

Meeting Title	Board of Directors		
Date	9 March 2023	Agenda item:	Bo.3.23.9

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 25 January 2023		
Key control	This report was relevant to Strategic Objective: To deliver our financial plan and key performance targets. The report is also relevant to the delivery of a number of the Strategic Commitments. The academy received a number of reports that reported on the delivery of the strategic objective and the Strategic Commitments (as indicated in Appendix 1).		
Action required	For assurance		
Previously discussed at/ informed by	Finance & Performance Academy 25 January 2023		
Previously approved at:	Committee/Group	Date	
	N/A		

Key Matters Discussed

The key matters discussed at the Academy meeting are outlined below. Beside each title you will see a code which links to the key areas of work that underpin the delivery of the strategic commitments. The table appended to this report (Appendix 1) details the strategic commitments relevant to this Academy and those reported on at this Academy. Appendix 2 provides oversight of the reporting to all Academies with regard to the Strategic Commitments.

Finance and Performance Academy Work Plan

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

Finance and Performance Academy Dashboard

The Academy received the Finance and Performance dashboard. The metrics that required further discussion would be discussed at relevant points throughout the meeting. Work would be done to review the dashboard to align to strategic priorities so it's clearer to see the links and how it works.

High Level Risks relevant to the Academy (including Board Assurance Framework)

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

- 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 3823: A risk to service delivery if the Trust was unable to upgrade existing facilities and further increase capacity of the mortuary refrigeration and freezer storage facilities due to the age and condition. Assurance was provided that a temporary facility had been put in place which had mitigated any capacity risk. There was a further arrangement in place with the Bradford City mortuary, should the Trust require further capacity. The Director of Estates and

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Facilities was undertaking a review of the overall mortuary facility.

- 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 3808: A risk of industrial action relating to service provision and patient safety if strike action takes place.
- Risk ID 3801: Limited access to the Gastro Olympus ERCP Stack system, which were both being used outside of service agreements and were unreliable.

The Academy was informed of the proposal to increase the score of risk 3671 – Emergency Department COVID/Winter driven operational pressures (aligned to the Quality and Patient Safety Academy) from risk score 20 to 25, in response to the extreme pressures and escalation to level 4 under the Operational Pressures Escalation Levels (OPEL) framework over late December/early January 2023, however it was determined and agreed by the Executive Management Team that the right mitigations were in place for the risk to remain rated 20.

The Academy reviewed, challenged and assessed the identification and management of risks within their remit.

The Academy received the Board Assurance Framework for reference. There were no comments.

The Academy was assured that all relevant key risks had been identified and reported to the academy, and were being managed appropriately.

Act as One Programme Update - Pat6b, PI1b

The Academy welcomed Helen Farmer and Sasha Bhat, Act as One Programme Directors who provided a comprehensive update regarding the reset of programmes following the launch of the Partnership Strategy during 2022. The new priorities were based on 'purpose', 'population', 'place', 'partnership' and 'spotlight area of focus'. The operating model in place to support this was broken down into the following five strands:

- Healthy communities
- Access to care
- Healthy mind
- Workforce development
- Children, young people and families

A comprehensive discussion was undertaken on the timeliness of benchmarking data availability, and it was concluded that there was a slight time lag of data available via the mental health data set.

It was advised, following a question relating to Equality Diversity and Inclusion and representation at senior leadership levels, that there was a proactive approach in place to support recruitment and retention at leadership levels

It was agreed that the Act as One Directors would return to present an update on the programmes underway with a specific focus on the financial and performance elements of work. .

Performance Improvement Plan – Urgent and Emergency Care - Pat4a, Pat4b, Pat6a, Pat 6b, Pat6c

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

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

- Colleagues were undertaking a review of progress against the plan since its implementation and would present a refreshed plan to the Academy in April 2023.
- When the programme commenced the Trust was reporting approximately 30% of patients being discharged before 4pm and this had since increased to approximately 55%.
- Compliance for estimated date of discharge had improved in many areas, however there was further work required to improve this in the medical downstream wards. This was mainly due to workforce challenges.
- The Urgent Care Clinical Service Unit (CSU) had agreed a strategy to deliver a closed emergency department (ED) model which would see patients triaged via an Urgent Care Centre and only into ED if presenting with a potentially life or limb threatening pathology. It was intended that the UCC would be operational from 3 April 2023 and would be open 7-days per week between the hours of 08:00 – 00:00.
- The UCC footprint had been established, estates work was underway and a leadership and project group was in place. This would be used for minor injuries, GP-led care for minor illness and type 3 and 4 attendance, which would amount to approximately 50% of ED attendances.
- NHSE had implemented a Strategic Control Centre to monitor and support Trust's with ambulance delays. The Trust had implemented a new standard operating procedure which focused on reducing delays for more than 15-minutes and 30-minutes. Estates work had been approved to increase ambulance assessment capacity. Data from December 2022 indicated an improvement. There was ongoing communication with YAS to improve data quality.
- The Trust continued to incorporate new national planning objectives into the planning submission for emergency care.
- It was reported that the Trust was the best in region for long length of stay.
- The Nurse Staffing-Review outcome was completed and recruitment underway. The Medical staffing model was under review.

The Academy wished to congratulate colleagues on the quality of improvement presented and the progress that had been made against the Operational Improvement Plan.

Operational Performance Highlight Report/Performance Report

The highlights of the report:

- The number of COVID-19 positive patients increased during December 2022. For January 2023 there had been an average of 7 positive results per day.
- The Trust was projected to achieve 72.83% against a trajectory of 80% for the emergency care standard in January 2023. Type 1&3 ED attendances had reduced during January 2023 following the increase seen in paediatric attendance during December 2022.
- There had been improvements seen in month on ambulance handovers, from 129 to 66 for patients waiting between 30- 60 minutes, and 111 to 37 patients waiting over 60 minutes.
- The Trust was projected to report 95.18% for the cancer 2-week wait standard, an improvement from 93.04% the previous month.
- The Trust was projected to report 77.18% for cancer 28-day faster diagnosis standard for January 2023.
- It was expected that the Trust would report 76.13% for the cancer 62-day first treatment standard for January 2023, an improvement from 69.59% during December 2022.
- The Trust was expected to report 72.52% for RTT in January 2023 against a trajectory of 81.15%.
- It was expected that the Trust would achieve 70.39% for diagnostic waiting times against a trajectory of 91% for January 2023.
- The Trust continued to maintain its zero 104+ week waiter position with services continuing to reduce the 78+ cohort in line with national targets set for March 2023, with performance

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remaining ahead of trajectory.

- There had been progress made with reducing the 52+ week waiters which remained ahead of plan with 545 patients projected for January 2023.
- The introduction of six new beds onto the Stroke Unit had a positive impact on the reduction in the number of stroke outliers. However, the number of outliers remained high due to the increased demand in December 2022.
- There had been an improvement seen in the 'time to being assessed by a Consultant' metric, as the first assessment carried out by stroke responders was being captured.
- A business case for a Speech and Language Therapist, fixed-term for one-year had been approved. The post was currently out for advert with an aim to be filled by March 2023.

Monthly Finance Report

The highlights of the month-9 2022/23 report were:

- A cumulative breakeven income and expenditure position was reported, in line with the plan.
- The Trust continued to forecast a breakeven position at year-end.
- The underlying position was a cumulative surplus of £1m.
- There was no improvement seen in December 2022 in Clinical Service Unit (CSU)/Corporate Department forecasts regarding the delivery of efficiencies in Q4 2022/23. This would result in the need to deploy non-recurrent flexibilities to offset the projected increase in expenditure run rate during winter to achieve the break-even position at year-end.
- The Trust had a cash balance of £83.2m for December 2022, which was £20.2m higher than forecast due to capital expenditure and payables being lower than planned, and there being higher than planned payables balance.

Capital Update 2022/23 and Indicative Plan for 2023/24

The highlights of the report were:

- The Trust is currently forecast to spend £1.0m less than its total internal allocation of £25.9m for capital department expenditure limit (CDEL). This was due to delays in estates work for the CT scanner at St Luke's Hospital.
- At month-9 2022/23 the Trust was able to draw down £5.5m external public dividend capital funding and had forecast to spend £1.1m less than the amount awarded.
- The Trust was currently exploring opportunities to transfer £2.7m of funding from the current financial year to 2023/24 for the Eccleshill Community Diagnostic Centre.
- Digital capital spend was behind plan by £1.2m.
- On 22 December 2022 the Trust submitted a 3-year indicative capital plan to NHSE totalling £76.7m.

Financial Plan / NHSE Operational Plan for 2023/24 – Pat6a

The Trust received the Operational Planning Guidance for 2023/24 on 23 December 2022. The requirements of the guidance was outlined and included a focus on the following specific areas:

- That Trust's achieve 76% for the emergency care standard by March 2023 in relation to support for ambulance response times, and reach 92% of general and acute bed occupancy.
- Eliminate waits over 65-weeks RTT by March 2024 and to deliver activity targets.
- Reduce 62-day waits, and to meet 75% of the 28-day faster diagnosis standard by March 2024 and to increase the number of patients diagnosed at stage 1 or 2 for cancer performance.
- To achieve 95% in DM01 performance by March 2025 and to deliver activity targets aligned to elective and cancer needs for diagnostics.

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- To reduce still births, neonatal mortality, maternal mortality, serious intrapartum brain injury and to increase staff fill rates.
- To deliver a balanced financial position for 2023/24 with a 2.2% efficiency target, estimated at £25m and to reduce agency spend to below 3.7% of pay expenditure.
- Work continued at ICS level to establish the income figure for 2023/24.

Protocol for Changes to in Year Revenue Forecasts

The report highlighted that NHS England had published a document titled 'Protocol for changes to in-year revenue financial forecast' that details the steps to be taken and the conditions imposed if an off-plan forecast variance was to be reported. Monitoring of providers would be undertaken at system level, recognising that there was discretion within a system for one provider to underspend and compensate for another overspending. This would be considered as part of the planning process.

Improving Financial Sustainability – Internal Audit Outcome and Recommendations

Audit Yorkshire completed their review of the Trust's HFMA Financial Sustainability Self-Assessment. Audit Yorkshire found that the Trust's self-assessment was fully completed and that they were in agreement with the scores assigned and associated evidence in support of nine out of the twelve NHSE specified questions. Of the twelve questions audited, three questions scored 3 and the Trust presented some proposed improvement actions to bring these up to a minimum score of 4. Audit Yorkshire recommended some enhancements to the proposed improvement actions: specifically the need for named leads and timescales for the Trust's proposed improvement actions and specified measures to be reviewed which would confirm the actions have been completed. The Trust had agreed with these recommendations, to be completed by 31 January 2022.

Items of Positive Assurance, Learning and/or Improvement

- The Academy wished to congratulate colleagues on the quality of information presented as part of the Operational Improvement Plan update, and the progress that had been made against the work outlined.
- There had been improvements seen in month on ambulance handovers, from 129 to 66 for patients waiting between 30- 60 minutes, and 111 to 37 patients waiting over 60 minutes, from December to January 2023.
- The Trust was projected to report 95.18% for the cancer 2-week wait standard, and improvement from 93.04% the previous month.
- A cumulative breakeven income and expenditure position was reported for month-9, in line with the plan.
- The Trust continued to forecast a breakeven position at year-end.

Matters escalated to the Board for consideration

There were no matters to escalate to the Board.

New/emerging risks

There were no new/emerging risks arising from the meeting.

Recommendation

The Board was requested to **note** the discussions and outcomes from the Finance & Performance Academy meeting held on 25 January 2023.

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Appendix 1

The reports presented at this meeting were relevant to the following strategic commitments and key areas of work highlighted below. The greyed out areas were not covered at this Academy.

Individual strategic commitments	Key areas of work
Patients	
Our ambition - We are committed to making a difference to everyone who needs our care. We recognise that that we would best do this by developing high quality, innovative services and by continuing to develop and embed a culture of kindness to ensure a positive patient experience.	
Pat4 - Development of Virtual Hospital: a clinically-led transformation	Pat4a - Delivery of a clinically and operationally led VRI programme
	Pat4b - Create an operational infrastructure to support the provision of clinical care in settings away from the traditional 'on site' in hospital pathways
Pat 6 - Restart and recover planned care services after COVID19	Pat 6a - Deliver our Operational Improvement Plan to transform services in relation to Urgent and Emergency Care, Planned Care and Cancer Services
	Pat 6b - Act as one to transform delivery, pooling resources and developing more community based models of care
	Pat 6c - Use digital and virtual to help us better meet demand
PI1 - We will Act as One with our partners across Bradford District and Craven	PI1b - Deliver Act as One programmes on Diabetes, Better Births, Respiratory Health, Ageing Well, Access to Healthcare, Children and Young People's Mental Health and Cardiovascular Health.