

Meeting Title	Board of Directors - Open		
Date	10 November 2022	Agenda item:	Bo.10.22.15

Report from the Chair of the Finance & Performance Academy

Presented by	Julie Lawreniuk, 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 28 September 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 28 September 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 would be 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 3697: 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 3779: A risk of the Hysteroscopy service being significantly reduced due to equipment failure.• Risk ID TBC: A financial impact risk to the Trust from the future commodity of energy prices. It was noted that the Trust was in a fixed deal until March 2024, however, it remained a risk as it was unknown what the prices would be at that stage.			
4. Academy Effectiveness Review Follow-Up / Terms of Reference Review / Annual Report			
At the May 2022 Academy meeting, members were asked a series of questions to assess the effectiveness of the Academy and to identify where improvements could be made. Based on this the results of the survey, they terms of reference were reviewed and updated. The key changes were:			
<ul style="list-style-type: none">• Four meetings per year would be held in person.• Whilst there was an emphasis of more learning and improvement being required, it was subsequently agreed that due to the nature of the business of the Academy, that there			

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would be more of a focus on assurance, than in other Academies.

- The ordering of the agenda would be alternated each month to ensure that there was a equal split of time on both performance and finance matters.
- There had been amendments to the membership in relation to the new organisational structure.

The Academy approved the terms of reference. They would be submitted to the Board on 10 November 2022.

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:

- The Act as One Festival Recognition Day was held on 28th July, with over 60 excellent and inspiring nominations recognised during the event.
- As part of the Better Births programme, work was underway to set up 'maternity circles' to support pregnant people who often reported feeling lonely and isolated.
- Of the health checks undertaken in Bradford, as part of the Health Hearts programme, 21% had been found to have raised cholesterol.
- Two Safe Space hubs had been established for people of all ages across the Bradford District and Craven (BDC) that operate from 12pm until 02:30 to support people on a one-to-one basis who were in a crisis.
- Work was ongoing within primacy care to provide support and training to primary care staff as part of the Diabetes programme.
- The business case for the community diagnostic hub had been submitted to the national team.
- Work on the 100-day discharge challenge was progressing well within the Ageing Well programme.
- The BDC Health and Care Partnership Strategy was launched earlier in the year, and work had continued to take place to develop the five core priorities. These were:
 - Children and Young People and Families
 - Workforce Development
 - Mental Health, Learning Disabilities and Neurodiversity
 - Access to Care
 - Resilient Communities
- The new priorities would fit into the existing partnership governance structure.

A discussion took place regarding the forum that would receive future Act as One updates. It was agreed that the updates should continue to be reported to the Academy.

6. Performance Improvement Plan – Urgent and Emergency Care

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 Urgent and Emergency Care aspect of the Operational Improvement Plan. The highlights of the report were:

- A specific area of focus remained on the admitted patient pathway due as a contributing factor to overcrowding with the Emergency Department.
- 43% of patients were discharged before 4pm against an internal target of 80%.
- Bed request to checkout time was 5 hours 21 minutes, against a target of 1 hour.
- 27% of patients spend more than 12 hours in the Emergency Department, against a target of none.
- Work continued to improve the accuracy of the estimated date of discharge.

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- Work had commenced to share information and data with wards/departments to assist in the development on an overarching improvement plan.
- There would be an additional focus on earlier discharges so each ward could free up one bed each before midday.
- As part of winter planning there would be a keen focus on ambulance handover delays, the flow through the hospital and a 30% reduction on patients staying in hospital when they are able to go home.

A comprehensive discussion took place regarding the process undertaken when patients were awaiting their take-home drugs prior to discharge. Discharge times would be monitored closely and include an evaluation of the reasons why discharges are delayed. It was agreed that this matter be raised at the Quality and Patient Safety Academy for a more detailed discussion relating to prescribing.

7. Monthly Finance Report/ Finance Improvement Plan

The highlights of the report were:

- The Trust reported a breakeven position for Month 5 2022/22, in line with plan.
- The Trust continued to report a forecast delivery of a breakeven position for year-end.
- There was a £1m adverse swing in the income and expenditure position, which had resulted in a cumulative underlying deficit of £0.3m for Month-5 2022/23, with the majority of change relating to increased drug expenditure.
- The projected level of recurrent financial improvements from Clinical Service Units/Corporate Departments was significantly behind plan. It was anticipated that the Trust would need to deploy all of the available non-recurrent flexibilities in H2 (Month7-12 2022/23) in order to deliver a breakeven position for the year.
- A resource pack specifically for use by CSUs and Corporate Departments would be devised to aid the use of resources.
- The Trust's cash balance was £77m, £10m higher than planned for Month 5 2022/23.
- The Capital Programme is £6.4m behind plan with slippage reported on a number of major schemes

8. Procurement Update

The highlights of the report were:

- The draft procurement risk register and draft work plan of activity for the Procurement Oversight Group was shared. Approval was required from the Procurement Oversight Group and the final version would be presented to the Academy following that.
- A Contracts Manager had been recruited to focus on establishing a Contracts Register for the Trust.
- Whilst a number of the Scan4Safety project elements had been delivered, the roll out of the Inventory Management System had been delayed.
- A recent internal audit of Procurement resulted in a 'High Assurance' opinion

Draft Budgetary Management Framework

The Academy received the report for approval. The key points of the report were:

- The Budgetary Management Framework (BMF) complements the Standing Financial Instructions, Scheme of Delegation (SoD) and Reservation of Powers to the Board of Directors, and describes the operational business rules which the organisation relies upon to ensure sound financial management and financial governance processes were in place.
- The first BMF was approved in September 2019, however had been updated to reflect the new

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operational structure and current financial circumstances.

- The BMF complements the Clinical Service Unit (CSU) Accountability Framework.
- The key changes to the BMF were a clarification to the roles of the respective Triumvirate managers regarding in budgetary management, proposed revisions to the SoD and ledger approval process and the introduction of a CSU business decisions log to strengthen financial governance.

The Academy approved the draft Budgetary Management Framework as an interim position. The final version would be presented to the Academy in due course for approval.

9. Learning from Each Other

The Academy received a copy of the 'Learning from Each Other' booklet which had been produced to share lessons learned from each improvement project undertaken. The Academy thanked the author for the efforts that had gone into the production of the booklet.

10. Operational Performance Highlight Report/Performance Report

The highlights of the report were:

- Inpatient activity for elective ordinary and day cases remained behind plan in August 2022 and was projected to reduce slightly in September 2022.
- Referral to treatment performance had increased back to previous levels in August 2022 at 72.19%.
- The total waiting list continued to grow despite completed pathways being ahead of plan with the number of new pathways increasing.
- The 104+ week position remained static, predominantly due to treatment delays as a result of patient choice to be treated after the summer holidays.
- Diagnostic performance for August 2022 was reported as 80.47% with a projection that this would increase for September 2022 to 81.20%
- MRI capacity continued to be impacted due to a loss of scanning capacity due to a mechanical issue.
- The Trust reported 91.40% compliance against the cancer 2-week-wait standard in August 2022. This was against a target of 93%.
- The Trust reported 78.32% compliance against the cancer 28-day faster diagnosis standard in August 2022, against a target of 75%.
- The Trust reported 79.14% in August 2022 for the cancer 62-day first treatment standard. It was projected that this would increase to 83.24% for September 2022. This was against a target of 85%
- Ambulance had improved over the previous two months due to improvements seen in patient flow within the Emergency Department.

Items of Positive Assurance, Learning and/or Improvement

- The Trust reported a breakeven position for Month 5 2022/22, in line with plan.
- The Trust continued to report a forecast delivery of a breakeven position for year-end.
- Referral to treatment performance had increased back to previous levels in August 2022 at 72.19%.
- The Trust reported 78.32% compliance against the cancer 28-day faster diagnosis standard in August 2022, against a target of 75%.

Matters escalated to the Board for consideration

- There were no matters escalated to the Board for consideration.

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New/emerging risks
There was one new risk to the high level risk register relating to a financial impact risk to the Trust from the future commodity of energy prices. It was noted that the Trust was in a fixed deal until March 2024, however, it remained a risk as it was unknown what the prices would be at that stage.
Recommendation
The Board was requested to note the discussions and outcomes from the Finance & Performance Academy meeting held on 28 September 2022.