

Board of Directors (in Public)

Item 6.1.3a

Subject: Integrated Performance Committee BAF Key Issues Report
Date of Meeting: Tuesday 27th September 2022
Presented by: Louise Robson, Chair Integrated Performance Committee
Meeting Held: 25th July 2022

This report sets out the key assurances, risks and actions from the recent Committee meeting. Areas for escalation to the Board of Directors are included below as required.

Agenda Item	Lead Exec	Assurance Received	New/ Emerging Risks	Actions/ Comments
5.1.1 M3 Finance Report	KE	M3 Finance Report presented. Change in Finance plan target from break-even to £2.3m surplus control total, resulting from national resubmission request. Additional inflation funding and non-recurrent CIP to achieve CT. Q1 position on plan with surplus of £0.6m.	CIP identification ERF Private Patients (PP) Excess inflation	Mitigations identified including additional assurance and monitoring of CIP progress, ERF performance, PP operational recovery group and cost pressures scrutiny.
5.1.2 CIP Progress Update	KE	M3 CIP position £2.8m vs £4.2m recurrent identified. (65%) Deep dive into process for identification, transaction and delivery of CIP incl divisional progress, QIA, KLOE's and risk ratings.	CIP slippage in year will cause financial deficit	Non-recurrent benefit from slippage on investments and risk reserve. Progress meetings in place.
5.1.3 Capital Update	KE	The 2022/23 plan has been updated for the outcome of the ICB prioritization process. The plan is £14.3m including £3m Digital funding. Schemes not approved total £3.9m and risk assessment completed with tolerable outcome. Aircon unit review completed and revenue solution identified.	No contingency in event of unforeseen resource requirement (e.g. equipment / infrastructure failure)	Proactive inspection regime and maintenance programme. Re-prioritise schemes in event of higher risk rating. Escalation to ICB risk reserve as required.
5.2 Reference Cost Return	CR	National Cost Collection submission due 8 th August and sign-off delegation to CFO based on report outlining process and QA arrangements.		
5.3	CR	An update was provided on Yr 2	Clinical	Clinical champions

SLR Strategy		SLR strategy with key risks and achievements. The 2021/22 SLR position was presented noting impact of recovery on costs and changes in HCDD.	Engagement	sought and focus on Divisional input
5.4 Q1 Perf Reports	JM	POF shared with IPC with report on key risks and mitigations. Weekly POF shared exceptionally for information.	Sickness affecting capacity for recovery, RTT and 52ww Increased demand CT biopsy impacts Cancer perf	HR support and flexing of capacity where possible
5.5 Admin update	JM	Presentation outlining current risks and improvement plan	Typing TAT Admin responsiveness	Improvement plan and structural reform
5.6 Surgery long-waits	JM	Presentation outlining position against trajectory. Issues arise in mini-mitral and ACHD Surgery due to specialist operators.	52ww 104ww	Action plan including prioritization of theatre capacity and consultant time.
5.7 Cancer Perf	JM	Presentation outlining position against cancer performance targets. Issues arise in Faster Diagnosis Target (FDS) and 62day as a result of increased demand and capacity constraints	FDS 62 day	Action plan including additional CTx / EBUS capacity and pathway. CTx trajectory b/fwd to Q2 from Q4. improvement plan. Lead Cancer Clinician to be considered.
6.1 IPC workplan	ALL	The workplan was reviewed and agreed in line with objectives. Benchmarking to be included	None	
7.1 Escalation	ALL	No points of additional escalation over what is included in BoD papers from CFO/COO	None	