

## Key Issues Report

### Issues for referral

<b>Originating Committee/Group and meeting date:</b>	Performance and Finance Committee, 25 October 2023
<b>Chair:</b>	Eddie Bloomfield, Non-Executive Director
<b>Lead Executive (as appropriate):</b>	Adrian Marr, Director of Finance

Subject	Details of Issue	Action*
Operational Performance Report (Acute)	<p><b>Elective:</b> The elective recovery board checklist demonstrated that five amber rated actions had reduced to three, which were considered in detail at the previous meeting. These are progressing whilst it is unlikely that they will improve to green. Members questioned the national focus in terms of progress. This Committee is the only place it is discussed having been handed to organisations to manage. It was <b>agreed</b> that future monitoring would be considered at the next agenda setting. More detail on PIDMAS (patient initiated digital mutual aid system) roll out was also requested and discussed.</p> <p>A report was considered on delivery of the national ambition to treat all patients that have waited 65 weeks or more by the end of March 2024, reflecting the impact of industrial action and the number of patient slots cancelled. This included a revised forecast by specialty and risk assessed figures, monitoring arrangements, additional capacity provision and support for pathway reviews for longer term sustainability which were in line with national guidance, and the mitigations were set out. Trauma and Orthopaedics are not on track to deliver either element at this stage. An additional regional comparators table was shared showing that the Trust was 8% below trajectory and in a positive position when considered with other Trusts. Members welcomed the clarity of the paper which demonstrated remarkable performance in the current context of industrial action. Questions related to how ESNEFT differs from others in relation to the impact of industrial action, differing trajectories, quarter 4 plans and tolerance for achievement of the national ambition. The aim is to achieve, and this report clearly sets out the current position and the careful planning underpinning that assessment. The Committee remained concerned that the national ambition would not be achieved.</p> <p><b>Urgent and Emergency Care (UEC):</b> For Colchester, improvements have been seen across all indicators as anticipated. The plan is for a radical change regarding Same Day Emergency Care and medical teams have agreed to review those patients in a different way. The system has signed up to the community same day model, ambulance offload improvements are significant with consistent application of 45 minute drop and go. The unscheduled care co-ordination hub avoided the conveyances of 700 ambulances and extension over seven days should be in place for the longer term. Call before convey is also being progressed. Re-allocation of funding remains under discussion for Colchester and NEECS. In Ipswich, marginal improvement</p>	Alert

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	<p>has been seen and there was confidence in the changes to the main waiting room enabling patients to be seen in the appropriate order to ensure they are safe. The main concern remains with our medical job plans and physical capacity in ED and the industrial action has been extremely challenging. The work on the Urgent and Emergency Care Centre will be considered again at the Executive Management Committee once system funding has been confirmed and adoption of e-medical rostering will support reduction in unfilled rotas. Members acknowledged the improved performance across most measures and particularly the number of 12 hour waits, whilst concern was expressed regarding social care and those patients that are medically fit for discharge. Assurance was provided that the system is prepared to work differently to see those patients currently in health and social care prior to their arrival in ED, an ongoing challenge.</p> <p><b>System Oversight Assurance Committee:</b> Chaired by the region, including significant discussion on the New Hospitals Programme, regional concern on cancer performance, dentistry and continuing healthcare.</p>	
Operational Performance Report Ipswich and East Suffolk (IES) and North East Essex Community Services (NEECS)	<p><b>IES:</b> Stable performance across metrics was demonstrated with a review of data regarding face to face/non face to face contacts and further work to do across both services. Community nursing demand and capacity is more stable with increased confidence that risks are being managed well. Alliance and primary care discussions have begun on a longer-term solution, which needs to progress more quickly. The Committee will continue to receive updates.</p> <p><b>NEECS:</b> The management of patients with complex needs and significant delays is receiving focus in the community to ensure that patients are treated in the right place. The new front door model could be considered for a deep dive later in the year. Members referred to the innovative work and questioned whether mental health and the strategies to resolve this would be a potential deep dive or whether this was for the Quality and Patient Safety Committee. Roll out of virtual wards was also discussed, with growing confidence in this new clinical way of working and a need to maintain the momentum to ensure that it was fully established. A Celebration of Community event is being planned for spring 2024 to include the work undertaken, which is beneficial for patients.</p>	Assurance
Workforce Performance Report	<p>The vacancy rate had reduced this month, time to hire is 14 days and the recruitment team has received a national award for ESNEFT being the quickest to shortlist and offer, a real accolade. The plans for the recruitment of international nurses were detailed to ensure that services are safe in future months. Turnover is at its lowest since 2021, sickness had risen and there has been a focus on speaking up, leading to an increase in cases. The revised processes for delivering the staff survey are seeing benefits in the return rate, with one month to go, and over 6000 covid/flu vaccinations have been delivered. An additional report on basic life support training demonstrated good compliance, with improvements to training delivery to enhance the attendance rate. A PowerBI report is now in place enabling review of bank and agency staffing and the potential of alternative substantive provision. In the next month rates will be reconsidered with the aim of reducing costs and improving continuity of care and quality. Members questioned the position on the BMA rate card and the associated clinical risk, and an update was provided on management of the risk by service. A referral was made to the Quality and Safety Committee to consider this.</p>	Alert

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Performance and Quality Report	Quality metrics are positive for September in relation to harm free care, whilst these will fluctuate as capacity increases. A new risk assessment for pressure ulcers enables patients at risk to be anticipated. Falls do increase slightly when increased pressures are experienced at the front door on both sites. Mental health remains a challenge with the Steering Group refreshed and involvement of mental health partners. Details of a Never Event were provided, and the advice being taken to avoid a recurrence. Complaints regarding long waits were highlighted and teams remain focussed on patients being treated in clinical priority order. Contacts to the Patient Advice and Liaison Service have increased significantly. No increase in harm has been recorded due to industrial action.	Assurance
Finance Report Month 6 2023/24	A year-end break even remains the forecast in line with plan. Details were provided on the reduction in agency and bank spend, Cost Improvement Programme delivery, the national ERF (Elective Recovery Fund) policy in relation to industrial action, and a stable cash balance. The capital forecast meeting starts this week to consider the capital underspend and the year-end forecast, which remains break-even. An update was provided on the system and regional positions and a summary of national discussions. Members recognised that this was as expected and the difficult financial position for divisions, questioned whether the reduction in agency would continue, further clarity was sought on ERF assumptions and the net cost of industrial action, both of which were provided.	Assurance
Annual Cost Collection (Reference Costs)	The national cost collection, summarised plan and supporting information meets national guidance. Two reports are required to Committee each year on the process for producing this information under the NHS Provider Licence. A detailed assessment is undertaken and the pre-submission for 2022/23 was presented including the risks in relation to patient level detail for community services, as is experienced in other trusts. Access to national data had been delayed and the submission date has been extended. Members questioned the governance process for submission and whether there were any difficulties envisaged. Further detail on the return and the gaps would be presented as part of the next report for this Executive-led submission. The Committee confirmed that assurance had been provided.	Assurance
Seasonal Variation Plan and OPEL Framework	<p>The OPEL framework was deferred due to the late release of technical guidance and a briefing would be circulated outside of the meeting. The Committee had previously considered a deep dive on bed modelling and the schemes in place at that point. The plan had been reviewed with a different approach taken and allocation of £3m at the start of the year, with no indication of additional resources. During September a review of the schemes was undertaken and the provision of additional schemes that would mitigate some of the anticipated pressures based on the modelling, to a value of £9m. Separate conversations have been held regarding the discharge funding in IES and NEECS, with the latter being the current risk. The schemes to be taken forward on each site, financial implications, number of beds mitigated/delivery, key risks and assumptions were presented. The remainder have been prioritised on a risk rated basis and will be worked up in readiness should additional external funding become available.</p> <p>For Colchester there is support around AMSDEC (Acute Medical Same Day Emergency Care), ensuring flow in ED, extended hours for the Surgical Assessment Unit, and system flow co-ordinators on both sites for the surgical division, the new discharge lounge extended to seven days a week and additional beds. For Ipswich</p>	Alert

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	<p>there has been a huge increase in the numbers of patients using the discharge lounge which is critical in relieving pressure. There is a similar surgical assessment, cohorting, additional beds, extra staffing in ED, and resolving current challenges regarding the use of virtual wards to meet the planned 80% capacity. A workforce plan is in place. The first seasonal variation plan meeting was held with divisions yesterday and schemes and recruitment plans are well underway with only one delay for the surgical clinical flow posts.</p> <p>Members raised concerns about external funding and when there would be a system commitment to this. Suffolk funding had been confirmed as presented, with an integrated governance approach to allocate a single fund. The available resources in NEECS were detailed and the view on the appropriate allocation to gain the most benefit for patients, their safety and best value for money. The current ESNEFT financial risk was confirmed, and members also questioned who is bearing the risk as all schemes require funding, workforce and mobilisation in a short space of time. Allocations for 2024/25 are due to be confirmed much earlier. The Committee was reassured on the complexity and grasp of the requirements and questioned staff and system support for the way that this model has been developed. The view was expressed that the risk in North East Essex was not being managed as well as it might be, and prompt decision making by the system was required. Having sight of other providers' plans would be beneficial and the release of allocated funding to maximise system capacity impact.</p>	
Board Assurance Framework	<p>Six risks are aligned to this Committee. A deep dive template has been developed and was described. The risk for the Elective Orthopaedic Centre has been considered by EMC and would be presented to the Board next week. Members questioned whether this related to the workforce, which was confirmed, and if it was appropriate for inclusion rather than forming part of an existing risk. The Committee confirmed that discussion today would not change the current view of the risks. The score on financial sustainability remains the same, whilst the context is broadening. Next month's deep dive on BAF7, estates development and capital equipment, was timely.</p> <p><b>Post meeting note:</b> Proposed new risk to be included within existing BAF risks and not presented to Board.</p>	Assurance
Committee work programme six monthly review	<p>The changes were highlighted, including System Oversight Assurance Committee updates in addition to the NHS Finance Sub-Committee. The Committee was asked to consider future workforce reporting and provision of services to those patients with a complex health need. Members also raised the continued development of integrated acute and community reporting for the future to demonstrate the joined-up approach, for consideration outside of the meeting with the relevant Committee Chairs and Executive leads.</p>	Assurance
Clinical Coding update	<p>Six monthly update to meet Committee oversight role. This included the depth of coding - the number of codes applied to each patient's episode of care split between elective and non-elective - audit, training and establishment, recruitment of trainees and the approach now taken to fast track their development with a 12-18 month timeframe to ensure delivery of the standards required. Members questioned if there were any concerns, the profile of those staff trainees, whether staff are being stretched too far with the number of additional hours worked, the transition to EPR and the benefit for the future in terms of recruitment reflecting the nationally recognised shortage for this group of staff. Close monitoring will be required.</p>	Assurance

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Escalation to Board/Audit and Risk Committee	Referral to Quality and Patient Safety Committee to assess the clinical risk on the BMA rate card and to consider where further deep dive discussion took place regarding patients with a complex health need.	Alert
Accountability Framework Report	The summary of month 5 was <b>noted</b> and the impact of industrial action on performance was recognised.	Assurance

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