East Suffolk and North Essex NHS Foundation Trust

Key Issues Report

Issues for referral to reporting Committee/Group

Originating Committee/Group and meeting date:	Performance and Finance Committee, 26 June 2024
Chair:	Eddie Bloomfield, Non-Executive Director
Lead Executive Director (as appropriate):	Adrian Marr, Director of Finance

Subject	Details of Issue	Action*
Operational Performance Report (Acute)	**Urgent and Emergency Care:** Mr Meers stated that on the Ipswich site performance from March onwards had fallen below expectations. Scrutiny of relevant GIRFT (Getting it right first time) data showed that a number of flow and outcome metrics were performing well, however challenges remained in terms of capacity as well as acuity and demand for 75 and overs. Gaps were due to be addressed though the UEC Centre opening due in September, and the teams were in the meantime focusing on frailty to address areas of high demand and on the same day emergency pathway management. **Cancer: Elective and diagnostics:** Ms Lough stated that the Trust was on track to meet its trajectory of treating patients on elective waiting lists for September and was ahead of trajectory at present. In Trauma and Orthopaedics there was work across specialties in alignment with the national focus on this area. Summer planning was at an advanced stage, reflecting the fact that some capacity had been lost. Weight management activity was transferring to the Trust from Addenbrooke's Hospital next month, which would lead to an overall increase in PTL numbers. Diagnostics were forecasting recovery in mid-July. Cancer 62-day targets appeared red on the dashboard, but the Trust was scoring green across national pathways while working to meet its internal ambitions. Increases were seen in neurology referrals, and this was being closely monitored. Green theatres were due to open in late July with a mix of specialties. Mr Millar commented on the increased patient flow since last year and enquired whether efficiency per patient had been achieved through this. Ms Lough stated that the Trust was recognised nationally for its strong performance across a number of areas, including theatre utilisation, and with support from transformation it was making a number of improvements that supported best practice and enhanced productivity. **ESEOC overview:** Ms Stace stated that previous communications updates on ESEOC had not confirmed an opening day, however the Trust had been able to subsequently confirm with staff an October 2024 date and there was work ongoing to deliver that. The construction delays had impacted on the Trust's ability to maintain activity levels across all areas, and there was monitoring of how teams were performing against	Assurance

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	plan. GIRFT standardisation work was being clinically led and was focusing on benefit realisation. Recruitment of non-medical staff progressed at pace, however there were still gaps to fill as anticipated including nursing posts. There were a number of activities and events planned in August to ensure that new starters were onboarded early. A feasibility study had been undertaken and an options appraisal is due to be considered by the Executive Management Committee in the coming weeks. Negotiations with West Suffolk on contractual arrangements were still ongoing and certain issues had been escalated to Executive levels for resolution through forthcoming positive discussions. Further work was due to be carried out on rotas. In response to a query from Mr Millar regarding the Trust's ability to maintain capacity levels as forecast in the original business case, Ms Stace outlined the various mitigations to relevant risks, highlighting that while mobilisation was originally anticipated to take 12 weeks, it had been scaled down to eight weeks. As medical staff became more familiar with the new working environment it was anticipated that the Trust would be in a position to maximise list activity. Ms Lough stated that in order to support the ESEOC opening in October there were discussions ongoing with the estates, infection control and operational teams taking a risk-based approach. There was also a focus on promoting regional alignment. Mr Millar enquired about contractual implications of the construction delays, and whether the flow of patients into the ESEOC had the potential to generate income not only through Elective Recovery Fund (ERF) work but also through supporting neighbouring providers with access to new capacity. Mr Marr responded that an operational plan to reduce the level of spend would be required to mitigate against costs associated with the construction delays, as there was a potential misbalance against income and expenditure. The committee agreed that, in light of the current level of financial risk, it wished to escalate the concerns expressed in the course of the discussion to the Board through an alert, highlighting not only the short-term issues discussed but also the longer-term issues and risks relating to whether partners within the regional system had the capacity to contribute as anticipated to the ESEOC activity and financial position. It also discussed whether the non-executive members of the committee could provide additional oversight and support to operational colleagues through enhanced engagement with ESEOC related discussion held in other forums.	Alert
Operational Performance Report (Ipswich and East Suffolk-IES & North East Essex Community-NEECS)	Ms Stace presented this report, highlighting the section on integration promoted through system level discussions. Through recent discussions on primary care there was a recognition of the range of factors that drove Emergency Department attendances. More work could be done on integration and on developing the community offer. The transfer care hub section was also highlighted as an example of an area where a lot of work was being done. The committee welcomed the work to develop further the Trust's existing integrated model of care.	Assurance
Workforce Performance Report	Ms O'Hara highlighted that the vacancy rate stood at 4.7% but was forecast to reduce. Sickness absence had also risen, mainly in gastroenterology. The team was about to launch the 360 feedback for all managers, and 83 wellbeing ambassadors had been recruited. A day on rostering was being planned jointly with finance, aimed at reducing bank spend. Mandatory training compliance had improved. In response to a query about visibility of workforce productivity, Ms O'Hara stated that the People and Organisational Development Committee (POD) was due to receive a report at its next meeting.	Assurance

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Patient Safety and Quality Report	Ms Rutland stated that the ICB continued to manage any regional outbreaks of D&V, including in care homes regionally. Safeguarding and care conversations were taking place around discharges to ensure that all agencies were involved in this, particularly on the Ipswich site. A never event in surgery was reported in May 2024, and a lessons learned exercise followed. Norovirus in Ipswich had been well managed, was coming to an end and the team had developed a revised risk assessment focusing on boarded patients. Dr Mansfield stated that, following the sterile services external review, the decontamination governance arrangements were returning to business as usual. Following high-profile cyber-attacks in London hospitals, there was a national blood shortage which the NHS was working to manage. In maternity services, a temporary operating facility had opened and there was a strategic incident management team in place supported by a tactical group to manage relevant incidents and oversee the implementation of solutions. Blood tests for those in receipt of fertility treatment were being offered through new arrangements. The Trust had received a Prevention of Future Deaths notice from a coroner who had looked into the sad death of a young woman, and the legal team had supported those giving evidence as well as triggered a learning exercise to ensure that the Trust responded to the PFD appropriately.	Assurance
Finance Report Month 2 2024/24 and ICB Finance Committee	Mr Marr provided the national finance framework update, highlighting that a review of systems had been held with the national team including a paper that provided options and incentives and disincentives for systems to perform in line with plan. The SNEE system was due to receive a bonus due to its strong performance and this capital was to be allocated in 2024/25. If the plan was met in 2024/25 there would be access to a further capital bonus and a revenue bonus from the national team for the system. Several systems were due to resubmit financial plans, whilst in the case of SNEE this hadn't resulted in a change to the underlying position but included a capital bonus that did not include cash alongside this CDEL uplift. The profile of capital spend had also been reviewed, but the resubmission hadn't significantly changed and therefore the committee noted this as slightly amended. A £534K deficit position was reported by the Trust, an improvement on the month one position but not in accordance with plan. Junior doctor spend was a concern and there was consideration currently being given to whether centralisation of rostering could help improve the position. Surgery and Anaesthetics and Women's and Children's were the two divisions whose financial performance year to date was of concern. Productivity schemes were being closely monitored; however, these were not counted as cost improvements (CIP) as they were not cash releasing. The overall CIP position had improved. A SNEE process would allocate the incentive capital and the paper outlined options for improving the revenue position. A £72.m deficit position was being reported across the East of England, reflecting the financial challenges of the system. The Director of Finance and the Chair of POD agreed as part of an offline discussion that it would be of benefit to hold a productivity deep dive at a future meeting of the POD Committee, looking also at rostering.	Assurance Action remitted to POD
Capital medium term plan	Mr Marr advised that the Trust would operate within its allocated capital limit but, if all proposed schemes were approved, the Trust would move to a deficit position. There was a potential that national resource for	Assurance

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	capital may become available in the future. A summary of capital risks was outlined, including those relating to backlog maintenance.	
Elective Recovery Fund Methodology 2024/25	Mr Whatling highlighted that the ERF process had been well established and had been running for some time. Additional elective funding had been received and to maintain income a certain level of activity matching 2019 levels had to be achieved. Large schemes within the Trust's plan had the potential to take the Trust above allocated levels, those included schemes for surgical hubs.	Assurance
Governance:	The Board Assurance Framework (BAF) was presented by the Director of Governance presented, highlighting that since the last meeting of the committee the Director of Finance and his team had carried out a thorough review of BAF Risk 2 (failure to maintain financial balance in future years). Out of that review had arisen a recommendation that the rating of the risk should remain at 16 as this reflected accurately the uncertainty of the wider financial landscape. Mr Millar enquired whether progress against diagnostic and treatment could in due course be reflected in the relevant risk, and Ms Lough agreed that the SRO would continue to pick this up as part of her monthly meetings with the risk team. The committee discussed forthcoming changes to the wider political and financial landscape that may impact on some of the BAF risks owned by the committee. The Private Patients Policy was presented by Dr Mansfield, highlighting that the policy had been updated to include minor changes to titles. The policy guided practice locally on the management of fee-paying patients, through outlining the range of overarching principles applied nationally. Mr Humpston enquired whether difficulties had been experienced in this area and Dr Mansfield stated that there had been no challenges, merely minor updates to reflect insignificant changes in titles and minor national guidance updates. This was approved as presented. The committee effectiveness review demonstrated that this was a well-run committee meeting its terms of reference. The committee was asked to consider if further change was required in relation to cross-cutting themes and non-executive director membership to underpin a review of the terms of reference. The committee welcomed the positive results. It noted that a sub-group of NEDs had assisted in terms of scrutinising business cases outside the formal meetings, and it was agreed that this could be reflected in the terms of reference going forward. The reference to capital in the report was likely to be erroneous. Having discussed whether to amend the Terms of Reference to reflect the fact that membership currently consisted of chairs of other Board Committees, the committee concluded NED membership of all the assurance committees was a matter best left for the Trust Chair to consider, in the light of the skills and experience available within the NED team. The committee agreed, as part of reflecting on the results of the effectiveness review, that it was currently also providing support in terms of financial and business planning and that consideration would be given as to how this could be reflected in the Terms of Reference going forward.	Assurance
Accountability Framework Report Month 1 2024/25	Mr Marr presented a summary of the scores, highlighting that the Surgery and Anaesthetics division recorded a score of 1, MSK and Special Surgery scored a 3, and NEECS and W&C scored a 2. Workforce planning was being carried out and rostering was another key feature. In terms of the corporate divisions,	Assurance

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	nursing currently had a score of 2, the education faculty had achieved a 4, and all other corporate divisions were reporting a score of 3. Industrial action was likely to have an impact on the dates of forthcoming divisional accountability meetings.	
Any other business	Mr Marr stated that it was likely that there would be publication of system providers SOF ratings in the coming weeks, following the close of the consultation during which the requirement to report against the existing framework continued. Mr Marr would bring a relevant report to the next meeting.	Information

*Key:			
Escalation	Support/decision required by reporting committee to resolve an issue within its remit	**Approval**	Positive action required regarding an item of business or support for a decision
Assurance	Evidence or information to demonstrate that appropriate action is being taken within a reporting committee's remit	**Alert**	Proactive notification of subject matter/risk that reporting committee is currently dealing with or mitigating which may require future action/decision
		Information	No action required. Reporting to update on discussion within a reporting committee's remit