

Meeting Title	Board of Directors - Open		
Date	14 July 2022	Agenda item:	Bo.7.22.13

Report from the Chair of the Finance & Performance Academy

Presented by	Karen Walker, Non-Executive Director		
Author	Katie Shepherd, Corporate Governance Manager		
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 29 June 2022		
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 29 June 2022		
Previously approved at:	Committee/Group	Date	
	N/A		
Key Matters Discussed			
1. Finance and Performance Academy Work Plan			
The Academy received the work plan of activity.			
2. Finance and Performance Academy Dashboard			
The Academy received the Academy dashboard. The metrics that required further discussion were discussed at relevant points throughout the meeting.			
3. High Level Risks relevant to the Academy (including Board Assurance Framework)			
The Academy reviewed the high level risks relevant to the Academy. These were:			
<ul style="list-style-type: none">• Risk ID 3696: A number of risks relating to the organisation arising from the age and condition of the pharmacy aseptic unit.• Risk ID 3779: A risk of the Hysteroscopy Service being significantly reduced due to equipment failure.• Risk ID 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 (EPR) system which may result in incorrect or missing information.			
The Academy would like to highlight to the Board the following:			
<ul style="list-style-type: none">• Risk ID 3696. Progress had been made on the sourcing of a temporary facility at the St Luke's Hospital site. A c. £10m bid for a longer-term provision had been submitted to the ICS.• Risk ID 3468. An external team had been commissioned to support the validation of the data quality issues. Longer-term work had progressed to recruit to the team that would manage and monitor data quality.• With regard to the closed risk ID 3253. A risk that the Trust may have an increase in cross infection during operative procedures because of inadequate theatre ventilation within obstetrics. The new theatres were up and running.			
4. Academy Learning and Improvement Review			
The Academy undertook a review of the results of the anonymous question/answer session			

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undertaken at the previous meeting which was centred around learning and improvement. The highlights of the report were:

- 85-90% of attendees believed the Academy was reasonably or very effective.
- The Academy could be improved by the inclusion of 'real' people, real stories, more pictures and less words.
- The majority of respondents agreed that two-hours was long enough for the meeting to take place.
- The Academy would benefit from more clinicians, executives, clinical business units and subject-matter experts.
- A request was made for a focus on lessons learned.
- The Academy received the revised terms of reference which included a minimum expected level of attendance. This was proposed at 70% attendance by members of the ten meetings that took place annually. The revised terms of reference included clarity on the Academy's role in relation to the consideration of risk and the board assurance framework.

5. Act as One Programme Update

The Academy received a detailed presentation from Helen Farmer and Mark Hindmarsh, Act as One Programme Directors. The key highlights of the presentation were:

- A 'our year in review' information slide was shared which detailed a summary of the key achievements from the Act as One programmes during 2021/22.
- The CCG would formally transition to form part of the West Yorkshire Integrated Care System (ICS) as of 1 July 2022, therefore work was underway to ensure that governance arrangements were in place.
- The Act as One festival commenced on 23 June 2022 and would run until 8 July 2022 which was a CCG celebration event, covering ten-years of hard work, commitment and delivery for the people of Bradford District and Craven.
- Two projects had been nominated for the NHS Parliamentary Award. One nomination was for the Multi-Agency Support Team based in the Emergency Department (ED) at BRI who support people who present into the ED with non-urgent health care needs. The second nomination was for 'Affinity', a primary care network based in Keighley for conducting health checks in the community relating to the 'healthy hearts' campaign. Both organisations were congratulated for winning the regional category of the awards.
- The Ageing Well Programme recognised the contribution of over fifty voluntary sector organisations who delivered work across communities to help people stay active and avoid deconditioning.
- An update was provided on the 'Access to Care' programme, which had seen progress made to develop 275 pathways and pages on Assist (a tool based in SystemOne which supports good quality decision making in primary care) to optimise patient care. This had received positive clinical feedback.
- During May 2022, there had been over 26k views on Assist, which was a 400% increase from April 2019.
- The diabetes Assist pathways had been monitored and supported via the Diabetes clinical forum. A joint bid had been submitted to NHSE/I for supporting children transitioning to adult services.
- Since January 2022, 250+ primary care clinical staff had attended in-person diabetes training sessions.
- There had been an expansion of community based health check services across the district.
- There had been six consecutive months of improvement in the proportion of approved formulary prescriptions.

6. Finance Improvement Plan

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The highlights of the report were:

- Letters had been circulated to the Clinical Business Units (CBU) outlining their financial improvement targets for 2022/23. It was noted that the target for the Urgent and Emergency Care CBU was still to be agreed.
- The financial improvement target discussions had commenced at the Executive-to-CBU meetings to monitor progress. Some CBUs had provided a degree of assurance, whereas others required further work.
- Following the presentation of the high-level Model Hospital plan at the previous meeting, it was advised that the first Clinical Services Improvement Group meeting had taken place where it was agreed that the Trust would focus on one speciality at the outset with Trauma and Orthopaedics selected. Work was underway to collate and triangulate available data to assist in the identification of opportunities.
- The West Yorkshire Association of Acute Trusts is working to develop a joint efficiency strategy.

7. Performance Improvement Plan – Referral to Treatment

The Academy was reminded of the Trust's endeavour 'to be in the top quartile nationally across each key performance indicator by April 2023'. An update was provided on the Referral to Treatment (RTT) element of the Operational Improvement Plan. The highlights of the report were:

- There had been a shift from the 'restart' to the 'recovery' programme which included work undertaken to optimise the Trust's capacity across all modalities including outpatients, diagnostics and theatres.
- Work was underway to introduce rigorous processes to increase the number of cases seen per session.
- Access meetings continued to take place in which CBUs were held to account against performance, and discussions took place on where improvements were required.
- Thrice-weekly huddles continued to take place to proactive manage RTT.
- The outstanding theatre programme continued to progress well, and work was underway with theatre colleagues on making improvements within the environment.
- The Peri-Operative Medicine Unit model had not progressed. A business case for revenue for staffing was outstanding and subject to 2022/23 funding.
- Data quality work continued with clinical engagement to support the recovery programme.
- Focused recovery continued within Outpatients to deliver 110% of new patient activity. Insourcing was live within gynaecology, dermatology, ENT and ophthalmology. This would commence within the digestive diseases service.
- Recovery progressed well within diagnostics and theatres.
- The Trust was expected to report 75.43% compliance for June 2022, against a target of 92% for 18-week RTT.
- The Trust was expected to report 996 patients waiting over 52-week for treatment for June 2022.
- The Trust projected to have 9 patients waiting over 104-weeks for treatment for June 2022.
- Clock-stops for completed RTT pathways (admitted and non-admitted) were ahead of plan.
- There had been a significant improvement seen in elective ordinary spells, projected to report 87% compliance for June 2022.
- Elective day case spells had continued to improve since the beginning for 2022 and was projected as 95% for June 2022.
- The Trust was expected to report 115% of outpatient activity for first attendances and 99% for follow-up attendances for June 2022.

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8. Operational Performance Highlight Report/Performance Report

The highlights were:

- The Trust had seen an increase from 20 COVID-19 positive inpatients, to 40 in the previous two-weeks.
- There had been an increase in the number of COVID-19 related staff absences during that time.
- The number of urgent presentations within the Emergency Department (ED) remained high, with an increase seen particularly in paediatrics and low acuity attendances.
- Type 2 attendances had increased within the previous three weeks due to an increase in the number of booked attendances and non-ED surgical admissions.
- Yorkshire Ambulance Service (YAS) had reported an improvement in ambulance handover times over recent months following the opening of the new high-dependency unit, the addition of nurse handover training and improvement in the 'same day emergency care' pathways.
- Partnership work within YAS continued and was noted as a positive step in the improvement in the performance reported.
- The Trust continued to benchmark well in relation to ED performance.
- Work was ongoing to operationalise the plan to introduce a walk-in centre to allow the triage of low acuity patients away from the ED footprint.
- Time in the ED for admitted patients had improved since May 2022 due to improvements seen with patient flow from ED to wards. This was linked to the reduction in the number of COVID-19 admitted patients within the Trust.
- The number of patients above 21-days length of stay remained high due to the number of complex post-pandemic patients with long length of stay, and a high number of long staying stroke patients who required further therapeutic interventions.
- Fast track and urgent GP referrals remained significantly above the 2019/20 baseline; however, had increased sharply since May 2022.
- It was advised that the Cerner upgrade which took place over two-days prior to the development of the month's report had impacted the capture of outpatient activity outcomes somewhere in the region of c. 600 patients. This was being worked on and would be reflected in future reports.
- The DM01 performance for May 2022 was reported as 87.64%. It was projected that the Trust would report 88.57% compliance for June 2022.
- MRI performance continued to improve following the increase in MRI capacity.
- Endoscopy turnaround performance had improved for both fast track and urgent patients. Referrals had increased, which combined with vacancies, maternity leave, annual leave and retirement, had impacted on service capacity to meet routine demand. Recruitment was ongoing to support the improvement of capacity in the service.
- The Trust was expected to report 95.30% compliance for June 2022 against the cancer 2-week-wait standard, against a target of 93%.
- The Trust expected to report 82.36% against a 75% target for the cancer 28-day faster diagnosis.
- The Trust expected to report 80.13% against a target of 85% for June 2022. An improvement from the position reported in May 2022 at 77.62%.

9. Monthly Finance Report

The highlights of the report were:

- The Trust reported a cumulative breakeven position for Month-2 2022/23.
- The underlying position was a cumulative surplus of £0.7m, however there was a n unresolved risk relating to £2m of the Elective Recovery Fund (ERF) income which was included in the position.

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- The ERF cash had been paid by the Trust's commissioners, however it was not possible to accurately quantify actual performance against the targets. It was therefore considered prudent to report a position no better than breakeven pending the resolution of these issues.
- The West Yorkshire Integrated Care System (ICS) had been asked to model a scenario in which no ERF was recovered. For the Trust, it would worsen the Month-2 position by £2m. However, the underlying income and expenditure run rate for Month-2 was better than planned which would potentially offset some of the deficit.
- Expenditure on insourcing and outsourcing capacity for elective recovery was £0.8m below budget.
- CBU and departmental financial performance highlights that overall, operational and support budgets have underspent by £1.1m at month-2.
- There is an overspend seen in Estates and Facilities related to equipment that was ordered during 2021/22, but was delivered late, creating a pressure in 2022/23.
- There is an overspend in Pharmacy, related to increased stock levels which was not indicative of an ongoing run rate pressure.
- The ongoing overspend seen within Urgent and Emergency Care continues to be closely monitored.
- Further information was provided on each of the CBUs in relation to over and underspends identified. This would be merged into a tracker that the Academy can continually review during the financial year.

10. 2022/23 Capital Programme

The highlights of the report were:

- The total indicative budget for 2022/23 could total £29.2m. The Trust had received a capital budget from the ICS of £20.5m. It was advised that the Trust could plan for an additional 5% (£1m) of spend; however, this was not committed as yet.
- The Trust was undergoing a risk-based prioritisation process to determine how to invest £8.8m of currently unallocated capital budget.
- NSHE/I were yet to provide guidance on the IFRS16 leasing budget.
- There may be additional external funding available during 2022/23 for the Pharmacy Aseptic Unit totalling £10.0m, and for a new day-case unit at St Luke's Hospital totalling £14.9m.
- The schemes under consideration as the highest priority for 2022/23 related to digital improvements, additional funding for a radiology day case unit, maternity ground floor development and single isolation rooms.

Items of Positive Assurance, Learning and/or Improvement

- The Act as One Programme Update and in particular the project from BRI nominated for the NHS Parliamentary Award. This is for the Multi-Agency Support Team based in the Emergency Department (ED) at BRI who support people who present into the ED with non-urgent health care needs. Also of note is the Access to Care programme with 275 pathways available to Primary Care colleagues which has received positive clinical feedback.
- The detailed Performance Improvement Plan and Operational Highlight Report. The Academy noted the improvements being experienced by a number of our patients despite very difficult challenges faced by the organisation.

Matters escalated to the Board for consideration

There were no matters to escalate to the Board.

New/emerging risks

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- There were no new or emerging risks arising from the meeting.

Recommendation

The Board is requested to **note** the discussions and outcomes from the Finance & Performance Academy meeting held on 29 June 2022.