

Meeting Title	Board of Directors - Open		
Date	10 November 2022	Agenda item:	Bo.11.22.15

Report from the Chair of the Finance & Performance Academy

Presented by	Julie Lawreniuk, Non-Executive Director Mohammed Hussain, 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 26 October 2022		
Key control	This report was relevant to Strategic Objective: To deliver our financial plan and key performance targets.		
Action required	To note		
Previously discussed at/ informed by	Finance & Performance Academy 26 October 2022		
Previously approved at:	Committee/Group	Date	
	N/A		
Key Matters Discussed			
Finance and Performance Academy Work Plan			
The Academy received the work plan of activity.			
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.			
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 3800: Increase in the cost of gas and power at Bradford Royal Infirmary and St Luke’s Hospital from 1 April 2024 when the Trust’s current price agreement expires.• 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.• Risk ID 3801: Limited access to the Gastro Olympus ERCP Stack system which were both being used outside of service agreements and were unreliable. It was expected that this would be resolved during October.			
The Academy received the Board Assurance Framework. There were no comments.			
Performance Improvement Plan - RTT			
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 RTT aspect of the Operational Improvement Plan. The highlights of the report were:			
<ul style="list-style-type: none">• The Trust rated itself ‘amber’ against this indicator as it had not achieved the internal target			

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set of 83% of patients seen within 18-weeks by September 2022. The Trust reported 71.17% for September 2022. The Trust reported 2.18% against the number of patients waiting over 52-weeks for treatment.

- The actions were built on sixteen areas of focus based on the three areas 'transformation', 'proactive performance' and 'business as usual'. In February 2023 a further assessment would be undertaken to review progress and to devise a plan for 2023/24, in line with the aspiration to be a learning organisation.
- The outstanding theatre services programme continued to progress well and included a number of upgrades to the area for colleagues e.g. toilets, staff room and anaesthetic room.
- The Trust had a visit from NHS England and would be sharing the work from the outstanding theatre programme as best practise.
- Work with system-wide programmes in transforming Access to Care continued to progress well and meetings within WYATT were taking place regarding elective recovery and the development of a mutual aid dashboard.
- Work continued on the virtual royal infirmary within Outpatients. Patient initiated follow ups would be moved as an option for patients with longer term conditions.
- The proactive performance management work stream contained multiple programmes ranging from performance management to clinical service unit support. This area was rated 'green' as good progress had been made. Further work was required to reduce long waits. A capacity and demand work stream would be undertaken in readiness for 2023/24.
- The Trust continued to develop its winter resilience plan

Operational Performance Highlight Report/Performance Report

The highlights of the report:

- There had been an increase seen in the number of COVID-19 positive patients since September 2022.
- Type 1&3 Emergency Department attendances had increased over the previous four-weeks which included an increase seen in the number of paediatric and minor illness attendances, which had been low during August 2022.
- Type 2 attendances remained low due to a reduction in the recording of ENT/eye casualty attendances.
- Fast track and Urgent GP referrals remained high.
- Inpatient activity for elective ordinary and day cases had improved in September 2022.
- Outpatient activity increased during September 2022 however remained below plan. It was expected to increase during October 2022.
- The Trust reported 78.30% for diagnostic performance during September 2022. There continued to be high demand and capacity issues within Endoscopy, Ultrasound and MRI.
- The Trust reported 87.58% against a target of 93% for cancer two-week wait in September 2022. This was due to prolonged referral rates and increased patient volumes following successful awareness campaigns.
- The Trust reported 76.39% against a target of 75% for cancer 28-day faster diagnosis. It was expected the Trust would report 79.21% for October 2022.
- The Trust reported 75.14% for cancer 62-day first treatment for September 2022. This was expected to increase to 84.51% for October 2022, against a target of 85%.
- Yorkshire Ambulance Service reported that handover performance had improved over the previous two-months; however, it was expected to deteriorate in October 2022 due to delays in patient flow caused by bed pressures.
- Length of stay for patients over 21-days remained high.

Winter Planning

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The Winter Plan was shared for approval The highlights of the report were:

- The Trust had commenced work in July on the winter plan for 2022/23 and had been working at system level to devise the plan.
- There were six metrics that the Trust would be monitored against. Three of the metrics were ambulance and community related and three were hospital related: no criteria to reside, overall bed occupancy and ambulance turnaround time.
- The winter plan was a live document and would change in response to challenges that may arise.
- The aim was to ensure that the Trust could remain resilient throughout the winter months which included ensuring that staff were supported throughout.

Emergency Preparedness Resilience & Response (EPRR) Core Standards Submission

The Academy received the report for approval, on behalf of the Board. Delegated approval had been sought from the Board. The key points of the report were:

- The Trust would report substantial compliance against the standards, and met 59 of the 64 standards.

The Academy approved the submission.

2022/23 Half Year Financial Review and Outlook and Finance Improvement Plan and Monthly Finance Report

The highlights of the report were:

- The Trust delivered a small surplus of £1.4m in 2021/22.
- Budgeted cost growth was in excess of income growth.
- The income plan included £12m from the elective recovery fund (ERF) and £9m of COVID-19 spend.
- The Trust reported a cumulative breakeven income and expenditure position for the year to month-6, in line with the plan.
- The organisation continued to forecast a breakeven position at year-end.
- The underlying position had improved by £1.4m since month-5, reporting to a cumulative underlying surplus of £1.1m.
- The rate of expenditure was expected to increase in the latter half of the year due to inflationary pressure.
- The Trust's cash balance of £81.9m was £13.6m higher than planned and was forecast to remain above planned levels at year-end.
- Winter costs increase the run rate by £1.5m, reflecting agreed plans and seasonal pressures.
- Without remedial measures, the 2022/23 exit run rate means the Trust was likely to enter 2023/23 with an opening £12m run rate deficit.
- A number of mitigations were shared and included the reduction of the exit expenditure run rate in 2022/23.

Capital Update

The highlights of the report were:

- The Trust had an overall capital allocation of £37.7m.
- NHSE/I were collecting April 2022 IFRS 16 transition disclosures from providers. The indicative allocation was £3.5m.
- Year to date spend was significantly behind plan by £5.5m.
- 2021/22 capital slippage schemes were behind plan.
- The forecast capital spend was £23.5m which was £10.5m less than the ICS capital

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expenditure allocation due to a range of issues. Alternative plans are being explored to mitigate this shortfall.

- Risks to the delivery of the capital plan were shared and included the potential challenges of delivering the schemes within approved budgets and timescales.

Pathology Joint Venture – Finance Position

The highlights of the report were:

- The financial position of the Joint Venture continued to improve with both Integrated Pathology Solutions and Integrated Laboratory Solutions reporting position slightly better than planned.
- The overall profit in year was £0.57m which was slightly ahead of plan.
- It was expected that the target would be achieved in-year.

Items of Positive Assurance, Learning and/or Improvement

- The Trust reported 76.39% against a target of 75% for cancer 28-day faster diagnosis. It was expected the Trust would report 79.21% for October 2022.
- Trust would report substantial compliance against the Emergency Preparedness Resilience and Response core standards, and met 59 of the 64 standards.
- The Trust reported a cumulative breakeven income and expenditure position for the year to month-6, in line with the plan.
- The organisation continued to forecast a breakeven position at year-end.
- The underlying position had improved by £1.4m since month-5, reporting to a cumulative underlying surplus of £1.1m.

Matters escalated to the Board for consideration

The financial position would be reported to the Board in November 2022.

New/emerging risks

A new risk was added: Risk ID 3801: Limited access to the Gastro Olympus ERCP Stack system which were both being used outside of service agreements and were unreliable. It was expected that this would be resolved during October.

Recommendation

The Board was requested to **note** the discussions and outcomes from the Finance & Performance Academy meeting held on 26 October 2022.