

BOARD SUBCOMMITTEE ASSURANCE REPORT

Presented for:	Information and Escalation
Committee Name:	Performance and Estates Committee
Presented by:	James Rolfe, Non-Executive Director (Committee Chair in Gareth Tipton's absence)
Date of Committee Meeting:	28 March 2022

Items received by the committee for assurance:

Agenda Item	Level of Assurance	Board Action Required? <small>(double click to select)</small>
Operational Performance	Reasonable assurance	<input type="checkbox"/>
Urgent Care improvement Plan	Partial assurance	<input type="checkbox"/>
Recovery update	Reasonable assurance	<input type="checkbox"/>
Cancer performance	Reasonable assurance	<input type="checkbox"/>
Operational risk register	Reasonable assurance	<input type="checkbox"/>
Operational Board Assurance Framework	Reasonable assurance	<input type="checkbox"/>
Escalation report from Facilities Assurance Committee	Reasonable assurance	<input type="checkbox"/>
RAAC update	Reasonable assurance	<input type="checkbox"/>
PFI contract management	Reasonable assurance	<input type="checkbox"/>
Backlog maintenance	Reasonable assurance	<input type="checkbox"/>
Fire report from Spice of Life Restaurant fire	Reasonable assurance	<input type="checkbox"/>
Estates Risk Register	Reasonable assurance	<input type="checkbox"/>
Estates Board Assurance Framework	Reasonable assurance	<input type="checkbox"/>
Annual Effectiveness Review	Reasonable assurance	<input type="checkbox"/>

POINTS OF ESCALATION

- Performance continues to remain challenged across all sites. A significant number of patients are remaining in ED over 12 hours, particular at PCH. As a result of this performance, the trust remains in the bottom 10 trusts nationally.
- There continues to be significant delays in ambulance transfers with 17% than 60 minutes. Work is in hand with staff and EEAST to address this.
- Diagnostic performance remains some distance from national standards. This in turn is affecting cancer and planned care recovery.
- Cancer performance remains challenged, particularly across two week and 62 day performance standards, significantly below national performance standards. Additional capacity has been mobilised to support skin, breast and colorectal services. As discussed at the previous PEC, a revised recovery plan including planned trajectories for recovery has been agreed and is now being implemented.
- The Urgent Care Improvement update was brought to the Committee. Although there has been some progress since the previous meeting, there remains a number of outstanding actions not allocated to SROs, which is inhibiting the progress of this important work.
- The 22/23 estates capital programme provides £1.8m for backlog maintenance, against a requirement of over £5million high risk issues as

KEY ISSUES

identified by the latest 6 facet survey. This means that the backlog will continue to grow and many high priority issues will not be addressed during 22/23.

- Planned activity levels have increased since January, but further increases are required to meet planned levels for 22/23.
- The national planning requirement to mitigate future increases in waiting lists above the Sept 21 position continues to be achieved. The position for long waiters has improved since January - there have been reductions in patients waiting over 104 weeks and 52 weeks.
- There remain some outstanding high and significant risks not in date (17% and 17% respectively), and performance on overall risk management (in terms of the percentage of risks in date) has declined from a high of 100% in July 21 and 92% in February 22. More positively, the number of aged risks continues to fall, as a result of concerted action (deep dives) by the Trust's risk management team.
- The Board Assurance Framework (BAF) for 21/22 was presented. It was agreed as an accurate representation of performance against the 21/22 objectives agreed at the beginning of the year.
- A range of estate activities are in hand to ensure delivery of the 21/22 capital programme, and planning for 22/23. During the month, there have been three significant operational matters to draw to the Board's attention - the failure in water supply at Hinchingsbrooke Hospital, a fire in the Spice of Life restaurant and possible asbestos disturbance at Stamford. The water supply problem has been resolved, but highlights well the ongoing nature of the poor quality infrastructure at that sight. An excellent lessons learned report has been prepared as a result of the restaurant fire and is now being implemented. One member of staff sustained burns but has recovered. The incident has highlighted the need for stronger training for managers and staff so that they are fully aware of and competent in the use of fire procedures and equipment (eg gas cut-off switches and extinguishers). Work on the possible asbestos disturbance continues in line with Trust and statutory procedures.
- Work continues to address performance problems with the PFI contractor's services, and notable progress being achieved.
- The Trust has £13m of RAAC funding for 21/22, and a full programme of works has been implemented during the year as a result. Due to various delays, an underspend is predicted, and the position is being reviewed on a weekly basis to ensure as much funding as possible is spent within the financial year.
- The PEC effectiveness review was discussed, generally favourably. Overall, the Committee performs well, with further opportunities for improvement in understanding the defined role of the committee, in induction of new members, and to engage executive members in future discussions about the effectiveness of the committee.

BOARD ASSURANCE FRAMEWORK & RISKS

- Overall, a good level of assurance received on a range of issues. However, there needs to be continued focus on operational performance before there is full confidence that the plans are having the intended effect.
- Similarly, more work is required on the Urgent Care Recovery Plan to ensure there is adequate engagement of senior leaders and assigned responsibility

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for the range of actions that comprise the Recovery Plan. Operational pressures continue to make this difficult for hard pressed staff.

- Estates assurance remains mixed. Despite a lot of activity, which helps us understand risks and plan for their mitigation, the problems created by RAAC remain, as does the unaddressed backlog maintenance.

- A wide range of hard work by staff, balancing heavy workloads and covid workforce gaps has resulted in some notable successes, highlighted in the report above – waiting lists, progress on RAAC work, progress

LEVELS OF ASSURANCE

Level	Description of Level of Assurance
Substantial Assurance	The report highlighted a sound system of control, designed to address the relevant risks with controls being consistently applied. Highly unlikely to impair the achievement of both system and strategic objectives.
Reasonable Assurance	The report did not highlight any material weaknesses in the system of internal control that would present material risks to the achievement of both system and strategic objectives.
Partial Assurance	The report highlighted some material weaknesses in the system of internal control that would present material risks to the achievement of system objectives. May also impair achievement of strategic objectives.
Limited Assurance	The report highlighted significant material weaknesses in the system of internal control that would present material risks to the achievement of both system and strategic objectives.