

Finance and Performance Assurance Committee Key Issues Report

Report Date: 1 st March 2022		Report of: Finance and Performance Assurance Committee
Date of last meeting: 1 st March 2022		Membership Numbers: The meeting was quorate.
1	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Integrated Performance Report Month 10 • Month 10 Finance Report • Performance Highlights including Elective and 104 Week Waits, Diagnostics and urgent and Emergency Care • Cancer Recovery Plan, including Covid 19 update • Efficiency Program Report • Draft 2022/23 Financial Planning • Community Diagnostic Hub, Telford • Recommendation for the Procurement of Hospital Standard Acute Beds • Update reports from sub-committee
2a	Alert	<p>The Committee wished to alert members of the Board that:</p> <ul style="list-style-type: none"> • Currently we are still dominated by urgent and emergency care pressures, including on staffing and capacity. • Covid has also caused significant issues across the system, with health and social care services seeing the same pressures. • The pressures have resulted in utilising all of our escalation capacity, impacting on both day surgery units and limiting elective activity during the period. • The pressures at the front door has four and 12 hour performance has been, as well as the Trust seeing high levels of ambulance handover delays at times. • The target to reduce patients waiting over 104 weeks remains and in regards to elective recovery we are still under an awful lot of pressure; we remain focused on meeting our year-end target of 74 patients. • It was highlighted there are risks with theatre capacity with unavailability levels of 30% or more (a combination of vacancies, staff leave and sickness absence). • Diagnostics demand is also remaining high, both in terms of urgent care demand as well as elective recovery. Workforce pressures are also a major factor in these teams. • It was highlighted that oncology medical staffing is an area of risk, albeit this is a national shortage speciality. • There is currently a £41million gap in the 22/23 financial plan • It was highlighted we still have capital allocated to us in regards to Community Diagnostics Centre in 21/22. We are working closely with NHSEI and partners to plan this programme and sensibly apply capital funds in the remaining part of the year and manage capital funding between 21/22 and 22/23.

2b	Assurance	<p>The Committee wish to assure members of the Board that:</p> <ul style="list-style-type: none"> • The Trust is focused on meeting the target for 104 weeks. Extensive planning has been carried out (and is in progress) for next year but significant risks remain on elective capacity (especially for workforce). Work is also being done at an ICS as well as Trust level. • The additional CT and MRI mobile capacity continues to play a vital role in capacity. • The in-sourced theatre provider contract saw a reduction in January in activity due to use of 'Green' capacity for escalation. Cancellations were made to avoid unnecessary costs being incurred. • In regards to efficiency has been agreed with executive team that there will be more of a focus on efficiency in quarter one. There will be a time frame of where we will land on 22/23 plan at divisional level. 		
2c	Advise	<p>The Committee wish to advise members of the Board that:</p> <ul style="list-style-type: none"> • Christmas and January has been a really challenged period for cancer specialties albeit cancer pathways continue to be a major clinical priority. All specialties are focused on recovery of performance to reduce the backlog and to certain extent we are seeing early signs of this already and this is encouraging. • Mrs Troalen confirmed there would be a planned underspend against the capital allocation which the region is sighted on. • Covid inpatient numbers reached a peak in January and into February (and stands at 45-50 COVID-19 positive inpatients as at end of February) • Digital Capital procurement was approved to go to board for final approval. • The recommendation for procurement of hospital standard acute beds was approved and to go to Board for final approval. 		
3	Actions to be considered by the Board	<ul style="list-style-type: none"> • Community Diagnostic Centre • Digital Capital Procurement • Recommendation for procurement of hospital standard acute bed 		
4	Report compiled by	<i>Clive Deadman Chair</i>	Minutes available from	<i>Sabrina Kitcher Committee Support</i>