to Care Programme' journey so far which highlighted that since July 2021 the programme was now responsible for urgent, planned and cancer care within BD&C.
- An Accident and Emergency navigator service had been launched at BTHFT to support people aged under 25 who had been a victim of crime, of which 275 interventions had been delivered. Of the 275, 12 had continued to seek community-based support.
- There had been a 40% increase in the usage of GP Assist than compared to pre-COVID-19 pandemic levels.
- 1,862 procedures for AFT and BTHFT had been completed at the Yorkshire Clinic from April 2021 to 14 September 2021 which was noted as a fantastic outcome of partnership working.
- An update on investments was provided which demonstrated how the programme had been delivered and how the programme continued to be innovative and drive improvement.

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- The NHS System Oversight Framework was shared which included the metrics that the programme was expected to provide assurance on from April 2022.
- Assurance was provided that all work undertaken was connected to working with communities and driving improvements within them.

The Academy noted the update and would receive a further update in February 2022.

#### 4. Strategic Risks relevant to the Academy

A discussion took place regarding Risk ID 3696 – risk to the organisation arising from the age and condition of the pharmacy aseptic unit. Mitigations had been put into place however the dispersal oil particulate (DOP) test failed, due to ventilation and the age of the unit. The Chief Nurse was leading a Task and Finish Group, membership of which included external experts to look at ventilation to identify any areas where any immediate improvements could be made. A report would be submitted to the ETM on the timeline for any remediation work.

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. Finance and Performance Academy Terms of Reference

The Finance and Performance Academy terms of reference were approved by the Board on 23 September 2021. It was noted and agreed that the reference made to the Regulation and Assurance Committee would be removed.

#### 6. Operational Highlight Report and Performance Report

The key points raised as part of the report were:

- Whilst the rate of COVID-19 infections had reduced within the community, it was reported that this had not translated into a reduction in COVID-19 admissions into hospital. National modelling indicated that there would be an increase in the number of COVID-19 cases in early October, with a further increase throughout the winter months.
- Elective activity remained limited by theatre capacity. A prioritisation process was in place to identify the most urgent patients.
- Targeted work in Endoscopy had commenced to improve the patient throughput.
- There continued to be reduced outpatient activity targets compared to planned levels, however it was noted that activity had returned to pre-school holiday levels in the most recent week. Service-wide weekly outpatient recovery meetings took place to allow for support and escalation of any difficulties.
- Attendance within the Emergency Department (ED) had increased, with a particular increase seen within paediatric attendances.
- Work was underway to convert two areas into a Surgical Same Day Emergency Care (SDEC) unit.
- Ambulance handover performance had improved in-month, however further work would be undertaken to agree the standard operating procedures to allow YAS to refer appropriate patients to the SDEC unit. This would reduce crowding in ED and the resulting handover times.
- The Trust continued to benchmark well on length of stay, however, the report indicated that there had been an increase during September 2021.
- Due to staff shortages and sustained high referral demand within the skin service, cancer two-

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week wait performance was forecasted to be below the target of 93%. A short, medium and long-term plan would be devised to manage increased demand.

- The Trust achieved 81.55% against a target of 75% for the cancer 28-day faster diagnosis standard.
- The Trust achieved 80.12% against a target of 85% for the cancer 62-day standard. This was due to higher rates of patient concordance, complex cases and difficulties seen due to the isolation and swabbing procedure required due to COVID-19. The Urology cancer pathway remained an area of focus and a task and finish group had been created to review this.
- The Trust reported a rate of 64.25% referral to treatment against a target of 92%. All patients waiting over 104-weeks were monitored by senior operational leads and were clinically reviewed in line with prioritisation processes.
- The Trust achieved 90.65% for diagnostic performance, with an expectation that this would remain over the 90% threshold for September 2021. The echo-cardiography breach position had improved from 982 breaches in January 2021 to 39 in August 2021, which were expected to be cleared by 30 September 2021, five-months ahead of the timescale.

The Academy noted the update.

## 7. Monthly Finance Report

The key highlights from the month Finance Report were:

- The Trust reported a £0.4m surplus in-month and was expected to report a break-even position for H1 (Month-1-6) 2021/22.
- The guidance for H2 (Month-7-12) 2021/22 had not been received. This was expected in late September 2021. It was anticipated that there would be a 3% funding reduction.
- Current run rates and projections suggest that the Trust would be able to deliver a break-even position for H2 2021/22 when factoring a potential 3% funding reduction and substantial investments in elective capacity and nurse staffing.
- Further work was required between the Finance Team and Clinical Business Units (CBU) to refine the forecasting process.

The Academy noted the report.

### Items of Positive Assurance, Learning and/or Improvement

- The Academy noted a £0.4m surplus in-month and was expected to report a break-even position for H1 (Month-1-6) 2021/22.
- The echo-cardiography breach position had improved from 982 breaches in January 2021 to 39 in August 2021, which was expected to be cleared by 30 September 2021, five-months ahead of the timescale.
- The Academy was assured that the risks recorded on the Strategic Risk Register are appropriate in the context of the information presented, and were being managed appropriately.

### Matters escalated to the Board for consideration

There were no matters to escalate.

### New/emerging risks

There were no new or emerging risks to add to the risk register.

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| Recommendation   |
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| The Board is requested to <b>note</b> the discussions and outcomes from the Finance & Performance Academy meeting held on 29 September 2021. |