

COMMITTEE KEY ISSUES

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

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:	Performance and Finance Committee, 27 September 2023
CHAIR:	Eddie Bloomfield, Non-Executive Director
LEAD EXECUTIVE DIRECTOR:	Adrian Marr, Director of Finance

Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
Operational Performance Report (Acute)	<p>The Chair referred to the increased red rated elements on the dashboard, particularly in Colchester, and sought assurance on whether there were any issues regarding discharge summaries as reported in the media. An update was provided on ESNEFT processes as demonstrated through Divisional Accountability metrics and timeliness of flow to GPs, viewable by multiple organisations. There was confidence that this was not replicated at the Trust and revised processes would be built into the Electronic Patient Record (EPR).</p> <p>Elective recovery checklist: A full update was received on the five amber rated actions that remain, those that were expected to improve and those that were not, with discussion having taken place with the national team. Reference was made to the delivery of 65 weeks by 31 March 2024, ensuring that all patients have had a first outpatient appointment by the end of October 2023. Current compliance was 63% with numbers decreasing on a week-to-week basis. In response to a question, industrial action is having an impact and during July, August and September activity has been stood down. This is being remodelled and mitigations reviewed to take account of the potential of industrial action continuing.</p> <p>Cancer: A plan is in place to deliver the 28 days faster diagnosis (28FDS) standard by March 2024. Colorectal remains the focus with significant work undertaken in the last 6-8 weeks. The new standards come into effect in October, reducing to three, with monitoring to continue in relation to the remaining metrics.</p> <p>Members welcomed the improvements and questioned the implications of the remaining three amber rated actions and delivery regarding colorectal services. It was confirmed that ESNEFT is in a much stronger position than others and, due to the work through Tier 1, the national team has a much fuller understanding of the ESNEFT approach, which is beneficial.</p>	Assurance

Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
	<p>A verbal update was provided on discussions at the monthly System Oversight Assurance Committee where all partners come together to consider operational performance, planning and quality issues and how patients are kept well and at home this winter. Members questioned if there had been discussion on mutual aid reflecting on the future significant growth in elective need. The system oversight framework was not reviewed and would be raised at the next meeting, together with the system dashboard and impact of industrial action. The Chair reflected on the benefit of a short report or verbal update to this Committee to be discussed further and the Committee was advised that there had been early discussion between the governance team and the system in relation to their approach on the framework. There was currently no Non-Executive Director included in the membership for this Committee.</p> <p>Urgent and Emergency Care (UEC): Colchester performance had now improved and a new clinical management team was in place. Formal feedback from the Emergency Department (ED) peer review visit would be circulated to members. All elements were already included within the medium-term plan. Lack of evidence of risk sharing across the UEC pathway is being discussed within the Alliance Operational Group. Too many escalation areas remain open and there are plans to de-escalate, with processes changing to enable patients to move safely through that pathway to achieve consistent performance. Members took assurance from the presentation and would continue to monitor this, recognising that ED performance is below the national average. Vacancies in community nursing and the link to bed modelling assumptions was questioned and the potential for a more detailed discussion on the cultural differences and learning across sites. The dip in performance and the bed capacity gap were fully understood and there is more opportunity now to work across both acute and community and engage with other organisations in North East Essex. The Committee was advised that there was confidence that the right plan was in place to deliver improvements. Seasonal planning, assumptions and resourcing was due to be considered at the next meeting following review by the Executive Leadership Team and Executive Management Committee to provide assurance. The Board would need to be fully aware of the financial risk in relation to the significant system resource yet to be allocated and the potential impact on the Trust's operational performance.</p> <p>The Ipswich peer review report is due in early October and would be circulated. This reaffirmed the changes being made in response to previous concerns regarding the main waiting room. The significant improvements were recognised and staff were seen as open, willing to share and receptive to learning from others including the Colchester site. The team was impressed with assessment pathways and good internal collaboration. The improvements to be made are being addressed with the new UEC and changes are being made prior to the new EPR to resolve the number of different systems in use. The biggest area of concern is the limited numbers within the acute medicine rota due to challenges in recruiting to the medical model of care approved earlier in the year. Members felt it would be positive to review both peer review outcomes and shared learning and suggested a focus on clinical outcomes and impact on patients to ensure clarity on the benefit of</p>	Alert

Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
	initiatives. Regarding a review of organisational development issues, this was felt appropriate at Board or as part of the Board Awayday.	Alert
Operational Performance Report Integrated Pathways (IP) and North East Essex Community Services (NEECS)	Good system discussion continues in the Suffolk system regarding use of discharge funding and the direct impact of investment can be tracked. A broader review of the Better Care Fund is underway and the demand/capacity discussion within Alliances is continuing to consider the collective response to demand. This would enable system investment through more focus on management of long-term conditions to avoid crisis. There was discussion on the acuity review and regional team support to include community staff for the first time in the Trust-wide annual review currently being finalised. The status of this review and comparative data was questioned, the impact of the vacancy rate on the rest of the system and whether this was one of the barriers to achieving better performance for patients. Internal triangulation is required, and the demand/capacity review will form part of that. Assurance was provided on the daily review of staffing. In NEECS funding of posts due to growth/referrals remains under discussion. The comprehensive community services development plan aims to ensure interaction between providers and enable continued improvement.	Assurance
Workforce Performance Report	Vacancy and turnover rates were highlighted; sickness is just over the 4% target whilst it has returned to below target in the last eight weeks. Admin days have seen excellent attendance with the aim of confirming 100 apprenticeships. The programme for Healthcare Assistants is going well, providing eight weeks of training prior to deployment onto wards to retain new starters. The national staff survey is going well, and the vaccination programme has launched. Members welcomed a good report with workforce data strong in comparison with others. Child and adult basic life support mandatory training compliance and the plan to improve was questioned, and an action was agreed to resolve reporting prior to the next meeting. The reasons for short term sickness were also questioned.	Assurance
Performance and Quality Report	The seasonal variation plan had been discussed and nursing and Allied Health Professionals are involved in these debates. Corridor care, a concern at Colchester, had also been raised earlier in the meeting. The winter testing strategy was being considered and how we work collectively to improve the position for patients covering COVID-19, flu and other respiratory pathways. COVID-19 presentations on both sites have reduced by 50% and the latest vaccination numbers were provided. The Committee was reminded of the work being undertaken for those patients with complex mental health conditions as discussed at Board seminars last week, as this can have a direct impact on performance and on patients. The formal letter had been received from the Care Quality Commission following their inspection of maternity services at Clacton. Forthcoming industrial action and the impact was also noted, and all were thanked for the extensive preparations.	Assurance
Finance Report Month 5 2023/24	A year-end break even remains the forecast in line with plan. There had been significant post plan changes due to subsequent national pay awards, agency spend remains below the ceiling, with more work needed on bank spend which is on an upward trajectory. Divisional overspends and Cost Improvement Programme	Assurance

Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
	(CIP) performance was detailed. Cash is stable and a capital year to date underspend was reported. The West Suffolk Hospital, Integrated Care System and regional positions were detailed. This had received Non-Executive Director scrutiny, including reviewing risks and opportunities, and ESNEFT is in a stable position.	
2023/24 National Financial Recovery Actions and Expenditure Controls	The report provided assurance regarding the processes in place and the first meeting of the Financial Sustainability Group to provide enhanced oversight for CIP delivery and enable recurrent schemes. All divisions had completed a proactive self-assessment of regional best practice to ensure that all potential areas for savings are being considered and that sufficient controls are in place. This is heavily focussed on pay control. The national finance recovery actions, expenditure controls, headline findings and next steps were detailed with progress to be monitored on a six-monthly basis. 72% of responses confirmed implementation or partial implementation of controls and Trust level rather than divisional actions will be considered in more detail at the Group, where learning will be shared. Divisions will also follow up on their own action plans. Members sought assurance regarding surgical division compliance with further detail provided on the support that is in place.	Assurance
Financial Framework – Medium Term Plan	A refreshed plan was presented to meet the requirement to provide a plan by the end of quarter 2, with the ICB consolidating returns. The expectation is to not exceed the capital or revenue limits set by NHS England (NHSE) to achieve financial balance. The key financial planning assumptions released by NHSE have been used as the basis for the plan, with local adjustments as necessary. The projected deficit positions until 2028/29 were considered, with an improving trajectory. The system position was also described. The position looks extremely challenging, with assumptions set nationally prior to current inflationary pressures. Planning guidance is not due for publication until December and there is significantly more work to do including considering the revenue implications of business cases which may represent an additional pressure. The analysis will be discussed at the next ICB Finance Committee and will be used to support the Trust’s internal business planning for 2024/25. The Committee noted the work undertaken to date and the point regarding business cases was highlighted, with a significant number coming to fruition in the next financial year.	Alert
Board Assurance Framework	Six risks are aligned to this Committee. Members questioned the likelihood score of 3 for both the elective and emergency risks given what the Committee had discussed. This would continue to be assessed by Executive Leads, recognising the risks, mitigations, controls in place and the external factors. Triangulating data with the impact on patient outcomes would be positive. In considering the focus of a deep dive for October, capacity planning was suggested as a cross-cutting theme and estates developments will impact on current risks. This would be considered at agenda planning.	Assurance

Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
Escalation to Board/ Audit and Risk Committee	Board awareness of the potential financial risk and impact of significant system resource allocation on the Trust's operational performance. The refreshed medium-term financial framework and revenue implications for those business cases previously approved.	Alert
Accountability Framework Report	The summary of month 4 was noted , including those divisions rated as inadequate. Further information was provided in relation to specific divisions and progress is being made in the scores being achieved.	Assurance