


	the increasing number of patients who do not have a right to reside for a number of reasons. Detail was also provided on the reporting of data which had changed since the pandemic.	
Operational Performance Report (IES Community)	<p>The Committee was informed that all comparative indicators are green in relation to national benchmarks. Urgent Crisis Response (UCR) performance has further increased to 94%. Challenges with the REACT data were currently being investigated. Work has been ongoing on the development of the discharge pathways, which will include developing a system around home care.</p> <p>Work continues on alignment of performance reporting across community provision and a draft version of the report will be presented at the next Committee meeting.</p> <p>The Committee noted the significant number of admissions avoidance (600) against the total number of admissions per month (3,600), which equated to 20%.</p>	Assurance
Operational Performance Report (NEE Community)	<p>The Committee was informed that areas of concern for the 18 week waiting time performance was Podiatry, Salt and Language Therapies, Respiratory and Children’s Therapies. A patient harm audit has been developed and provided the assurance that no harm had been caused to those patients whose appointment time has been reduced from 60 to 30 minutes for paediatric therapy. Feedback has been received that the extra initiatives in place to allow for a reduction in appointment time has been more supportive for the patients and families. An Improving Care for Older People programme has commenced and is focused on redesigning the provision of services for older adults and improving patient outcomes. Integrated working with EPUT, ECC and voluntary sector is being reviewed to improve patient care and experience for those patients with dementia who are based on older adult wards, particularly in Colchester.</p> <p>The Committee received information on the OBC for Clacton Hospital which is due to be submitted and will propose to change the hospital to a care hub, with integrated working between primary care, social care, urgent care, mental health, voluntary sector and maternity services and will benefit those residents in one of our deprived areas. The Committee was assured that the proposal would be reviewed through our internal governance processes and the assessment included in the financials to understand the impact.</p> <p>The Committee questioned the trajectories on the four key areas of concern and requested assurance on compliance. The Committee received assurance that the trajectories for Respiratory and Podiatry would be met, however there was less assurance provided for Salt and Language Therapies due to the national shortage. Other innovative ways of working with colleagues from Mid Essex are being reviewed and with regards to Paediatric Therapies, discussions will be concluded with HCRG, formerly Virgin.</p>	Assurance
Workforce Report	The Committee received a detailed update: sick absence is 3.17%, which has reduced during the summer months, and sick absence relating to stress, anxiety and depression has remained stable. Average number of days for long term sickness absence is 5.7 days and is above target. Work will continue with individuals on long term sick absence around rehabilitation back into the workplace. Vacancy rate continues to reduce, however the joiner and leaver number are offset against each other. For recruitment, key areas are healthcare support and work is ongoing with	

	<p>Colchester Institute and Suffolk New College. There is a continued focus on apprenticeship programmes. There is a requirement for 185 additional clinical staff over the winter period, of which the recruitment campaign has commenced. Appreciation days are being developed to help address the retention issues. Improvement has been shown for mandatory training and appraisals due to the ESR optimisation programme and the targeted approach for all Band 8A appraisal to be completed by end of July.</p> <p>The report currently contained additional detail which was not required at this Committee in future.</p> <p>The Committee noted the progress with the recruitment of midwives and the plan that midwifery staff should be fully established by end of September, ahead of plan, dependent on no changes to decision making.</p> <p>The Committee requested clarity on the impact on the financial position of being ahead with recruitment and the band 2/3 issues. Assurance was provided that no overspend occurs and the budgets are monitored carefully. Aiming to implement position per post to provide greater assurance on the budgetary position in respect of staffing</p>	
<p>Integrated Patient Safety & Experience Report</p>	<p>The Committee was informed of the three key issues relevant to its remit: mental health, discharges/complaints and infection control. Mental Health specialists for children and young people are in post, benefits are being seen in the support to the clinical teams but also the facilitation and partnership working with other provider organisations, ensuring that children and young people are moved through their pathway to appropriate placements. There is also significant clarity around the Tier 4 bed provision and who holds overall responsibility for these patients care, demonstrating the positive partnership working with collaborative partners. A bid to non-recurrent capital funding was successful to enable change to the environment in certain ward areas for patients with acute mental health presentations. Discharge performance from a patient experience view continues to be a challenge, however the work from the flow for flow team should see an improvement so that we are consistently safely discharging our patients and patients are not re-attending. Work is underway around patient complaints and focusses on early resolution, and that the quality improvement work arising from complaints can be evidenced. A complaints workshop is planned for September. Issues have been identified with environmental, cleanliness and Infection Prevention and control standards which impacts the increasing number of patients with MRSA positive. Our policy is being strengthened and the screening protocol has changed. Performance will be monitored in the following months.</p> <p>The Committee questioned whether we were flowing patients out of hospital too quickly and unsafely. The Committee were provided assurance that the discharge assurance steering group reviews a variety of different metrics in relation to safe discharge and that many of the patient experience issues were mostly relating to communication around discharge and the perception we are giving the patient by not having those meaningful conversations.</p>	<p>Alert</p>
<p>Annual Organisational Audit of Appraisal and Revalidation</p>	<p>The Committee received information on the annual report for medical appraisal and revalidation which is based upon the annual organisational audit report sent to NHSE(I) to demonstrate the Trusts performance against the requirement that 95% doctors should have an annual appraisal and undergo a revalidation process through the GMC every 5 years. For this year, the Trust reported an appraisal achievement figure of 95.5%. Current challenges are the retention of appraisers and funding has been secured for additional appraisers. A wellbeing score has added to the appraisal and those with the lowest scores are contacted. 173 recommendations have been made to the GMC relating to</p>	

	<p>revalidation. Of those, 110 were positive recommendations and 63 were requested to defer for 4-12 months to allow for evidence gathering. The report also gave details of the Trusts response to concerns raised with some doctors and also those doctors currently under disciplinary action.</p> <p>The Committee recommended for the report to go to Board for approval.</p>	
<p>Finance Report Month 3 2022/23 and Productivity</p>	<p>The Committee received the Finance report. A bottom line surplus of £222k was reported. The divisions in aggregate overspent by £700k in the month and £8.4m accumulatively. Main areas of variance is Surgery with £4.4m, Estates with £1.9m and a CIP under delivery of £4.1m across the trust. The CIP performance in month has improved with £1.8m delivered. ERF continues to improve with performance at 97% in June. The capital position is concerning with a spend of £6.4m in month against a year to date plan of £20m. Additional capital for the Dame Clare Marx scheme and the surgical theatres above Ipswich UTC has been secured. This will however, be required to be spent within this financial year, which is unlikely, so will need to be brokered to next financial year. Cash position is stable at £71m. A mixed financial position is emerging across the system in terms of revenue and is currently on plan at Month 4.</p> <p>The Committee received the CKI's from the Finance Sub Committee. It was noted that the Sub Committee would be provided with a monthly top level reconciliation to provide assurance on how the divisional position relates to the Trusts overall position.</p> <p>The Sub Committee highlighted issues with the Elective Recovery Fund and if not blocked for 2nd part of the year, there would be a significant clawback risk of approximately £6m based on current activity levels and requires close monitoring.</p> <p>The Committee questioned the system deficit and the potential impact on the Trust. Detail was provided with regards to the East Essex Ambulance Trust and West Suffolk Hospital deficit.</p>	<p>Assurance</p> <p>Escalation</p>
<p>Business Planning Quarterly Update</p>	<p>The Committee received the first business planning quarterly report. The report detailed a self assessment against the Trust's aims and objectives. ED standards and elective recovery are areas of high risk of non delivery. Other areas assessed as amber include cancer trajectories, achievement of apprenticeship numbers and mandatory training and appraisals. The Committee will continue to receive these reports on a quarterly basis.</p> <p>The Committee received a letter from Clare Panniker on the conclusion of the business planning for 22/23, which makes reference to the operational and financial targets. The letter also provides detail of key elements of the plan that require further review, which requires consideration by the Board, and is embedded below and attached as Appendix A.</p> <div style="text-align: center;">  <p>Item 2.8 Appendix A 20220801 SNEE 22-2:</p> </div>	<p>Information</p> <p>Approval</p>