

COUNCIL OF GOVERNORS SUBCOMMITTEE ASSURANCE REPORT

Presented for:	Information and Escalation
Committee Name:	Performance and Estates Committee
Presented by:	Gareth Tipton, Non-Executive Director (Committee Chair)
Date of Committee Meeting:	25 July 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	Partial Assurance	<input type="checkbox"/>
Elective Care Recovery	Reasonable assurance	<input type="checkbox"/>
Cancer Performance	Reasonable assurance	<input type="checkbox"/>
Operational Risk Register	Substantial assurance	<input type="checkbox"/>
Operational Board Assurance Framework	Substantial assurance	<input type="checkbox"/>
Escalation report from Facilities Assurance Committee	Substantial assurance	<input type="checkbox"/>
RAAC Update	Reasonable assurance	<input type="checkbox"/>
Green Plan	Reasonable assurance	<input type="checkbox"/>
Estates Risk Register	Substantial assurance	<input type="checkbox"/>
Estates Board Assurance Framework	Substantial assurance	<input type="checkbox"/>

POINTS OF ESCALATION

- The Trust did not meet the target for the number of patients being over 104 weeks by end June 2022. 11 patients remained as breaches, all of which were outside the Trusts ability to influence.
- Cancer performance remains challenged, particularly across two week wait and 62-day performance standards, significantly below national performance standards. The Trust is in Tier 2 but no longer in the bottom 20 trusts. The Cancer Recovery Plan continues to be monitored to drive improvements.
- The Trust 4 hour A&E performance remains challenged and declined in the month. The percentage of patients waiting over 12 hours also increased in the month.

KEY ISSUES

- The Committee reviewed and discussed the Operational Performance Report. This covered a wide range of operational matters, including:
 - The number of referrals responded to with advice and guidance continues to remain strong, helping to mitigate further increases in the Trusts overall waiting list.
 - Diagnostic imaging activity was strong in Q1, particularly for MRI. In all areas diagnostic imaging delivery is above 2019/20 levels.
 - Occupancy remains very high, regularly over 100%, particularly at PCH, impacting on patient flow through the hospital and A&E.

- Delivery of planned activity remains below the level achieved in 2019/20, and below the 104% activity target for 2022/23.
- Ambulance handover delays remains a key area for improvement. In the month there has been an increase in the percentage of handovers over 60 minutes. Progress against the Ambulance Handover Plan reports directly to COO and Unplanned Care Board
- Delayed diagnostics continue to adversely affect cancer and planned care recovery. The main areas of breach remain ultrasound and echocardiograms. Work is in progress to secure additional community capacity for ultrasound. Additional capacity has been secured for echocardiograms leading to month on month improvements, although a national shortage of echo technicians means the speed of improvement will be slower than planned.
- The Urgent Care Improvement Plan was discussed with specific focus on:
 - Ambulance Handover – the process of ambulance arrivals being taken to the front door is now BAU; work is in progress to do a pilot for HH. The completion of the ambulance bay expansion and provision of a separate patient admin booking-in hub at PCH is planned for end July and should increase capacity. RAT roles and responsibilities are drafted for finalisation. Overall, ambulance delays and the supporting improvement plan remains a key area for improvement and continued focus. Progress remains slow at driving the improvements required and will receive continual review by the Committee to gain the level of assurance required.
 - Same Day Emergency Care – overall SDEC activity is on an upward trajectory although not in all areas. ACU has not yet recovered post Covid due to an increase in elective activity. The reduction in Zero LoS activity in MAU is mainly caused by poor flow through the Trust
 - Inpatient Flow and Discharge Programme – high occupancy levels are directly impacting ability to create flow and affects efficiency of discharge. Length of stay has increased for all 7, 14 and 21 say stays which is reflected elsewhere in the country. Work is underway to stream more into the UTC. Progress remains slow at driving the improvements required and will receive continual review by the Committee to gain the level of assurance required.
- The Elective Care Delivery – Referral to Treatment paper was discussed. The Committee was supportive of the ‘back to basics’ approach to ensure standardisation of process.
- The Committee reviewed and discussed the Cancer Recovery Plan, noting that it still remained out of date. The Committee will review again in August once it is fully updated.
- The Committee reviewed the Facilities Assurance Committee escalation report noting that staffing still remains a considerable issue both within the Trust and with Progress Health partners. Several Hard FM personal have left in the month and there are currently 50 Soft FM vacancies, mainly relating to cleaning at PCH. This has been escalated and a number of proactive actions are underway. The HHCT catering team have retained their 5 star rating following an unannounced Environmental Health visit.
- The Committee received an update on RAAC. The financial position has varied from the expected programme performance mainly due to delays in awarding and issuing tenders. There is currently a £1.2m underspend but a plan is in place to bring it back on track.

BOARD ASSURANCE FRAMEWORK & RISKS CELEBRATING OUTSTANDING PRACTICE & INNOVATION	<ul style="list-style-type: none"> • A verbal update was provided on the Green Plan.
	<ul style="list-style-type: none"> • The Operational and Estates risk registers and BAF were reviewed on an exceptional basis focusing only on updated risks and those with inadequate controls.
	<ul style="list-style-type: none"> • N/A

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.