

Meeting Title	Board of Directors		
Date	22 September 2022	Agenda item:	Bo.9.22.11

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 July 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 27 July 2022		
Previously approved at:	Committee/Group	Date	
	N/A		

Key Matters Discussed

High Level Operational Risks relevant to the Academy

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

- Risk ID 3696: A number of risks relating to the organisation arising from the age and condition of the pharmacy aseptic unit.
- 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.

Bradford Quality Insight Review Data Pack

- It was advised that this report had been submitted to the Executive Team by the Chief Nurse and it was deemed appropriate to share with all Academies for information.
- The report had been received from the CQC as a collection of their evidence.
- It was agreed that the Chief Nurse be invited to a future meeting to provide a comprehensive interpretation of the report.

Finance Improvement Plan

- The Trust had in place an overall improvement target for clinical business units (CBU) and corporate departments of c. £8.5m. The expectation was that by 30 June 2022 that 50% of that be identified.
- It was reported that the Trust had identified plans totalling £4.7m. £4.1m of that was non-recurrent which could have implications for the Trust moving into the 2023/24 financial year.
- The areas of opportunity identified were outlined, with vacancies and underspends due to low activity providing the biggest contribution.
- It was advised that of the planned improvements identified, only 7% of the total target of £8.5m was recurrent. The remainder was non-recurrent, which posed a significant risk to the organisation. This was because non-recurrent savings were one-off benefits for the current financial year, which would increase the 2022/23 exit run rate.
- The current forecast indicated that a further £5.2m of recurrent savings was required during Q4 2022/23, to stabilise the exit run rate and reduce the impact in 2023/24.

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Performance Improvement Plan – Cancer

The Academy was reminded of the Trust's endeavour 'to be in the top quartile nationally across each key performance indicator by April 2023'.

- Transformational work continued which included increasing community engagement and education around cancer symptoms and the promotion of early engagement with screening. It had been identified that within the previous 12 months there had been a significant amount of patient initiated delays and therefore work had been undertaken to improve communication and discussion by the GP with patients. The cancer referral proforma had been amended to include the wording from cancer research which would ensure that patients were informed of the nature of the referral, that they were on an urgent cancer pathway and asked not to delay their diagnosis and treatment. The cancer patient communication letter would be amended to include the same wording.
- Work continued to identify ways to improve the prostate cancer pathway and would include how this could be followed up in primary care.
- The Trust continued to work towards the recovery of cancer performance, improve capacity and respond to an increase in demand and fast-track referrals.
- It was noted that the Trust performed well against others within the region against the 62 day target.
- The Trust continued to support Calderdale and Huddersfield NHS FT with their Head and Neck pathway and Leeds Teaching Hospitals with endocrinology. The Trust continued to receive late inter-provider transfers which impacted on the Trust's performance.
- It was reported that the Trust had made improvement in all areas related to cancer performance and the pathway, however further work was required to achieve the objectives as part of the Cancer Improvement Plan.

The Trust projected to report the following cancer performance for July 2022:

- An achievement of 94.48% compliance against a target of 93% for the two-week wait standard.
- 82.28% compliance against a target of 75% for people referred on the cancer pathway to receive a cancer diagnosis or have cancer ruled out within a maximum of 28-days from referral.
- The Trust reported 86.5% compliance in June 2022 for the 62-day standard, an increase from 78.67% in May 2022.

Operational Performance Highlight Report/Performance Report

The highlights were:

- The Trust projected to report 74.37% compliance in relation to the Emergency Care Standard, against the 80% trajectory. Staffing pressure and patient flow delays continued to impact Emergency Department (ED) performance.
- It was reported that the length of stay for patients within the ED continued to be a challenge due to bed capacity challenges within the hospital. The Trust would continue to focus on the experience of patients within the ED. Overall demand and attendance in ED continued to increase, leading to overcrowding which presented its challenges.
- An increase had been seen in ambulance handover delays between 30-60 minutes, to 168 from 125 the previous month.
- There was an increase seen in ambulance handover delays over 60 minutes, from 12 in June 2022 to 60 in July 2022.
- It was reported that ambulance handover had improved over recent months, but had deteriorated during July 2022 due to the increase in COVID-19 cases and an increase in

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speciality bed waits.

- The Trust expected to report 72.12% compliance against the Referral to Treatment (RTT) standard.
- The total waiting list size had increased to 34,190 in July 2022 from 22,501 in June 2022. This was due to the increase in the number of referrals.
- The Trust was expected to report a reduction in the number of patients waiting 104-weeks for treatment, from 17 to 11 in July 2022. The Trust hoped to reduce this to zero by the end of September 2022.
- There was a slight increase in the number of patients waiting over 52-weeks, from 1,034 in June 2022 to 1,046 in July 2022
- The Trust expected to report 87.55% against an 80% trajectory for diagnostic waiting times.
- The Trust continued to perform well within diagnostics. The Trust was expected to report 95.99% for fast track diagnostics for July 2022.
- Whilst the number of COVID-19 positive patients had increased significantly from June 2022 to July 2022, the Trust reported that it did not have any critically ill COVID-19 patients.
- Fast-track and urgent GP referrals had remained significantly above the 2019/20 baseline since January 2022, and had increased sharply since June 2022.
- Inpatient activity for elective ordinary and day cases remained behind plan in June 2022 and was projected to continue to reduce during July 2022 due to the surge in COVID-19 impacting staff and patient availability, whilst putting pressure on bed occupancy.
- The number of patients treated per list had improved in recent weeks but remained behind plan and 2019/20 baseline levels. This would remain a focus over the coming months. Start time and case duration continued to be monitored to inform list composition. It was anticipated that the 6-4-2 process and the Theatre User Group would help to drive up utilisation.
- The anticipated opening of Ward 11 in September 2022 would provide further required bed capacity to assist in the delivery of the 110% baseline required.
- There had been an increase in the number of cancer referrals and the Trust was expected to report 94.17% compliance for July 2022, with the cancer 2-week-wait target against a target of 93%.
- The Trust expected to report 81.72% compliance against a target of 75% for the cancer 28-day faster diagnosis.
- The Trust expected to report 82.32% against a target of 85% for the cancer 62-day first treatment standard.

Prioritising Learning Disability Patients

The highlights of the report were:

- The patient tracking list (PTL) had been updated to include information pertaining to the patient's demographic, such as ethnicity and disabilities, alongside the procedure and priority status.
- The Board had approved the decision to prioritise patients with a learning disability.
- Work would commence the analysis of the data in terms of demographic, waiting times and any other related outcomes; however, this was in the very early stages.
- A more detailed analysis would be provided to a future Academy meeting on progress against the workstreams and transformational activity undertaken relating to the prioritisation of patients with learning disabilities.

Monthly Finance Report

The highlights of the report were:

- The Trust reported a cumulative breakeven position for the year to month 3 2022/23, which was in line with the plan.

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- The underlying position was a cumulative surplus of £0.5m.
- The key variances driving the reported position were shared, which highlighted that the Trust had not been required to deploy any flexibilities during Q1 2022/23, and was supported by £0.6m of non-NHS income in excess of the plan and £0.4m of non-recurrent benefits arising from the Clinical Business Units.
- The Trust continued to forecast a breakeven position for 2022/23.
- The budget position by CBU and corporate department was shared which highlighted that a focus was required within Urgent and Emergency Care who were £700k overspent to date. The CBU had been asked to provide a copy of the workforce plan for review.
- A key risk to the delivery of the financial plan for 2022/23 was uncertainty surrounding the elective recovery fund for H2 (month 7-12) 2022/23.

Capital Update

The highlights of the report were:

- The paper reported that the Trust was currently undergoing a risk based prioritisation process to determine how to invest £6.7m of the total capital budget, however it was advised that this had since been determined.
- The total capital budget for 2022/23 remained at £29.2m, however once clarity had been sought on budgeting from NHSE, this would be shared with the Academy, particularly in relation to digital.
- There may be additional external funding available during 2022/23 for a Pharmacy Aseptic Unit and a new Day Case Unit at St Luke's Hospital.
- It was noted that there had been a significant amount of capital investment within the Trust over the two previous years, with over £30m spent during 2021/22.
- Five schemes had been agreed for capital investment during 2022/23, however it was noted that some schemes would be completed over multiple financial years.

Bradford Place and ICS System Financial Update

The key points were highlighted:

- The Bradford District and Craven Health and Care Partnership reported a positive position for month 3 2022/23 at £4.8m ahead of plan.
- It was noted that the position did not yet include figures from the local authority.
- The majority of the surplus reported was from the Integrated Care Board (ICB) – Bradford.
- The ICB underspend was made up of £3.3m in technical flexibilities, £1.3m of which related to Service Department funds that had not yet been committed and £1.9m in under trades.
- A scenario analysis was presented which included the best, likely and worst case scenarios on the systems forecast position. All Trusts were reporting a likely case of breakeven with the exception of Airedale NHSFT. This was due to the delivery of their waste reduction programme and a £3.5m cost for their electronic patient record system.
- The key risk reported within the paper relating to the uncertainty surrounding the rules of the elective recovery fund (ERF) had been mitigated through the receipt of confirmation of the rules regarding ERF that had been received on 26 July 2022. There would be no clawback of ERF funding for H1 2022/23.
- Further risks related to employment targets in place for each organisation and the pay award, although it had been advised that this would be fully funded nationally.
- Understanding the allocation of funds for the pay award was required, which would be allocated to Trusts via the ICS on a fair-shares basis.
- Continuing healthcare continued to be a pressure seen by the ICB – Bradford, and would continue to be monitored closely.
- Work was underway to organise the funding arrangements for the COVID-19 vaccination

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programme from 1 September 2022. Work continued to remodel the service and associated costs to evaluate the risk of receiving £10.06 per vaccination.

WYAAT/ICS Programme Updates

The paper was taken as read, however it was noted that the Trust would be submitting a business case for a Community Diagnostic Hub as part of the system solution.

Items of Positive Assurance, Learning and/or Improvement

- Whilst the Trust had received an increase in the number cancer referrals, it continued to perform well against the trajectories.
- The Trust reported a cumulative breakeven position for the year to month 3 2022/23, which was in line with the plan.
- The Trust continued to perform well within diagnostics. The Trust was expected to report 95.99% for fast track diagnostics for July 2022.
- The Academy was also assured that the risks recorded on the Risk Register were appropriate in the context of the information presented, and were being managed appropriately.

Matters escalated to the Board for consideration

There were no matters for escalation to the Board.

New/emerging risks

There were no new/emerging risks to report.

Recommendation

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