

CHAIR'S KEY ISSUES

ISSUES FOR REFERRING / ESCALATING TO BOARD / COMMITTEE / TASK & FINISH GROUP

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:	Performance Assurance Committee, 26 October 2022
CHAIR:	Eddie Bloomfield, Non-Executive Director
LEAD EXECUTIVE DIRECTOR:	Neill Moloney, Managing Director and Deputy Chief Executive

Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
1.5 Committee Work Programme 2022/23	A revised work programme was presented by the Trust Secretary with additional suggestions to enhance assurance and enable Terms of Reference to be met. The Committee approved this and agreed to six monthly reviews.	Assurance
2.1 Operational Performance Report (Acute)	<p>A detailed update on urgent care covered the COVID-19 positive numbers that have caused challenges in the use of beds, whilst infection prevention changes have supported how this is managed and reduced numbers are now being seen. Plans to open external beds were described to reduce the number of patients that no longer require acute care. Extreme solutions are under consideration to include clear triggers should these be required. NHS England's expectations were described including the requirements from 31 October regarding ambulance conveyances.</p> <p>The Committee sought assurance in relation to nursing in corridors due to the impact on patient dignity and the potential of this being normalised. There had been different approaches across the two sites and assurance was provided that this should not be considered normal practice. Standard Operating Procedures are in place for when it is absolutely necessary to ensure that patients are safe. There was also discussion on seasonal plan delivery. The team had spent a lot of time preparing the plan and the importance of keeping everyone focussed on it was highlighted, with the flexibility to change schemes if they were not successful and to deviate from plan in a focussed, structured way. The lessons learned from COVID-19 surges are considered at a clinical group which reviews what could be done differently. Patients were coming to harm from multiple bed moves partly due to COVID-positive contacts. This was triangulated with learning from deaths data to enable the risk for patients to be balanced appropriately.</p>	Assurance

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	<p>Cancer 2 week waits remain a challenge. For Upper GI and skin, if agreed actions are undertaken, this will improve the position by early next year. There remain 78-week challenges in gastroenterology and general surgery and insourcing has been agreed to clear the waiting list by the end of March 2023. A regional diagnostics deep dive is taking place, a Trust plan is being delivered, with performance expected to be greatly improved by the end of December.</p> <p>Assurance was sought on cancer care and the 104-day position, the accuracy of mental health data, solutions to reduce the cancer backlog and waiting times for ethnic minority patients. The focus is on long term sustainable plans.</p>	
2.2 Operational Performance Report Integrated Pathways (IP) and North East Essex Community Services (NEECS)	<p>Both services were achieving against the 18-week consultant standards and referrals are reducing in some services. Progress is being made on additional metrics as this report develops. For NEECS a new digital portal system goes live shortly which will help pool further data to review patients who might be supported by the urgent community response service rather than ambulance conveyancing, a better service for the patient and their family. Other resources such as hot clinics and outpatient appointments are being considered to offer a more local service for patients. The impact of the cost-of-living crisis on the community and their need for services is being reviewed across local organisations.</p> <p>The Committee thanked the team for a good report and sought more information and assurance on how community services are helping with flow in the hospitals, diabetes services and linking innovative service delivery to performance, referrals, children's therapy services and the evaluation of non face to face appointments. Full detail was provided including support to primary care and social prescribing. A request was made for the high-level risks that services are carrying to be included in future reports. For the urgent community response more accurate data should be available by December with plans to expand this. It is a small service not funded for the volume of patients being seen and information would be provided in the next report to demonstrate this position.</p> <p>Due to technical issues, it was not possible to consider IP in detail. Examples were included in the report of projects that demonstrated the direct impact on better performance.</p>	Assurance
2.3 Workforce Report	<p>Recruitment is going well with a robust retention plan in place for every Division and the Trust ranked fifth in the country for nurse retention, a much-improved position. A Healthcare Assistant conference was taking place that day and an overview of plans to cover wards during the next few months was provided. A national group is to start rolling out policies to avoid each Trust having to prepare their own.</p> <p>The Committee sought an update on sickness, which has reduced in October, and questioned whether the new norm will be higher than the current 3.5% target and what operationally we should be planning for. There was also no EDI reporting and once the EDI data group has prepared the data it would be included.</p>	Assurance

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	There was a question on whether the right indicators were being presented to this Committee and assurance on safer staffing, recognising all the work that takes place. More information would be added on acuity. Workforce transformation was being considered at an Executive level following the most recent People and Organisational Development Committee.	
2.4 Integrated Patient Safety & Experience Report	Patients attending with mental health issues continue to impact on flow. Teams are working well with the Mental Health Trusts and are caring for patients more effectively with that support, reflecting different ways of working. The focus is on discharges to ensure this happens at an early point when patients can be supported at home, whilst there may be some who will go to a temporary care facility once their acute care need has been met, prior to returning home. Ensuring that discussions take place with patients and their families at a very early stage is essential. Nutritional assessments would be considered at the Quality and Patient Safety Committee (QPS) this month.	Alert
2.5 Finance Report Month 6 2022/23 and Finance Sub Group Chair's Key Issues Report	<p>A balanced position in month and a £300k surplus cumulatively. The in-month position was slightly distorted due to the Agenda for Change pay award being actioned. Although revenue looks reasonably strong and enables delivery of the plan at year end, capital is of most concern at £22m underspent year to date and £30m forecast by year-end. A £5m cumulative shortfall in cost improvement programme (CIP) delivery was also reported with forecast of a £10-11m gap on an underlying basis, impacting on 2023/24.</p> <p>The Committee questioned confidence on CIP delivery and whether there were other schemes to bridge the gap. This reflected the reality, as presented to region, and was due to COVID-19 challenges and the operational position. Delivering efficiencies is difficult and something more transformational across the system was required. In response to a question on lessons learned and whether the agreed plan was unrealistic, anything above 2.5% feels like a stretch but this is expected to be a minimum requirement given the increasing likelihood of a more challenging financial landscape for the public sector and NHS in the future.</p> <p>The ERF position and the prudent approach being taken was discussed, the likelihood of the 90% payment performance target not being met and reputational impact, and the financial position across the system.</p>	Assurance
2.6 Capital Programme Review	The capital delivery forecast for 2022/23 was presented. There is funding capacity across the five-year plan but an £8.6m shortfall in 2023/24 primarily driven by overspends on and slippage of the Building for Better Care project. National economies are subject to inflationary increases, keenly reflected in the construction market, which impacts on accurate forecasts and costs could be even higher. The Committee questioned how the inflationary element is assessed in business cases. The uncertainty of the marketplace and assumptions made are looking more challenged and could lead to a worsening of the position. There was a high degree of certainty on costs for the Dame Clare Marx Building with the contract now signed. Regarding	Assurance

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	prioritisation of resources, an Extraordinary Risk Oversight Committee takes place next week to review programmes with Divisions. An update was provided on brokerage discussions at a national level.	
2.7 Business Planning 2023/24	Update provided on the process and timetable. Revenue in future years looks more challenging (key assumptions in the NHS October 2021 spending settlement have not materialised: cost inflation is far in excess of 2%, COVID-19 prevalence is still high and social care capacity has become more challenged). The Committee was advised of the national headlines and the impact of the financial situation on future planning, linking to previous reports and the requirement to break even. The Trust still needs to plan and will respond when the picture becomes clearer. The plan builds on the previous year's process and clearly sets out the involvement of teams, providing assurance to the Committee. Radical transformational may be required. Plans would be stress tested to consider how to respond to external changes and how the clinical strategy feeds into this in the longer term. Future modelling is also underway in the system. There was a question regarding the scheme of delegation in relation to the Remuneration Committee and it was confirmed that its decisions were required by statute, and this would be reflected in the document.	Assurance
2.8 Premises Assurance Model Assessment	This inspection assessment of criteria in relation to the estate is undertaken annually and the 2021/22 assessment was noted by the Committee. This had previously been presented to the Executive Management Committee and would in future more appropriately be dealt with through QPS. The assessment was submitted on 9 September and the findings were presented regarding compliance across the Estates and Facilities Directorate. This is to be notified to the Board. Staff experience and the degree to which patient experience is included was questioned. It was confirmed that this is covered in PLACE, the Patient-Led Assessments of the Care Environment. Regulation 15, cleanliness of the environment, will be considered at this month's QPS.	Alert
4.2 Update on Board Assurance Framework (BAF) financial risks	A proposal was outlined to reduce the current risk rating related to 'failure to maintain financial balance in the current year, given the assurance provided on the current revenue position and end of year forecasts. It was endorsed that the risk rating be reduced to 8 from 12. Time was provided to fully consider the future BAF with two financial risks proposed: failure to maintain financial balance in future years; and insufficient capital resources to progress investments. The revised format was felt to be a significant improvement and was endorsed prior to presentation to the Board. Operational risks were still being finalised and these would be sent out this week.	Assurance
5.1 Accountability Framework Report	The importance of the discussion on staff morale was noted.	Information