

Meeting Title	Board of Directors		
Date	12 May 2022	Agenda item:	Bo.5.22.11

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 27 April 2022		
Key control	This report was 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 27 April 2022		
Previously approved at:	Committee/Group	Date	
	N/A		

Key Matters Discussed

1. Finance Improvement Plan

The Academy received an update on progress against the Finance Improvement Plan, which had been reviewed by the Executive Management Team earlier that week. This referred to the budget setting plan for 2022/23 at a granular level. A reconciliation had been undertaken, noting the different approaches to establishing the baseline plan and the process to calculate bottom up budgets. The baseline plan has been established based on run rates, whereas the budgets have been set on the assumption that the Trust is fully established. It is forecast that 80% of current vacancies would continue into the next financial year.

Clinical Business Units (CBU) would be written to, to advise of the financial challenges ahead for the organisation. This would include a cost improvement target of 2.2%, with an expectation that they have 50% of this identified by May 2022 leading to 100% identified by August 2022.

Following a question from JL regarding the tracking of improvement, it was advised that progress against delivery would be reported to the Academy on a regular basis and planning for 2023/24 would commence in September 2022.

2. Performance Improvement Plan – Cancer

The highlights of the report were:

- For each element of the operational planning guidance for cancer in 2022/23, the Trust had already made progress against all tasks.
- There maintained a strong interaction at Place and ICS level, and the Trust continued to work closely with Act as One and the primary care network to be innovative within local communities.
- The Trust had worked with the Primary Care Network to adapt SystemOne to aid the screening process and diagnostics.
- Pathways had been developed to support those with suspicious cancer symptoms and those who had vague cancer symptoms to ensure that patients were seen by the right people in a timely manner. This had been successfully rolled out within Upper and Lower GI

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(gastrointestinal) services and would be rolled out within Haematology and Gynaecology Services. All pathways would eventually be reviewed to ensure that they were working as efficiently as possible.

- The Trust had appointed a Cancer Services Improvement Lead whose role it would be to identify and drive forward opportunities for improvement within the service.
- Further work was required to agree personalised stratified pathways, although it was noted that this was completed within Breast and Colorectal Cancer Services.
- The Trust continued to work with Macmillan Cancer Support to create personalised care interventions.
- The Trust continued with the Restart and Recovery Programme to deliver optimal capacity for outpatients, diagnostic and surgical capacity. This was to meet the increase in demand whilst maintaining the two-week cancer referral target.
- The Trust continued to monitor and track improvement against local key performance indicators (KPI) with all tumour sites and services and had undertaken a comparative data review to identify improvement and learning opportunities.
- The Trust continued to embed CBU performance standards at the cancer huddle meetings which took place three times per-week. These meetings would include an in depth analysis of all cancer patients.
- There was an ongoing review of clinical pathways, to try to optimise the pathways, ensuring that they were fit for purpose in line with cancer milestones and patient experience.
- The Trust continued to share capacity with Yorkshire Clinic to allow the Trust to maintain cancer capacity for breast and skin cancer care. Skin cancer had improved significantly.

Cancer Performance

- The Trust expected to report 94.66% of cancer referrals seen within 14-days, against a trajectory of 93%.
- The Trust expected to report an achievement of 82.39% of people referred on a cancer pathway to receive a cancer diagnosis or have cancer ruled out within 28-days, against a trajectory of 75%. Challenges in the Gynaecology pathway were noted by the Academy.
- It was expected that the Trust report compliance of 70.56% against a target of 85% for number of cancer patients receiving their first treatment within 62-days.
- The Trust had taken over the care of thirteen suspected breast cancer patients from Leeds Teaching Hospitals and was supporting Calderdale and Huddersfield NHSFT with Head and Neck cancer care. The Academy discussed the impact this may have on performance, although endeavours would be made to minimise this. It was unanimously agreed that supporting partner organisations in WYATT was the right thing to do for patients across the WYATT region, whilst ensuring that the performance within the Bradford area wasn't compromised.
- The Trust had received mutual aid from other organisations in particular for Non-Surgical Oncology
- A discussion took place regarding the lack of GP access reported in the news and whether this would impact the Trust further on. It was advised that this was a nationally recognised challenge, and had been identified as a significant issue as patients were potentially presenting later in the cancer pathway. Efforts would be made nationally to improve this through national communication campaigns.
- There had been an increase seen in the number of cancer referrals, however they weren't as high as previously anticipated, following the COVID-19 pandemic. It was expected that cancer referrals would increase further, and therefore was part of the drive to implement the improvements discussed in terms of optimising the patient pathways was to ensure that pathways were as efficient as possible in case of that eventuality.

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- The Trust had commenced a pilot of the Lung Health Check Programme which had been centrally commissioned to support the identification of lung cancer in the earlier stages.
- The Academy was assured that cancer performance remained strong and the presentation demonstrated good progress against the improvement plan.

3. Finance and Performance Academy Work Plan

The Academy received the work plan of activity. There were no other comments raised.

4. Finance and Performance Academy Dashboard

The Academy received the Academy dashboard. The metrics that required further discussion would be discussed at relevant points throughout the meeting. There were no comments raised.

5. High Level Risks relevant to the Academy

The Academy reviewed the high level risks relevant to the Academy. These were:

- Risk 3696 – A number of significant risks arising from the age and condition of the Pharmacy Aseptic Unit. The Executive Management Team had approved the finances for a temporary aseptic unit to be utilised. It was yet to be delivered to site, however, would provide an interim solution whilst the Trust determined a longer-term plan. It was noted that a new Aseptic Unit could cost in the region of £10-11m. The temporary aseptic unit was expected to be delivered in June 2022. The risk would be reviewed at that point.
- Risk 3651 – A risk of losing capacity for renal dialysis, resulting from the loss of the facility at Skipton.
- Risk 3468 – A risk that staff were not following or being able to follow the correct process for recording activity or patient pathway steps on the electronic patient record system which could result in incorrect or missing information. Following a tendering exercise, the Trust had commissioned an external company to support review of the patient pathways within the EPR system, which commenced on 26 April 2022. Once a conclusion had been reached the risk would be updated to reflect this.

It was advised that the Care Quality Commission (CQC) undertook an unannounced visit at the Trust on Wednesday 20 April 2022 as part of a wider review of the emergency care pathway. The visit won't result in a specific rating, but a report would be received in due course. Despite the challenges within the emergency care pathway that had been raised and discussed previously, initial feedback indicated that good culture amongst nursing and medical staff had been recognised, along with the work ongoing within Urgent and Emergency Care. Initial areas identified as requiring further work included the documentation of care in a contemporaneous manner and the creation of a dedicated Mental Health room within ED.

MH advised that all 2021/22 strategic financial risks would be closed down and reinstated for 2022/23. It was expected that there would be an increase in score in relation to the delivery of the financial plan for 2022/23.

6. Operational Performance Highlight Report/Performance Report

H2 (Month7-12 2021/22) Update

- Theatre operating increased significantly in March 2022 with day case spells achieving above plan targets. There was a corresponding increase in completed admitted pathways.
- The Trust had ring-fenced elective capacity, and additional theatre activity had supported a

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significant increase in elective ordinary spells, although these remained behind plan in March 2022.

- The Trust maintained day case activity.
- There was a risk regarding general surgery capacity due to a short-term vacancy and absence issues. Work was ongoing to resolve this.

COVID-19 Update

- COVID-19 cases had increased, but not to the levels expected. Of the 67 COVID-19 positive patients in hospital, only 5 were in hospital because of their symptoms caused by COVID-19, meaning that the remaining patients had been admitted to hospital due to other illness, however had to be managed as a COVID-19 patient as they had tested positive.

Emergency Department Performance

- Type 1 and 3 Emergency Department attendances had reduced slightly in the previous two-weeks, however it was noted that type 2 attendances had increased in the previous two-months due to an increase in non-ED admissions into the Acute Medical Unit, Paediatrics and the number of patients attending Plastic Trauma clinics.
- Whilst the Trust benchmarked well within the YAS footprint, there were still challenges with handover delays. Work would continue to identify mitigations to this.
- Demand within the ED remained high with continued challenges since with admissions into hospital due to high bed occupancy.
- The number of patients above 21-days length of stay remained high to the number of COVID-19 patients with long length of stay and a high number of long staying patients that required further investigations.
- There had been some challenges with the discharge of patients back out to community due to staffing pressures, however the Trust continued to work in partnership to resolve this.

Referral to Treatment (RTT)

- 18-weeks RTT performance continued to improve and was expected to be above 70% by the end of March 2022.
- Recovery work for elective activity continued with a focus on increasing activity levels in order to increase treatment numbers.
- The 104- week waiters position had reduced significantly during March and April 2022 as a result of increased theatres and elective bed capacity. The Trust aimed to remove all 104+ week waits by the end of June 2022.
- The 52-week position had continued to reduce.

Diagnostics

- Following the challenges seen due the breakdown of one of the Trust's MRI scanners, it was advised that all MRI scanners were now operational.
- It was noted that where surgical procedures were cancelled, there was a requirement to rebook them in to take place within 28-days. The Trust was achieving between 28-30 days currently via a clinical prioritisation process.

7. Monthly Finance Report

The highlights from the Month-12 2021/22 Finance report were:

- The unaudited position for Month-12 2021/22 was a surplus of £1.4m against a year-to-date plan of breakeven. The movement from Month-11 2021/22, where a surplus of £4m was

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reported, was due to expenditure in Month 12 2021/22.

- 2021/22 year-to-date income totalled £533.7m, which was a significant increase on the £440m reported for 2019/20.
- Expenditure for 2021/22 totalled £532.3m.
- The Trust has spent £66m on capital in the last two years.
- The cash position at 31 March 2022 was c. £80m. The liquidity and cash headroom risk remained low as the Trust entered the new financial year.

The Academy wished to thank the Finance Team and the rest of the organisation for their efforts during 2021/22, producing a good result through what had been a challenging year.

8. Bradford Place and ICS System Financial Update

The highlights of the report were:

- The financial plan for 2021/22 was a breakeven position at year-end; however the system had delivered an unaudited surplus of £29.8m, which was a positive position. The system has reported year end operational capital spend of £162.0m which was £7.1m over-plan, agreed by NHSE/I.
- There was £58m capital spend against national schemes. An underspend of £18.1m was reported.
- The targeted investment fund scheme was a forecast spend of £27.3 against a plan of £28.8m, resulting in an underspend of £1.5m.

9. Capital Update

Capital Update 2021/22

- The Trust reported a capital spend of £37.7m for 2021/22, which was in line with the plan. This was noted as a positive achievement for the Trust.

Capital Plan 2022/23

- The Trust had agreed with the ICS, a total capital allocation of £23.3m for 2022/23. This was £4.3m above the initial allocation agreed with the ICS. This excludes any capital department expenditure limit (CDEL) allocation for IFRS 16 Leases which would be agreed during the year. £1.8m public dividend capital (PDC) had been confirmed with the Department for Health and Social Care (subject to final memorandum of understanding).

There are likely to be additional capital funding streams for specific areas (eg digital) but the process to access them is not yet understood.

It was agreed that an update be provided at the next meeting on backlog maintenance and the consequences of this.

The report had been submitted to the Executive Management Team and the Audit and Assurance Committee for approval.

10. Internal Audit – Audit Plan

- The Academy received the Internal Audit Plan 2022/23, which had been submitted to the Executive Management Team and the Audit Committee for approval.
- The plan was based on the work undertaken by the Internal Audit and Executive Management teams through the review of the risk register to identify how the 580 allocated internal audit days could be best utilised.

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- There were a number of deferred items which were deemed to be no longer relevant following a risk stratification process undertaken by the Executive Management Team.

Items of Positive Assurance, Learning and/or Improvement

- The unaudited position for Month-12 2021/22 was a surplus of £1.4m against a year-to-date plan of breakeven.
- The Trust reported a capital spend of £37.7m for 2021/22, which was in line with the plan.

Matters escalated to the Board for consideration

There were no items to escalate to the Board of Directors.

New/emerging risks

There were no new/emerging risks identified.

Recommendation

The Board was requested to note the discussions and outcomes from the Finance & Performance Academy meeting held on 27 April 2022.