

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:	25 April 2022

Items received by the committee for assurance:

Agenda Item	Level of Assurance	Board Action Required? <small>(double click to select)</small>
Operational Performance Report	Reasonable assurance	<input type="checkbox"/>
Urgent Care Improvement Plan	Reasonable assurance	<input type="checkbox"/>
Ambulance handover plan	Reasonable 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"/>
Escalation report from Facilities Assurance Committee	Partial assurance	
RAAC Update	Reasonable assurance	
PFI Contract Management	Reasonable assurance	
Asbestos Incident	Partial Assurance	
Water Works Incident	Reasonable assurance	
Estates Risk Register	Reasonable assurance	
Terms of Reference	Reasonable assurance	
22/23 Operational Plan	Substantial assurance	

POINTS OF ESCALATION

- Performance continues to remain challenged across all sites, and is a very similar picture to the March update:
 - A significant number of patients are remaining in ED over 12 hours, and this has increased since the March performance update. 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 21% taking more than 60 minutes (compared with 17% in March). Work continues with staff, EEAST and within the ICS to address this, and the Committee reviewed the Ambulance Handover Improvement Plan.
 - Diagnostic performance remains some distance from national standards, with 41% waiting more than 6 weeks (down from 43% in March). This in turn is affecting cancer and planned care recovery. Echocardiogram performance has improved and is now within control limits.
 - Cancer performance remains challenged, particularly across two week and 62-day performance standards, significantly below national performance standards, although there has been some

KEY ISSUES

improvement (approximately 5%) for both KPIs. Referral demand continues to increase, to above pre-Covid levels.

- More positively, 104 and 52 week waits have both improved since the January position. Similarly, the provision of advice and guidance for referrals remains strong, so helping to mitigate further increases in demand.
- The Urgent Care Improvement update was brought to the Committee. There has been significant progress since the March meeting, and actions and responsibilities are now clear. A number of key actions have also been delivered, as part of the overall improvement journey. The assurance rating for this agenda item has therefore increase, to “Reasonable”.

- Planned activity levels have increased since January, and further increases are required to meet planned levels for 22/23. Similarly, there was a large number of referrals throughout March will start to impact waiting lists later in the year.
- The Operational risk register continues to see improvement. 2 risks remain unaddressed, and action is in hand with both of these to ensure proper resolution ASAP. The Estates risk register will also be reviewed more strategically to ensure, for example, the financial impact of operational matters (eg in restaurants) is fully understood.
- More generally, the Trust’s overall risk position has improved. 100% of high rated risks are in date, as are 96% of all significant risks (13% improvement since last month). 62% of moderate risks (no change) and 43% of low rated risks (1% decline) are in date. The approach of addressing the highest rated risks first is delivering good results.
- The activity levels associated with the annual 22/23 plan (scenario 3) were agreed. These are considered achievable within the budget available. The final version of the plan will now be submitted to NHSE.
- The Committee reviewed and agreed the Facilities Assurance Committee escalation report. This covered a wide range of operational estates matters, including:
 - Staffing, both within the Estates team and the PFI contractor’s staff, where recruitment challenges remain. 14 new domestic staff were recruited in April.
 - Work is in hand to improve compliance with the domestic water supply.
 - As a result of a nationwide patient safety alert, all 27 V60 ventilators have been removed from service awaiting advice from the manufacturer (Phillips). There have been 5 cases nationally of the ventilators shutting down unexpectedly.
 - The overall capital spend was on budget for 21/22. Planned overspends on medical equipment (ie bringing forward planned expenditure from 22/23) helped to offset underspends in planned maintenance.
- The 21/22 RAAC programme was reviewed. The full £13m allocated for the year was spent, and a range of improvements made across the Hospital. The programme has also been thoroughly evaluated, and lessons learned fed into the 22/23 programme and beyond. There remains a significant amount of work to be done, in 22/23 and 23/24, to spend the full £39m allocated to the Trust.

**BOARD
ASSURANCE
FRAMEWORK
& RISKS**

**CELEBRATING
OUTSTANDING
PRACTICE &
INNOVATION**

- Work continues with the PFI contractor to address ongoing performance issues. Progress has been made, and attention is now turning to resolving long-standing problems with the Combined Heat and Power (CHP) unit.
 - Two detailed reports, on the asbestos incident at Stamford Hospital and the water outage at Hinchingsbrooke Hospital, were presented, to demonstrate the significant amount of work done on both issues to identify the problems and put in place appropriate operational controls. Most significantly, work is in hand to produce a comprehensive and up to date asbestos survey for all sites. As a result of the lack of comprehensive, accurate asbestos information, the FAC Escalation Report has only a Partial assurance.
- Overall, a good level of assurance received on a range of issues. Continued focus on these key operational matters is beginning to see improvements, and the additional capacity created by the Interim Improvement Director (who starts on 27 April) will bring further pace to this work.
 - Work done on the Urgent Care Improvement Plan has improved the assurance level of this work. Continued focus there is also likely to deliver service improvements.
- 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, advice and guidance for referrals, echocardiography and the start of a turnaround in cancer 2 week and 62 day performance.
 - The RAAC programme for 21/22 (£13m) was fully spent, and the capital programme was also on budget for the year/

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.