

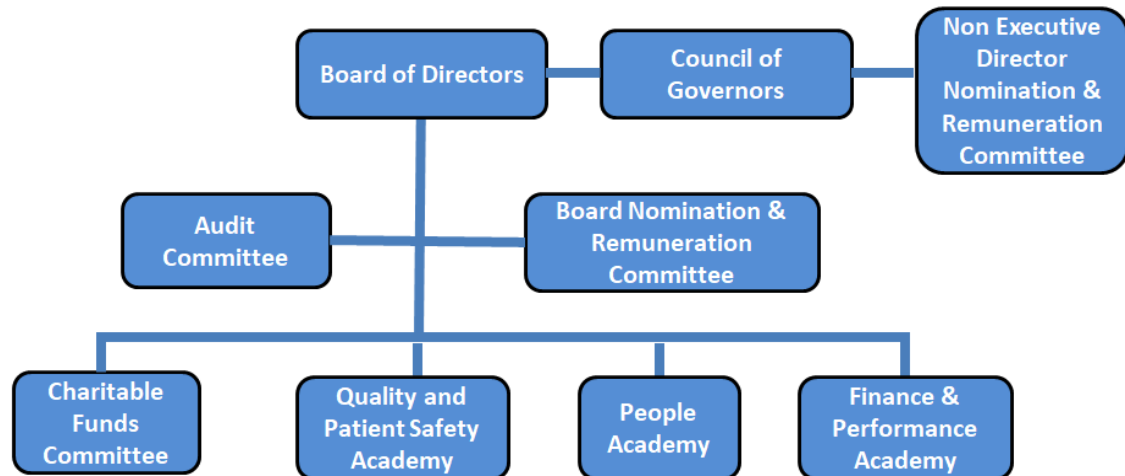
Finance & Performance (F&P) Academy Annual Report 2022/23

1. Introduction

Good practice requires that the Trust's Board of Directors ('the Board') should review the performance of its Committees/Academies annually to determine whether they have been effective, and whether further development work is required.

1.1 Board Governance Structure

The current governance structure is outlined below:



During 2022/23, the Trust has continued to embed its Academy governance model, which was developed and introduced in the latter half of 2020/21. Academies were introduced to focus on learning, improvement and assurance in relation to quality and patient safety; people; and finance and performance. The Terms of Reference and work plans were last approved by the Board in November 2022.

1.2 Scope of this Annual Report

This annual report incorporates a summary of the activities of the F&P Academy in respect of 2022/23. The period reported on is from **April 2022 to March 2023**.

2. F&P Academy Terms of Reference

The F&P Academy reports directly to the Board.

The Terms of Reference of the Academy were last reviewed and approved by the Board of Directors in November 2022 and are attached at Appendix 1.

2.1 The role of the F&P Academy

The purpose of the Academy is to seek assurance, learn and drive improvement in relation to all aspects of finance and performance within the Trust.

2.2 Reporting requirements

It is the duty of the Academy Chair to report to the Board on the Academy's activities on a timely basis.

Reports from the Academy Chair are presented at the public meetings of the Board of Directors. These reports highlight the key items discussed and draw attention to any issues that require disclosure, or may require executive action. In February 2023 a Board Effectiveness Review was undertaken with an independent facilitator, and one of the recommendations was to refocus the Academy Chair reports to distinguish them from minutes and offer greater insight on how the meetings felt and the level of assurance gained. A new template has been developed (based on the 'Alert, Advise, Assure' model used by our partner organisations in Bradford District & Craven), and was used to report back on the Academy meetings held in February and March 2023.

The minutes from meetings of the Academy are also presented to the Board once approved, for information and assurance.

The Academy is also required to present to the Board an annual report summarising the Academy's activities and the assurance received and provided, and outlining its work plan for the future year. This report will be presented to the Board in May 2023.

The Chair of the Academy is satisfied that the Academy fully complied with its reporting requirements during and in respect of 2022/23.

3. Membership and attendance record during and in respect of 2022/23

During 2022/23 the Academy met 10 times.

Membership and attendance is recorded in the table below.

Name	Job Title	27/04	25/05	29/06	27/07	28/09	26/10	30/11	25/01	22/02	29/03	Total
Julie Lawreniuk	Chair / Non-Executive Director	1	1	0	1	1	1	1	1	1	1	9/10
Karen Walker	Non-Executive Director	1	1	1	0	1	0	1	1	1	0	7/10
Janet Hirst	Non-Executive Director	1	0	0	1	1	0	1	0	N/A	N/A	4/8
Mohammed Hussain	Non-Executive Director	1	1	0	0	1	1	0	1	1	1	7/10
Matthew Horner	Director of Finance	1	1	1	1	1	1	1	1	1	1	10/10
Sajid Azeb	Chief Operating Officer/Deputy CEO	1	1	1	0	1	1	1	1	1	1	9/10
Carl Stephenson	Associate Director of Performance	1	1	1	0	1	1	1	1	1	1	9/10
Chris Smith	Deputy Director of Finance	0	1	1	0	1	0	1	1	1	1	7/10
Michael Quinlan	Deputy Director of Finance	1	1	1	1	1	1	1	1	1	1	10/10
Tim Gold	Director of Operations, Unplanned Care	0	1	1	1	N/A	N/A	N/A	N/A	N/A	N/A	3/4
Chris Danson	Director of Transformation	1	1	1	1	1	0	1	1	1	1	9/10
James Taylor	Deputy Chief Operating Officer	1	1	1	1	0	0	1	1	1	0	7/10
John Bolton	Ops Medical Director & Deputy Chief Medical	0	1	0	0	0	0	1	1	1	1	5/10

Name	Job Title	27/04	25/05	29/06	27/07	28/09	26/10	30/11	25/01	22/02	29/03	Total
	Officer											
Neil Scott	Head of Business Intelligence	0	0	0	0	0	0	0	0	0	0	0/10
Terri Saunderson	Director of Operations	0	1	0	0	1	1	0	0	1	0	4/10
Shaun Milburn	Deputy Director of Operations – Unplanned Services	N/A	N/A	N/A	N/A	N/A	1	0	1	0	1	3/5
Rachael Waddington	Deputy Director of Operations – Planned Services	N/A	N/A	N/A	N/A	N/A	0	0	0	1	0	1/5
Ellie MacIver	Deputy Director of Operations – Cancer & Diagnostic Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	0	1	2/3
Adele Hartley-Spencer / Sarah Freeman / Jo Hilton	Deputy Chief Nurse/Director of Nursing (Operations) – 1 per meeting	N/A	N/A	N/A	N/A	N/A	1	0	1	1	1	4/5

Meetings are also attended by the Director of Strategy & Integration and Associate Director of Corporate Governance/Board Secretary. Other members of staff are invited to attend meetings when appropriate to discuss specific matters related to their roles, for example members of the Act as One team.

4. Summary of the work of the Academy during and in respect of 2022/23

4.1 Performance

Performance report - at each meeting the Academy has received and discussed in detail the Operational Highlight Report and Performance Report, which provide assurances in relation to performance against key national and contractual indicators, and the action being taken to improve and address areas of underperformance.

Performance Improvement Plan - the Academy received updates on the development of the Trust's Operational Improvement Plan which had delivered positive results throughout 2022/23. There would be new objectives for 2023/24 and the Academy would continue to receive monthly updates.

There are three approaches to the delivery of the plan, outlined as:

- Business as usual (operational delivery)
- Proactive performance management (tactical response)
- Transformation (strategic response)

It was agreed that the Academy would receive a deep dive into one of the three following areas at each meeting:

- Urgent and emergency care,
- Planned care,
- Cancer & Diagnostic care.

The discussions are based on the delivery of the ten key standards that underpin the three areas listed above, to provide assurance to the Academy on progress.

During 2022/23 the Academy received deep dives in relation to urgent and emergency care in May, September and January, and Planned care (RTT) in June, October and February, and Cancer and Diagnostics in April, July, November and March.

Winter Planning - the contents of the winter plan for 2022/23 were presented which highlighted that, in line with national and local system requirements, the Trust had developed the winter operational plan in conjunction with partner organisations. The winter plan took into consideration the requirements from NHS England (NHSE) in the letter dated 12 August 2022 in relation to next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter which related to:

- New variants of COVID-19 and respiratory challenges
- Demand and capacity
- Discharge
- Ambulance service performance
- NHS 111 performance
- Preventing avoidable admissions
- Workforce
- Data and performance management
- Communications

Nationally mandated trajectories had formed part of the winter plan. These were:

- 111 call abandonment
- Mean 999 call answering times
- Category 2 ambulance response times
- Total hours lost per day to ambulance handover delays over 30 minutes
- Adult general and acute bed occupancy
- Percentage of beds occupied by patient who no longer meet the criteria to reside

The Command Centre had been formally established to manage winter operational pressures.

NHSE/I Core Standards Self-Assessment Submission - the Board agreed to provide the Academy with delegated authority for the approval of the Trust's self-assessment against NHSE's Emergency Preparedness, Resilience and Response (EPRR) Core Standards, for submission to NHSE on 28 October 2022.

The Trust was able to demonstrate compliance with 59 of the 64 standards, allowing a declaration of substantial compliance. Two areas of partial compliance relates to training and exercising, a new requirement that required staff to be training in line with the new NHSE EPRR competencies (National Minimum Occupational Standards). The other areas of partial compliance related to governance, duty to maintain plans and command and control. Work had continued over the previous 12-months on EPRR, and the Trust had used the principles of EPRR in its response to the COVID-19 pandemic via the command and control framework that had been established.

The Academy approved the Trust's EPRR Core Standards Self-Assessment. The Chief Operating Officer signed this on behalf of the Trust in readiness for submission on 28 October 2022.

4.2 Finance

Finance report – the Academy has received assurance as to the Trust's financial position at each meeting, as well as regular updates on the capital position and the actions being taken to address any underspends.

As well as updates relating to the Trust, assurance has also been provided in relation to the financial position of the Bradford District & Craven Place, WYAAT and the West Yorkshire ICS.

Six monthly updates have also been provided in relation to the Trust's pathology joint venture, which made a profit in 2022/23.

Finance Improvement Plan - the Academy received monthly presentations on progress against the financial improvement plan which saw CSUs allocated a 2.2% financial improvement target for 2022/23, with the expectation that delivery would commence during H2 (Month 7 – 12) 2022/23.

Treasury Management – the Academy has received 6 monthly updates and assurance in relation to the Trust's cash flow position and performance.

Budget Setting Process and Timetable – a presentation was received on the draft financial plan summary for 2023/24 during January and the financial plan for 2023/24 was presented in March 2023.

The final financial and operational planning submissions were approved by the Academy on 29 March 2023 following agreement by the Board to provide the Academy with delegated approval.

Procurement - the Academy received a bi-annual update on procurement issues, which included the Trust's involvement of the WYAAT wide Scan4Safety programme which saw the Trust deploy Inventory Management within Radiology, with early feedback being positive from clinical colleagues.

4.3 Act as One

The Act as One Programme Directors have attended four meetings during the year to provide an update on the Act as One Programmes, the progress being made and the impact and outcomes.

4.4 Risk

High Level Risk – the Academy has reviewed all risks within its remit scoring 15 and above, alongside an overview of the Executive Team's discussion in relation to the risks and any issues raised. The Academy has sought assurance that the risks are being managed appropriately and that the risks recorded are appropriate in the context of the information being presented.

Board Assurance Framework – from August 2022, the Academy has reviewed the strategic risks within its remit on a bi-monthly basis. The Academy reviewed, challenged and assessed the identification and management of risks within their remit, and sought assurance that all relevant key risks had been identified and reported to the Academy, and were being managed appropriately.

4.5 Governance

Internal Audit Plan – the Academy has received details of the internal audit plan for the year, to provide assurance that the coverage of the plan was appropriate in terms of finance and performance related audits.

Work plan – the Academy reviews its work plan and each meeting and agrees any changes as appropriate. During the year, the items relating to Estates & Facilities were removed. This was further to a recommendation from the Executive Team that the new quarterly EFM services report should be presented to the Quality & Patient Safety Academy, with reports to the other academies by exception. It was confirmed that any financial efficiencies associated with EFM improvements would be seen through the usual financial reporting.

Effectiveness Review – the Academy considered its effectiveness on 25 May, where Academy members were asked to consider the following:

- the effectiveness of the meetings and how meetings could be made more effective

- how engaged members were with the meetings
- whether members felt able to challenge at meetings and ways in which this could be supported
- whether the meetings included the right mix of learning, improvement and assurance
- were the right people involved in the meetings
- duration of the meetings

The initial outcomes from these reviews were presented to the Academy on 29 June. Further was then undertaken to develop the terms of reference (including membership) and work plans for the Academies, and proposed changes were presented to the Academies on 28 September. The revised terms of reference were approved by the Board on 10 November.

5. Conclusion

The Academy believes that during 2022/23 it took reasonable steps to perform its duties as delegated by the Board and specified in its terms of reference. The Academy has reviewed all relevant items in line with its Terms of Reference and work plan.

Julie Lawreniuk
Non Executive Director and Chair of the Finance & Performance Academy

April 2023

Finance & Performance Academy

Terms of Reference

Purpose	To seek assurance, learn and drive improvement in relation to all aspects of finance and performance within the Trust.
Responsible to	Board of Directors
Delegated authority	<p>The Academy is authorised to investigate any activity within its terms of reference. It is further authorised to seek any information it requires from any employee of the Trust and invite them to attend the Academy to contribute to a discussion or to enable the 'lived experience' to be captured as part of the debate.</p> <p>The Academy may make a request to the executive management team for legal or independent professional advice. The Academy may request the attendance of external advisers with relevant experience and expertise if it considers this necessary to either contribute to an agenda item or to run development sessions for its members.</p>
Duties	<p>Assurance:</p> <ul style="list-style-type: none"> • Review, challenge and assess the identification and management of risks within the Academy's remit on the High Level Risk Register and the BAF, to provide assurance to the Board that all relevant risks are appropriately recognised and recorded, and that all appropriate actions are being taken within appropriate timescales where risks are not appropriately controlled. • Oversight and scrutiny of the development and maintenance of the Foundation Trust's medium- and long-term financial strategy. • Oversight and scrutiny of the development and delivery of the Foundation Trust's annual plan and integrated business plan. • Review and monitor financial plans and their link to operational performance. • Oversight and scrutiny of financial risk evaluation, measurement, and management. • Oversight and scrutiny of the risks and assurance associated with the impact of financial and performance pressures on the quality of care. • Scrutiny of the implementation of business cases. • Oversight of the Capital Programme. • Review the performance of the Foundation Trust in achieving National Standards, Contractual Indicators (National and Local) and Trust-defined indicators. • Receive, consider and approve the annual reference cost submission ensuring appropriate application of costing methodologies. • Approve and keep under review the Foundation Trust's

	<p>investment policy in relation to treasury management (to include cash investments and all other elements of working capital).</p> <ul style="list-style-type: none"> • Make recommendations to the Audit Committee concerning the annual programme of Internal Audit work and work with the Audit Committee to ensure effective scrutiny of the risks and systems of internal control related to finance and performance matters. • Consideration of relevant internal audit reports. • Oversight of the Pathology Joint Venture Board. • Oversight of the Trust's procurement activity (also relevant to the Learning and Improvement aspects of the Academy). • Oversight of the Trust's compliance with Emergency Preparedness, Resilience and Response (EPRR) requirements. • In reviewing the assurances received, the Academy will take into consideration the quality of data presented and any associated issues.
	<p>Learning:</p> <ul style="list-style-type: none"> • Review the Trust's position in line with benchmarking data including GIRFT, WYAAT and ICS data, and identify areas of learning. • Review and consider the latest innovations both nationally and internationally and identify any relevant learning for the Trust. • Consider learning from other sectors and industries, outside of the NHS. • Consider the relative strengths, weaknesses, limitations and opportunities in relation to CBUs and ensure that opportunities for learning and improvement are disseminated appropriately.
	<p>Improvement:</p> <ul style="list-style-type: none"> • Review and monitor the performance of the Bradford Improvement Programme. • Consideration of performance/finance impact assessments. • Review programme updates from WYAAT and the ICS to ensure that any related improvements are exploited within the Trust.
Sub-Groups	<p>Pathology Joint Venture Board Capital Strategy Group</p>
Chairing	<p>The Academy will be chaired by a Non-Executive Director.</p>

arrangements	In the absence of the Chair, the Deputy Chair (who is also a Non-Executive Director) will act as Chair.
Membership	<ul style="list-style-type: none"> • Chief Operating Officer • Director of Finance • Up to four Non-Executive Directors (including the Chair and Deputy Chair) • Deputy Directors of Finance • Associate Director of Performance • Medical Director of Operations • Deputy Chief Operating Officer • Director of Operations • Deputy Director of Operations - Planned Services • Deputy Director of Operations - Unplanned Services • Deputy Director of Operations – Diagnostics and Corporate Operational Services • Deputy Chief Nurse / Directors of Nursing (Operations) (at least one to attend each meeting) • Director of Transformation • Head of Business Intelligence <p>Members are normally expected to attend at least 70% of meetings (7) during the year.</p>
In attendance	<ul style="list-style-type: none"> • Associate Director of Corporate Governance/Board Secretary • Head of Corporate Governance • The Academy may invite other employees or external advisors to attend as appropriate • Any non-member NED
Secretary	Secretarial support will be provided by the Executive Assistant or PA to the Director of Finance/Chief Operating Officer.
Quorum	A minimum of five members, including the Chair or Deputy Chair and at least one Executive Director.
Frequency of meetings	<p>Monthly (except August and December)</p> <p>At the request of the Chair, the Committee may hold meetings by telephone, video link or by email exchange. Normal rules relating to quoracy will apply to such meetings. These meetings will be deemed as standard meetings of the Committee.</p>
Circulation of papers	Papers will be distributed a minimum of three clear working days in advance of the meeting.
Reporting	The Chair of the Academy is responsible for reporting to the Trust Board on those matters covered by these terms of reference through a regular written report. The minutes of the Academy shall also be submitted to the Trust Board for information and assurance. The Chair

	of the Academy shall draw to the attention of the Trust Board any issues that require disclosure, or may require executive action. The Academy will present a written annual report to the Trust Board summarising the work carried out during the financial year and outlining its work plan for the future year.
Date agreed by the Academy:	28 September 2022
Date approved by the Trust Board:	10 November 2022
Review date:	July 2023