East Suffolk and North Essex NHS Foundation Trust

CHAIR'S KEY ISSUES

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

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:	Performance Assurance Committee, 22 February 2023
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
2.1 Operational Performance Report (Acute)	**Urgent and Emergency Care (UEC)** – improvements have been seen in Colchester in particular, with performance recently over 80% and a focus on ambulance handovers has reduced delays. The Operational Delivery Group is considering the ambitions for next year and those schemes that are due to come to an end on 31 March. Additional capacity is being reviewed to support winter of 23/24 and make best use of available funding. Planning is also underway for development of the UEC strategy. Future risks to performance were discussed, including further industrial action, and robust planning is in place to mitigate these. Recent challenges have enabled further consideration of the requirements for seasonal planning. The improvements were welcomed whilst a reduction in attendances/trends was highlighted and sustainability questioned. **Cancer** – the anticipated decline in performance has been realised with confidence of improvement during February and March. Exceptional work had been undertaken in colorectal to improve the backlog of patients waiting and we are working with primary care on referrals. Risks include the impact of urology activity repatriation and BMA rate card issues, On track to achieve the requirements in relation to the backlog. The Committee welcomed the improvements in colorectal and asked if there was learning that could transfer to urology, sought further information on diagnostic pathways, and whether trajectory setting for next year would be more accurate with a better understanding of what drives performance. This was discussed in some detail. **Elective care** – Improved activity whilst significant risk remains in General Surgery and Gastroenterology in delivery of zero 78 week waits by 31 March 2023. Daily oversight meetings are in place and a reforecast of the end of year position is likely to be confirmed later this week, although a key risk was any further industrial action. The Committee sought clarity on the impact of non- achievement and the clear national expectation was confirmed. Productivity continues to be an area of focus linked to business planning and the Committee was	Assurance Alert

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	advised of national visits planned and the system working that was supporting preparations. Children's waiting times and assurance on patient waits prior to discharge were also discussed.	
2.2 Operational Performance Report Integrated Pathways (IP) and North East Essex Community Services (NEECS)	Recruitment into the podiatry service has been a challenge. A significant increase in activity has been seen in both areas, therapies for example, largely due to the focus on Discharge to Assess and earlier discharge from hospital. Community nursing demand and capacity modelling also demonstrates a significant gap and work with system colleagues seeks to resolve this as it impacts on flow. UCRS (Urgent Community Response)/REACT services are positive, development of the community hub is moving at pace to utilise more of this capacity, and the Ambulance Service is being encouraged to take advantage of this. Further work has been undertaken on developing pathways for frailty cardiology and respiratory wards with the launch of 27 virtual beds and seeking to promote this within primary care. The Committee probed urgent response performance, the impact on next year's planning and where virtual wards fit. UCRS is a key service enabling response to patients in the community rather than them coming to hospital. CLERIC has been a new development which has driven an increase in referrals. This and a community hub should reduce demand on other services and is the right thing to do for patients. A business case is in development for the virtual ward. Assurance was requested on the non-consultant 18 week reductions in performance and the improvements required in those services that were not compliant. The results of the Harm free audit in NEECS would be incorporated into the integrated patient safety and experience report to be presented to the Quality and Patient Safety Committee (QPS). Staffing to meet the additional demand would be considered on a risk-based approach to clarify where funding is best utilised. The combined community report was a positive addition to the Committee's work.	Assurance
2.3 Workforce Report	The new headcount figure was now included. Confirmation had been received that the nursing strikes were not taking place as planned next week. Working closely with the Chief Nurse to retain as many student nurses as possible this year; 89 Healthcare Assistants are now proceeding through the onboarding process. A new lead is in place for training with detailed analysis undertaken and a focus on those most important elements to drive up performance, and oversight was described. The level of confidence to achieve 90% in all clinical divisions was questioned and the assumptions for next year on staff sickness, turnover and vacancy rates. These would be considered as part of business planning.	Assurance
2.4 Integrated Patient Safety & Experience Report	Updates were provided on the three issues of concern impacting on performance and developments that support improvement and learning: • Mental health remains the main challenge, impacting on flow, with patients being cared for in the Trust rather than a mental health facility. The advanced clinical training post in Ipswich for learning disabilities will support understanding of care for this group. • Discharges-complaints will continue to be a focus led by the discharge assurance steering group.	Assurance

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	• Infection control – the number of outbreaks and learning regarding COVID-19, MRSA and Norovirus. Air purification units are in situ across the Trust. The challenge of isolation in relation to some patients was detailed and the impact. The relationship with system partners was questioned to enable the urgent issues regarding mental health to be progressed. QPS discussion on vascular surgery and theatre capacity was referenced and how capacity risks are being mitigated.	
2.5 Finance Report Month 10 2022/23 and Finance Sub Group Key Issues Report	Year to date surplus of £160k and plan remains to achieve break-even. The inability to deliver the full cost improvement programme (CIP) in-year, the impact on 2023/24 and the increase in temporary pay are areas of concern. Capital brokerage into 2023/24 has now been confirmed and there is high confidence of the position being recovered prior to year-end. Cash was £55.7m at the end of January. The Committee thanked the Director of Finance and his team on the brokerage agreement, questioned the impact of non-delivery of CIP this year and the ability to be more strategic in the approach in future. Two alerts from the Sub Group related to risks for next year, CIP and the Elective Recovery Fund (ERF).	Assurance
2.6 Financial planning submission and Business Planning Review Group Key Issues Report	The draft plan will be submitted today following discussion with the ICB. The final submission is due on 30 March and more work is required to confirm a plan for Board approval. The significant risks were detailed and the priority is to close the financial gap. The system revenue position, additional capital funding likely to be available and the potential national deficit position were detailed. A discussion had taken place prior to the meeting to enable sufficient time for debate. Clarity was required on the strategic ambition (the ask) and whether the resources are available to achieve this. 2023/24 will be an extremely difficult year. The Committee reflected on the extensive work to date, previous debate in the meeting, the difficult decisions that will be required and whether service cessation was something to be considered. Best efforts had been made to fund the bed modelling whilst there are multiple schemes yet to be costed, a challenging whilst achievable CIP was required, and management of the ERF risk not yet clear. Programmes in place for Theatres and Outpatients will strengthen our position and the ICB is being encouraged to make best use and return on investment of recently announced funds for UEC. The leadership challenge is to create the ambition, striking the right balance between the best and most realistic plan for patients and staff to enable delivery. New information is being taken account of on a weekly basis. An additional extended sub group would take place in mid-March and staff metrics would be finalised as part of the discussions over the next month. The draft financial plan and the £25.4m deficit position was approved.	Alert
4.1 BAF risk 7 (Estate Development)	As agreed at the previous meeting, the Committee focussed on one strategic risk. A full report was received in relation to the estates strategy and the departmental structures and oversight. A six-facet survey is underway to	Alert

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	provide assurance on backlog maintenance and enable priorities to be set. New Premises Assurance Model (PAM) software will ensure compliance monitoring in-year. There was no change proposed to the risk level. The Committee thanked the team for the comprehensive update. However, the risk referred to future models of care and the fundamental concern was that the update did not provide assurance in this regard. There was a discussion on consequence/controls and potential changes to the risk descriptor; there was also no mention of infection prevention and control and ventilation relevant to capital and revenue investment to ensure a suitable environment for patients and staff in an ageing estate. Whilst the update was positive on the projects underway, assurance was not provided to ensure maximum benefit in-year in relation to operational performance. Staff requirements for PAM and visibility of workforce priorities were questioned. The risk descriptor would be reviewed and may be more appropriately described as two risks, prior to presentation to the Board in May. This would also be noted at the Audit and Risk Committee.	
5.1 Accountability Framework Report	The month 9 report was received. The March Divisional Accountability Meeting would review final divisional business plans and month 12 would be considered at the meeting in April.	Assurance